

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 COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

B 1 4147
3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

22 (TO NEAREST FOOT) 26

28 29 30 31 32 33 34 35 36 37

8-13

15

20

DRILLERS IDENTIFICATION NO.

OWNER SUNDERLAND JEFFREY FIRST NAME
LAST NAME
STREET OR RFD 6134 CLOSMOKE CT POST OFFICE COLUMBIA, MD. 21045

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	
SHALE	0	70	
SANDSTONE	10	42	
BROWN SLATE	42	50	✓
GRANITE	50	100	✓

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y NO N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C
 NO. OF BAGS 14 NO. OF POUNDS 1400
 GALLONS OF WATER 70
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 42 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW):
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE: 5 6
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 5 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW):
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	6
1	8	9	11	21
2	23	24	26	36
3	38	39	41	51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 60 (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

T 70 LOG TELESCOPE CASING
 (E.R.O.S.) 72 LOG INDICATOR
 W 74 OTHER DATA AVAILABLE
 Q 75
 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 14
 METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

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 Y NO 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 (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).

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. EASTERDAY
 (PLEASE PRINT) L. F. Easterday
 SIGNATURE

B 1 0592

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 40-73-2632 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 3/23/78 9:30 a.m.

OWNER: [Handwritten Name] COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD: [Handwritten] COL 36 COL. 55 POST OFFICE: [Handwritten] COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION DATE: 3/23/78 LICENSE NUMBER: 42 77 80 FIRST NAME: [Handwritten] DRILLER LAST NAME: [Handwritten] SIGNATURE: [Handwritten]

B 3 LOCATION OF WELL COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION: [Handwritten] 29 42 SECTION: [Handwritten] 44 46 LOT: [Handwritten] 48 50 NEAREST TOWN: [Handwritten] 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 MI 76 77 78

B 2 WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE): [Handwritten] 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD: [Handwritten] 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 34 37 MI 38 39

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

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.

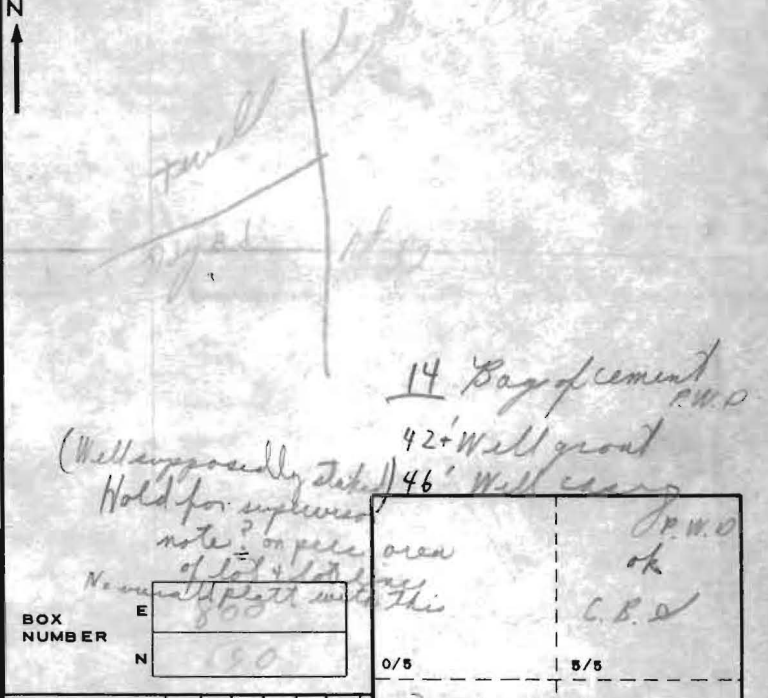
APPROXIMATE DEPTH OF WELL: 24 750 28 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER: [Grid] ENGINEER REVIEW DISTRICT NO.: [Grid] FORCE: [Grid] CONDITIONS: [Grid]



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL STATE HEALTH (CIRCLE BOX) S COUNTY NAME: Howard COUNTY NO.: W27629 DATE: [Grid] APPROVED BY: [Signature]

NORTH COORDINATE: [Grid] EAST COORDINATE: [Grid] ELEVATION AT WELL HEAD (FEET): [Grid]

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) [Grid]

2' casing out of ground

3/23/78

could not locate ^{perc} alcoholis for proximity
the way lot line is ^{now} staked at time of grant!!

Why wasn't system put in first as directed
by Mr. Frommelt? Hold for supervisor.
C. B. S.

{ Water Well 100-120' from road depending on how measured. On distance
from side line also no dry holes seen

Discussed with Mr. Monaghan - retest
possibly + referred me to Mr. Frommelt

Conference Mr. Frommelt - Retest + or seal well up in 10,000 sq ft
future sewage disposal area. Write letter to owner.
C. B. S.

Hold for further action
See letter