

C 1	2689	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b> <b>WELL COMPLETION REPORT</b>	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION <b>FILL IN THIS FORM COMPLETELY</b> COUNTY NUMBER
1 2 3 (SEQ. NO.) 4 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL PERMIT NO. FROM "PERMIT TO DRILL WELL"		
DATE WELL COMPLETED		22 (TO NEAREST FOOT) 26		
8-13		DRILLERS IDENTIFICATION NO.		

OWNER <u>SCHMIDT ALBERT</u>	FIRST NAME
STREET OR RFD <u>3670 SCHMIDT DR.</u>	POST OFFICE <u>ELICOTT CITY MD.</u>

<b>WELL LOG</b> STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>TOP SOIL</td><td>0</td><td>2</td><td></td></tr> <tr><td>SHALE</td><td>2</td><td>10</td><td></td></tr> <tr><td>SAND STONE</td><td>10</td><td>24</td><td></td></tr> <tr><td>MICA</td><td>24</td><td>40</td><td></td></tr> <tr><td>BROWN SLATE</td><td>40</td><td>50</td><td></td></tr> <tr><td>MICA</td><td>50</td><td>290</td><td></td></tr> <tr><td>FLINT</td><td>290</td><td>300</td><td></td></tr> </tbody> </table>	DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	TOP SOIL	0	2		SHALE	2	10		SAND STONE	10	24		MICA	24	40		BROWN SLATE	40	50		MICA	50	290		FLINT	290	300		<b>WELL DESCRIPTION</b> <b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C M <input type="checkbox"/> M BENTONITE CLAY <input type="checkbox"/> B C <input type="checkbox"/> C NO. OF BAGS <u>10</u> NO. OF POUNDS <u>1000</u> GALLONS OF WATER <u>50</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>22</u> FT. (ENTER 0 IF FROM SURFACE) <b>CASING RECORD</b> INSERT APPROPRIATE CODE BELOW STEEL <input checked="" type="checkbox"/> S T <input type="checkbox"/> T CONCRETE <input type="checkbox"/> C O <input type="checkbox"/> O PLASTIC <input type="checkbox"/> P L <input type="checkbox"/> O T <input type="checkbox"/> T OTHER MAIN CASING TYPE <input checked="" type="checkbox"/> S T <input type="checkbox"/> T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>26</u> OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO EACH CASING <b>SCREEN RECORD</b> INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> S T <input type="checkbox"/> T BRASS OR BRONZE <input type="checkbox"/> B R <input type="checkbox"/> H O <input type="checkbox"/> O PLASTIC <input type="checkbox"/> P L <input type="checkbox"/> O T <input type="checkbox"/> T OTHER C 2 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM TO 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SLOT SIZE 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) FROM TO GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <input type="checkbox"/> F <input type="checkbox"/> F WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="checkbox"/> T (E.R.O.S.) W <input type="checkbox"/> W Q <input type="checkbox"/> Q 70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE	<b>PUMPING TEST</b> HOURS PUMPED (TO NEAREST HOUR) <u>8</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>11</u> METHOD USED TO MEASURE PUMPING RATE <u>BUCKET</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>70</u> (NEAREST FOOT) WHEN PUMPING <u>300</u> (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) A AIR <input type="checkbox"/> A P PISTON <input type="checkbox"/> P T TURBINE <input type="checkbox"/> T C CENTRIFUGAL <input type="checkbox"/> C R ROTARY <input type="checkbox"/> R O OTHER (DESCRIBE BELOW) <input type="checkbox"/> O J JET <input type="checkbox"/> J S SUBMERSIBLE <input type="checkbox"/> S <b>PUMP INSTALLED</b> TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> Y NO <input type="checkbox"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) + ABOVE } LAND SURFACE - BELOW } <u>2</u> (NEAREST FOOT) <b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET			CHECK IF WATER BEARING																															
	FROM	TO																																		
TOP SOIL	0	2																																		
SHALE	2	10																																		
SAND STONE	10	24																																		
MICA	24	40																																		
BROWN SLATE	40	50																																		
MICA	50	290																																		
FLINT	290	300																																		

<b>CIRCLE APPROPRIATE BOXES</b> <input type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME (PLEASE PRINT) <u>E. F. Engstrom</u> SIGNATURE <u>E. F. Engstrom</u>	HEALTH
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B 1 0380		<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>		<b>WRA PERMIT NUMBER</b>  40-73	
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		<b>FILL IN THIS FORM COMPLETELY</b>			
DATE RECEIVED (WRA USE ONLY)		OWNER COL 15 LAST NAME COL 36 FIRST NAME COL 55 STREET OR RFD COL 57 POST OFFICE COL 76			
B 1 CONTINUED		<b>DRILLER INFORMATION</b>		<b>LOCATION OF WELL</b>	
1 2 3 (SEQ. NO.) 6 DATE 6/17/77 L. A. Pasterday FIRST NAME DRILLER LAST NAME SIGNATURE L. A. Pasterday		1 2 3 (SEQ. NO.) 6 COUNTY 8 SUBDIVISION 23 SECTION 44 LOT 37 NEAREST TOWN 62 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 M I 76 77 78		1 2 3 (SEQ. NO.) 6 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 M I 38 39	
B 2 CONTINUED		<b>WELL INFORMATION</b>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.	
1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		26' casing 22' open hole basement 8/9/77 T.S.O. + well?	
APPROXIMATE DEPTH OF WELL 24 28 FEET		APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)		N ↑	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		BOX NUMBER E N	
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63 FORCE 67 68 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79		HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 41 S STATE HEALTH (CIRCLE BOX) MO. DAY YR. DATE 43 48 APPROVED BY Donald Y		NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0	
B 5 CONTINUED		<b>SPECIAL CONDITIONS 8-63 (WRA USE ONLY)</b>			
1 2 3 (SEQ. NO.) 6		HEALTH			