

| C 1 5560<br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401<br><b>WELL COMPLETION REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION<br><b>FILL IN THIS FORM COMPLETELY</b><br>COUNTY NUMBER _____ |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------|------|----|-------------|---|---|--|------------------|---|----|--|-----------|----|----|--|-----------|----|----|--|--------------|----|-----|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| DATE RECEIVED (WRA USE ONLY) _____<br>DATE WELL COMPLETED <u>5/4/79</u><br>DEPTH OF WELL <u>272</u><br>(TO NEAREST FOOT) 22 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-73-3789</u><br>DRILLERS IDENTIFICATION NO. <u>154</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| OWNER <u>ARLIE</u><br>STREET OR RFD <u>5503 ARBUTHUS AVE</u> POST OFFICE <u>BALTO-MD. 21227</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>WELL LOG</b><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/><br>NO. OF BAGS <u>10</u> NO. OF POUNDS _____<br>GALLONS OF WATER <u>60</u><br>DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>46</u> FT.<br>(ENTER 0 IF FROM SURFACE) 48 52 54 58                                                                                                                                                                                                                                                                |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>MARBLE CLAY</td> <td>0</td> <td>8</td> <td></td> </tr> <tr> <td>SAND ROCK &amp; SAND</td> <td>8</td> <td>20</td> <td></td> </tr> <tr> <td>SAND ROCK</td> <td>20</td> <td>35</td> <td></td> </tr> <tr> <td>GREY CLAY</td> <td>35</td> <td>45</td> <td></td> </tr> <tr> <td>GRANITE ROCK</td> <td>45</td> <td>272</td> <td></td> </tr> </tbody> </table> |      | DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FEET                   |                                                                                                                                  | CHECK IF WATER BEARING | FROM | TO | MARBLE CLAY | 0 | 8 |  | SAND ROCK & SAND | 8 | 20 |  | SAND ROCK | 20 | 35 |  | GREY CLAY | 35 | 45 |  | GRANITE ROCK | 45 | 272 |  | <b>CASING RECORD</b><br>INSERT APPROPRIATE CODE BELOW<br>STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/><br>PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/><br>MAIN CASING TYPE <u>S.T.</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>47</u><br>60 61 63 64 66 70 |  |  |  |
| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEET |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CHECK IF WATER BEARING |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FROM | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| MARBLE CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0    | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| SAND ROCK & SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8    | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| SAND ROCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20   | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| GREY CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35   | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| GRANITE ROCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 45   | 272                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | <b>OTHER CASING (IF USED)</b><br>DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____<br>71 73 75 77 79 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | <b>SCREEN RECORD</b><br>INSERT APPROPRIATE CODE BELOW<br>STEEL <input checked="" type="checkbox"/> BRASS OR BRONZE <input type="checkbox"/> OPEN HOLE <input type="checkbox"/><br>PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/><br>SCREEN TYPE OR OPEN HOLE _____<br>DEPTH (NEAREST WHOLE FOOT) FROM <u>47</u> TO <u>272</u><br>1 11 13 15 17 21<br>23 24 26 30 32 36<br>38 39 41 45 47 51<br>SLOTS SIZE 1. _____ 2. _____ 3. _____<br>DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____<br>GRAVEL PACK _____<br>IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <input type="checkbox"/>                                                                                                                      |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>CIRCLE APPROPRIATE BOXES</b><br><input type="checkbox"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><input type="checkbox"/> E ELECTRIC LOG OBTAINED<br><input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL                                                                                                                                                                                                                                                                                                                                                                                                      |      | <b>PUMPING TEST</b><br>HOURS PUMPED (TO NEAREST HOUR) <u>2</u><br>PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>12</u><br>METHOD USED TO MEASURE PUMPING RATE <u>WATCH &amp; RUNOFF</u><br><b>WATER LEVEL: (DISTANCE FROM LAND SURFACE)</b><br>BEFORE PUMPING <u>17</u> (NEAREST FOOT) 11 15<br>WHEN PUMPING <u>260</u> (NEAREST FOOT) 22 25<br><b>TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)</b><br><input checked="" type="checkbox"/> AIR <input type="checkbox"/> PISTON <input type="checkbox"/> TURBINE<br><input type="checkbox"/> CENTRIFUGAL <input type="checkbox"/> ROTARY <input type="checkbox"/> OTHER (DESCRIBE BELOW)<br><input type="checkbox"/> JET <input type="checkbox"/> SUBMERSIBLE |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | <b>PUMP INSTALLED</b><br>TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)<br>DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>CAPACITY _____ GALLONS PER MINUTE (TO NEAREST GALLON) 31 35<br>PUMP HORSE POWER _____ 37 41<br>PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 47<br><b>CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)</b><br><input checked="" type="checkbox"/> ABOVE LAND SURFACE <u>2</u> (NEAREST FOOT) 49 50 51<br><input type="checkbox"/> BELOW                                                                                                                                              |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| 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.<br>DRILLERS NAME <u>M.D. Downing Co.</u><br>(PLEASE PRINT) <u>John Wells</u><br>SIGNATURE _____                                                                                                                                                                                                                                                                                                     |      | <b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).<br><u>PITLESS ADAPTER</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T <input type="checkbox"/> E.P.O.S. <input type="checkbox"/> L.W.O. <input type="checkbox"/><br>70 72 74 75 76<br>TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                  |                        |      |    |             |   |   |  |                  |   |    |  |           |    |    |  |           |    |    |  |              |    |     |  |                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |

I CERTIFY THE BELOW MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

SIGNED: Julie E. Diehl

