

SEQUENCE NO. (WRA USE ONLY) **7307**

(THIS NUMBER IS PUNCHED IN COLS. 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) **2-17-77**

DATE WELL COMPLETED **2-17-77**

DEPTH OF WELL **22** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-1113**

DRILLERS IDENTIFICATION NO. **136**

OWNER **Tiede** LAST NAME **Jerry** FIRST NAME

STREET OR RFD **10958 Annapolis Junction** POST OFFICE **Annapolis Junction, 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	
Brown clay	0	2	
Sand & Gravel	2	15	
Red clay + Gravel	15	35	
White clay	35	68	
Medium brown sand	68	71	
	71	100	x

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS **7** NO. OF POUNDS

GALLONS OF WATER **105**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **3** FT. TO **70** FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T C O
 STEEL CONCRETE

P L O T
 PLASTIC OTHER

MAIN CASING TYPE P L

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **4**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **95**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T B R H O
 STEEL BRASS OR BRONZE OPEN HOLE

P L O T
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	FROM	TO	FROM	TO
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1, **2**, 3, _____

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** F

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

TELESCOPE CASING T W Q

LOG INDICATOR 70 72 74 75 76

OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **8**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **13**

METHOD USED TO MEASURE PUMPING RATE **33r**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **70** (NEAREST FOOT)

WHEN PUMPING **75** (NEAREST FOOT)

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) **32**

PUMP HORSE POWER **37**

PUMP COLUMN LENGTH (NEAREST FOOT) **43**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)

- BELOW } **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).

Pitless Adaptor

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 **HJ Greer Drilling Co.**

(PLEASE PRINT) _____

SIGNATURE _____

DATE RECEIVED (WRA USE ONLY) **2/17/77 1:30 pm.**

OWNER: Tide **SPM ASSOC NEW OWNER MARCH 2001** Jerry

COL 15 LAST NAME COL 34 FIRST NAME

STREET OR RFD: Box 61 10958 Annapolis Junction Rd.

COL 36 COL 55

POST OFFICE: Annapolis Junction, MD 20701

COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: 1-17-77 LICENSE NUMBER: 136

77 80

H.J. Greer Drilling Co., INC.

FIRST NAME DRILLER LAST NAME

SIGNATURE: [Signature]

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6 Howard County

COUNTY: Howard County (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: 42 acreage

SECTION: 44 LOT: 46 48 50

NEAREST TOWN: Jessup 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 10 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 14 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 N E NORTHEAST S E SOUTHEAST

SOUTH WEST N W NORTHWEST S W SOUTHWEST

8 8 8 9 8 9

NEAR WHAT ROAD: Rt. 32

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 60 34 37 38 39

APPROXIMATE DEPTH OF WELL: 80 24 28 FEET

APPROXIMATE DIAMETER OF WELL: _____ (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): Dug well will be filled in by

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑

75 ft. from any septic system.

97 CASING

2 CASING Above grade

35' open hole-jetted

14 BAGS cement

OLD ORIG. WELL REPORTEDLY FILLED IN @ TIME OF PERMIT ISSUANCE

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): _____

41 52

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: A E N S G W Q C L U

67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 85 770

NORTH COORDINATE: 50 51 52 53 54 55

EAST COORDINATE: _____ 57 58 59 60 61 62 63

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): COUNTY NAME: Howard COUNTY NO.: W25121

DATE: 011877 MO. DAY YR.

APPROVED BY: Donald W. Money Sanitarian

43 48

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

1 2 3 (SEQ. NO.) 6