[C1 0809 SEQUENCE NO.	OTATE OF STATE AND	THE CONTRACTOR OF THE PARTY OF
	(OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
	(THIS NUMBER IS TO BE PUNCHED IN COLS: 36 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY	COUNTY / 10 0
	DATE Received DATE WELL COMPLET	PLEASE PRINT OR TYPE	NUMBER 4/5 SO 74
i	100683	Depth of Well 22 20 26	FROM "PERMIT TO DRILL WELL"
	13 15 20	(TO NEAREST FOOT)	28 29 30 31 -39-33 34 35 36 37
	OWNER Jacques STREET OR RFD Last name Rive	Earnest lirst name	28 29 30 31 33-33 34 35 36 37
- 1	SUSSILIA TO THE STATE OF THE ST	TOWN	Sykesville = 1917
1	WELL LOG	GROUTING RECORD	rot — co
	Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
1	PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST CATE
1		CEMENT OTHER DESIGNATION (STEEL)	HOURS PUMPED (nearest hour)
1	DESCRIPTION (Use Additional sheets if needed) FROM TO Search bearing	NO. OF BAGS 8 NO. OF POUNDS 800	PUMPING RATE (gal. per min.
1	605011 0 3	GALLONS OF WATER (/S DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO
1	PP33,1 0 2	from tt. to 27	WATER LEVEL (distance from land surface)
1	Brown Miss 2 41	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 20
1	DOUNT Mica	casing CASING RECORD	17 20
1	To Mice 4 32 1	/ Insert \ ST CO	WHEN PUMPING 20 0
	Ton Mica 14 30 V	appropriate STEEL CONCRETE PL OIT	TYPE OF PUMP USED (for test)
1		below PLASTIC OTHER	P piston T turbine
	Mica Schist 3046	MAIN Nominal diameter Total donth	C centrifugal R rotary . O other
	1 1 1	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 (describe below)
1	Fundatione #6 53		J jet S submersible
1		65 64 66 70	$1 \stackrel{\overline{2}}{\longrightarrow} 1$
1	mica schist 53 200	A DTHER CASING (if used) A diameter depth (feet)	,
		inch from to	PUMP INSTALLED
		, §	DRILLER WILL INSTALL PUMP YES NO
1		-z _G	IF DRILLER INSTALLS PLIMP THIS SECTION
	·	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS .: EXCEPT HOME USE
		or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
1.		appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE: 29 CAPACITY: 29
ŀ		below PL OT	GALLONS PER MINUTE (Io nearest gallon) 31 35
1		PLASTIC OTHER	PUMP HORSE POWER
		1 12	PUMP COLUMN LENGTH
		DEPTH (nearest fl.)	(nearest ft.)
		C 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
1		H ₂	LAND SURFACE
H	CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36 E 3	below (nearest foot)
ŀ	A WELL WAS ABANDONED AND SEALED	Ē \	50 51
	E ELECTRIC LOG OBTAINED	N 30 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
1	P TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 123 (NEAREST	N LANDMARKS AND INDICATE NOT LESS
111	HEREBY CERTIFY THAT THIS WELL WAS BEEN CONSTRUCTED IN	OF SCREEN (NCH)	I HAN TWO DISTANCES
M M	ND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	GRAVEL PACK to	D PARTICIPATION OF THE PROPERTY OF THE PROPERT
PR	RESENTED HEREIN IS ACCURATE AND COMPLETE TO THE REST	IF WELL DRILLED WAS	A second of the second of
۳	T KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68	(R) AD-170' - 11-10
.Ui	HILLERS IDENT. NO. 1/10	DEP USE ONLY	Theyer I How
DF	HILLERS SIGNATURE	NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WO	
(M	UST MATCH SIGNATURE ON APPLICATION)	74 75 76	300 J
SI	TE SUPERVISOR (sign. of driller or journeyman	70 72 OTHER DATA	1
res	sponsible for sitework if different from permittee)	CASING INDICATOR OTHER DATA	1
_	4	HEALTH	River Rd.