

C 1 3137 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) 2/14/79 DEPTH OF WELL 120 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3150

DATE WELL COMPLETED 2/14/79 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37

8-13 18 20 DRILLERS IDENTIFICATION NO. 303

OWNER SMITH LAST NAME CHARLES FIRST NAME  
 STREET OR RFD 7606 BROWN BRIDGE RD POST OFFICE HIGHLAND 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	
BROWN MICA	0	32	
GRAVAL	32	35	✓
BLUE MICA	35	86	
GREY GRANITE	86	120	✓

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

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

NO. OF BAGS 19 NO. OF POUNDS 1786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 32+ FT.  
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 48

OTHER CASING (IF USED)

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

1	8	9	11	15	17	21
2						
3	23	24	26	30	32	36
	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

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

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 110 (NEAREST FOOT)

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

AIR  PISTON  TURBINE   
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)   
 JET  SUBMERSIBLE

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) YES  NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

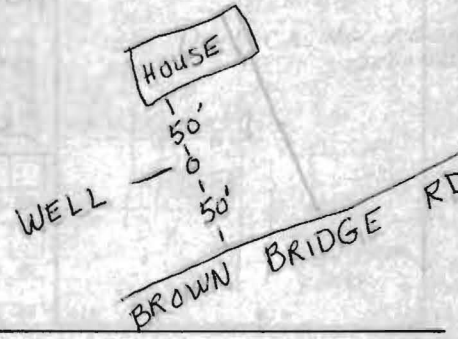
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2

BELOW } 49 50 51

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).



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) WILLIAM B. QUINN

SIGNATURE William B. Quinn

**B 1** 2826 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **WRA PERMIT NUMBER** H0733150 **FILL IN THIS FORM COMPLETELY**

**DATE RECEIVED (WRA USE ONLY)** 2/4/79

**OWNER** SMITH (COL 15 LAST NAME) CHARLES (FIRST NAME) (COL. 34)

**STREET OR RFD** 7606 BROWN'S BRIDGE RD. (COL 36) (COL. 55)

**POST OFFICE** HIGHLAND, MD. (COL 57) (COL. 76)

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

**DATE** 1/29/79 **LICENSE NUMBER** 303 (77) 80

**FIRST NAME** WILLIAM B. **DRILLER** QUINN **LAST NAME** QUINN

**SIGNATURE** William B. Quinn

**B 3** **LOCATION OF WELL**

**COUNTY** HOWARD (DO NOT ABBREVIATE COUNTY NAME) (21)

**SUBDIVISION** 23 (42)

**SECTION** 44 46 **LOT** 48 50

**NEAREST TOWN** HIGHLAND (52) (71)

**MILES FROM TOWN (ENTER 0 IF IN TOWN)** 2 (76 77 78) (M I)

**B 2** **WELL INFORMATION**

**MAXIMUM PUMPING RATE (GALLONS PER MINUTE)** 5 (8) 12

**AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)** 500 (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)**

N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST

S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

**NEAR WHAT ROAD** BROWN'S BRIDGE RD (11)

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  N  S  E  W (32) (32) (32) (32)

**DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)** 300 (34) (37) (38 39) (M I)

**APPROXIMATE DEPTH OF WELL** 200 (24) 28 FEET

**APPROXIMATE DIAMETER OF WELL** 6 (NEAREST INCH)

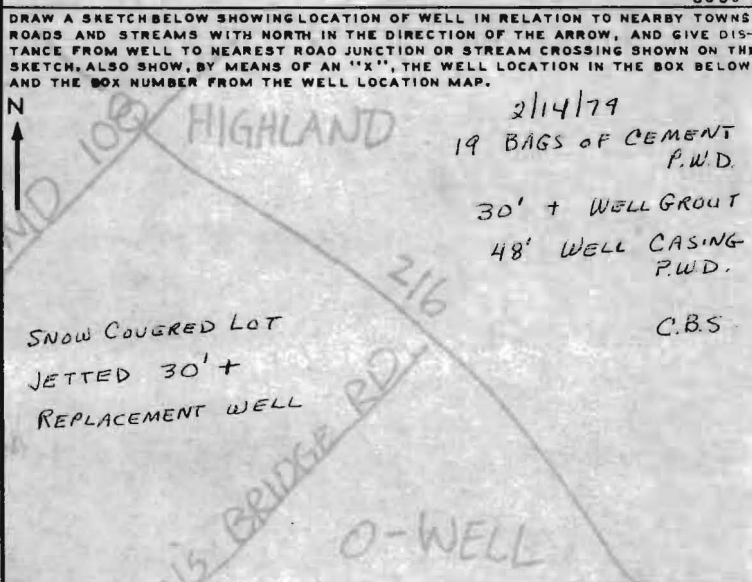
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

**OTHER (DESCRIBE)**



**REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

**APPROPRIATION PERMIT NUMBER** 54 **ENGINEER REVIEW DISTRICT NO.** 63 **FORCE** 67 68 **WRITE INITIALS IN BOX** **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

**BOX NUMBER** E 810 N 480

**NORTH COORDINATE** 50 51 52 53 54 55

**EAST COORDINATE** 57 58 59 60 61 62 63

**ELEVATION AT WELL HEAD (FEET)** 65 66 67 68

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

**STATE HEALTH (CIRCLE BOX)** 5 **COUNTY NAME** **COUNTY NO.**

**DATE** **APPROVED BY**

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