WR-W-4
2-65

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
	Clay		
	15 ft casing		
	Gifer end		
	well 41 ft		

Permit Number 70LW277
Owner [illegible]
Address [illegible]
Subdivision ____
Section ____ Lot ____

PUMPING TEST
Hours Pumped 1
Type of Pump Used [illegible]
Pumping Rate ____
Gallons per Minute 2

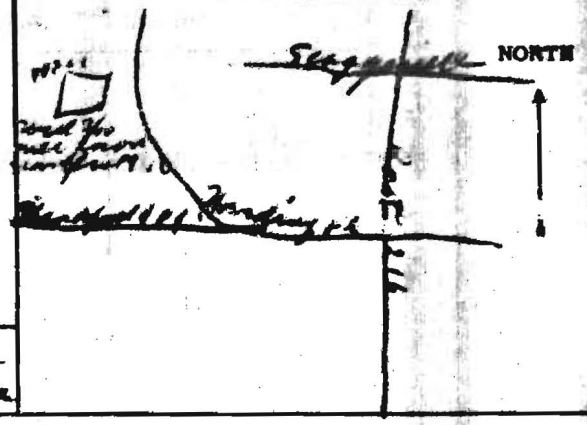
WATER LEVEL
Distance from land surface to water:
Before Pumping 25 Ft.
When Pumping 28 Ft.

APPEARANCE OF WATER
Clear [illegible] Cloudy ____
Taste [illegible]
Odor [illegible]

Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED
Type ____
Capacity
Gallons per Minute ____
Gallons per Hour ____
Pump Column Length ____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Was Completed April 12 1966

Well Driller ____
Signature [illegible]

TRIPLICATE