

C 1 **1467** 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 IN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 9/24/79 DEPTH OF WELL 140 PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED (TO NEAREST FOOT) 22 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 40

OWNER LEADING RICHARD W. MAJORITY FIRST NAME

STREET OR RFD 2917 Woodwick St 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	
TOP SOIL	0	2	
SHALE	2	10	
SANDSTONE	10	50	✓
MICA	50	60	
SANDSTONE	60	61	✓
MICA	61	97	
BROWN SLATE	97	78	✓
MICA	78	140	

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 44 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 49 FT.
 (ENTER 0 IF FROM SURFACE)

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) 58

EACH CASING

DIA	DEPTH
INCH	FEET
FROM	TO
<u> </u>	<u> </u>
<u> </u>	<u> </u>

OTHER CASING (IF USED)

DIA. (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

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

EACH SCREEN

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

TELESCOPE CASING 70 72 LOG INDICATOR 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

C 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT) 17 20

WHEN PUMPING 140 (NEAREST FOOT) 22 25

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

AIR A PISTON P TURBINE T

CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O

JET J SUBMERSIBLE S

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) 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) 7 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).

 50' well

CIRCLE APPROPRIATE BOXES

A 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

(PLEASE PRINT)

SIGNATURE

B 1 0915 SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

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

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE LICENSE NUMBER 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE

B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY SUBDIVISION SECTION LOT NEAREST TOWN MILES FROM TOWN (ENTER 0 IF IN TOWN)

B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

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.

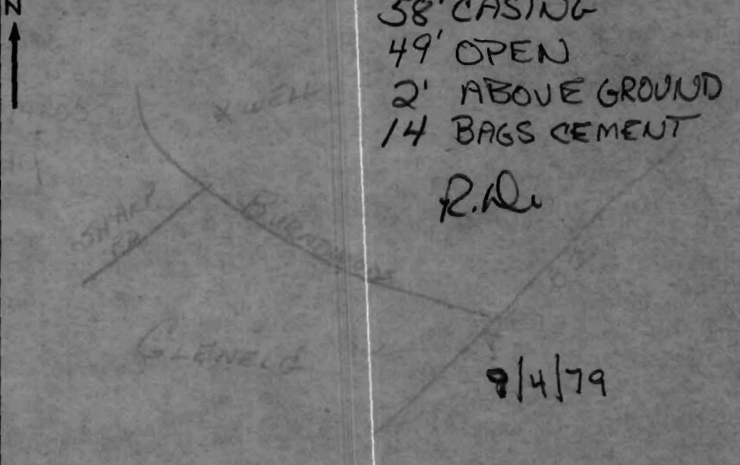
APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO. FORCE CONDITIONS



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 STATE HEALTH COUNTY NAME COUNTY NO. DATE APPROVED BY

NORTH COORDINATE EAST COORDINATE ELEVATION AT WELL HEAD (FEET)

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6