

C 1 **9864** 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) \_\_\_\_\_

DATE WELL COMPLETED 6/16/78

DEPTH OF WELL 160 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-2709

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER Jordan Development Group LAST NAME FIRST NAME

STREET OR RFD 12400 CLARKSVILLE PKE POST OFFICE CLARKSVILLE, MD.

**WELL DESCRIPTION**

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	
TOP SOIL	0	3	
SHALEY	3	20	
SANDY	20	40	
SANDSTONE	40	60	✓
MICA	60	64	
SANDSTONE	64	68	
MICA	68	70	
SANDSTONE	70	75	
MICA	75	81	
SANDSTONE	81	84	
MICA	84	110	
SANDSTONE	110	112	
MICA	112	160	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  CEMENT  BENTONITE CLAY

CEMENT  45 46  45 46

NO. OF BAGS 27 NO. OF POUNDS 2700

GALLONS OF WATER 135

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 30 FT. (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES

INSERT APPROPRIATE CODE BELOW

S T STEEL  C O CONCRETE

P L PLASTIC  O T OTHER

MAIN CASING TYPE  S T

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 \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE

P L PLASTIC  O T OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM \_\_\_\_\_ TO \_\_\_\_\_

1 40 8 9 11 78 15 17 160 21

2 \_\_\_\_\_ 23 24 26 30 32 36

3 \_\_\_\_\_ 38 39 41 45 47 51

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 5.5 (NEAREST INCH) FROM \_\_\_\_\_ 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

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT) 17 20

WHEN PUMPING 160 (NEAREST FOOT) 22 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)  YES  NO

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) 2

BELOW } 49 50 51

**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).

**CIRCLE APPROPRIATE BOXES**

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

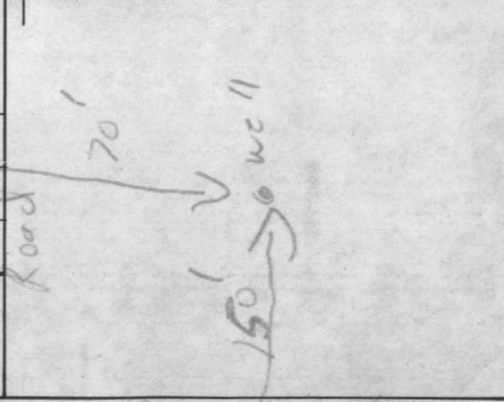
P TEST WELL CONVERTED TO PRODUCTION WELL

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 \_\_\_\_\_

(PLEASE PRINT) L.F. EASTERN

SIGNATURE L.A. Eastern



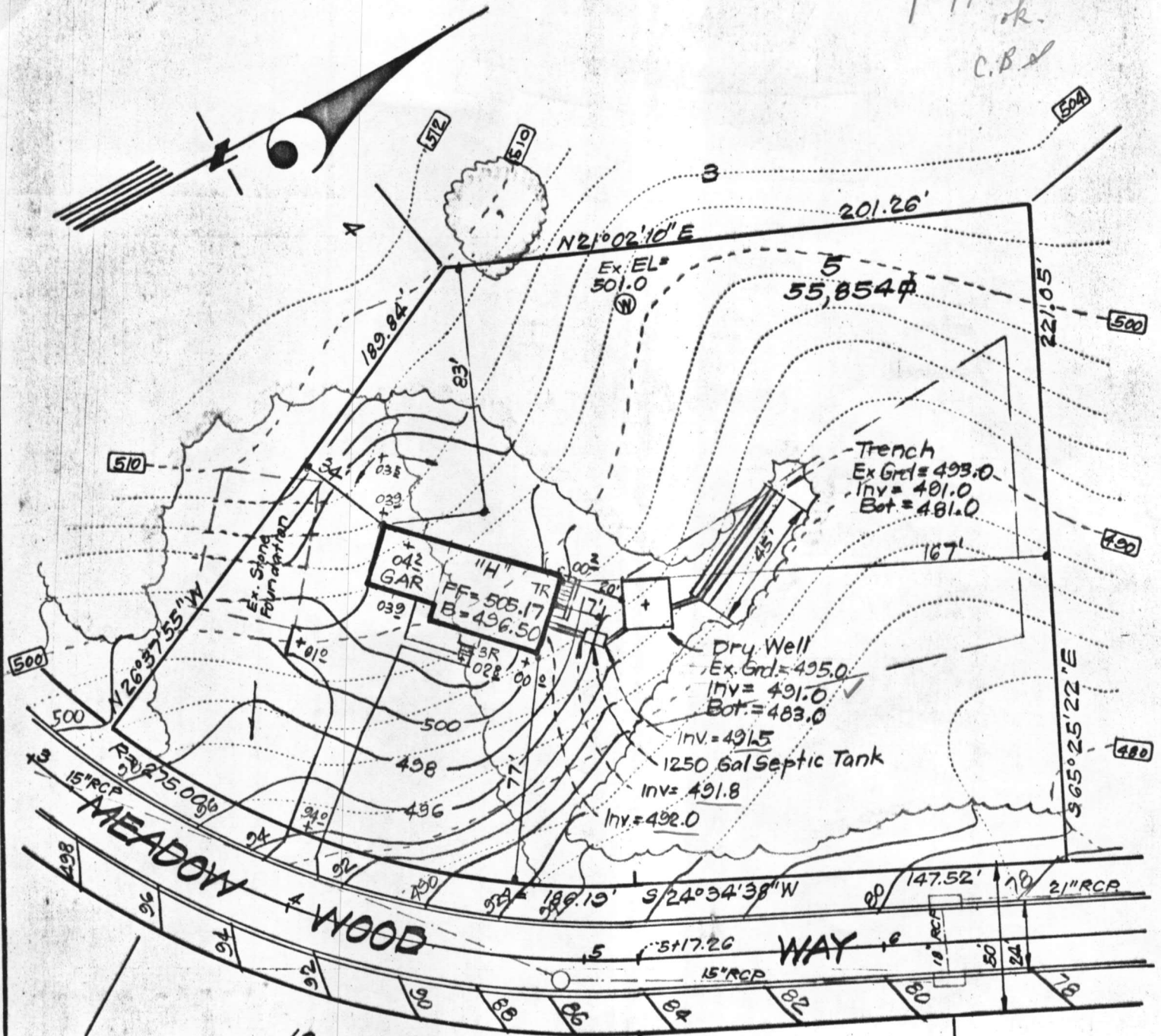
**LEGEND**

- 1. Contour Interval 2 Ft.
- 2. Existing Contour 500
- 3. Prop. Contour 500
- 4. Spot Elevation  $+0.5$
- 5. Direction of Drainage
- 6. Exist Trees to be retained
- 7. Prop. Well

**SITE DEVELOPMENT PLAN**  
**LOT 5**  
**SECTION 1**      **AREA 1**  
**SIMPSON WOODS**  
 5th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=50'      Date: July '78

Note: Lot 5 is recorded in Plat

7/20/78  
 sk.  
 C.B.



**CLARK, FINEFROCK & SACKETT**  
 ENGINEERS - PLANNERS - SURVEYORS  
 11315 Lockwood Drive  
 Silver Spring, Md. 20904 593-3400

B 1	1268	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER <span style="font-size: 24pt;">40-73-2709</span>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3&6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  6/16/78 9:30 A.M.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OWNER</td> <td colspan="2" style="font-size: 8pt;">COL 15 LAST NAME</td> <td colspan="2" style="font-size: 8pt;">FIRST NAME</td> <td style="font-size: 8pt;">COL. 34</td> </tr> <tr> <td>STREET OR RFD</td> <td colspan="2" style="font-size: 8pt;">COL 36</td> <td colspan="2" style="font-size: 8pt;">COL. 55</td> <td></td> </tr> <tr> <td>POST OFFICE</td> <td colspan="2" style="font-size: 8pt;">COL 57</td> <td colspan="2" style="font-size: 8pt;">COL. 76</td> <td></td> </tr> </table>	OWNER	COL 15 LAST NAME		FIRST NAME		COL. 34	STREET OR RFD	COL 36		COL. 55			POST OFFICE	COL 57		COL. 76		
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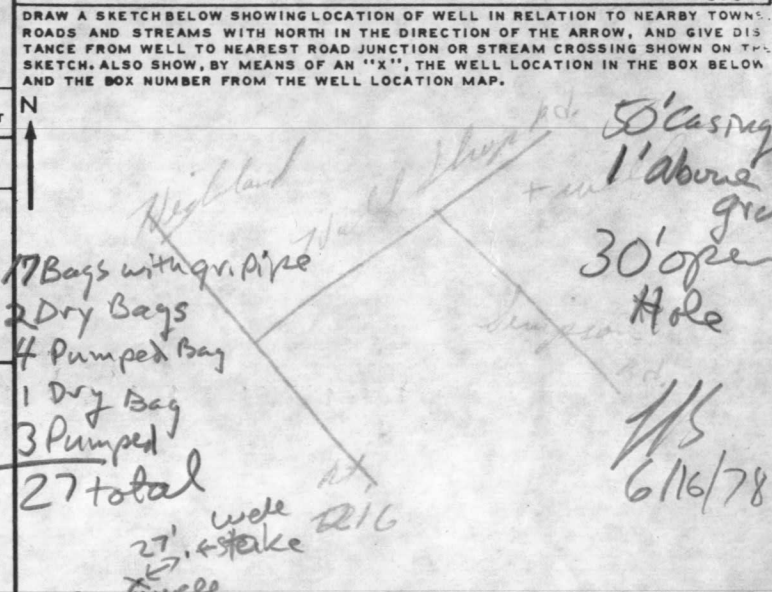
B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	LICENSE NUMBER	
4/6/78	42	77 80
FIRST NAME	DRILLER	LAST NAME
SIGNATURE		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	
Howard	(DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	23
SIMPSON WOODS	42
SECTION	44
LOT	46 48 50
NEAREST TOWN	52
HIGHLAND	71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	73 76 77 78
3	MI

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
600	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="radio"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="radio"/> MUNICIPAL WATER SUPPLY	
<input type="radio"/> PRIVATE WATER COMPANY	
<input type="radio"/> TEST	
} MUST HAVE STATE HEALTH DEPT. APPROVAL	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)		
1 2 3 (SEQ. NO.) 6			
<input type="radio"/> NORTH	<input type="radio"/> EAST	<input type="radio"/> N E NORTHEAST	<input type="radio"/> S E SOUTHEAST
<input type="radio"/> SOUTH	<input type="radio"/> WEST	<input type="radio"/> N W NORTHWEST	<input type="radio"/> S W SOUTHWEST
NEAR ROAD WHAT			
SIMPSON			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
<input type="radio"/> NORTH	<input type="radio"/> SOUTH	<input type="radio"/> EAST	<input type="radio"/> WEST
<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> E	<input type="radio"/> W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)			
200 34 37 38 39			

APPROXIMATE DEPTH OF WELL	
24 150 28	FEET
APPROXIMATE DIAMETER OF WELL	(NEAREST INCH)
6	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input type="radio"/> BORED (OR AUGERED) <input type="radio"/> JETTED <input type="radio"/> DRIVEN	
30-37 <input type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY)	
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT	
OTHER (DESCRIBE)	



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	
41 52	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
54 63 65	A E N S G W Q C L U
FORCE	CONDITIONS
67 68	70 71 72 73 74 75 76 77 78 79

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	
COUNTY NAME	COUNTY NO.
Howard	W27799
STATE HEALTH (CIRCLE BOX)	APPROVED BY
S	Donald W. Monaghan, Sanitarian
DATE	
04 12 78	
43 48	
B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	
8 63	