

C 1 3059 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 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 A-30-338

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED April 4, 1980 DEPTH OF WELL 165 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-5510  
 22 (TO NEAREST FOOT) 28 28 29 30 31 32 33 34 35 36 37  
 8-13 15 20 DRILLERS IDENTIFICATION NO. 273

OWNER Sargent CHARREN FIRST NAME  
 LAST NAME  
 STREET OR RFD 4376 GEORGIA AV. POST OFFICE BROOKVILLE 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	2	
Sandy	2	12	
Sandstone	12	30	
Micka	30	50	
Sandstone	50	55	✓
Micka	55	165	

**WELL DESCRIPTION**  
**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 7 NO. OF POUNDS 100  
 GALLONS OF WATER 42  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 48 FT. TO 54 FT. (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 INSERT APPROPRIATE CODE BELOW  
 STEEL  CONCRETE  
 PLASTIC  OTHER  
 MAIN CASING TYPE  ST  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 25

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

**SCREEN RECORD**  
 SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)  
 STEEL  BRASS OR BRONZE  OPEN HOLE  
 PLASTIC  OTHER

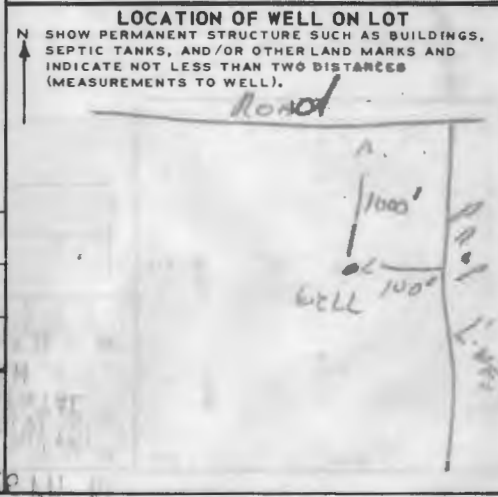
C 2 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT) FROM \_\_\_\_\_ TO \_\_\_\_\_  
 1 HO 25 165  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_  
 GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  LOG INDICATOR   
 I W O J H  
 74 75 76 OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6  
**PUMPING TEST**  
 HOURS PUMPED (TO NEAREST HOUR) 5  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 58 (NEAREST FOOT)  
 WHEN PUMPING 165 (NEAREST FOOT)  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 A AR  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  NO  
 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 2 (NEAREST FOOT)  
 BELOW }



**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 Ralph Mayne  
 (PLEASE PRINT) Ralph Mayne  
 SIGNATURE

**B 1** 5580 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, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER 14-3538

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
*9:30 A.M. 4/3/80*

**OWNER** SARGENT JOHN W. GREEN  
 COL 15 LAST NAME FIRST NAME COL. 34

**STREET OR RFD** 4376 GEORGIA AVE (RTE #47)  
 COL 36 COL. 55

**POST OFFICE** BROOKVILLE MD 20729  
 COL 57 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

**DATE** 4/3/80 **LICENSE NUMBER** 77 3 80

**FIRST NAME** WILLIAMS **DRILLER** WILLIAMS **LAST NAME**

**SIGNATURE** *[Signature]*

**B 3** **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

**COUNTY** HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

**SUBDIVISION** 3 23 42

**SECTION** 44 **LOT** #2 46 50

**NEAREST TOWN** STENWOOD 52 71

**MILES FROM TOWN** (ENTER 0 IF IN TOWN) 7.3 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 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** RTE #47 11 NORTH SOUTH EAST WEST 30

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

**DISTANCE FROM ROAD** (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 1800 34 37 38 39

**APPROXIMATE DEPTH OF WELL** 24 FEET 26

**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) \_\_\_\_\_

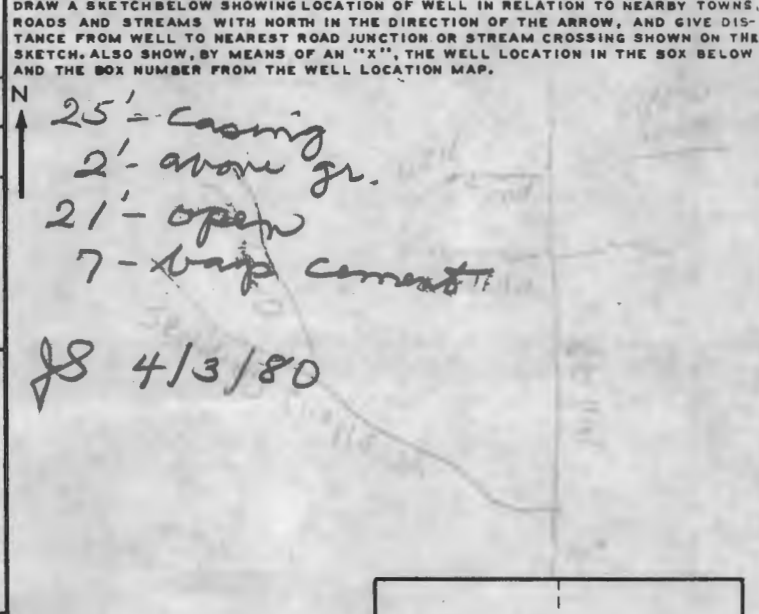
**REPLACEMENT OR DEEPEINED WELLS** (CIRCLE APPROPRIATE BOX)

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 **ENGINEER REVIEW DISTRICT NO.** 63

**FORCE** 67 **WRITE INITIALS IN BOX** 68 **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. 21

**DATE** 4/3/80 **APPROVED BY** \_\_\_\_\_

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

1 2 3 (SEQ. NO.) 6