

C 1 0343  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED 4/18/78 DEPTH OF WELL 180 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-2661  
 (TO NEAREST FOOT) 22 \_\_\_\_\_ 26  
 8-13 15 20 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 42

OWNER McFARLAND, GEORGE LAST NAME FIRST NAME  
 STREET OR RFD RESERVOIR ROAD POST OFFICE FULTON, 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	0	3	
Shaly	3	20	
SANDstone	20	40	
MICA	40	45	
SANDstone	45	50	
MICA	50	180	

**WELL DESCRIPTION**  
**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  C M  B C  
 CEMENT 45 46 BENTONITE CLAY 45 46  
 NO. OF BAGS 14 NO. OF POUNDS 1400  
 GALLONS OF WATER 70  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 35 FT.  
 (ENTER 0 IF FROM SURFACE)

**PUMPING TEST**  
 C 3  
 1 2 3 (SEQ. NO.) 6  
 HOURS PUMPED (TO NEAREST HOUR) 3  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 35 (NEAREST FOOT)  
 WHEN PUMPING 180 (NEAREST FOOT)  
 TYPE OF PUMPED 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

**CASING RECORD**  
 INSERT APPROPRIATE CODE BELOW  
 S T  C O  
 STEEL CONCRETE  
 P L  O T  
 PLASTIC OTHER  
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 36

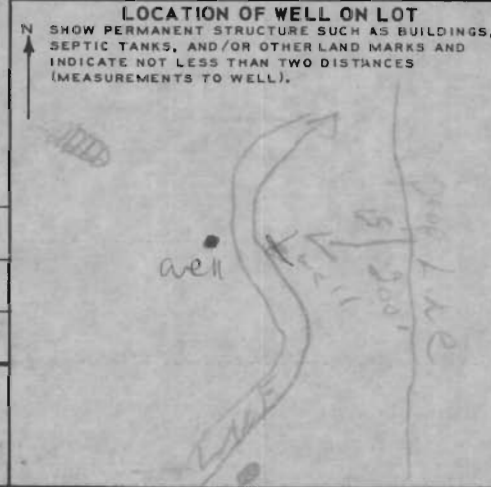
**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)  29  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N  
 CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_  
**SCREEN RECORD**  
 SCREEN TYPE OR OPEN HOLE  
 INSERT APPROPRIATE CODE BELOW  
 S T  B R  H O  
 STEEL BRASS OR BRONZE OPEN HOLE  
 P L  O T  
 PLASTIC OTHER

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE  
 - BELOW } (NEAREST FOOT)  
5

**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

C 2  
 1 2 3 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 1 10 35 180  
 2  
 3  
 SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_



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) L. F. Easterday  
 SIGNATURE L. F. Easterday

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  
 70 72 74 75 76  
 TELESCOPE LOG OTHER DATA  
 CASING INDICATOR AVAILABLE

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

SEQUENCE NO. (WRA USE ONLY) **5836**

WRA PERMIT NUMBER **HO-73-2661**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER Mr. Fardon & Son, Inc.  
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD Belton Rd.  
 COL 36 COL. 55

POST OFFICE Belton MD.  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE 3/26/78 LICENSE NUMBER 42  
 COL 15 COL. 80

FIRST NAME DRILLER LAST NAME

SIGNATURE [Signature]

**B 3 LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 2 48 50

NEAREST TOWN Belton 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 79 76 77 78

**B 2 WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 600 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 } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

**B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**

1 2 3 (SEQ. NO.) 6

N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST

S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD Belton Rd.

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

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

APPROXIMATE DEPTH OF WELL 150 FEET  
 24 28

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) \_\_\_\_\_

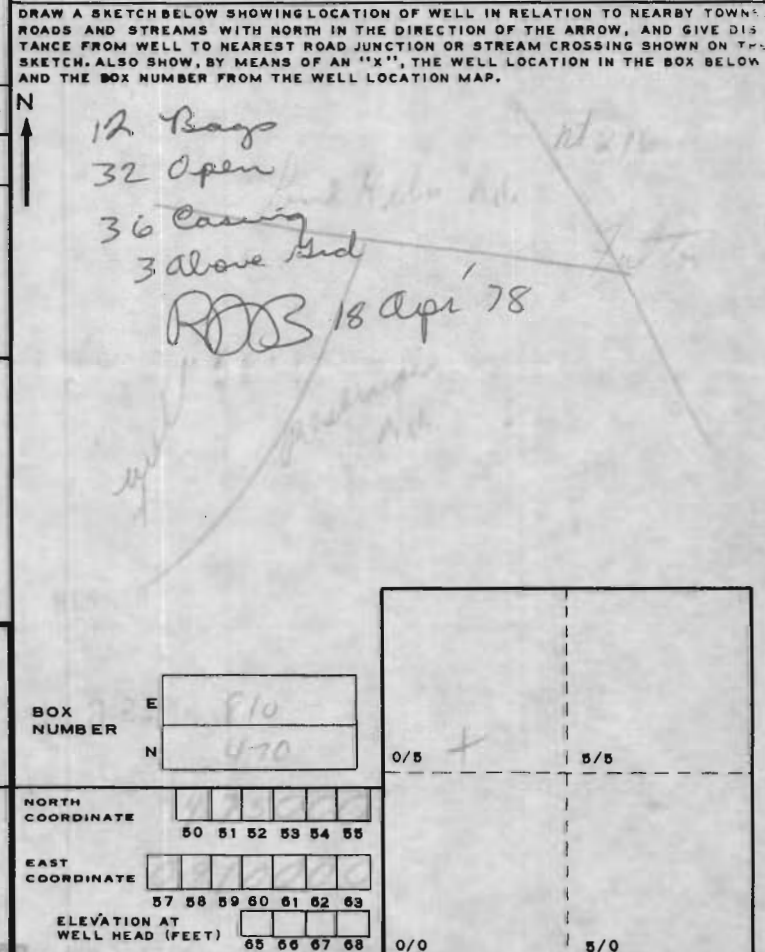
**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



**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 CONDITIONS 68

A E N S G W Q C L U

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41  STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. W27672

DATE 3/26/78 MO. DAY YR.

APPROVED BY Donald N. Monaghan, Sanitarian

BOX NUMBER E 810  
N 470

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

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

1 2 3 (SEQ. NO.) 6