

C 1 2096  
 SEQUENCE NO. (DWR USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY) Mar 14 '73 DEPTH OF WELL 240 PERMIT NO. FROM "PERMIT TO DRILL WELL" 46-73-0302  
 DATE WELL COMPLETED 7 22 (TO NEAREST FOOT) 26  
 8-13 15 20  
 DRILLERS IDENTIFICATION NO. 42

OWNER Ricketts, Rene FIRST NAME Clarksville Md  
 LAST NAME 7247 Munkhollow Rd POST OFFICE

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	
<u>Sand</u>	<u>0</u>	<u>3</u>	
<u>Shale</u>	<u>3</u>	<u>23</u>	
<u>Hard Rock</u>	<u>23</u>	<u>240</u>	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO  
 (44) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY   
 (45 46) (45 46)

NO. OF BAGS 5 NO. OF POUNDS 500  
 GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 122 FT.  
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE 5 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 24  
 (60 61 63 64 66 70)

OTHER CASING (IF USED)

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
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SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2  
 (11 15)

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT) (17 20)  
 WHEN PUMPING 240 (NEAREST FOOT) (22 25)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) \_\_\_\_\_

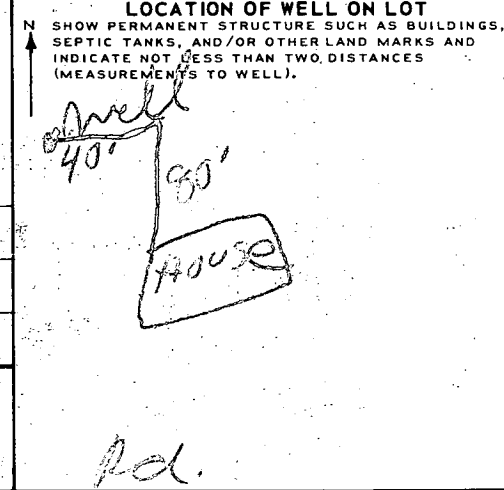
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

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 } \_\_\_\_\_



CIRCLE APPROPRIATE BOXES

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 [Signature]  
 (PLEASE PRINT)  
 SIGNATURE [Signature]

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.)

T  W   
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

B 1 06465 SEQUENCE NO. (DWR USE ONLY)	<b>STATE OF MARYLAND</b> DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	DWR PERMIT NUMBER 10-13-65 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (DWR USE ONLY) 224 6/8/73 1:30 P.M.	OWNER: <u>Rickobrich, Rene</u> COL 15 LAST NAME: _____ FIRST NAME: _____ COL. 34 STREET OR RFD: <u>7247 Milk Hollow Rd</u> COL 36: _____ COL. 55 POST OFFICE: <u>Clarksdale, Md.</u> COL 57: _____ COL. 76
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B 1	CONTINUED	<b>DRILLER INFORMATION</b>
1 2 3 (SEQ. NO.) 6	DATE: <u>April 9, 73</u>	LICENSE NUMBER: <u>42</u>
77 80	FIRST NAME: <u>Franklin</u>	DRILLER LAST NAME: <u>Easterday</u>
SIGNATURE: <u>Franklin Easterday</u>		

B 3	<b>LOCATION OF WELL</b>
1 2 3 (SEQ. NO.) 6	COUNTY: <u>Howard</u>
8	(DO NOT ABBREVIATE COUNTY NAME) 21
23	SUBDIVISION: _____ 42
44 46 48 50	SECTION: _____ LOT: _____
52	NEAREST TOWN: <u>Highland</u>
71	MILES FROM TOWN (ENTER 0 IF IN TOWN): <u>5</u> M I
73	76 77 78

B 2	<b>WELL INFORMATION</b>
1 2 3 (SEQ. NO.) 6	MAXIMUM PUMPING RATE (GALLONS PER MINUTE): <u>5</u>
8 12	AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): <u>150</u>
14 20	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>	
<input type="checkbox"/> D	DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
<input type="checkbox"/> F	FARMING, AGRICULTURE, IRRIGATION
<input type="checkbox"/> I	INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
<input type="checkbox"/> M	MUNICIPAL WATER SUPPLY
<input type="checkbox"/> P	PRIVATE WATER COMPANY
<input type="checkbox"/> T	TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL	

B 4	<b>DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)</b>
1 2 3 (SEQ. NO.) 6	<input type="checkbox"/> N NORTH <input type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> S SOUTH <input checked="" type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST
8	NEAR WHAT ROAD: <u>Milk Hollow</u>
8 9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
32 32 32	DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): <u>100</u> F T
34	37 38 39

APPROXIMATE DEPTH OF WELL	<u>150</u>	FEET
24 26		
APPROXIMATE DIAMETER OF WELL	<u>6"</u>	(NEAREST INCH)

<b>METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)</b>		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
30-37 <input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE): _____		

<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b>	
<input type="checkbox"/> N	THIS WELL WILL NOT REPLACE AN EXISTING WELL
<input type="checkbox"/> Y	THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
<input type="checkbox"/> S	THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
<input type="checkbox"/> D	THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____
41 52	

<b>NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)</b>	
APPROPRIATION PERMIT NUMBER: _____	ENGINEER REVIEW DISTRICT NO.: _____
54 63 65	
FORCE: _____	CONDITIONS: _____
67 68	70 71 72 73 74 75 76 77 78 79

B 4	<b>HEALTH DEPARTMENT APPROVAL</b>
1 2 3 (SEQ. NO.) 6	STATE HEALTH (CIRCLE BOX): <input checked="" type="checkbox"/> S
41	COUNTY NAME: <u>Howard</u> COUNTY NO.: <u>3105</u>
DATE: <u>6/2/73</u>	APPROVED BY: <u>[Signature]</u>
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.

Well - 240 ft  
 Casey - 24 ft  
 Brighton Dr. Cross - 24 ft  
 Grand 5 bags  
 R. T. case

7 ft  
 well

NORTH COORDINATE	<u>43.000</u>	50 51 52 53 54 55	0/5	5/5
EAST COORDINATE	<u>00.000</u>	57 58 59 60 61 62 63	0/0	5/0
ELEVATION AT WELL HEAD (FEET)	_____	65 66 67 68		

B 5	<b>SPECIAL CONDITIONS 8-63 (DWR USE ONLY)</b>
1 2 3 (SEQ. NO.) 6	_____