C 1 6272

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

WELL COMPLETION REPORT

FILE WITH FORM COMPLETED

A-3010

DATE DRILLED

DATE WELL COMPLETED

DEPTH OF WELL 45.0 (TO NEAREST FOOT)

OWNER H. HEN

LAST NAME

STREET OR RFD ELLICOTT

POST OFFICE

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION USE ADDITIONAL SHEETS IF NECESSARY	FEET FROM	FEET TO	WATER BEARING
Clay	0	30	
Clean Sand	30	50	
Hard Rock	50	56	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE ABOVE)

CEMENT C M PERTONITE CLAY B C

NO. OF BAGS ___ NO. OF GALLONS ___

GALLONS OF WATER ___

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 3 FT. TO 25 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): 56

OTHER CASING (IF USED)

EACH CASING — DIAMETER (INCHES) — DEPTH (NEAREST FOOT) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

S T STEEL B W BRASS OR BRONZE W O WIRE WOUND

P L PLASTIC O T OTHER

C 2

INDEX NO.

DEPTH (NEAREST WHOLE FOOT) FROM TO

EACH SCREEN

SLOT SIZE 1. ___ 2. ___ 3. ___

DIAMETER OF SCREEN 6.0 (NEAREST INCH)

GRAVEL PACK FROM TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX Y N

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

T TELESCOPE CASING — L.O.I. LOG INDICATOR — O.D. OTHER DATA AVAILABLE

PUMPING TEST

WHERE PUMPED THE NEAREST WELL 4

PUMPING RATE (NEAREST GALLON) 1

WATER LEVEL (NEAREST FOOT) BEFORE PUMPING 30

AFTER PUMPING 125

TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX)

A B C D E F

PUMP INSTALLED

CAPACITY

CASING HEIGHT

LOCATION OF WELL ON LOT

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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.

DRILLER'S NAME

(PLEASE PRINT) HOWARD DILLER

SIGNATURE

HEALTH