

SEQUENCE NO. (WRA USE ONLY) **0442**

1 2 3 (SEQ. NO.)

(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) **10/4/1979**

DATE WELL COMPLETED **10/4/1979**

DEPTH OF WELL **305** (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-344**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **233**

OWNER LAST NAME **W. E. ...** FIRST NAME **...**

STREET OR RFD **...** 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
	FROM	TO	
	0	50	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** **N**

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

NO. OF BAGS **13** NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **48** FT. TO **54** FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

STEEL **ST** CONCRETE **CO**

PLASTIC **PL** OTHER **OT**

MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **60** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **305**

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL **ST** BRASS OR BRONZE **BR** OPEN HOLE **HO**

PLASTIC **PL** OTHER **OT**

EACH SCREEN

1	2	3	(SEQ. NO.)	6
1	8	9	11	15 17 21
2	23	24	26	30 32 36
3	38	39	41	45 47 51

SLOTSIZE 1. 2. 3.

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

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** **F**

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

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

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **8** **9**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **11** **15**

METHOD USED TO MEASURE PUMPING RATE

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 **27** **27** **27**

C CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW) **27** **27** **27**

J JET **S** SUBMERSIBLE **27** **27**

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) **31** **35**

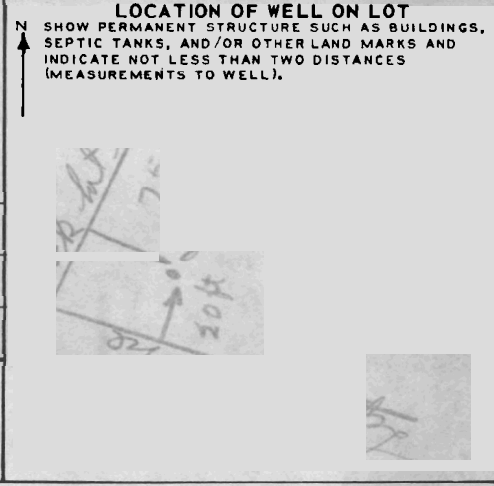
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) **49**

- 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 **Joseph L. Mayne**

(PLEASE PRINT) **Joseph L. Mayne**

SIGNATURE **Joseph L. Mayne**

B 1 0681 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

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

8-13

OWNER _____
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD _____
 COL 36 COL. 55

POST OFFICE _____
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE Sept 5 6 1979 LICENSE NUMBER 238
 77 80

FIRST NAME DRILLER LAST NAME

SIGNATURE _____

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY _____ (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION _____ 42

SECTION _____ LOT _____
 44 46 48 50

NEAREST TOWN _____ 71

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

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) _____ 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) _____ 20

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

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

SW SOUTHWEST

NEAR WHAT ROAD _____

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

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

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.

APPROXIMATE DEPTH OF WELL _____ FEET
 24 26

APPROXIMATE DIAMETER OF WELL _____ (NEAREST INCH)

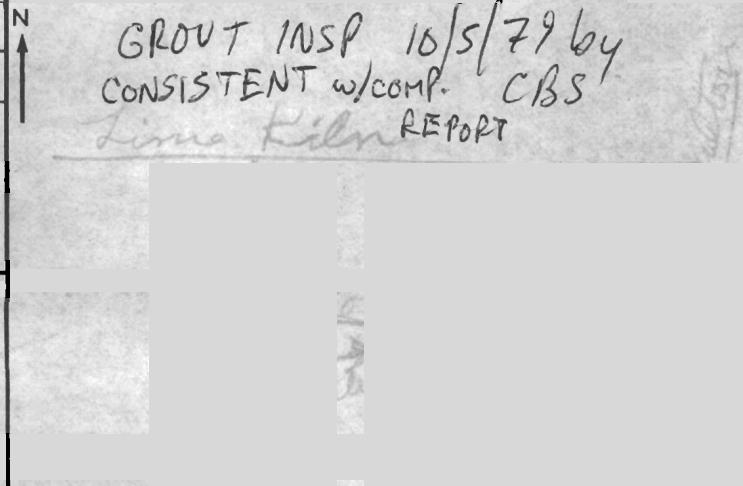
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

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 _____ ENGINEER REVIEW DISTRICT NO. _____

FORCE _____ CONDITIONS _____

BOX NUMBER

E 810

N 470

0/5 5/5

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 **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME _____ COUNTY NO. _____

MO. DAY YR. _____

DATE _____ APPROVED BY _____

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

1 2 3 (SEQ. NO.) 6

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

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)
8-13

DATE WELL COMPLETED 1979
DEPTH OF WELL 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
COUNTY NUMBER
DRILLERS IDENTIFICATION NO.

OWNER: LAST NAME, FIRST NAME, STREET OR RFD, 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
	FROM	TO	
Sand	0	50	
may include sub	50	205	

Vertical text: ETT, HOW, BELIEVED, OCL 11 @ 20 PM '79

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY
NO. OF BAGS 13 NO. OF POUNDS 1222
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 30 FT.

CASING RECORD
CIRCUITRY: STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE: ST
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 54

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

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE: STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER
C 2

DEPTH (NEAREST WHOLE FOOT)
FROM 11 TO 205
SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 56 TO 60
GRAVEL PACK
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

PUMPING TEST
C 3
HOURS PUMPED (TO NEAREST HOUR) 8
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT) WHEN PUMPING 22 (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX): AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW LAND SURFACE (NEAREST FOOT) 2

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 diagram showing well location relative to structures.

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: Joseph L. Mayne
SIGNATURE: Joseph L. Mayne

HEALTH

B 1 0681 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

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: Huber
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: 2700 East 1st St
 COL 36 COL. 55

POST OFFICE: Delmar
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

DATE: 8/26/79 LICENSE NUMBER: 238
 COL. 1 COL. 2 COL. 3 (SEQ. NO.) COL. 6 COL. 77 COL. 80

FIRST NAME: Joseph T. Murphy DRILLER LAST NAME

SIGNATURE: Joseph T. Murphy

B 3 **LOCATION OF WELL**

COUNTY: 8 (DO NOT ABBREVIATE COUNTY NAME) COL. 21

SUBDIVISION: 23 COL. 42

SECTION: 44 46 LOT: 48 50

NEAREST TOWN: 52 COL. 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 79 COL. 76 COL. 77 COL. 78

B 2 **WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 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 **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: 11

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

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

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 (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)

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: 54 ENGINEER REVIEW DISTRICT NO.: 65

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

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX): COUNTY NAME: COUNTY NO.:

DATE: 8/26 79 APPROVED BY:

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.

GROUT INSP 10/5/79 by CBS
CONSISTENT w/comp. CBS
REPORT

BOX NUMBER: 810 970

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