

NR 214 97  
 C 1 2446 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 COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) June 16 - 74 DEPTH OF WELL 300 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-0658  
 DATE WELL COMPLETED 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37  
 8-13 18 20 DRILLERS IDENTIFICATION NO. 42

OWNER STAN LEE LAST NAME FIRST NAME Marriottsville Md.  
 STREET OR RFD 11686 RT 99 POST OFFICE

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	
Top Soil	0	2	
SANDSTONE	2	20	
SHALE	20	70	✓
MICA	70	300	

WELL DESCRIPTION

GROUTING RECORD YES  NO   
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) 44 44  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY   
 45 46 45 46  
 NO. OF BAGS 15 NO. OF POUNDS 1500  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 52 FT.  
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

INSERT APPROPRIATE CODE BELOW  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6" TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 58'  
 60 61 63 64 66 70

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW  
 ST STEEL  BR BRASS OR BRONZE  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 50' TO 300'  
 EACH SCREEN  
 1 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 56 (NEAREST INCH) FROM 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  LOG INDICATOR  OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30' (NEAREST FOOT) 17 20  
 WHEN PUMPING 300' (NEAREST FOOT) 22 25  
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 AIR 27  P PISTON 27  T TURBINE 27  
 C CENTRIFUGAL 27  R ROTARY 27  O OTHER (DESCRIBE BELOW) 27  
 J JET 27  S SUBMERSIBLE 27

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) YES  NO   
 CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2'  
 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).

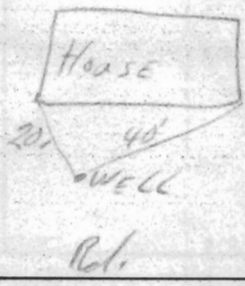
CIRCLE APPROPRIATE BOXES

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

(PLEASE PRINT) L.F. Easterday  
S.F. Easterday



DATE RECEIVED (WRA USE ONLY) **6/25/74**

OWNER **Stim Lee**

COL 15 LAST NAME **Lee** FIRST NAME **Stim** COL. 34

STREET OR RFD **11686 Rt 99** COL. 36 COL. 55

POST OFFICE **Marristoville Md** COL. 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

DATE **4-1-74** LICENSE NUMBER **42**

FIRST NAME **L. F. Eastaday** DRILLER LAST NAME **Eastaday**

SIGNATURE **L. F. Eastaday**

**B 3 LOCATION OF WELL**

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION **Everly (Everly)** 23 42

SECTION **44** LOT **9** 46 48 50

NEAREST TOWN **alpha** 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1** 73 76 77 78

**B 2 WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **600** 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)**

NORTH  EAST  NORTHWEST  SOUTHWEST

SOUTH  WEST  SOUTHWEST

NEAR WHAT ROAD **Henington Rd**

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **100** 34 37 38 39

APPROXIMATE DEPTH OF WELL **150** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6"** (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)

**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)**

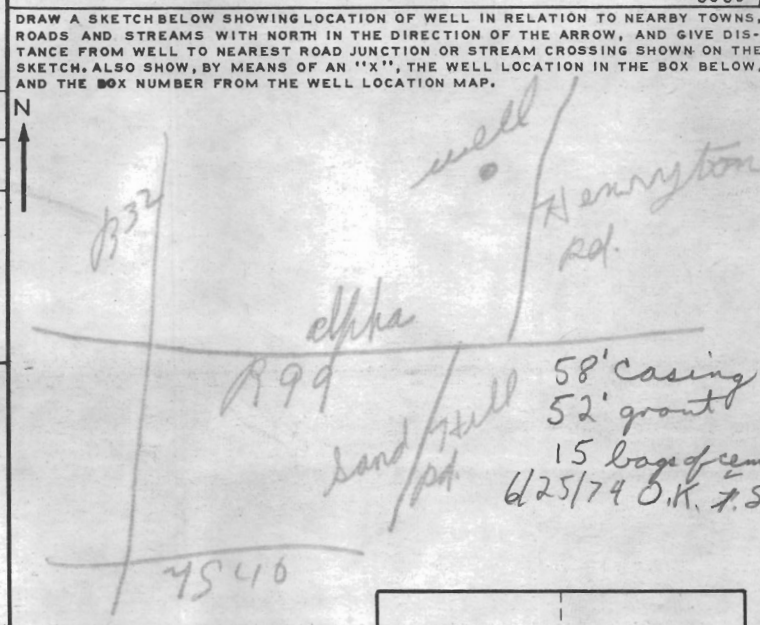
APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE **67** WRITE INITIALS IN BOX **68** CONDITIONS **70 71 72 73 74 75 76 77 78 79**

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **750**

DATE **04/03/74** APPROVED BY **Palmer E. Wine, Director**



BOX NUMBER **E 820**  
**N 540**

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**

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

1 2 3 (SEQ. NO.) 6