

C 1 2642 SEQUENCE NO. (WRA USE ONLY)

2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED July 12, 1977

15 20

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 W26585

PERMIT NO. FROM "PERMIT TO DRILL WELL" AD-73-3370

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 290

OWNER: LAST NAME Gordon FIRST NAME W. Thomas

STREET OR RFD 29 E. Main St. POST OFFICE W. Thomas Md. 21411

WELL DESCRIPTION

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>overburden</u>	<u>0</u>	<u>35</u>	
<u>Hard Rock</u>	<u>35</u>	<u>175</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 470

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 35 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 37

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

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DEPTH (NEAREST WHOLE FOOT)

FROM 35 TO 175

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK NO

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING TELESCOPE INDICATOR

W Q 74 75 76 OTHER DATA AVAILABLE

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PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE cal meter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 80 (NEAREST FOOT)

TYPE OF PUMPED 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

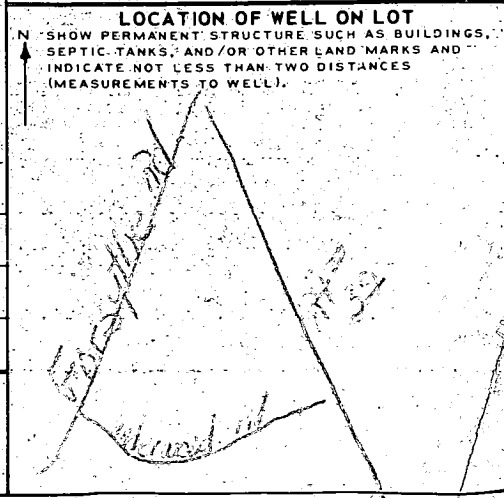
PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE 2 (NEAREST FOOT)



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) _____

SIGNATURE _____

B 1 7702 SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER **HO-73-3370**
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 7/18/79
 1:00 P.M.

OWNER Frankie Gordon
 COL 15 LAST NAME FIRST NAME COL 34

STREET OR RFD 215 E. Main St.
 COL 36 COL 55

POST OFFICE Westminster MA 21157
 COL 57 COL 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE June 20 1970 **LICENSE NUMBER** 200
 77 80

FIRST NAME Rambell & Co. Inc. **DRILLER** **LAST NAME**

SIGNATURE Charles P. Rambell

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY Howard
 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION Westcliff Manor
 23 42

SECTION 46 **LOT** 26
 44 48 50

NEAREST TOWN Sykesville
 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 **MI**
 73 76 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

M MUNICIPAL WATER SUPPLY

P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL

T TEST

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

1 2 3 (SEQ. NO.) 6

N NORTH **E** EAST **NE** NORTHEAST **SE** SOUTHEAST

S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST

NEAR WHAT ROAD Underwood Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** NORTH **S** SOUTH **E** EAST **W** WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 **FT**
 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) **JETTED** **DRIVEN**

30-37 **AIR-ROTARY** **AIR-PERCUSSION** **ROTARY (HYDRAULIC ROTARY)**

CABLE **REVERSE-ROTARY** **DRIVE-POINT**

OTHER (DESCRIBE)

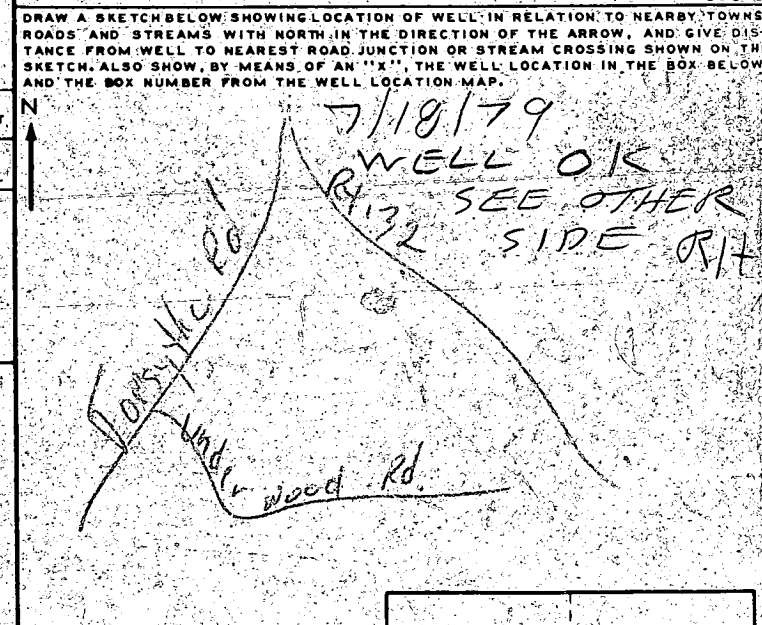
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



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

APPROPRIATION PERMIT NUMBER 54 **ENGINEER REVIEW DISTRICT NO.** 69

FORCE 67 **WRITE INITIALS IN BOX** WV **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 800 840

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

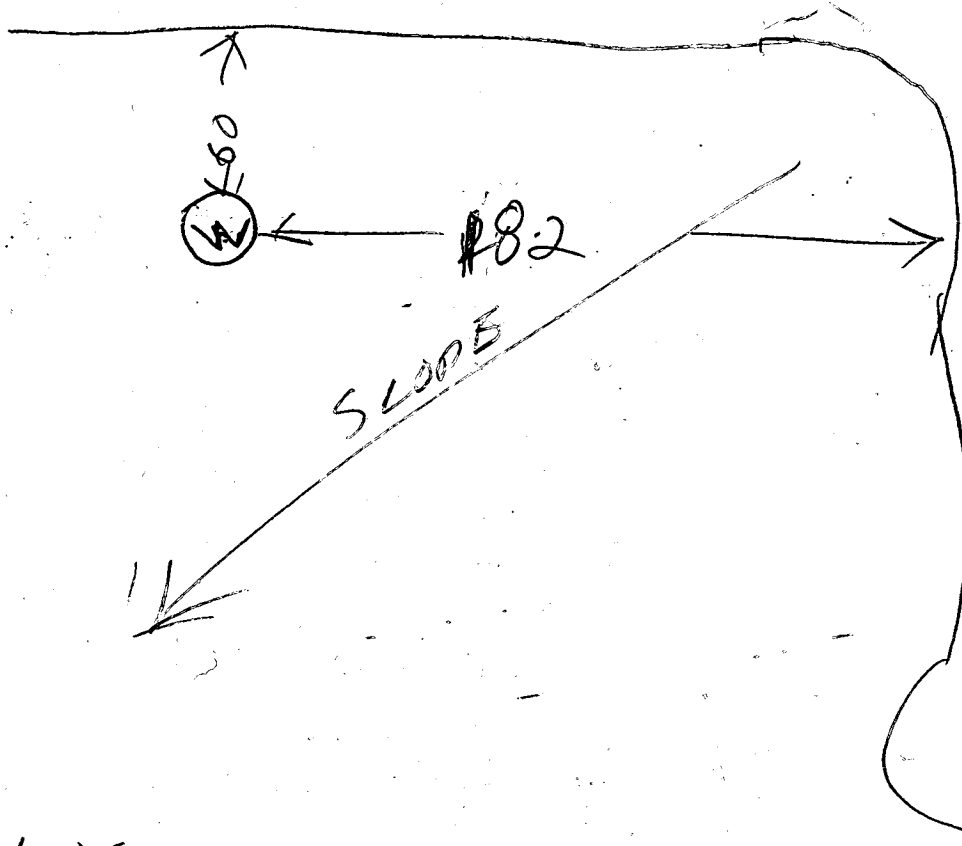
STATE HEALTH (CIRCLE HEALTH) Howard **COUNTY NAME** **COUNTY NO.** W26585

DATE 7 0 7 0 **APPROVED BY** Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

HEALTH



RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 ELLICOTT CITY, MD.

JUL 13 8 59 AM '79

- ① LOCATION OK
- ② 37 FT CASING 1 FT OUT OF GROUND
- ③ 36 FT DEPTH OF OPEN HOLE
- ④ 5 BAGS USED
- ⑤ WELL OK