

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

Permit Number HO-66-W-369
 Owner SUNNY DAY, Edmont, Md.
 Address Cornholton
 Subdivision _____
 Section _____ Lot _____

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

PUMPING TEST

Hours Pumped 2
 Type of Pump Used CSH
 Pumping Rate _____
 Gallons per Minute 20

WATER LEVEL

(Distance from land surface to water)
 Before Pumping 30 Ft.
 When Pumping _____ Ft.

APPEARANCE OF WATER

Clear Cloudy _____
 Taste _____
 Odor None

Height of Casing Above Land
 Surface 2 Ft.

PUMP INSTALLED

Type _____
 Capacity _____
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



FEET from ___ to ___	FEET from ___ to ___	DIAM. (inches)
5- clay 38 sand + gravel		6 1/4"
27 Granite Rock		Pipe
WELL 70		

**DATE
WELL WAS
COMPLETED**

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Ed. Brown, Well Driller

8/15/66 Well Driller License No.: 81