WR - W-4 9/71

C 1 07812 — SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY) 8-13

DATE WELL COMPLETED (15 20)

DEPTH OF WELL (22 TO NEAREST FOOT 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO.

OWNER — LAST NAME — FIRST NAME

STREET OR RFD — POST OFFICE

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y (44) NO N (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS — NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM ____ FT. (48 52) TO ____ FT. (54 58)

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER

MAIN CASING TYPE (60 61)	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) (63 64)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) (66 70)

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL — B R BRASS OR BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

C 2 (1 2 3 SEQ. NO. 6)

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT)

	FROM	TO
1 (8 9)	(11 15)	(17 21)
2 (23 24)	(26 30)	(32 36)
3 (38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

	FROM	TO
GRAVEL PACK		

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING — (E.R.O.S.) (72) LOG INDICATOR — W O (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 SEQ. NO. 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) (11 15)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING (17 20) (NEAREST FOOT)

WHEN PUMPING (22 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR (27) — P PISTON (27) — T TURBINE (27)

C CENTRIFUGAL (27) — R ROTARY (27) — O OTHER (DESCRIBE BELOW) (27)

J JET (27) — S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y — NO N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE / - BELOW LAND SURFACE (NEAREST FOOT) (49 50 51)

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

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)

SIGNATURE

HEALTH

WR-W3 9/71 EMERGENCY NO. (If any) –

B 1 01296 SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 11/6/72 2pm-15

8-13

OWNER COL 15 LAST NAME 3 FIRST NAME COL. 34

STREET OR RFD COL 36 COL. 55

POST OFFICE COL 57 COL. 76

B 1 CONTINUED 1 2 3 (SEQ. NO.) 6

DRILLER INFORMATION

DATE LICENSE NUMBER 77 80

FIRST NAME DRILLER LAST NAME

SIGNATURE

B 2 1 2 3 (SEQ. NO.) 6

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22
- D DOMESTIC, 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

} MUST HAVE STATE HEALTH DEPT. APPROVAL

- T TEST

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

30-37
- BORED (OR AUGERED) JETTED DRIVEN
- AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
- CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

39
- 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 DEEPEN AN EXISTING WELL
  PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER G A P 54 63

ENGINEER REVIEW DISTRICT NO. 65

FORCE 67 68 WRITE INITIALS IN BOX

CONDITIONS A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED 1 2 3 (SEQ. NO.) 6

HEALTH DEPARTMENT APPROVAL

41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.

DATE MO. DAY YR. 43 48

APPROVED BY

B 3 1 2 3 (SEQ. NO.) 6

LOCATION OF WELL

COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 M I 76 77 78

B 4 1 2 3 (SEQ. NO.) 6

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

- N NORTH
- E EAST
- N E NORTHEAST
- S E SOUTHEAST
- S SOUTH
- W WEST
- N W NORTHWEST
- S W SOUTHWEST

8 8 8 9 8 9

NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 32, SOUTH S 32, EAST E 32, WEST W 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 F T M I 38 39

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.

N

11-6-72
48 # casing
40 # open hole
8 bags cement
OK DWM

BOX NUMBER E N

0/5 5/5 0/0 5/0

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

B 5 1 2 3 (SEQ. NO.) 6

SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

8 63

HEALTH