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

H0-65-W-217

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 1/4" Well casing 34 ft.
2. Total depth of well 160
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 188 lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 38
7. Yield of well in gallons per minute 1; elevation of water surface when pumped at the designated rate _____.
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 5' Clay 29' Sand + gravel 42' Brown Shale Rock 84' Chisel Rock
11. Physical appearance of water at end of final pumping test Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth x
13. Disinfected by 2 ~~ounces of~~ Quarts % Chlorine (Brand name Clorox)

Property Owner Gerald O. Barnes Address Wopoline Inc.

Location of property Mullinix Rd. + Daisy Rd.

Health Department Number _____ Dept. of Water Resources Permit No. _____

Date: 10/26/64, 1964. E. B. [Signature]
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.