

C 1 **2954** 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 8/10/71 DEPTH OF WELL 120 (TO NEAREST FOOT) 22 26  
 'PERMIT NO. FROM "PERMIT TO DRILL WELL"' \_\_\_\_\_  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 30

OWNER King Barry LAST NAME FIRST NAME  
 STREET OR RFD 3419 Chestnut Drive POST OFFICE Baltimore 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	
Topsoil	0	3	
Shaly	3	5	
SANDSTONE	5	25	
MICA	25	45	
SANDSTONE	45	50	
MICA	50	120	

**WELL DESCRIPTION**  
**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  Y NO  N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX) 44  
 CEMENT  C  M BENTONITE CLAY  B  C  
 NO. OF BAGS 5 NO. OF POUNDS 500  
 GALLONS OF WATER 25  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 20 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) 120

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_  
 EACH CASING

**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

C 2 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT) FROM \_\_\_\_\_ TO \_\_\_\_\_  
 EACH SCREEN  
 1 10 19 120  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (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   
 TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

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

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**  
 BEFORE PUMPING 17 (NEAREST FOOT) 20  
 WHEN PUMPING 22 (NEAREST FOOT) 25  
**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) \_\_\_\_\_

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**  
 + ABOVE } LAND SURFACE (NEAREST FOOT)  
 - BELOW } 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).  
 (Handwritten notes and diagrams showing well location on a lot with distances to structures.)

**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 \_\_\_\_\_  
 (PLEASE PRINT) \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**B 1** 4335  
 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, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
 8/17/78  
 9:30 A.M.

**OWNER** [Signature]  
 COL 15 LAST NAME FIRST NAME COL. 34  
**STREET OR RFD** [Signature]  
 COL 36 COL. 55  
**POST OFFICE** [Signature]  
 COL 57 COL. 76

**B 1** CONTINUED  
 1 2 3 (SEQ. NO.) 6  
**DRILLER INFORMATION**  
 DATE [Signature] LICENSE NUMBER 40  
 77 80  
 FIRST NAME DRILLER LAST NAME  
 SIGNATURE [Signature]

**B 3**  
 1 2 3 (SEQ. NO.) 6  
**LOCATION OF WELL**  
 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION [Signature] 42  
 SECTION [Signature] LOT [Signature] 50  
 NEAREST TOWN [Signature] 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 MI 76 77 78

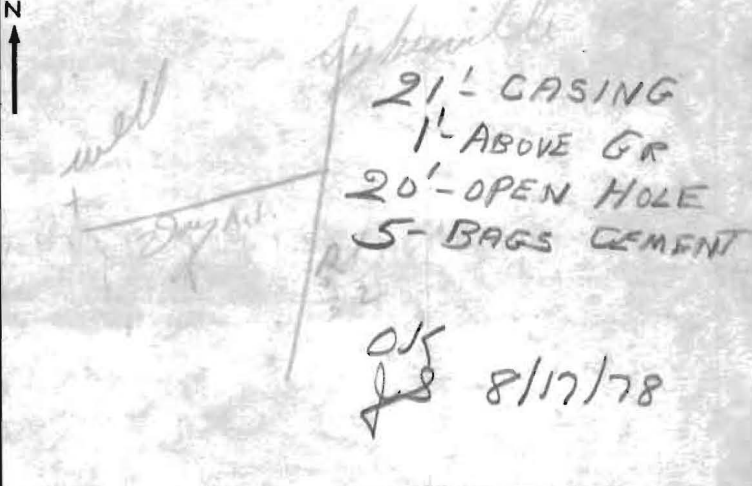
**B 2**  
 1 2 3 (SEQ. NO.) 6  
**WELL INFORMATION**  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 14 20  
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY }  
 TEST

**B 4**  
 1 2 3 (SEQ. NO.) 6  
**DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**  
 N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST  
 S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD [Signature] 11 NORTH SOUTH EAST WEST 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W 32 32 32 32  FT  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 34 37 MI 38 39

APPROXIMATE DEPTH OF WELL 150 24 28 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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, 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.

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 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. [ ]  
 FORCE [ ] WRITE INITIALS IN BOX CONDITIONS [ ]  
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 300 N 550  
 NORTH COORDINATE [ ] 50 51 52 53 54 55  
 EAST COORDINATE [ ] 57 58 59 60 61 62 63  
 ELEVATION AT WELL HEAD (FEET) [ ] 65 66 67 68  
 0/0 5/0

**B 4** CONTINUED  
 1 2 3 (SEQ. NO.) 6  
**HEALTH DEPARTMENT APPROVAL**  
 41  STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. W28520  
 MO. DAY YR. DATE [Signature]  
 43 48 APPROVED BY Donald W. Monaghan, Sanitarian

**B 5** SPECIAL CONDITIONS 8-63 (WRA USE ONLY)  
 1 2 3 (SEQ. NO.) 6