

1366 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)</small> <small>Date Received (OEP use only)</small>	<small>SEQUENCE NO. (OEP USE ONLY)</small>	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	<small>THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.</small> COUNTY <u>A 10760</u> <small>PERMIT NO.</small> FROM "PERMIT TO DRILL WELL" <u>WIC 0710760</u>
DATE WELL COMPLETED <u>12/21/57</u>		Depth of Well <u>165</u> <small>IT (TO NEAREST FOOT)</small>	
OWNER <u>Douse</u> <small>LAST NAME</small>		<u>Richard</u> <small>FIRST NAME</small>	
STREET OR RFD <u>9454 Volkmershausen Drive</u>		TOWN <u>Gundelf</u>	
SUBDIVISION <u>SECTION</u>		LOT <u>3</u>	

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DESCRIPTION (Use additional sheets if needed)</th> <th>FEET</th> <th>THICKNESS</th> <th>WATER BEARING</th> </tr> </thead> <tbody> <tr> <td><u>Blue shale</u></td> <td><u>10</u></td> <td><u>10</u></td> <td><u>NO</u></td> </tr> <tr> <td><u>Yellow clay</u></td> <td><u>10</u></td> <td><u>4</u></td> <td><u>NO</u></td> </tr> <tr> <td><u>gray granite</u></td> <td><u>41</u></td> <td><u>165</u></td> <td><u>YES</u></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET	THICKNESS	WATER BEARING	<u>Blue shale</u>	<u>10</u>	<u>10</u>	<u>NO</u>	<u>Yellow clay</u>	<u>10</u>	<u>4</u>	<u>NO</u>	<u>gray granite</u>	<u>41</u>	<u>165</u>	<u>YES</u>	WELL HAS BEEN GROUNDED <small>(Circle appropriate box)</small> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL <input checked="" type="checkbox"/> CEMENT <input type="checkbox"/> BENTONITE CLAY NO. OF BAGS <u>9</u> NO. OF SQUARES <u>24</u> GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> to <u>36</u> feet <small>(enter 0 if from bottom)</small>	SCREEN TEST HOURS PUMPED <u>6</u> PUMPING RATE (gal. per min. to nearest gal.) <u>4</u> <small>average used to measure pumping rate</small> INTERLEVEL (between top and bottom) <u>23</u> DEPT. PUMPING <u>95</u> TYPE OF PUMP USED (see test) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
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CIRCLE APPROPRIATE BOX <input checked="" type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> F TEST WELL CONVERTED TO PRODUCTION WELL <small>IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX</small> <input type="checkbox"/> F	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)
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HEALTH