

C 1 **1259** SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 5 6 (SEQ. NO.)

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 (WRA USE ONLY) Mar 28 1979 DEPTH OF WELL 125 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3095

DATE WELL COMPLETED 15 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 238

OWNER Worland LAST NAME Stuart FIRST NAME

STREET OR RFD 14425 Annapolis Rd. POST OFFICE Blondy Md.

**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>19</u>	
<u>Mag. material</u>	<u>19</u>	<u>125</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  C M  B C

CEMENT 45-46 BENTONITE CLAY 45-46

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 24 FT. (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES:  S T  C O

STEEL CONCRETE

P L  O T

PLASTIC OTHER

MAIN CASING TYPE  S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 26

**OTHER CASING (IF USED)**

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

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE:  S T  B R  H O

STEEL BRASS OR BRONZE OPEN HOLE

P L  O T

PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM \_\_\_\_\_ TO \_\_\_\_\_

EACH SCREEN: 1 11 2 24 3 125

8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68 F

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

(E.R.O.S.)

70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE Air

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 22 (NEAREST FOOT) 25

**TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)**

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)  Y  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)**

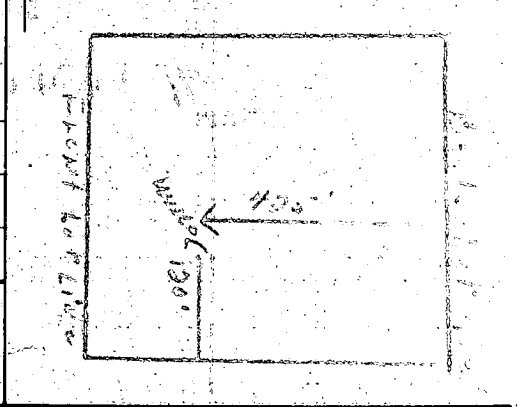
ABOVE } LAND SURFACE

BELOW } 2 (NEAREST FOOT)

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 \_\_\_\_\_

(PLEASE PRINT) Stuart

SIGNATURE \_\_\_\_\_

**B 1** 4626  
 SEQUENCE NO. (WRA USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER  
**HO-73-3095**  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
**11/14/79**  
**9:30 a.m.**

**OWNER** Howard Street  
 COL 18 LAST NAME FIRST NAME COL. 34  
**STREET OR RFD** 14425 Philadelphia Rd.  
 COL 36 COL. 55  
**POST OFFICE** Blensly Yhd.  
 COL. 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
**DATE** Nov 29, 1978 **LICENSE NUMBER** 238  
 COL. 77 COL. 80  
**FIRST NAME** Joseph L. Wayne **DRILLER** **LAST NAME**  
**SIGNATURE** Joseph L. Wayne

**B 3 LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
**COUNTY** Howard COL. 21  
 (DO NOT ABBREVIATE COUNTY NAME)  
**SUBDIVISION** 145 COL. 42  
**SECTION** 44 46 **LOT** 4 COL. 50  
**NEAREST TOWN** Blensly COL. 71  
**MILES FROM TOWN** (ENTER 0 IF IN TOWN) 3 COL. 76 77 78

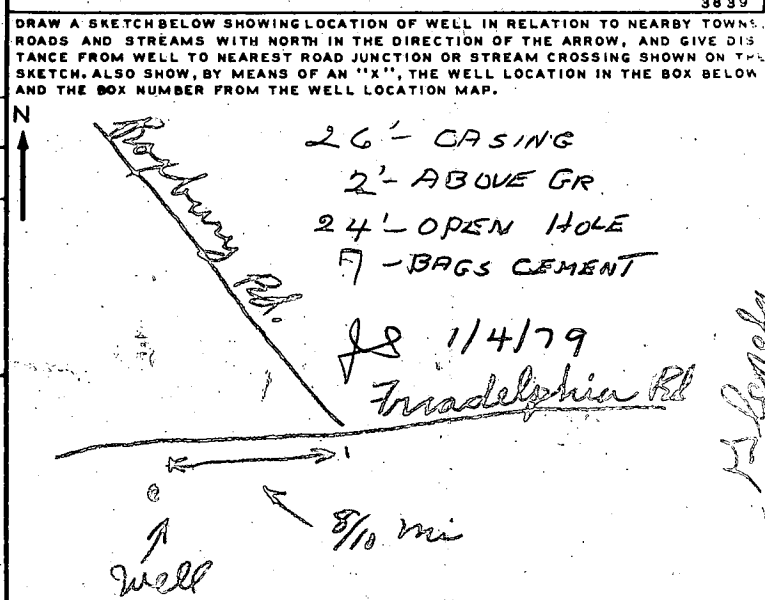
**B 2 WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
**MAXIMUM PUMPING RATE** (GALLONS PER MINUTE) 5 COL. 12  
**AVERAGE DAILY QUANTITY NEEDED** (GALLONS PER DAY) 750 COL. 20  
**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY }  
 TEST

**B 4 DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)  
 1 2 3 (SEQ. NO.) 6  
 NORTH  EAST  NE NORTHEAST  SE SOUTHEAST  
 SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST  
**NEAR WHAT ROAD** Philadelphia Rd  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NORTH  SOUTH  EAST  WEST COL. 30  
**DISTANCE FROM ROAD** (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 425 COL. 34 37 38 39

**APPROXIMATE DEPTH OF WELL** 200 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 DEEPEINED WELLS** (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

**NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)**  
**APPROPRIATION PERMIT NUMBER** 54 **ENGINEER REVIEW DISTRICT NO.** 63  
**FORCE** 67 **WRITE INITIALS IN BOX** **CONDITIONS** 70 71 72 73 74 75 76 77 78 79



**BOX NUMBER** 790  
510  
**NORTH COORDINATE** 510000  
**EAST COORDINATE** 079000  
**ELEVATION AT WELL HEAD (FEET)** 65 66 67 68  
 0/0 5/0

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
**STATE HEALTH (CIRCLE BOX)** 5 **COUNTY NAME** Howard **COUNTY NO.** W20291  
**DATE** 11 30 79  
**APPROVED BY** Donald W. Monaghan, Sanitarian

**B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)**  
 1 2 3 (SEQ. NO.) 6