

C 1 **8582** 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) 1978 DATE WELL COMPLETED 15 20

DEPTH OF WELL 300 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" AD-73-2452

DRILLERS IDENTIFICATION NO. 239

OWNER: Thompson LAST NAME Thompson FIRST NAME

STREET OR RFD 415 Jackson Building POST OFFICE Columbia Md

**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	
<u>Sand</u>	<u>0</u>	<u>65</u>	
<u>gray mica sand</u>	<u>65</u>	<u>300</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  M  BENTONITE CLAY  C

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 165

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 60 FT.

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  S  T CONCRETE  C  O

PLASTIC  P  L OTHER  O  T

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
<u>1</u>				
<u>2</u>				

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

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

PLASTIC  P  L OTHER  O  T

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DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	8	9	15	17
<u>1</u>	<u>10</u>	<u>15</u>	<u>300</u>	
<u>2</u>				
<u>3</u>				

SLOT SIZE 1,    2,    3,   

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM    TO   

GRAVEL PACK   

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T  W  O  S

70  72  74 75 76 OTHER DATA AVAILABLE

TELESCOPE CASING LOG INDICATOR

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**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE   

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 60 (NEAREST FOOT) 17 20  
 WHEN PUMPING 5 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR  P PISTON  T TURBINE

C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)

J JET  S SUBMERSIBLE

**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)  Y  N

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)    49    51  
 BELOW }

**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).

Left lot line  
65 feet  
65 feet  
Right lot line

**CIRCLE APPROPRIATE BOXES**

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 Joseph L. Thompson

(PLEASE PRINT) Joseph L. Thompson

SIGNATURE Joseph L. Thompson

**B 1** 8809 SEQUENCE NO. (WRA USE ONLY)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION** *A2638*  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER HO-73-2452  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 1/31/78  
1:30 PM

OWNER Newburn L. James  
 COL 15 LAST NAME COL 34 FIRST NAME COL 34

STREET OR RFD 218 Lockwood Building  
 COL 36 COL 55

POST OFFICE Columbia Md. 21044  
 COL 57 COL 76

**B 1** CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE Nov 11, 1977 LICENSE NUMBER 238  
 77 80

Joseph H. Mays  
 FIRST NAME DRILLER LAST NAME

SIGNATURE Joseph H. Mays

**B 3** LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY Howard 21  
 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION Hall mark 42

SECTION 7 LOT 41  
 44 46 48 50

NEAREST TOWN Fulton 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 1/2 MI 76 77 78

**B 2** WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5  
 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750  
 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)

1 2 3 (SEQ. NO.) 6

NORTH  EAST  N E NORTHEAST  S E SOUTHEAST

SOUTH  WEST  N W NORTHWEST  S W SOUTHWEST

NEAR WHAT ROAD Hall mark Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 190 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

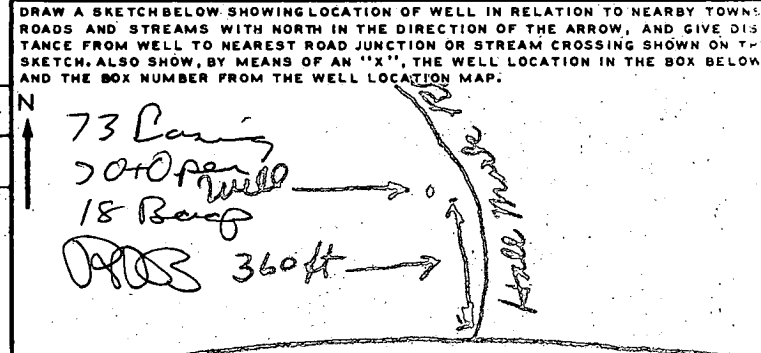
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

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)

*John Hopkins Rd.*

*Fulton*

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65

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

BOX NUMBER

E 820

N 480

NORTH COORDINATE 485000  
 '50 '51 '52 '53 '54 '55

EAST COORDINATE 0825000  
 '57 '58 '59 '60 '61 '62 '63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6 Howard W27222

41  STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.

MO. DAY YR. 11 15 77

DATE APPROVED BY Fred Fromelt, Sanitarian  
 43 48

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

1 2 3 (SEQ. NO.) 6