

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

A 09043

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Misc. sand
Sand Rock

FEET
from _____ to _____
0-58'
58'-100'

Black steel

DIAM.
(inches)
6 1/4

FEET
from _____ to _____
0-57'

Permit No. _____
Owner _____
Address _____
Subdivision _____
Section _____

PUMPING TEST

Hours Pumped _____
Type of Pump Used _____
Pumping Rate _____
Gallons per Minute _____

WATER LEVEL

Distance from land surface to water _____
Before Pumping _____
When Pumping _____

APPEARANCE OF WATER

Clear _____ Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land

Surface _____

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

Lot # 6-C

NORTH

CASTLE BAR RD



DATE WELL WAS COMPLETED

2/10/67

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Roby Thompson Well Driller

Well Driller License No.: 21

HEALTH