

C 1		6966		SEQUENCE NO. (WRA USE ONLY)		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	
1 2 3 (SEQ. NO.)		6						FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY)		7-25-74		DATE WELL COMPLETED		125		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8-13		15		20		22 (TO NEAREST FOOT)		26	
								H0-73-0771	
								28 29 30 31 32 33 34 35 36 37	
								DRILLERS IDENTIFICATION NO. 42	
OWNER		Robert Parrish E. Robert		LAST NAME		FIRST NAME		Laytonville Md.	
STREET OR RFD		7200 Brink Rd.		POST OFFICE					
WELL LOG		WELL DESCRIPTION		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET FROM TO		CHECK IF WATER BEARING		1 2 3 (SEQ. NO.) 6	
Top Soil		0		2				HOURS PUMPED (TO NEAREST HOUR) 8 9	
Sandy		2		20				PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10 11 15	
SHALE		20		80				METHOD USED TO MEASURE PUMPING RATE Bucket	
Brown SLATE		80		90				WATER LEVEL: (DISTANCE FROM LAND SURFACE)	
Blue SLATE		90		125				BEFORE PUMPING 40 17 20 (NEAREST FOOT)	
								WHEN PUMPING 22 25 (NEAREST FOOT)	
								TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)	
								A AIR 27 P PISTON 27 T TURBINE 27	
								C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27	
								J JET 27 S SUBMERSIBLE 27	
								PUMP INSTALLED	
								TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29	
								DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO Y N	
								CAPACITY:	
								GALLONS PER MINUTE (TO NEAREST GALLON) 31 35	
								PUMP HORSE POWER 37 41	
								PUMP COLUMN LENGTH (NEAREST FOOT) 43 47	
								CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)	
								+ ABOVE } LAND SURFACE 2 (NEAREST FOOT)	
								- BELOW } 49 50 51	
								LOCATION OF WELL ON LOT	
								SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).	
								House	
								50 50	
								Well	
								Rd.	
CIRCLE APPROPRIATE BOXES		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 NAME		L.F. E. Co. Inc.		SIGNATURE		J. F. E. Co. Inc.	
TELESCOPE CASING		LOG INDICATOR		OTHER DATA AVAILABLE					
70		72		74 75 76					

DATE RECEIVED (WRA USE ONLY)

OWNER Parrish Robert E.  
COL 15 LAST NAME FIRST NAME COL. 34  
STREET OR RFD 7200 Branch Rd.  
COL 36 COL. 55  
POST OFFICE Baytonville Md.  
COL 57 COL. 76

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CONTINUED

DRILLER INFORMATION

DATE 7-8-74 LICENSE NUMBER 42  
77 80  
FIRST NAME Robert DRILLER LAST NAME E.  
SIGNATURE [Signature]

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LOCATION OF WELL

COUNTY Howard  
(DO NOT ABBREVIATE COUNTY NAME) 21  
SUBDIVISION 23 42  
SECTION 44 46 LOT 48 50  
NEAREST TOWN Dorsey 52 71  
MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

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WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12  
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 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  
☐ TEST  
MUST HAVE STATE HEALTH DEPT. APPROVAL

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DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

☒ NORTH ☐ EAST ☐ NE NORTHEAST ☐ SE SOUTHEAST  
☐ SOUTH ☐ WEST ☐ NW NORTHWEST ☐ SW SOUTHWEST  
NEAR WHAT ROAD Union Chapel Rd. 11 NORTH SOUTH EAST WEST 30  
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) 300 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 FEET  
24 28  
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)

☐ 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 DEEPEM 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 63 65  
ENGINEER REVIEW DISTRICT NO. 65  
FORCE 67 68 WRITE INITIALS IN BOX CONDITIONS 67 68 70 71 72 73 74 75 76 77 78 79

34 CONTINUED

23 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 00012  
MO. DAY YR. 7 8 74  
DATE 7 8 74 APPROVED BY Palmer E. Wine, Director  
43 48

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 DISTANCE 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

BOX NUMBER

E

780

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



