

C 1 0388  
 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 COMPLETE  
**FILL IN THIS FORM COMPLETELY**  
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED 6/29/91  
 DEPTH OF WELL 140 PERMIT NO. FROM "PERMIT TO DRILL WELL" \_\_\_\_\_  
 (TO NEAREST FOOT) 22 \_\_\_\_\_ 26 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 40

OWNER McCarthy, John LAST NAME FIRST NAME  
 STREET OR RFD Rt. 57 POST OFFICE Ashton, 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	
Top Soil	6	3	
Slaty	3	35	
Sandstone	35	55	✓
MICA	55	140	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  Y 44 NO  N 44  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  C 45  M 46 BENTONITE CLAY  B 45  C 46  
 NO. OF BAGS 10 NO. OF POUNDS \_\_\_\_\_  
 GALLONS OF WATER 20  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 31 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 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) 140

**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 10 8 9 11 15 17 21  
 2 \_\_\_\_\_ 23 24 26 30 32 36  
 3 \_\_\_\_\_ 38 39 41 45 47 51  
 SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN 56 \_\_\_\_\_ (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F 68

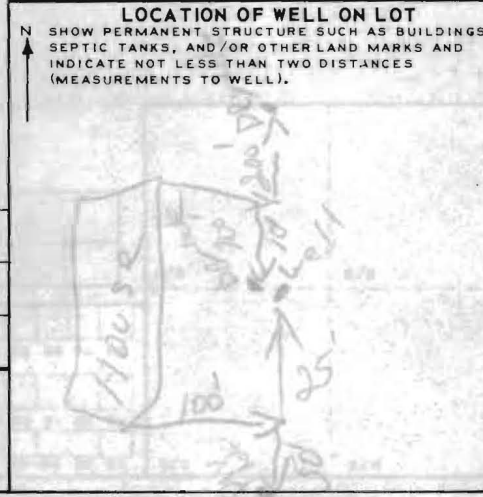
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  70 LOG INDICATOR  72  
 W Q OTHER DATA AVAILABLE  74  75  76

**PUMPING TEST**  
 C 3  
 1 2 3 (SEQ. NO.) 6  
 HOURS PUMPED (TO NEAREST HOUR) 3  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10  
 METHOD USED TO MEASURE PUMPING RATE Bucket

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**  
 BEFORE PUMPING 90 (NEAREST FOOT)  
 WHEN PUMPING 140 (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

**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  Y NO  N  
 CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 \_\_\_\_\_

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE  
 - BELOW } \_\_\_\_\_ (NEAREST FOOT)  
 49 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

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) George F. Lawrence  
 SIGNATURE George F. Lawrence

HO-78-E-5

B 1	4771	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	<b>WRA PERMIT NUMBER</b> 16-88-80
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CAROS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	OWNER <u>W. G. Smith</u> COL 15 LAST NAME <u>SMITH</u> FIRST NAME <u>W. G.</u> COL. 34 STREET OR RFD <u>107th St</u> COL 36 <u>107</u> COL. 55 POST OFFICE <u>Howard</u> COL 57 <u>107</u> COL. 76
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B 1	CONTINUED	<b>DRILLER INFORMATION</b>
1 2 3 (SEQ. NO.) 6		
DATE <u>10/26/78</u>	LICENSE NUMBER <u>40</u>	
	77	80
FIRST NAME <u>W. G.</u>	DRILLER <u>SMITH</u>	LAST NAME <u>SMITH</u>
SIGNATURE <u>W. G. Smith</u>		

B 3	<b>LOCATION OF WELL</b>
1 2 3 (SEQ. NO.) 6	
COUNTY <u>Howard</u>	(DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION <u>23</u>	21
SECTION <u>44</u>	LOT <u>46</u>
NEAREST TOWN <u>Howard</u>	48 50
MILES FROM TOWN (ENTER 0 IF IN TOWN)	71
	73 76 77 78

B 2	<b>WELL INFORMATION</b>
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 20
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>	
<input type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="radio"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="radio"/> M MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="radio"/> P PRIVATE WATER COMPANY	
<input type="radio"/> T TEST	

B 4	<b>DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)</b>		
1 2 3 (SEQ. NO.) 6			
<input type="radio"/> N NORTH	<input type="radio"/> E EAST	<input type="radio"/> NE NORTHEAST	<input type="radio"/> SE SOUTHEAST
<input type="radio"/> S SOUTH	<input type="radio"/> W WEST	<input type="radio"/> NW NORTHWEST	<input type="radio"/> SW SOUTHWEST
NEAR WHAT ROAD <u>11th St</u>	NORTH SOUTH EAST WEST	30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	32 32 32 32	<input type="checkbox"/> FT
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	<u>1000</u>	34 37	<input type="checkbox"/> MI 38 39

APPROXIMATE DEPTH OF WELL 150 FEET

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)

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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

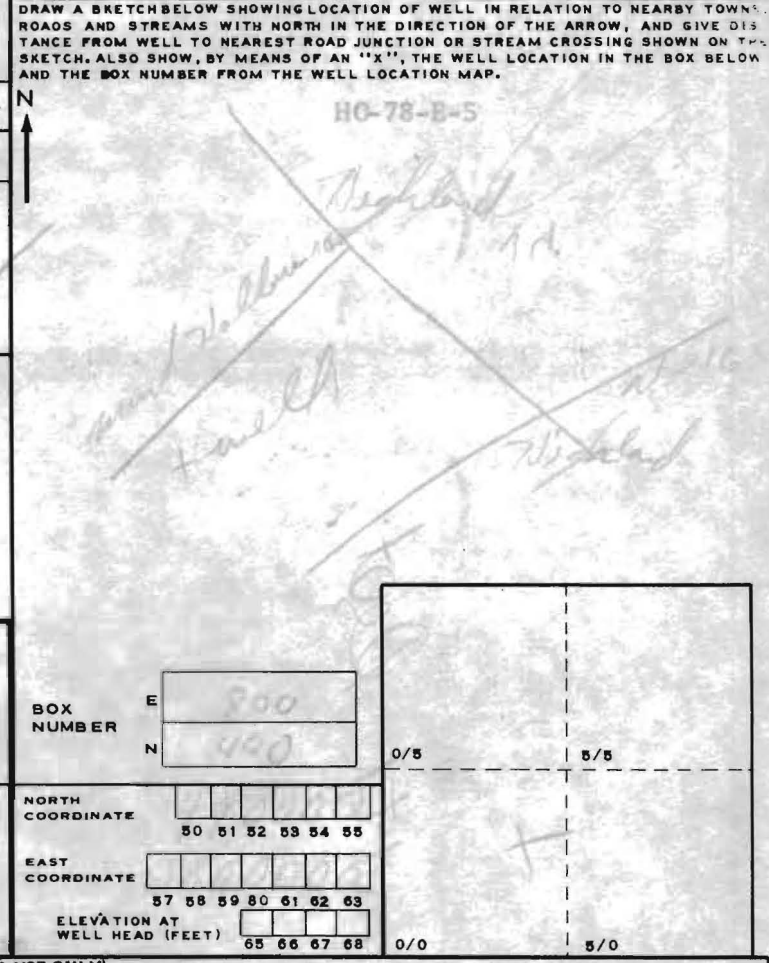
41 \_\_\_\_\_ 52

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

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4	CONTINUED	<b>HEALTH DEPARTMENT APPROVAL</b>
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX) <u>S</u>	COUNTY NAME <u>Howard</u>	COUNTY NO. <u>26551</u>
DATE <u>10/26/78</u>	MO. DAY YR.	APPROVED BY <u>Donald W. Monaghan, Sanitary</u>



B 5	<b>SPECIAL CONDITIONS 8-83 (WRA USE ONLY)</b>
1 2 3 (SEQ. NO.) 6	