

C 1 **0893** SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

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

**STATE OF MARYLAND**  
**DEPARTMENT OF WATER RESOURCES**  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (DWR USE ONLY) \_\_\_\_\_

DATE WELL COMPLETED \_\_\_\_\_

DEPTH OF WELL \_\_\_\_\_

PERMIT NO. FROM "PERMIT TO DRILL WELL" \_\_\_\_\_

DRILLERS IDENTIFICATION NO. \_\_\_\_\_

OWNER \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET OR RFD \_\_\_\_\_ 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	
0-3		3	
3-6.5		6.5	
6.5-10.4		10.4	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) \*  
 CEMENT  C  M BENTONITE CLAY  B  C

NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM \_\_\_\_\_ FT. TO \_\_\_\_\_ FT.  
 (ENTER 0 IF FROM SURFACE)

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) \_\_\_\_\_

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) \_\_\_\_\_

METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING \_\_\_\_\_ (NEAREST FOOT)  
 WHEN PUMPING \_\_\_\_\_ (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)  
 A AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  S  T CONCRETE  C  O

PLASTIC  P  L OTHER  O  T

MAIN CASING TYPE \_\_\_\_\_

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) \_\_\_\_\_

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) \_\_\_\_\_

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) \_\_\_\_\_

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**OTHER CASING (IF USED)**

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

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  S  T BRASS OR BRONZE  B  R OPEN HOLE  H  O

PLASTIC  P  L OTHER  O  T

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

+ ABOVE } LAND SURFACE  
 - BELOW } \_\_\_\_\_ (NEAREST FOOT)

**CIRCLE APPROPRIATE BOXES**

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	FROM		TO	
	1	2	3	4
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

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

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

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

**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).

HOUSE

80'

well

**DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)**

(E.R.O.S.)

TELESCOPE CASING  T  70

LOG INDICATOR  72

OTHER DATA AVAILABLE  W  Q  74  75  76

**STATE OF MARYLAND**  
**DEPARTMENT OF WATER RESOURCES**  
**STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

FILL IN THIS FORM COMPLETELY

**B 1** **4874** SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY)  
 8-13

OWNER COL 15 LAST NAME \_\_\_\_\_ FIRST NAME COL. 34 \_\_\_\_\_  
 STREET OR RFD COL 36 \_\_\_\_\_ COL. 55 \_\_\_\_\_  
 POST OFFICE COL 57 \_\_\_\_\_ COL. 76 \_\_\_\_\_

**B 1** CONTINUED **DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ COL. 80 \_\_\_\_\_  
 FIRST NAME DRILLER \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**B 3** **LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY \_\_\_\_\_ (DO NOT ABBREVIATE COUNTY NAME) COL. 21 \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_ COL. 42 \_\_\_\_\_  
 SECTION \_\_\_\_\_ COL. 44 \_\_\_\_\_ COL. 46 \_\_\_\_\_ LOT \_\_\_\_\_ COL. 48 \_\_\_\_\_ COL. 50 \_\_\_\_\_  
 NEAREST TOWN \_\_\_\_\_ COL. 52 \_\_\_\_\_ COL. 71 \_\_\_\_\_  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) \_\_\_\_\_ COL. 73 \_\_\_\_\_ COL. 76 77 78 \_\_\_\_\_ MI

**B 2** **WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) \_\_\_\_\_ COL. 8 \_\_\_\_\_ COL. 12 \_\_\_\_\_  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) \_\_\_\_\_ COL. 14 \_\_\_\_\_ COL. 20 \_\_\_\_\_  
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 **D** DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 **F** FARMING, AGRICULTURE, IRRIGATION  
 **I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 **M** MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 **P** PRIVATE WATER COMPANY }  
 **T** TEST

**B 4** **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**  
 1 2 3 (SEQ. NO.) 6  
 **N** NORTH  **E** EAST  **NE** NORTHEAST  **SE** SOUTHEAST  
 **S** SOUTH  **W** WEST  **NW** NORTHWEST  **SW** SOUTHWEST  
 NEAR WHAT ROAD \_\_\_\_\_ COL. 11 \_\_\_\_\_ COL. 30 \_\_\_\_\_  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  **N**  **S**  **E**  **W** COL. 32 \_\_\_\_\_ COL. 37 \_\_\_\_\_  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) \_\_\_\_\_ COL. 34 \_\_\_\_\_ COL. 37 \_\_\_\_\_ COL. 38 39 \_\_\_\_\_ FT MI

APPROXIMATE DEPTH OF WELL \_\_\_\_\_ FEET  
 APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ (NEAREST INCH)  
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**  
 BORED (OR AUGERED)  JETED  DRIVEN   
 30-37 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)   
 CABLE  REVERSE ROTARY  DRIVE-POINT   
 OTHER (DESCRIBE) \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 **N** THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 **Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 **D** THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_ COL. 41 \_\_\_\_\_ COL. 52 \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)**  
 APPROPRIATION PERMIT NUMBER \_\_\_\_\_ COL. 54 \_\_\_\_\_ COL. 65 \_\_\_\_\_  
 FORCE \_\_\_\_\_ COL. 67 68 \_\_\_\_\_  
 ENGINEER REVIEW DISTRICT NO. \_\_\_\_\_  
 CONDITIONS \_\_\_\_\_ COL. 70 71 72 73 74 75 76 77 78 79 \_\_\_\_\_

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 **S** STATE HEALTH (CIRCLE BOX)  
 COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_  
 DATE \_\_\_\_\_ COL. 43 \_\_\_\_\_ COL. 48 \_\_\_\_\_  
 APPROVED BY \_\_\_\_\_

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN 'X,' THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.  
 N  
 CASING 20'  
 GROUT 30'  
 6 BAGS  
 1/13/71 OK  
 JTB  
 BOX NUMBER N \_\_\_\_\_  
 NORTH COORDINATE \_\_\_\_\_ COL. 50 51 52 53 54 55 \_\_\_\_\_  
 EAST COORDINATE \_\_\_\_\_ COL. 57 58 59 60 61 62 63 \_\_\_\_\_  
 ELEVATION AT WELL HEAD (FEET) \_\_\_\_\_ COL. 65 66 67 68 \_\_\_\_\_  
 0/5 \_\_\_\_\_ 5/5 \_\_\_\_\_  
 0/0 \_\_\_\_\_ 5/0 \_\_\_\_\_

**B 5** SPECIAL CONDITIONS 8-63 (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 \_\_\_\_\_ COL. 8 \_\_\_\_\_ COL. 83 \_\_\_\_\_

**HEALTH**