

C15112

SEQUENCE NO.  
(DENV USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

ST/CO, USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

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

DESCRIPTION (Use  
additional sheets if needed)

FEET

Check  
if water  
bearing

TOP SOIL  
Clay  
Shale  
brown slate  
brown shale  
blue bluish  
slate mixed  
brown slate  
& Quartz  
blue slate

0 2  
2 6  
6 18  
18 25  
25 40  
40 70  
70 83  
83 200

✓

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

STEEL

BRASS

OPEN HOLE

BRONZE

PL

OT

PLASTIC

OTHER

DEPTH (nearest ft.)

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

CIRCLE APPROPRIATE LETTER

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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T

(E.R.O.S.)

W Q

70

72

74

75

76

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other (describe below)

J jet

S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

above

below

(nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Side line 65' well

50'

FOXMANOR DR

B 1 <b>5356</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) DATE RECEIVED (APA) <b>01/14/92</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HD-88-2034</b> <small>fill in this form completely</small>
OWNER INFORMATION Last Name: <b>Chesapeake</b> Owner: <b>Holding</b> First Name: <b>POB</b> Street or RFD: <b>1596</b> Town: <b>Baltimore</b> State: <b>MD</b> Zip: <b>21203</b>		LOCATION OF WELL <b>R-47804</b> COUNTY: <b>Howard</b> SUBDIVISION: <b>40xmoon</b> SECTION: <b>7</b> LOT: <b>10</b> NEAREST TOWN: <b>Florence</b> MILES FROM TOWN (enter 0 if in town): <b>1</b> MI	
DRILLER INFORMATION Driller's Name: <b>George F. Easterday</b> License No.: <b>40</b> Firm Name: <b>L. Franklin Easterday, Inc.</b> Firm Address: <b>9265 Brown Church Rd. MT. Airy, Md. 21771</b> Signature: <i>George F. Easterday</i> Date: <b>1/8/92</b>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD: <b>40xmoon Dr.</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): DISTANCE FROM ROAD: <b>50</b> FT	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): <b>500</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <b>Howard</b> COUNTY NO.: <b>A40875</b> STATE SIGNATURE: _____    DATE ISSUED: <b>01/24/92</b> CO SIGNATURE: <i>Donald W. Kelly</i> EXP. DATE: <b>7-24-92</b> NORTH GRID: <b>532000</b> EAST GRID: <b>676200</b>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. <b>well</b> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE: E: <b>7602</b> N: <b>5302</b>	
APPROXIMATE DEPTH OF WELL: <b>200</b> FEET APPROXIMATE DIAMETER OF WELL: <b>6</b> INCH		4/14/92 GROUT AM 10 BAGS 50' CASING 30' OPEN LOC OK 1' CASING A.G. GROUT OK NOT OBS'D 000 V TAG OK	
METHOD OF DRILLING (circle one) BORED (or Augered)    JETTED    Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY    AIR-PERCUSION    ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE    REVERSE-ROTARY    DRIVE-POINT other: _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: _____ FORCE: <b>RP</b> PERMIT No.: <b>HD-88-2034</b> SPECIAL CONDITIONS: <b>Well must be a minimum of 150' From nearest sewage disposal Area</b>	