

C 1 9050  
 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  
 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 (DWR USE ONLY) \_\_\_\_\_  
 DATE WELL COMPLETED Oct 15 73  
 DEPTH OF WELL 120 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-0460  
 DRILLERS IDENTIFICATION NO. 42

OWNER Powers William LAST NAME FIRST NAME  
 STREET OR RFD 6 Dunlap Ct. POST OFFICE Brookline 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	
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Shale</u>	<u>3</u>	<u>40</u>	
<u>Gravel</u>	<u>40</u>	<u>120</u>	

WELL DESCRIPTION

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  M BENTONITE CLAY  B C  
 NO. OF BAGS 8 NO. OF POUNDS 800  
 GALLONS OF WATER 48  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 33 FT.  
 (ENTER 0 IF FROM SURFACE)

C 3

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 1  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10  
 METHOD USED TO MEASURE PUMPING RATE bucket  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 50 (NEAREST FOOT)  
 WHEN PUMPING 120 (NEAREST FOOT)  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 A AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE

**CASING RECORD**

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)  
 S STEEL  C CONCRETE  
 P PLASTIC  O OTHER  
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

OTHER CASING (IF USED)  
 DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**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) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**SCREEN RECORD**

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

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE  
 - BELOW } 2 (NEAREST FOOT)

**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

C 2

1 2 3 (SEQ. NO.) 6

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>8</u>	<u>21</u>
2	<u>23</u>	<u>36</u>
3	<u>38</u>	<u>51</u>

SLOTSIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

**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).  
 [Handwritten diagram showing well location relative to structures]

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 [Signature]  
 (PLEASE PRINT) \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F  
 DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
 T  W Q   
 70  72  74 75 76   
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

DWR PERMIT NUMBER  
**10-73-0460**  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)  
 10 OCT 73  
 WED

OWNER: Powers William  
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: 6 Dunlop court  
 COL 36 COL. 55

POST OFFICE: Passapatanz rd. 21122  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE: Aug 29 73 LICENSE NUMBER: 73 4212  
 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 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60 COL. 61 COL. 62 COL. 63 COL. 64 COL. 65 COL. 66 COL. 67 COL. 68 COL. 69 COL. 70 COL. 71 COL. 72 COL. 73 COL. 74 COL. 75 COL. 76 COL. 77 COL. 78 COL. 79 COL. 80 COL. 81 COL. 82 COL. 83 COL. 84 COL. 85 COL. 86 COL. 87 COL. 88 COL. 89 COL. 90 COL. 91 COL. 92 COL. 93 COL. 94 COL. 95 COL. 96 COL. 97 COL. 98 COL. 99 COL. 100

FIRST NAME: J F Eastender DRILLER LAST NAME: J F Eastender

SIGNATURE: J F Eastender

**B 3 LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY: Allegany (DO NOT ABBREVIATE COUNTY NAME) COL. 21

SUBDIVISION: Villa Monticelli COL. 42

SECTION: 44 LOT: 9 COL. 44 COL. 46 COL. 48 COL. 50

NEAREST TOWN: Cooksville 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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC, 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)**

1 2 3 (SEQ. NO.) 6

NORTH  EAST  N E NORTHEAST  S E SOUTHEAST

SOUTH  WEST  N W NORTHWEST  S W SOUTHWEST

NEAR WHAT ROAD: 897 NORTH SOUTH EAST WEST COL. 11 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): 2000 COL. 34 COL. 37 COL. 38 COL. 39

APPROXIMATE DEPTH OF WELL: 100 FEET COL. 24 COL. 28

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

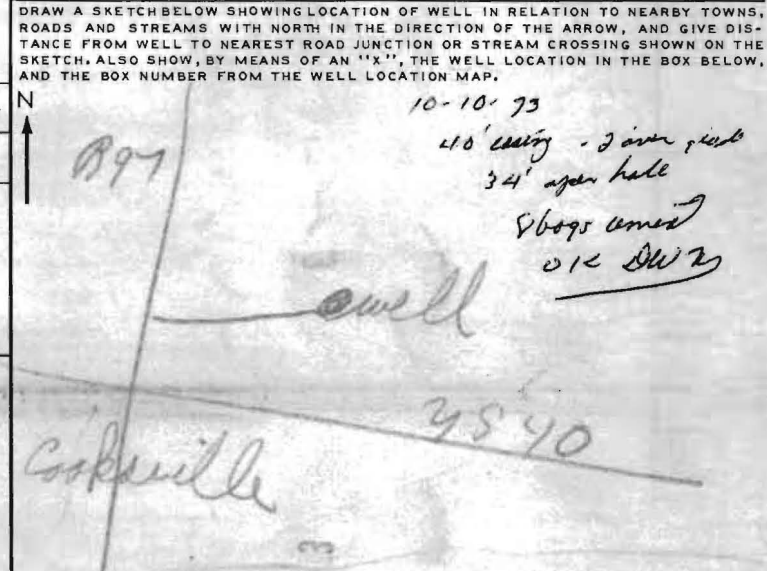
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

30-37 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE):



**REPLACEMENT OR 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 (DWR USE ONLY)**

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63

FORCE: 67 WRITE INITIALS IN BOX: W CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 790 540

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**

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX): S COUNTY NAME: Howard COUNTY NO.: 3399

MO. DAY YR. DATE: 08 31 73 APPROVED BY: Palmer F. Wine, Director

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

1 2 3 (SEQ. NO.) 6