

C 1 **SEQUENCE NO. (WRA 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 (WRA USE ONLY) 10/29/09

DATE WELL COMPLETED 160

DEPTH OF WELL 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 73-3465

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 40

OWNER PEDDISCO, EUGENIA

STREET OR RFD 12050 Old Frederick Rd.

POST OFFICE HIGHTSTOWNE, 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	
3' shiny sandy mud		3	
23' 49'		23	
14' 160'		14	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 45 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW: S T C O

STEEL CONCRETE

P L O T

PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 54

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW: S T B R H O

STEEL BRASS OR BRONZE OPEN HOLE

P L O T

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 2 3 (SEQ. NO.) 6

1 70 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1, 2, 3.

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 22 (NEAREST FOOT) 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

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) 31 35

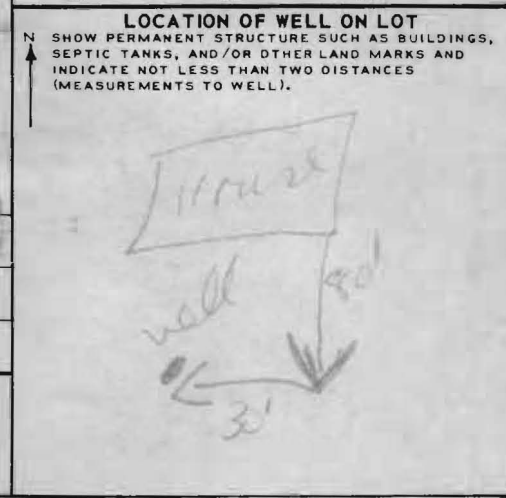
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)

- BELOW } 50 51



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

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 GEORGE F. EASTERDAY

DATE (MONTH) 10

SIGNATURE George F. Easterday

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

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

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 9:30 AM
 10/29/79

OWNER _____
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD _____
 COL 36 COL. 55
 POST OFFICE _____
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE _____ LICENSE NUMBER _____
 COL 77 COL. 80
 FIRST NAME DRILLER LAST NAME
 SIGNATURE _____

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 5
 COUNTY _____ (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION _____ 42
 SECTION _____ LOT _____
 44 46 48 50
 NEAREST TOWN _____ 71
 52 M I
 MILES FROM TOWN (ENTER 0 IF IN TOWN) _____ 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) _____ 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) _____ 14 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
 8 8 8 9 8 9
 NEAR WHAT ROAD _____
 11 NORTH SOUTH EAST WEST 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 32 32 32 32 F T
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BDX) _____ 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 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 TYPE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BDX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL _____ FEET
 24 28
 APPROXIMATE DIAMETER OF WELL _____ (NEAREST INCH)

N
 Existing house on property.
 54'-CASING
 2'-ABOVE GR
 10'-OPEN
 45'-JET
 16-BAGS CEMENT
 JS 10/29/79

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)
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____
 54 63 65
 FORCE _____ WRITE INITIALS IN BOX CONDITIONS _____
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E _____
 N _____
 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
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH (CIRCLE BOX) COUNTY NAME _____ COUNTY NO. _____
 DATE _____ APPROVED BY _____
 43 48

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