

C1 20745		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.					
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>MT</u>							
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 3 14 14				Depth of Well 22 330 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2639			
OWNER WELL SITE ADDRESS SUBDIVISION		TOWN				LOT							
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> Y no <input checked="" type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS 45 46 90 NO. OF POUNDS 45 46 4500 GALLONS OF WATER 2250 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)				C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input checked="" type="checkbox"/> P piston <input checked="" type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input checked="" type="checkbox"/> R rotary <input checked="" type="checkbox"/> O other (describe below) <input checked="" type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible							
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input checked="" type="checkbox"/> OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 60 61 63 64 66 70 OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING				PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE (nearest foot) <input checked="" type="checkbox"/> - below } (nearest foot)							
6 closed loops		C2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				LATITUDE 39.22876 LONGITUDE 76.94876 (DEFAULT COORD. WGS 84) NOTES: Front							
NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> Y no <input checked="" type="checkbox"/> N 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 LIC. NO. 1 M D 553 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 144 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE 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											