

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: _____
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-73-0502**
 DATE RECEIVED: _____ DATE WELL COMPLETED: **Jan 28, 74**
 DEPTH OF WELL: **22'** (TO NEAREST FOOT)

OWNER: **Hackett** (LAST NAME) **J. Lee** (FIRST NAME)
 STREET OR RFD: **Old River Rd** POST OFFICE: **Windsor**

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		
<i>Topsoil</i>	0	3	
<i>Sandy</i>	3	15	
<i>Brown Silts</i>	15	6'	✓
<i>Heavy Rock</i>	6'	8'	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS: **6** NO. OF POUNDS: **600**
 GALLONS OF WATER: **35**

DEPTH OF GROUT SEAL (TO NEAREST FOOT):
 FROM **0** FT. TO **20** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S 1 CONCRETE C 0
 PLASTIC P L OTHER O T

MAIN CASING TYPE: **S T** NOMINAL DIAMETER (NEAREST INCH): **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): **22**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O
 PLASTIC P L OTHER O T

SCREEN

DEPTH (NEAREST WHOLE FOOT):
 FROM _____ TO _____

SLOT SIZE 1: _____ 2: _____ 3: _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): **1**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): **10**

METHOD USED TO MEASURE PUMPING RATE: **Bucket**

WATER LEVEL (DISTANCE FROM LAND SURFACE):
 BEFORE PUMPING: **30** (NEAREST FOOT)
 WHEN PUMPING: **20** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):
 AIR A PISTON P TURBINE T
 CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O
 JET J SUBMERSIBLE S

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, U) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON): _____

PUMP HORSE POWER: _____

PUMP COLUMN LENGTH (NEAREST FOOT): _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE (NEAREST FOOT): _____
 BELOW _____

CIRCLE APPROPRIATE BOXES

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.

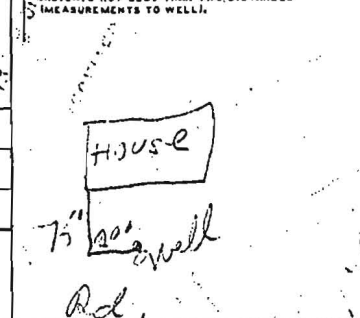
DRILLERS NAME: **J. F. Costello**
 SIGNATURE: *J. F. Costello*

DIAMETER OF SCREEN: _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK: _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F

OWN USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.D.S.):
 W O 1 _____
 W O 2 _____
 W O 3 _____
 W O 4 _____



WR-W-4
2-65

A 1860.1

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

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).
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	FEET		DIAM. (inches)	FEET	
	from	to		from	to
Top Soil	0	3	6" T.	0	3/4
Sandy	3	30			
Gray Rock	30	90			
			Steel		

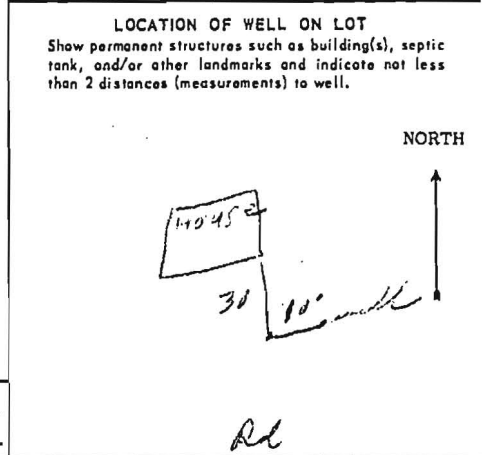
Permit Number 10-66-2-97
 Owner Lawrence H. Bennett
 Address 11 Glenelg Rd.
 Subdivision _____
 Section _____ Lot _____

PUMPING TEST
 Hours Pumped 1
 Type of Pump Used 1 1/2"
 Pumping Rate _____
 Gallons per Minute 50

WATER LEVEL
 Distance from land surface to water:
 Before Pumping 30 Ft.
 When Pumping 50 Ft.

APPEARANCE OF WATER
 Clear _____ Cloudy _____
 Taste _____
 Odor _____
 Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED
 Type _____
 Capacity _____
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.



Date Well Completed 9/30/65

Well Driller Signature [Signature]

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