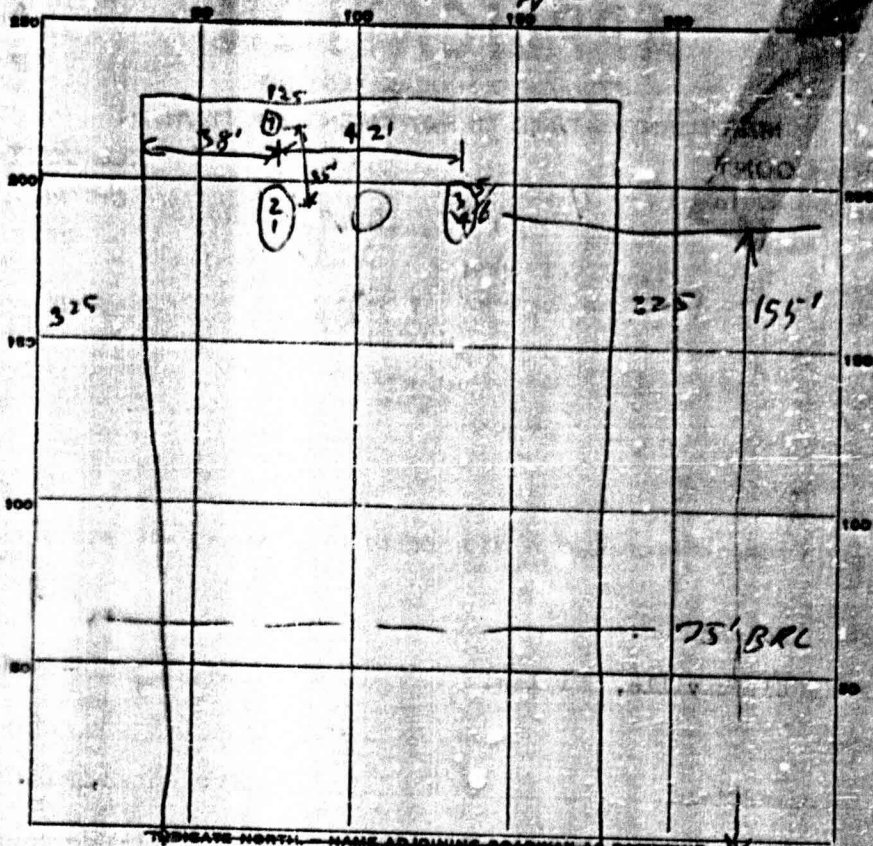


A 09826



30
5
57
13
35
12
80
4

Cherry Tree Drive

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/31/65	1	10 ft.	1005	1020	1020	1050	30 min.
	2	5 ft.	1006	stop	None	-5 low test	
	3	10 ft.	1008	1010	1010	1014	4 min.
	4	5 ft.	1011	stop	None	-5 low test	
7/65	5	12 1/2 ft.	126	127	127	129	2 min.
	6	6 1/2 ft.	129	132	132	137	5 min.
	7	good from 5' to 11 ft.					

A 10567

7/21/65 serial add tests same general area
7 ft, 1 1/2 ft & 5 ft
3 min, 3 min & 14 min respectively

SOIL AUGER FINDING 1st 5 ft. clay about same but better than marsh (wet) tests

TESTED BY R.D.F. 7/21/65

REMARKS

ALSO PRESENT David Briggs LOT NO. 2 A, Plot 1

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT CITY, MARYLAND

*Moorsfield
Lot # 2*

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing Dinad, 30ft.
2. Total depth of well 85
3. Type, diameter and length of strainer _____ Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 2 Bags lbs. Gals. water 10 Gall
6. Standing water level (depth below ground surface when not pumping) 90
7. Yield of well in gallons per minute 6; elevation of water surface when pumped at the designated rate 65.
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 25ft
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 6 ounces of _____ % Chlorine (Brand name Clorox)

Property Owner Souder Builders Inc. Address Brookville, Md.

Location of property Moorsfield, Sub

Health Department Number _____ Dept. of Water Resources Permit No. MD 45-W 449

Date: July 2, 1945. Dennis Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.