

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBER

DATE RECEIVED
(WRA USE ONLY)

DEPTH OF WELL

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 LOG

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

DESCRIPTION
(USE ADDITIONAL SHEETS IF NECESSARY)

FEET

CHECK IF
WATER
BEARING

FROM

TO

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES

NO

Y

N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 52 54 58 FT.
(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

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

DEPTH (FEET)

(INCH)

FROM TO

SCREEN TYPE
OR OPEN HOLE

SCREEN RECORD

INSERT

APPROPRIATE

CODE

BELOW

S

T

STEEL

B

R

BRASS

H

O

OR BRONZE

OPEN HOLE

P

L

PLASTIC

O

T

OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH

(NEAREST WHOLE FOOT)

FROM TO

EACH

SCREEN

1

2

3

4

5

6

7

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12

13

14

15

16

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B 1 4845

SEQUENCE NO.
(WRA USE ONLY)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

H0-73-2992
FILL IN THIS FORM COMPLETELY1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)DATE RECEIVED
(WRA USE ONLY)10/6/78
9:30 A.M.

OWNER

COL 15 LAST NAME

FIRST NAME

COL. 34

STREET
OR RFD

COL 36

COL. 55

POST
OFFICE

COL 57

8-13

B 1 CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE

LICENSE
NUMBER

77

80

FIRST NAME

DRILLER

LAST NAME

SIGNATURE

B 2

WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE)

8

12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

14

20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☐

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐

FARMING, AGRICULTURE, IRRIGATION

☐

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

☐

MUNICIPAL WATER SUPPLY

☐

PRIVATE WATER COMPANY

MUST HAVE STATE HEALTH DEPT. APPROVAL

☐

TEST

APPROXIMATE DEPTH OF WELL

24

150

26

FEET

APPROXIMATE DIAMETER OF WELL

6"

(NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

☐ BORED (OR AUGERED)☐ JETTED☐ DRIVEN30-37 ☐ AIR-ROTARY☐ AIR-PERCUSSION☐ ROTARY (HYDRAULIC ROTARY)☐ CABLE☐ REVERSE-ROTARY☐ DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

☐

THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☐

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

☐THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41

52

NOT TO BE FILLED IN BY DRILLER

(WRA USE ONLY)

APPROPRIATION
PERMIT NUMBER

54

ENGINEER REVIEW
DISTRICT NO.

63

65

FORCE

WRITE
INITIALS
IN BOX

67 68

CONDITIONS

A E N S G W Q C L U

70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41

S

STATE HEALTH
(CIRCLE BOX)

COUNTY NAME

COUNTY NO.

MO. DAY YR.

DATE

43

48

APPROVED BY
Donald W. Monaghan, Sanitarian

B 5

SPECIAL CONDITIONS 8-63

(WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

8

HEALTH

63

B 3

LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

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

76 77 78

B 4

DIRECTION FROM TOWN

(CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

☐ N

NORTH

☐ E

EAST

☐ NE

NORTHEAST

☐ SE

SOUTHEAST

☐ S

SOUTH

☐ W

WEST

☐ NW

NORTHWEST

☐ SW

SOUTHWEST

NEAR WHAT
ROAD

11

NORTH

SOUTH

EAST

WEST

30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)☐ N☐ S☐ E☐ WDISTANCE FROM ROAD
(ENTER DISTANCE AND CIRCLE
APPROPRIATE BOX)

34

37

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 DIS-
TANCE 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

EXISTING House on this property
former owner - Gilbert Easton

30'-CASING

2'-ABOVE GR

27'-OPEN HOLE

7-BAGS CEMENT

OK

JS 10/6/78

BOX
NUMBER

E

820

N

530

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

0/5

5/5

0/0

5/0