

C N **D497**

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAGS STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN
75 TO 90 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED DATA USE ONLY: 12 1975
DEPTH OF WELL: 75 FT. TO NEAREST FOOT
DRILLER IDENTIFICATION NO.: 173

OWNER: Monterey LAST NAME
STREET OR RD: 1705 Woyne Ridge St POST OFFICE: 170

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION USE APPROPRIATE SHEETS IF NECESSARY	FEET	
	FROM	TO
Shale Rock	0	30
Sand	30	70
Elm Rock	70	95

SHOOTING RECORD

WELL HAS BEEN SHOOTED YES NO

TYPE OF GRADING MATERIAL (IF USED SEE)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS: 7 NO. OF POUNDS: 638

FALLS OF WATER: 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 25 FT. TO 65 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPE (MARKY APPROXIMATE CODE BELOW)

STEEL ST CO CONCRETE PLASTIC NYLON OTHER

WELL Casing TYPE: S T

INTERNAL DIAMETER TOP (MARKY CASING NEAREST INCH): 6

TOTAL DEPTH OF THIS CASING (MARKY FOOT): 70

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

1.

2.

SCREEN RECORD

SCREEN TYPE (MARKY APPROXIMATE CODE BELOW)

STEEL ST BR BRASS HD HDG. WOOD PL PLASTIC NYLON

NO. OF SCREENS: 2

SCREEN DEPTH (MARKY FEET) FROM TO

1. 65 70

2. 70 75

PUMPING TEST

WATER LEVEL (DISTANCE FROM LAND SURFACE)

DEPTH PUMPING: 30 FEET

DEPTH PUMPING: 0 FEET

TYPE OF PUMPS USED (MARKY APPROPRIATE CODE FOR PUMPING TEST)

A AIR B PISTON C CENTRIFUGAL D ROTARY E OTHER (MARKY CODE)

PUMP INSTALLER

TYPE OF PUMP (MARKY APPROPRIATE LETTER OR NO. - SEE ABOVE: A, B, C, D, E, F, G, H, I, J)

DRILLER WILL INSTALL PUMP (MARKY APPROPRIATE YES/NO)

CAPACITY: _____

FALLS PER MINUTE (TO NEAREST GALLON) _____

FOUR HOUR PUMP _____

PUMP COLUMN LENGTH (MARKY FEET) _____

CASING WEIGHT (MARKY APPROPRIATE INCH AND GROSS CASING WEIGHT) _____

LOCATION OF WELL ORIGIN

DRILLER'S LOCATION (MARKY LETTER OR NO.)

SEE THE YARD, END OF STREET OR MARK AND INDICATE BY LINE THE DIRECTION MEASUREMENTS TO WELL.

CIRCLE APPROPRIATE BOXES

A WELL WAS REAMERED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C 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.

DRILLER'S NAME: ROBERT ADAMS

ADDRESS: 1705 Woyne Ridge St

SIGNATURE: Robert Adams

DIAMETER OF HOLE (TO NEAREST INCH) _____

GRAVEL PERCENT _____

IF WELL DRILLER HAS A PUMPING WELL CHECK BOX

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

TELEPHONE CALLER LOG INDICATOR SPEED DATA USEABLE