

1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER

DATE Received
 8 [] [] [] [] [] [] 13

DATE WELL COMPLETED
 15 09 23 85 20

Depth of Well
 22 40 0 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-73-1537
 28 29 30 31 32 33 34 35 36 37

OWNER Sturdevant George
 last name first name
 STREET OR RFD 16633 RT 144
 TOWN _____
 SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET Check if water bearing
 FROM TO

Depos
Blue slate 180 400

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 44 44
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 45 46 45 46
 NO. OF BAGS _____ NO. OF POUNDS _____
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to [] [] [] [] ft.
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 EACH CASING [] [] [] [] [] []

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO
 STEEL BRASS OPEN HOLE
 PL OT
 PLASTIC OTHER

C 2
 1 2
 DEPTH (nearest ft.)
 1 H 0 11 15 17 21
 8 9 11 15 17 21
 2 [] [] [] [] [] []
 23 24 26 30 32 36
 3 [] [] [] [] [] []
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60

CIRCLE APPROPRIATE LETTER 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40
 DRILLERS SIGNATURE George F. Easterday
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
 1 2
PUMPING TEST
 HOURS PUMPED (nearest hour) 3 8 9
 PUMPING RATE (gal. per min. to nearest gal.) 1 11 15
 METHOD USED TO MEASURE PUMPING RATE meter
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 30 17 20
 WHEN PUMPING 400 22 25
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] 31 35
 PUMP HORSE POWER [] [] [] [] 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below } [] [] 49 51

