

C 1 1265 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
THIS NUMBER IS TO BE 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 COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A 24504

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED April 15 1981

DEPTH OF WELL 145

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-73-3817

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 288

OWNER H. Hooker LAST NAME C. F. Jones FIRST NAME

STREET OR RFD 5900 Primrose Lane Parkway POST OFFICE Seabrook 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	
<u>Sand</u>	<u>0</u>	<u>41</u>	
<u>Gray sand with</u>	<u>11</u>	<u>145</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 12 NO. OF POUNDS 110

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 42 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 145

OTHER CASING (IF USED)

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

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 110 TO 145

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

(PLEASE PRINT) _____

SIGNATURE Joseph L. Mc...

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE usa

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

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:

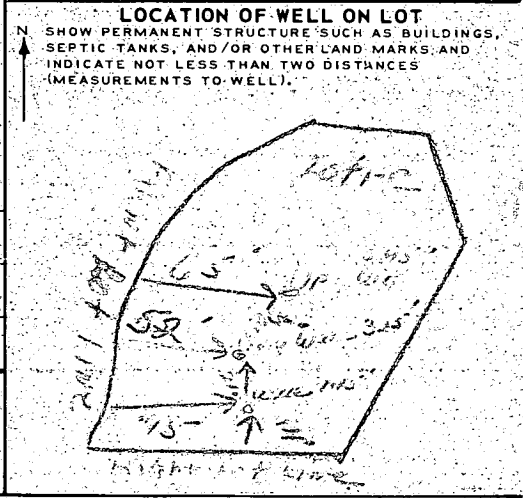
GALLONS PER MINUTE (TO NEAREST GALLON) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE BELOW LAND SURFACE



B I 5430 SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73-3817

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

please print or type

fill in this form completely

DATE RECEIVED 2/26/81
 2nd 9:11 AM
 4/15/81
 OWNER INFORMATION
 LAST NAME Marken OWNER C. F. FIRST NAME Inc.
 15 34
 STREET OR RFD 5900 Princess Anne Parkway
 36 65
 TOWN Lanham STATE md. ZIP 20801
 57 76

B 3 LOCATION OF WELL
 COUNTY Howard
 SUBDIVISION Shamewood
 SECTION C LOT 1
 NEAREST TOWN Sulton
 MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

B I CONTINUED DRILLER INFORMATION
 DRILLER'S NAME Joseph L. Mayne LICENSE NO. 238
 SIGNATURE Joseph L. Mayne DATE 2/25/81

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD Shamewood Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
 32 37
 34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 52 FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

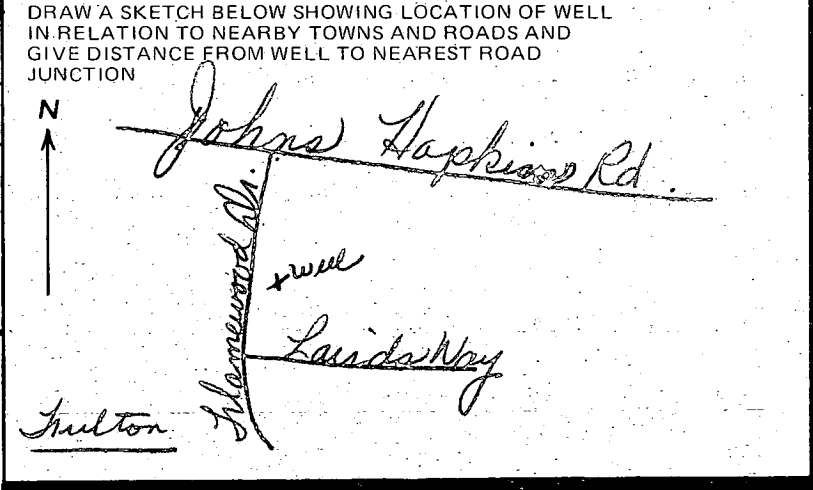
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX.
 46 casing 2' auger
 42 open
 12 bag cement
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8209
 N 4804
 location ok
 Could not find 1 day
 the both probably not sealed
 2/3/15/81

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
 BORED (OR AUGERED) JETTED JETTED & DRIVEN
 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE POINT
 other _____

REPLACEMENT OR DEEPEMED 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 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)
 APPROP. PERMIT NUMBER GAP
 FORCE INITIALS CONDITIONS ✓

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 224502
 EHA SIGNATURE Frank Skinner STATE HEALTH CIRCLE BOX S
 MO DAY YR 02 26 81 DATE
 CO SIGNATURE Frank Skinner
 NORTH 4804 EAST 0820 ELEV. (FT.) _____
 GRID 50 55 GRID 57 63 65 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

