

SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 8-13 DATE WELL COMPLETED MAY 25 1971 DEPTH OF WELL 106 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 106

OWNER DORSEY LAST NAME HARVEY FIRST NAME
 STREET OR RFD _____ POST OFFICE Stencetg MARYLAND

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	
Top soil	0	3	
clay	3	10	
Sand	10	60	
1 stream water	18	ft	
Grouted and cased of			
Drilled 10			
20m Hole 20ft			
Grouted 20ft			
4 Bags cement			

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 NO. OF BAGS 5 NO. OF POUNDS 400
 GALLONS OF WATER 25
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 20 FT.
 (ENTER 0 IF FROM SURFACE)

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 8
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11
 METHOD USED TO MEASURE PUMPING RATE SAIT

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 75

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 17 (NEAREST FOOT) 20
 WHEN PUMPING 75 (NEAREST FOOT) 25
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX):
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) SAIT
 JET SUBMERSIBLE

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

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
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31
 PUMP HORSE POWER 37
 PUMP COLUMN LENGTH (NEAREST FOOT) 43

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE BELOW
 LAND SURFACE (NEAREST FOOT) 2

DEPTH (NEAREST WHOLE FOOT)
 FROM TO
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1, 2, 3, _____

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).
5 ft deep RT
Dorsey Mill

CIRCLE APPROPRIATE BOXES
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 C COPY OF ELECTRIC LOG ATTACHED

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 _____
 (PLEASE PRINT) Dorsey Brown
 SIGNATURE Dorsey Brown

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____
 GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F
 DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

3823
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STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 5/25/71
OWNER COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD COL 36 COL. 55
POST OFFICE COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE LICENSE NUMBER 77 80
FIRST NAME DRILLER LAST NAME
SIGNATURE Brown

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 48 50
NEAREST TOWN 52 71
MILES FROM TOWN (ENTER 0 IF INTOWN) 73 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 20

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 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 FT
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 MI 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
P PRIVATE WATER COMPANY }
T TEST

APPROXIMATE DEPTH OF WELL 24 28 FEET
APPROXIMATE DIAMETER OF WELL (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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER 54 63 ENGINEER REVIEW DISTRICT NO. 65
FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 S STATE HEALTH COUNTY NAME COUNTY NO.
MO. DAY YR. APPROVED BY
DATE 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 ↑

5/25/71
20ft open hole
5 bags cement
OK Dewey

(above Frank's Swimming pools)

BOX NUMBER	E	59
	N	

0/5 5/5

0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6