

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAVES 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 _____	
PERMIT NO. FROM "PERMIT TO DRILL WELL" 11-73-2052 28 29 30 31 32 33 34 35 36 37		DEPTH OF WELL 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100	
OWNER LAST NAME _____ FIRST NAME _____ STREET OR RFD _____ POST OFFICE _____		DATE RECEIVED (WHA USE ONLY) _____ DATE WELL COMPLETED _____ 1 2 3 4 5 6 7 8 9 10 11 12	
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING (USE ADDITIONAL SHEETS IF NECESSARY)		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES ☒ NO ☐ TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS _____ NO. OF POUNDS _____ BALLONS OF WATER _____ DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM _____ TO _____ FT. (ENTER 0 IF FROM SURFACE)	
WELL LOG DESCRIPTION FROM TO CHECK IF WATER BEARING 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 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) _____ PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) _____ METHOD USED TO MEASURE PUMPING RATE _____ WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING _____ (NEAREST FOOT) WHEN PUMPING _____ (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (A) AIR (P) PISTON (T) TURBINE (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW) (J) JET (S) SUBMERSIBLE	
CASING RECORD MAIN CASING TYPE _____ NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) _____ TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) _____ 60 61 62 63 64 65 66 67 68 69 70		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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (NEAREST FOOT) _____	
OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____		SCREEN RECORD SCREEN TYPE (CIRCLE APPROPRIATE BOX) (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER C 2 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 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
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. DRILLER'S NAME _____ (PLEASE PRINT) _____ SIGNATURE _____		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).	
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX _____ GRAVEL PACK _____ IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX _____ WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (C.P.D.S.) YES ☐ NO ☐ 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		HEALTH	