

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
110-73-5533

DATE RECEIVED (WRA USE ONLY) 7/17/77  
DATE WELL COMPLETED 7/17/77

DEPTH OF WELL 110 TO NEAREST FOOT/DIGIT 110

DRILLER IDENTIFICATION NO. 40

COUNTY NUMBER A18373

OWNER R. H. Douglas  
STREET OR RFD 1820 PONDICANT ROAD  
POST OFFICE SILVER SPRING

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	0	2	
SANDY	2	50	
MICA	50	60	
SANDSTONE	60	70	
MICA	70	75	
SANDSTONE	75	85	
MICA	85	100	
SANDSTONE	100	105	
MICA	105	120	

WELL DESCRIPTION

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (CIRCLE ONE) CEMENT (Q) BENTONITE CLAY (B)

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 115

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 40 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL (S) CONCRETE (C) PLASTIC (P) OTHER (O)

MAIN CASING TYPE S7 NOMINAL DIAMETER (NEAREST INCH) 12 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 56

OTHER CASING (IF USED)

DIAMETER (INCH) FROM DEPTH (FEET) TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL (S) BRASS OR BRIDGES (BR) OPEN HOLE (HO) PLASTIC (P) OTHER (O)

DEPTH (NEAREST WHOLE FOOT)

FROM 110 TO 120

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 56 TO 60

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 37

METHOD USED TO MEASURE PUMPING RATE PULSATOR

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 20

WHEN PUMPING 22

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) CENTRIFUGAL (C) ROTARY (R) OTHER (DESCRIBE BELOW) (O)

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 30

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE (A) BELOW (B)

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SCALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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 George F. Frazier

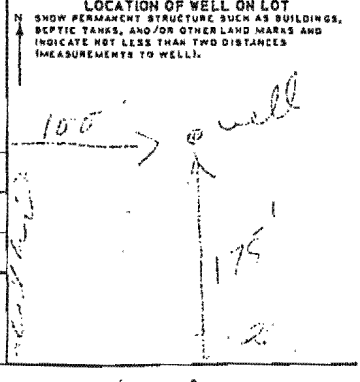
SIGNATURE George F. Frazier

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

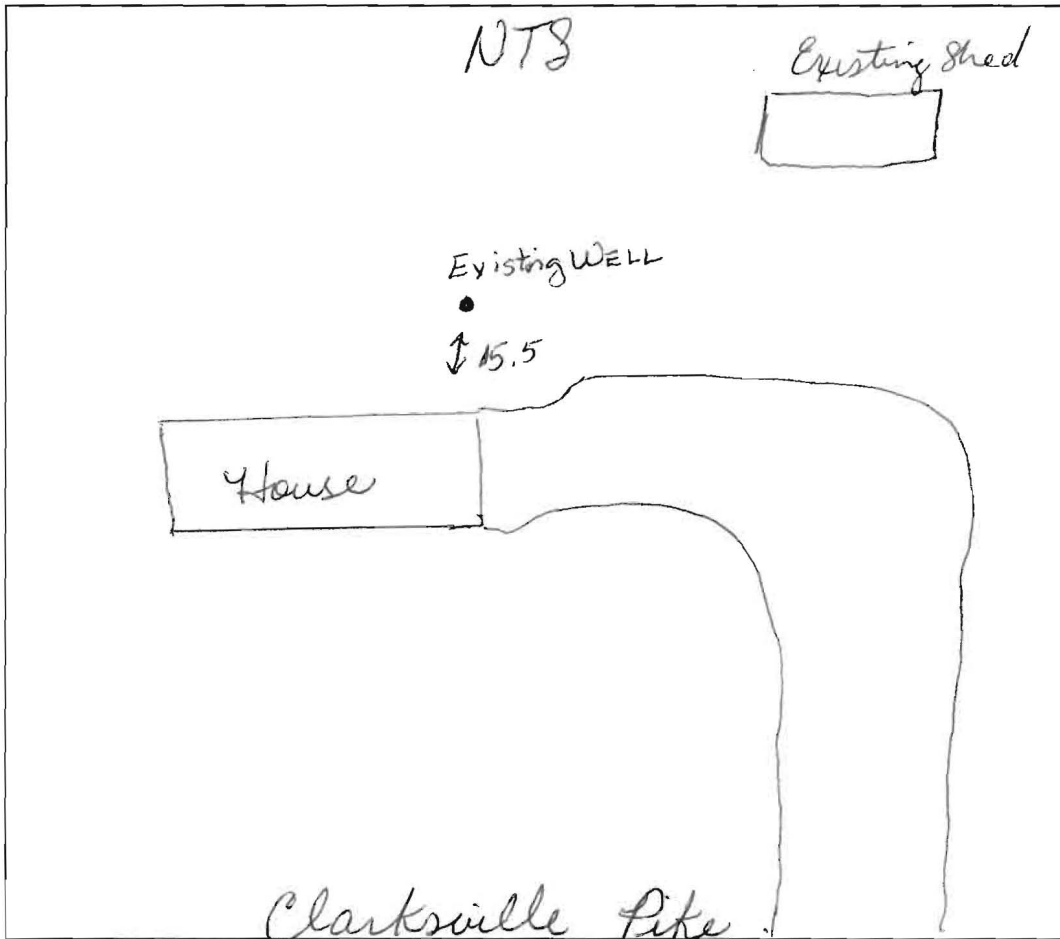


HEALTH

SITE INSPECTION SHEET

OWNER: Lung KO PHONE #: 443-854-0032  
ADDRESS: 12980 Clarksville, MD 20729 CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: HC  
PROPOSAL: Two Car Garage. Homeowner does not want to submit PC or complete perc testing

LOCATION DIAGRAM



COMMENTS: Customer's well is in the required setbacks of the proposed garage. The reviewer would like to drill a new well in order to accommodate the new addition. There were no signs of septic system failure.

DATE: 4-22-15 INSPECTOR: D. Bernard