

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAKES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401**  
**WELL COMPLETION REPORT**

WELL NO. **2750** (SEE INSTRUCTIONS)  
 DATE OF REPORT **11-9-76**  
 DEPTH OF WELL (NEAREST FOOT) **50**  
 TYPE OF WELL **1** (SEE INSTRUCTIONS)  
 COUNTY **ANNAPOLIS**

OWNER **Cradle Johnson**  
 STREET OR RD. **1027 Fox Meadow Rd** POST OFFICE **Baltimore**

NOTE THE NAME OF INSTRUMENTS APPROVED, THEIR SERIAL NUMBER, CLASSIFICATION AND IF INSTRUMENTS ARE USED, SERIAL NUMBER.

WELL HAS BEEN GRouted (CHECK APPROPRIATE BOX)  
 YES  NO

DEPTH OF DRIFT SEAL (NEAREST FOOT)  
 FROM **0** TO **20**

TYPE OF CASING (CHECK APPROPRIATE BOX)  
 CONCRETE  METAL  OTHER

WELL CASING TYPE (NEAREST FOOT)  
**57**

INTERNAL DIAMETER OF WELLS CASING (NEAREST INCH)  
**6**

TOTAL DEPTH OF WELLS CASING (NEAREST FOOT)  
**22**

OTHER CASING (IF USED)  
 DIAMETER (NEAREST INCH) \_\_\_\_\_ DEPTH (NEAREST FOOT) \_\_\_\_\_

SCREEN RECORD (CHECK APPROPRIATE BOX)  
 STEEL  BRASS  WIRE MESH  OTHER

DEPTH TO SCREEN RECORD (NEAREST FOOT)  
 FROM **0** TO **50**

SCREEN RECORD (CHECK APPROPRIATE BOX)  
 STEEL  BRASS  WIRE MESH  OTHER

DIAMETER OF SCREEN (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CHECK BOX  YES  NO

WELL USER ONLY (NOT TO BE FILLED IN BY DRILLER)  
 YEAR DRILLER  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  00

WELL NO. **2750**

DATE OF REPORT **11-9-76**

DEPTH OF WELL (NEAREST FOOT) **50**

TYPE OF WELL (CHECK APPROPRIATE BOX)  
 1  2  3  4  5  6  7  8  9  10

WATER LEVEL (NEAREST FOOT)  
 FROM **0** TO **17**

PUMP INSTALLED (CHECK APPROPRIATE BOX)  
 YES  NO

PUMP HOSE POWER (NEAREST FOOT)  
 FROM **0** TO **57**

CASE RECORD (CHECK APPROPRIATE BOX)  
 YES  NO

LOCATION OF W.P. ON LOT  
 (SEE INSTRUCTIONS)



*Handwritten notes:*  
 20 50 ✓  
 21576

**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

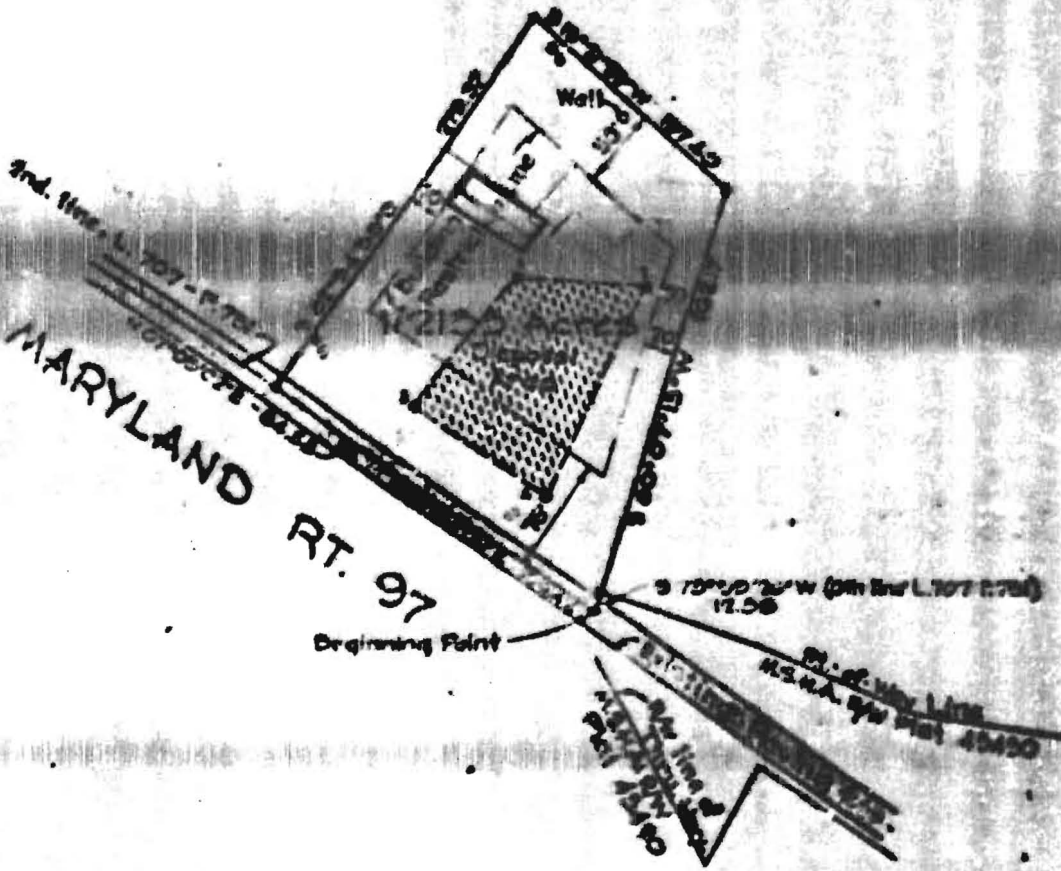
C THIS WELL CONVERTED TO PRODUCTION WELL

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.

DRILLER'S NAME \_\_\_\_\_

DATE **11-9-76**

SIGNATURE *[Signature]*



*Paul K. Miller*

The septic disposal area  
has been field located.

Approved:

For private water and private sewer

*J. B. Lazar* *7/17/71*

Dr. J. Bret Lazar  
County Health Officer

Date