

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

Good Hope WELL COMPLETION REPORT *A 10412*

lot BA 502 WELL DESCRIPTION *66-W-291*

WELL LOG
Kind of formations penetrated, their
depth, their thickness, and if water

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

	FEET from top		DIAM. (inches)	FEET from top
0-5	clay 31			
5-36	gravel		4 1/2"	36
36-50	14 Shaly Rock 30		Pipe	
50-80	limestone Rock 80			
WELL				

*print / print
/ log account*

Permit No. *10412*
Owner *Good Hope*
Address *10412*
Subdivision *Good Hope*
Section *2* Lot *2*

PUMPING TEST
Hours Pumped *2*
Type of Pump Used *Oil*
Pumping Rate
Gallons per Minute *4*

WATER LEVEL
Distance from land surface to
water level
Before Pumping *38* Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER
Clear Cloudy _____
Taste _____
Color *Trace*

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 buildings, septic
tank, and/or other landmarks and indicate not less
than 2 distances (measurements) to well.



REPORT WAS
COMPLETED

11/66
I hereby affirm that this report contains no willful misrep-
resentations or falsifications and that information given in
this report is true, accurate and complete to the best of my
knowledge and belief.
Ed. Brown, Well Driller
Well Driller License No.: *81*