

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

A 08115

WELL COMPLETION REPORT

WELL DESCRIPTION

Permit Number Ho690161
O. Carol W. Kelly
Address Sykesville, MD,
Subdivision _____
Section _____ Lot 4
County Permit Number 702275
PUMPING TEST
Hours Pumped 3
Type of Pump Used sand
Pumping Rate 8 1/2
Gallons per Minute 9

WATER LEVEL
(Distance from land surface to water)
Before Pumping 30 Ft.
When Pumping 15 Ft.

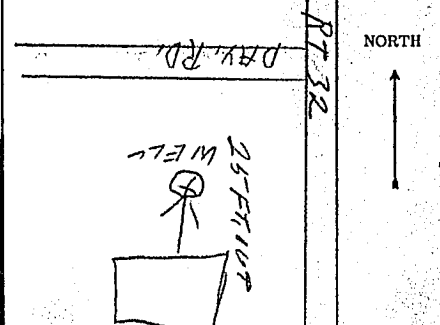
APPEARANCE OF WATER
Clear Cloudy _____
Taste ok
Odor non

Height of Casing Above Land
Surface 1 ft Ft.

PUMP INSTALLED
Type non
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

A WELL LOG		B CASING AND SCREEN RECORD	
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing		State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).	
FEET from ___ to ___	FEET from ___ to ___	DIAM. (inches)	FEET from ___ to ___
30 ft of dirt and 45 ft of hard gray rock		6 1/4	30

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



HO 69-0161

DATE WELL WAS COMPLETED

April, 21, 1969

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Arthur P. Edmondson, Well Driller

Well Driller License No.: 317