

WR-W-4  
4-66

State Office Building  
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND  
DEPARTMENT OF  
WATER RESOURCES

THIS REPORT  
MUST BE SUBMITTED  
WITHIN 30 DAYS  
AFTER COMPLETION  
OF THE WELL

WELL COMPLETION REPORT **A08281**

WELL DESCRIPTION

**WELL LOG**  
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

**CASING AND SCREEN RECORD**  
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET	WATER RESOURCES	DIAM. (Inches)	FEET
from to			from to
Clay Surface	50 ft	6"	
Mica Rocks	50 to 125	Steel Casing	

HEALTH DEPT.  
HOWARD COUNTY  
RECEIVED  
FEB 14 3 38 PM '69

Permit Number **40690104**  
Owner **John Deering**  
Address **Blisswood**  
Subdivision **Bunlewood**  
Section **3** Lot **25**

**PUMPING TEST**  
Hours Pumped **2**  
Type of Pump Used **an**  
Pumping Rate **30**  
Gallons per Minute **18**

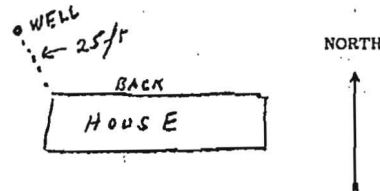
**WATER LEVEL**  
(Distance from land surface to water)  
Before Pumping **25** Ft.  
When Pumping **out** Ft.

**APPEARANCE OF WATER**  
Clear  Cloudy   
Taste \_\_\_\_\_  
Odor \_\_\_\_\_

Height of Casing Above Land Surface **10** Ft.

**PUMP INSTALLED**  
Type \_\_\_\_\_  
Capacity \_\_\_\_\_  
Gallons per Minute \_\_\_\_\_  
Gallons per Hour \_\_\_\_\_  
Pump Column Length \_\_\_\_\_ Ft.

**LOCATION OF WELL ON LOT**  
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED

**1-18-69**

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

**A. Dillon**, Well Driller

Well Driller License No.: **157**

HEALTH