

9770  
 C 1 **6026** SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (DWR USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED 15 20 DEPTH OF WELL 160 (TO NEAREST FOOT) 22 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. \_\_\_\_\_

OWNER Robert LAST NAME FIRST NAME Robert  
 STREET OR RD \_\_\_\_\_ 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	
<u>3' Sand</u>	<u>0</u>	<u>3</u>	
<u>3' Sand</u>	<u>3</u>	<u>45</u>	
<u>45' Sandstone</u>	<u>45</u>	<u>60</u>	
<u>80' Sandstone</u>	<u>80</u>	<u>160</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO  
 44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY   
 45 46 45 46

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 83

**DEPTH OF GROUT SEAL (TO NEAREST FOOT)**  
 FROM 0 FT. TO 47 FT.  
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

**CASING RECORD**

CASING TYPES (INSERT APPROPRIATE CODE BELOW)  
 S  T  C  O  
 STEEL CONCRETE  
 P  O  T  
 PLASTIC OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 49  
 60 61 63 64 66 70

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
<input type="checkbox"/>			
<input type="checkbox"/>			

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)  
 S  T  B  R  H  O  
 STEEL BRASS OR BRONZE OPEN HOLE  
 P  O  T  
 PLASTIC OTHER

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	FROM	TO
1	<u>8</u>	<u>9</u>
2	<u>23</u>	<u>24</u>
3	<u>38</u>	<u>39</u>
	<u>41</u>	<u>45</u>
	<u>47</u>	<u>51</u>

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 60 (NEAREST INCH)  
 FROM TO

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68  F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
 T  W   
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5 11 15

METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**  
 BEFORE PUMPING 30 (NEAREST FOOT) 17 20  
 WHEN PUMPING 160 (NEAREST FOOT) 22 25

**TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)**

A AIR  P PISTON  T TURBINE  
 27 27 27  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 27 27 27  
 J JET  S SUBMERSIBLE  
 27 27

**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)  YES  NO  
 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)  
 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  
 C COPY OF ELECTRIC LOG ATTACHED

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 \_\_\_\_\_

SITE INSPECTION SHEET

OWNER: FRANK & SANDRA JAWORSKI PHONE #: \_\_\_\_\_

ADDRESS: 6722 MONTELL CT CONTRACTOR: \_\_\_\_\_

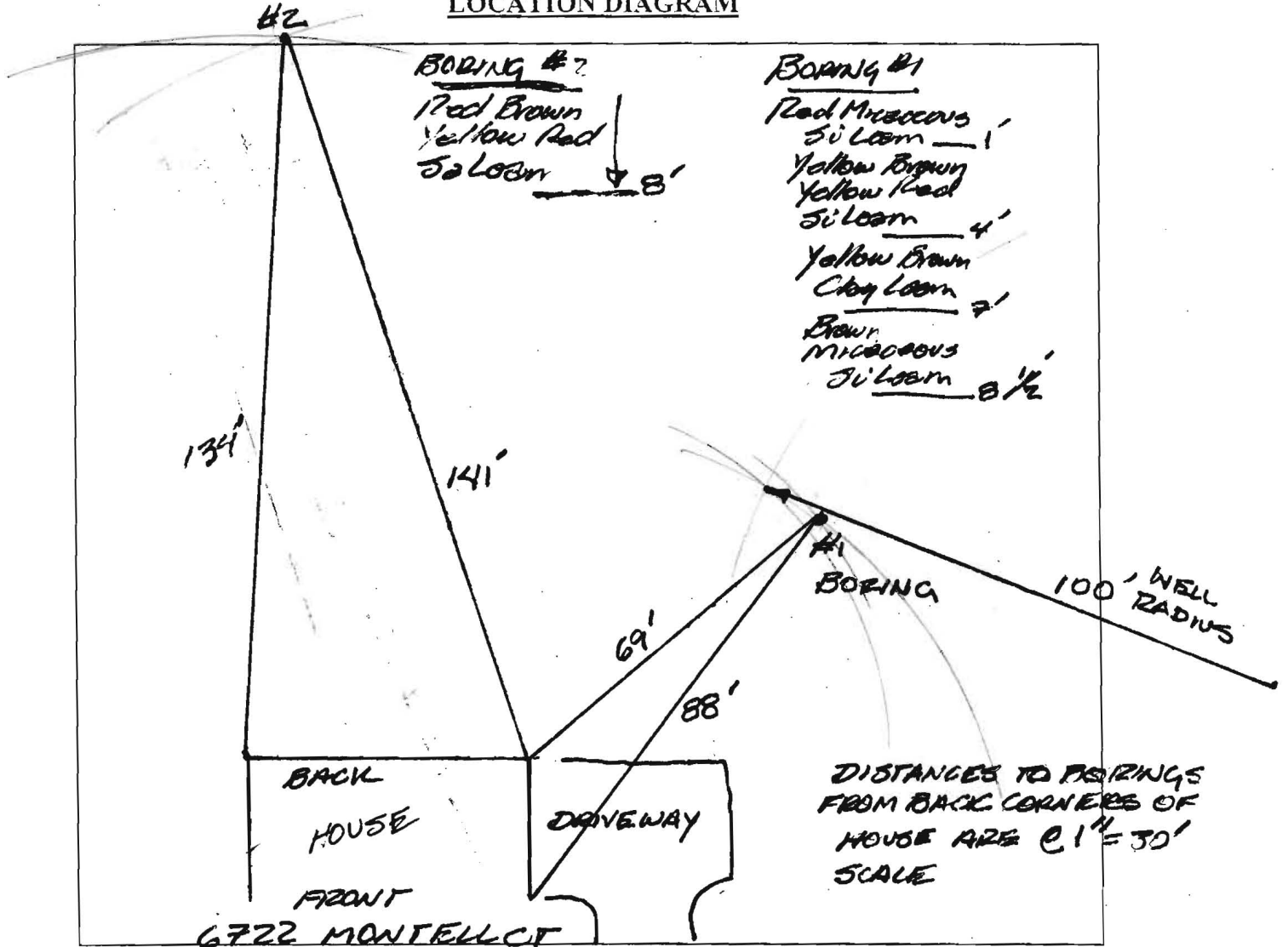
HIGHLAND, MO

WELL TAG #: HO-73-0173

SUBDIVISION: GREEN HILL MANOR LOT: 2 COUNTY #: HOWARD

PROPOSAL: ADDITION OF BEDROOM FOR A TOTAL OF 5  
4 SP00145529

LOCATION DIAGRAM



COMMENTS: WILL NEED INCREASE IN SEPTIC TANK CAPACITY  
TO 1500 gal. FROM CURRENT 1000 gal.

DATE: 1/6/04

INSPECTOR: F. ALFONSO

**B 1** 4836 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DWR PERMIT NUMBER  
 110-73-0173  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)  
 1/26  
 6/8/73  
 1:30 P.M.

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

**B 1** CONTINUED **DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE Jan 24-73 LICENSE NUMBER 42  
 COL 1 COL. 2 COL. 3 COL. 4 COL. 5 COL. 6 COL. 7 COL. 8 COL. 9 COL. 10 COL. 11 COL. 12 COL. 13 COL. 14 COL. 15 COL. 16 COL. 17 COL. 18 COL. 19 COL. 20  
 FIRST NAME J F DRILLER LAST NAME Estudina  
 SIGNATURE J F Estudina

**B 3** **LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) COL. 21  
 SUBDIVISION Green Hill Manor COL. 42  
 SECTION A LOT 2 COL. 44 COL. 46 COL. 48 COL. 50  
 NEAREST TOWN Highland COL. 52 COL. 71  
 MILES FROM TOWN (ENTER O IF IN TOWN) 2 COL. 73 COL. 76 COL. 77 COL. 78

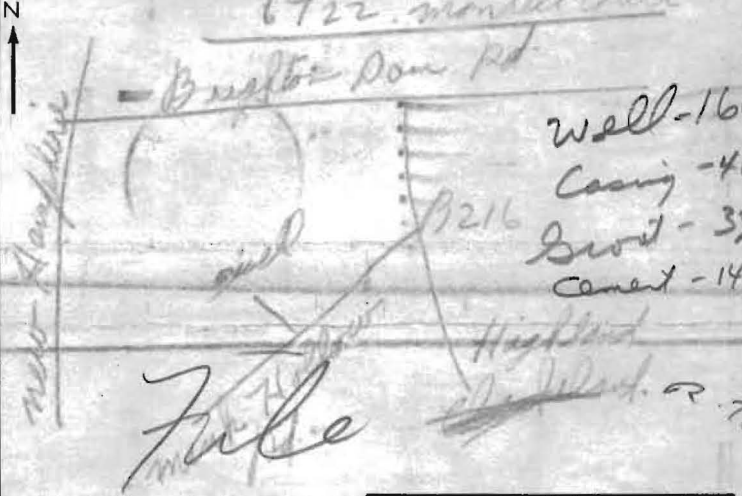
**B 2** **WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL. 8 COL. 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 COL. 14 COL. 20

**B 4** **DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)  
 1 2 3 (SEQ. NO.) 6  
 N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST  
 S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD ment hollow COL. 8 COL. 9 COL. 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W COL. 32 COL. 32 COL. 32 COL. 32  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 COL. 34 COL. 37 COL. 38 COL. 39

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

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 100 FEET COL. 24 COL. 28  
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) COL. 38 COL. 42



**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)  
 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)  
 COL. 41 COL. 52

**NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)**  
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63 COL. 54 COL. 55 COL. 56  
 FORCE 67 WRITE INITIALS IN BOX W CONDITIONS 70 COL. 67 COL. 68 COL. 70 COL. 71 COL. 72 COL. 73 COL. 74 COL. 75 COL. 76 COL. 77 COL. 78 COL. 79

BOX NUMBER 800  
496  
 NORTH COORDINATE 50 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55  
 EAST COORDINATE 57 COL. 57 COL. 58 COL. 59 COL. 60 COL. 61 COL. 62 COL. 63  
 ELEVATION AT WELL HEAD (FEET) 65 COL. 65 COL. 66 COL. 67 COL. 68  
 0/5 5/5  
 0/0 5/0

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 41  STATE HEALTH COUNTY NAME Howard COUNTY NO. 3104  
 MO. DAY YR. 01 26 73  
 DATE APPROVED BY Palmer F. Wine, Director  
 COL. 43 COL. 48

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