

C-1 8817

SEQUENCE NO.
(WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED

COUNTY
NUMBER A 29064

Date Received
(WRA use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8-13

15

20

22

(TO NEAREST FOOT)

26

28

29

30

31

32

33

34

35

36

37

OWNER

last name

first name

STREET OR RFD

TOWN

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

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
Shale
SAND stone
mica
SAND stone
mica

0 3
3 10
10 48
48 59
59 75
75 220

GROUTING RECORD

WELL HAS BEEN GROUTED

yes

no

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP ft. to 54 BOTTOM ft.

CASING RECORD

casing
types
insert
appropriate
code
below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPE

Nominal diameter
top(main)casing
(nearest inch)

Total depth
of main casing
(nearest foot)

57

6

28

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)
diameter inch depth (feet) from to

screen type
or openhole

SCREEN RECORD

insert
appropriate
code
below

ST

BR

HO

STEEL

BRASS,
BRONZE

OPEN
HOLE

PL

OT

PLASTIC

OTHER

C 2

(seq. no.)

8 BAG

E
A
C
H
S
C
R
E
E
N

DEPTH (nearest ft.)
1 40 26 30 32 36
2 23 24 26 30 32 36
3 38 39 41 45 47 51

DIAMETER
OF SCREEN

(NEAREST
INCH)

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL CIRCLE BOX

F

WRA USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

74 75 76

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

CIRCLE APPROPRIATE BOX

- 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 IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

PUMP INSTALLED

YES NO

DRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX)

Y N

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

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

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

LAND SURFACE

- 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)

Lot 1.12
100'
70 well
250'
Road

DATE RECEIVED
(WRA USE ONLY)

OWNER
COL 15 LAST NAME
FIRST NAME
COL. 34
STREET
OR RFD
COL 36
COL. 55
POST
OFFICE
COL 57
COL. 76

WILLSON DEVELOPMENT

Box 41

SANDY SPRING, MD.

B 1

CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE
6/23/80
LICENSE
NUMBER
77
80
GEORGE F EASTERDAY
FIRST NAME
DRILLER
LAST NAME
SIGNATURE
George F Easterday

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
17
48
50
NEAREST TOWN
52
DAYTON
71
MILES FROM TOWN (ENTER 0 IF IN TOWN)
73
3
MI
76 77 78

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
500
20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
☒ D 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
☐ T TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

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
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
☐ N
☐ S
☐ E
☐ W
32
32
32
32
DISTANCE FROM ROAD
(ENTER DISTANCE AND CIRCLE
APPROPRIATE BOX)
34
200
37
MI
38 39

APPROXIMATE DEPTH OF WELL
24
150
28 FEET
APPROXIMATE DIAMETER OF WELL
6
(NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
☒ 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 DEEPM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
41
52

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

APPROPRIATION
PERMIT NUMBER
54
ENGINEER REVIEW
DISTRICT NO.
65
FORCE
WRITE
INITIALS
IN BOX
67 68
CONDITIONS
69
70 71 72 73 74 75 76 77 78 79

28' CASING

2 1/2' A.G.

25' OPEN

8 BAGS

OK

SK

7/11/80

Triadelphia mill rd.

+ well

B 4

CONTINUED

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41
STATE HEALTH
(CIRCLE BOX)
MO. DAY YR.
DATE
06 25 80
43
48
Howard
COUNTY NAME
229064
COUNTY NO.
APPROVED BY
Donald W. Monaghan, Sanitarian

B 5

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

5000000
NORTH
COORDINATE
50 51 52 53 54 55
0800000
EAST
COORDINATE
57 58 59 60 61 62 63
ELEVATION AT
WELL HEAD (FEET)
65 66 67 68
0/0
5/0