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Sequence Number (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY

This report must be submitted within 45 days after well is completed.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

County Number

ST/CO USE ONLY MM DD YY Date Received 8 13

DATE WELL COMPLETED MM DD YY 15 20 22 26 DEPTH OF WELL (to nearest foot)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER: Last Name, First Name

WELL SITE ADDRESS TOWN:

SUBDIVISION: SECTION: LOT:

WELL LOG Not required for driven wells State the kind of formations penetrated, their color, depth, thickness and if water bearing

GROUTING RECORD Well has been grouted: Y N Type of Grouting Material (select one): Cement, Bentonite Clay, Number of Bags, Number of Pounds, Gallons of Water, Depth of Grout Seal

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

CASING RECORD casing types insert appropriate code below Main Casing Type: Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (IF USED) EACH CASING Diameter inch, Depth (feet) from to

PUMP INSTALLED Did driller install pump? Y N Type of pump installed, Capacity, Pump Horse Power, Pump Column Length, Casing Height

Number of Unsuccessful Wells: Well Hydrofractured? Y N

- Check Appropriate Box: A A well was abandoned and sealed when this well was completed E Electric log obtained P Test well converted to production well

SCREEN RECORD screen type or open hole insert appropriate code below Steel (ST), Brass (BR), Open (HO), Plastic (PL), Other (OT)

Table with columns: Type, DEPTH (nearest foot), Each Screen (1-3), Slot Size, Diameter of Screen

I hereby certify that this well has been constructed in accordance with COMAR 26.04.04 "Well Construction" and in conformance with all conditions stated in the above-captioned permit...

Drillers Lic. No. M D

Drillers Signature (must be same as on application)

Lic. No. D

SITE SUPERVISOR (signature of drill or journeyman responsible for sitework if different then permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL- insert "F" in box 68 Latitude 3 Longitude 7 Default Coord. WGS 84

MDE USE ONLY (not to be filled in by driller) T (E.R.O.S) W Q 70 72 74 75 76 Telescope Casing Log Indicator Other Data

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide this info. may result in this form not being processed.