

Sequence Number
(MDE USE ONLY)

ST/CO USE ONLY
Date Received

DATE WELL
COMPLETED

DEPTH OF WELL
(to nearest foot)

OWNER:

Last Name, First Name

WELL SITE ADDRESS

TOWN:

SUBDIVISION: SECTION: LOT:

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY

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

County
Number

PERMIT NO. FROM "PERMIT TO
DRILL WELL"

WELL LOG

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

Description (use additional sheets if needed)	FEET FROM - TO	CHECK IF WATER BEARING

Number of Unsuccessful Wells:

Well Hydrofractured? Y N

Check Appropriate Box:

A well was abandoned and sealed
when this well was completed

Electric log obtained

Test well converted to production
well

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, and
that the information presented herein is accurate and complete
to the best of my knowledge.

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)

GROUTING RECORD

Well has been grouted: Y N

Type of Grouting Cement
Material: Bentonite Clay

Number of Bags Number of Pounds

Gallons of Water

Depth of Grout Seal (to nearest foot) to
top bottom
(enter 0 if from surface)

CASING RECORD

Main Casing Type: Steel(ST) Concrete(CO)
Plastic(PL) Other(OT)
Type Diameter (inches) Depth feet: From-To

Other Casing (if
used) List each
Casing:

SCREEN RECORD

Screen type or open hole Steel(ST) Brass(BR) Open Hole (HO)
Plastic(PL) Other(OT)

Type DEPTH (nearest ft.)

Each Screen
1
2
3

Slot Size: 1 2 3

Diameter of Screen (nearest Inch)

From To

GRAVEL PACK IF
WELL DRILLED
WAS FLOWING
WELL- insert "F"
in box

Latitude 3 Longitude 7
Default Coord.
WGS 84

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. You have the right to inspect, amend, or correct
this form. The Maryland Department of the Environment is subject to the
Maryland Public Information Act. This form may be made available on the
Internet via MDE's website and is subject to inspection or copying, in whole
or in part, by the public and other governmental agencies, if not protected by
federal or state law.

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

PUMPING TEST

HOURS PUMPED
(nearest hour)

PUMPING RATE
(gal. per min.)

METHOD USED TO
MEASURE PUMPING
RATE

WATER LEVEL (distance from land surface)

Before pumping: feet

When pumping: feet

TYPE OF PUMP USED (for test)

Air (A) Rotary (R)
Centrifugal (C) Submersible (S)
Jet (J) Turbine (T)
Piston (P) Other (describe below)

PUMP INSTALLED

Did driller install pump? Y N

If driller installs pump, this section must be
completed for all wells.

Type of pump installed (place
A,C,J,P, R, S,T,O) in this box.

Capacity: gallons per minute
(to nearest gallon)

Pump Horse Power

Pump Column Length (nearest ft.)

Casing Height (select appropriate box and
enter casing height

above (+) LAND
below (-) SURFACE
(nearest foot)