WR-W-4
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

FEET from	to	
	3	clay
3	28	Sand + Gravel
28	33	Granite Rock
33	64	WELL

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

DIAM. (inches)	FEET from	to
6 1/4	0	31
Pipe		

Permit Number Ho-67-W-24
Owner Clarence Basale
Address Sykesville
Subdivision
Section Lot

PUMPING TEST
Hours Pumped 2
Type of Pump Used Air
Pumping Rate Gallons per Minute 15

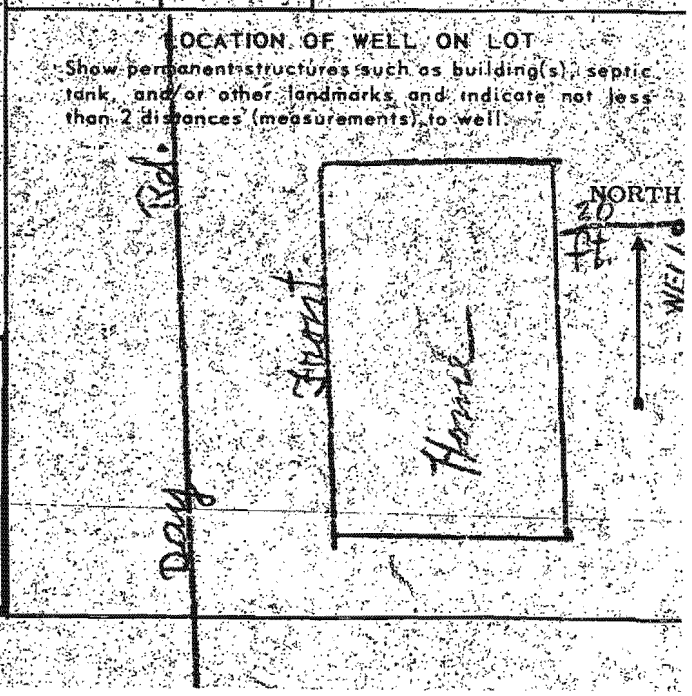
WATER LEVEL
(Distance from land surface to water)
Before Pumping 30 Ft
When Pumping Ft

APPEARANCE OF WATER
Clear X Cloudy
Taste
Odor None

Height of Casing Above Land Surface 2 Ft

PUMP INSTALLED
Type
Capacity
Gallons per Minute
Gallons per Hour
Pump Column Length Ft

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED
6/10/67

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Ed. Brown, Well Driller

Well Driller License No.: 81

HEALTH