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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37                                                                                                                                                                                                                                                                                                                                                  | 0021<br>THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.<br>DATE RECEIVED (WRA USE ONLY)<br>11-12-74<br>DATE WELL COMPLETED<br>11-12-74 | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br><b>TAVES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b><br><b>WELL COMPLETION REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION.<br>FILL IN THIS FORM COMPLETELY<br>COUNTY NUMBER <u>Alb227</u><br>PERMIT NO. FROM "PERMIT TO DRILL WELL"<br>28 29 30 31 32 33 34 35 36 37<br>DRILLER'S IDENTIFICATION NO. <u>11</u> |
| OWNER <u>W. H. HARRIS &amp; ASSOC.</u><br>LAST NAME <u>W. H. HARRIS</u><br>STREET OR R.F.D. <u>860 W. HARRISVILLE RD.</u><br>POST OFFICE <u>MT. AIRY MD.</u>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |
| <b>WELL LOG</b><br>TELL THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.<br>DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)<br>FEET FROM TO<br>CHECK IF WATER BEARING<br>0-2<br>2-5<br>5-15<br>15-40<br>40-205                                                                                                                                                                                                                                                                                                              |                                                                                                                                                | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>TYPE OF GROUTING MATERIAL (CIRCLE BOX)<br>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/><br>NO. OF BAGS <u>5</u> NO. OF POUNDS <u>500</u><br>GALLONS OF WATER <u>20</u><br>DEPTH OF GROUT SEAL TO NEAREST FOOT<br>FROM <u>0</u> FT. TO <u>14</u> FT.<br>ENTERING IF FROM SURFACE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                | <b>PUMPING TEST</b><br>HOURS PUMPED (TO NEAREST HOUR) <u>1</u><br>PUMPING RATE<br>GALLONS PER MINUTE TO NEAREST GALLON <u>3</u><br>METHOD USED TO MEASURE PUMPING RATE <u>TRICKLE</u><br>WATER LEVEL (DISTANCE FROM LAND SURFACE)<br>BEFORE PUMPING <u>3.1</u> (NEAREST FOOT)<br>WHEN PUMPING <u>20.5</u> (NEAREST FOOT)<br>TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)<br>A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE <input type="checkbox"/><br>C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW) <input type="checkbox"/><br>J JET <input type="checkbox"/> S SUBMERSIBLE <input type="checkbox"/>                                                                                                                                                             |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                | <b>CASING RECORD</b><br>MAIN CASING TYPE (CIRCLE APPROPRIATE BOX)<br>S STEEL <input checked="" type="checkbox"/> C CONCRETE <input type="checkbox"/><br>P PLASTIC <input type="checkbox"/> O OTHER <input type="checkbox"/><br>NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) <u>6</u><br>TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                | <b>OTHER CASING</b><br>DIAMETER (INCH) <u>4</u><br>DEPTH (FEET) FROM <u>0</u> TO <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                | <b>SCREEN RECORD</b><br>SCREEN TYPE (CIRCLE APPROPRIATE BOX)<br>S STEEL <input checked="" type="checkbox"/> B BRASS <input type="checkbox"/> O OPEN HOLE <input type="checkbox"/><br>P PLASTIC <input type="checkbox"/> O OTHER <input type="checkbox"/><br>C 2<br>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<br>DEPTH (NEAREST WHOLE FOOT) FROM <u>0</u> TO <u>21</u><br>SLOT SIZE 1. <u>1</u> 2. <u>1</u> 3. <u>1</u><br>DIAMETER OF SCREEN <u>6</u> NEAREST WHOLE INCH<br>GRAVEL PACK <input type="checkbox"/><br>IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                         |
| <b>CIRCLE APPROPRIATE BOXES</b><br><input type="checkbox"/> WELL WAS ABANDONED AND SEALED WHEN THIS LOG WAS COMPLETED<br><input type="checkbox"/> ELECTRIC LOG OBTAINED<br><input type="checkbox"/> TEST WELL CONVERTED TO PRODUCTION WELL<br>I HEREBY CERTIFY THAT I HAVE COMPLETED WITH ALL INFORMATION STATED ON THE ABOVE-CARTONED "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.<br>DRILLER'S NAME _____<br>PLEASE PRINT _____<br>SIGNATURE _____ |                                                                                                                                                | <b>PUMP INSTALLED</b><br>TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, U)<br>DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>CAPACITY<br>GALLONS PER MINUTE TO NEAREST GALLON <u>3</u><br>PUMP HORSE POWER <u>3</u><br>PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u><br><b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)<br>+ ABOVE <input type="checkbox"/> - BELOW <input checked="" type="checkbox"/><br>LAND SURFACE <u>60</u> (NEAREST FOOT)<br><b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).<br>100 ft<br>100 ft                                                                   |                                                                                                                                                                                                                                                         |
| WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>Y <input type="checkbox"/> N <input type="checkbox"/><br>TELESCOPE CASING <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/> W 1 <input type="checkbox"/> W 2 <input type="checkbox"/> W 3 <input type="checkbox"/><br>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                                                                                                                                                                                 |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |