

C1 6245 SEQUENCE NO. (OEP USE ONLY) **STATE OF MARYLAND**
WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE** COUNTY NUMBER **A 22541**

Date Received (OEP use only) _____ DATE WELL COMPLETED **030483** Depth of Well **240** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-87-0007**
 (TO NEAREST FOOT)

OWNER **Hudgins** **Carl** & **Charlotte**
 last name first name
 STREET OR RFD **Old Fredvick Road** TOWN **Woodbine**
 SUBDIVISION **Middle Trail** SECTION _____ LOT **12-B**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	
Sand Stone	20	25	
Micka	25	80	
Sand Stone Micka	80	90	/
Micka	90	240	

ROUTING RECORD
 WELL HAS BEEN GROUTED Y N
 TYPE OF GROUTING MATERIAL
 CEMENT M BENTONITE CLAY B
 NO. OF BAGS **15** NO. OF POUNDS _____
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot) from _____ ft. to **30+** ft.
 (enter 0 if from surface) (bottom ft.)

CASING RECORD
 casing type: ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **80**

OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or opening: ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 seq. no. _____ DEPTH (nearest ft.) **HO** **240**

CIRCLE APPROPRIATE BOX
 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **223**
Ralph Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE _____ (NEAREST INCH)
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

C3 seq. no. _____
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33'**
 WHEN PUMPING **240'**
 TYPE OF PUMP USED (for test):
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED YES Y NO N
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX, SEE ABOVE: A, C, J, P, R, S, T, O)
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above LAND SURFACE
 (-) below **2** (nearest foot)

