

6428

SEQUENCE NO. (WRA USE ONLY)

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

7/13/78 DATE WELL COMPLETED

DEPTH OF WELL

300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

41-14-2776

DRILLERS IDENTIFICATION NO. 42

OWNER WILLSON DEVELOPMENT CORP. LAST NAME

SANDY SPRING, MD. FIRST NAME

STREET OR RFD 150 X 41

POST OFFICE

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

TOP SOIL 0-3  
SHALE 3-50  
SANDSTONE 50-65  
MICA 65-300

Table with columns: FEET (FROM, TO), CHECK IF WATER BEARING. Data: 0-3, 3-50, 50-65, 65-300.

WELL DESCRIPTION

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 57 FT.

CASING RECORD INSERT APPROPRIATE CODE BELOW

MAIN CASING TYPE [ST] NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) [6] TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) [61]

OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD INSERT APPROPRIATE CODE BELOW

SCREEN TYPE OR OPEN HOLE [ST] [BR] [HO] [PL] [OT]

DEPTH (NEAREST WHOLE FOOT) FROM 57 TO 300

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 45 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMP 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 [Y] NO [N]

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE [ ] LAND SURFACE 11/11/77 (NEAREST FOOT)

[-] BELOW 50 (NEAREST FOOT)

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)

Diagram showing well location on lot with measurements.

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 L. F. EASTERDAY

(PLEASE PRINT) L. F. Easterday

SIGNATURE L. F. Easterday

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

70 [ ] 72 [ ] 74 75 76 OTHER DATA AVAILABLE

3245

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

HO 73-2778

FILL IN THIS FORM COMPLETELY

1. 2. 3. (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

7/13/78  
9:30 a.m.  
1st

OWNER William David COL 15 LAST NAME COL 34 FIRST NAME COL 34

STREET OR RFD 1st St COL 36 COL 55

POST OFFICE Sanby Springs Md COL 57 COL 78

B 1 CONTINUED DRILLER INFORMATION

1. 2. 3. (SEQ. NO.) 6

DATE 5/2/78 LICENSE NUMBER 42 COL 77 COL 80

FIRST NAME L F Carter DRILLER LAST NAME

SIGNATURE L F Carter

B 3 LOCATION OF WELL

1. 2. 3. (SEQ. NO.) 6

COUNTY Hawaii COL 21 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION 23 COL 42

SECTION 44 COL 46 LOT 5 COL 48 COL 50

NEAREST TOWN Fulton COL 52 COL 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 7.5 COL 76 COL 77 COL 78

B 2 WELL INFORMATION

1. 2. 3. (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL 8 COL 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 COL 14 COL 20

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
  - T TEST
- MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN

(CIRCLE APPROPRIATE BOX)

- N NORTH
- E EAST
- NE NORTHEAST
- SE SOUTHEAST
- S SOUTH
- W WEST
- NW NORTHWEST
- SW SOUTHWEST

NEAR ROAD Murphy Rd COL 8 COL 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N COL 32  S COL 32  E COL 32  W COL 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 COL 34 COL 37 COL 38 COL 39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, 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 THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL 150 COL 24 COL 28 FEET

APPROXIMATE DIAMETER OF WELL 6 COL 39 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

- BORED (OR AUGERED)
- JETTED
- DRIVEN
- 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)

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

APPROPRIATION PERMIT NUMBER 54 COL 63 ENGINEER-REVIEW DISTRICT NO. 69 COL 65

FORCE 67 COL 67 WRITE INITIALS IN BOX 68 COL 68

CONDITIONS 70 COL 70 71 COL 71 72 COL 72 73 COL 73 74 COL 74 75 COL 75 76 COL 76 77 COL 77 78 COL 78 79 COL 79

BOX NUMBER 820 COL 585

470 COL 585

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1. 2. 3. (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) S COL 41 COUNTY NAME Howard COL 46 COUNTY NO. W28012 COL 48

DATE 050178 COL 43 APPROVED BY Donald W. Monaghan, Sanitarian COL 48

NORTH COORDINATE 7 COL 510 COL 515 COL 520 COL 525 COL 530 COL 535

EAST COORDINATE 2 COL 540 COL 545 COL 550 COL 555 COL 560 COL 565

ELEVATION AT WELL HEAD (FEET) 65 COL 570 COL 575 COL 580 COL 585 COL 590 COL 595

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1. 2. 3. (SEQ. NO.) 6