

MONTGOMERY COUNTY DEPARTEMENT OF PERMITTING SERVICES
FIELD DATA SHEET-WELL YIELD TEST

Page 1 of 1

Data Completed 3-22-10

House well

Well Driller Name Keyser-Harman
 Owner Name Walter Puchard

Well Permit # MO-95-1548
 Election District 11

Street Address of Property 21715 Beardsville Road
 Subdivision _____
 Lot _____ Block _____

Depth of Well = 202
 Distance of Measuring Point (M. P.)
 Above Ground = 1 ft
 Static Water (S.W.L) Below M. P. = 20

Rate of Pumping-Reservoir Drawdown
 Time pump started: 11:15
 Pumping Rate = 5
 Total Time 15 mins to reach pumping
 water level 24 ft. below M. P.

RECOVERY PUMP TEST-OBSERVATIONS TO BE RECORDED EVERY 15 MINUTES

Time	Water Level Below M.P.	Pumping Rate Time to fill gallon bucket	Flow Meter Reading (if needed)	Calculated Flow (gallons/minute)
11:15	20'	7.5 sec		8
30	22	12		5
45	24	12		5
12:00	24	12		5
15	24	12		5
30	24	12		5
45	24	12		5
1:00	24	12		5
15	24	12		5
30	24	12		5
45	24	12		5
2:00	24	12		5
15	24	12		5
30	24	12		5
45	24	12		5



DPS-Division of Land Development
 255 Rockville Pike, 2nd Floor * Rockville, Maryland 20850-4166
 Monday-Fri, day 7:30 am—4:00 pm
 Phone: 240-777-6300 * Fax: 240-777-6314



KB C1 3320 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 52547d PERMIT NO. MD-95-1547

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well

OWNER PRICHARD STREET OR RFD TOWN DICKERSON

WELL LOG GROUTING RECORD PUMPING TEST

DESCRIPTION (Use additional sheets if needed) FEET check if water bearing

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

DEPTH (nearest ft.)

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER

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. MS D095

DRILLERS SIGNATURE

LIC. NO. MS D095

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

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 BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Date Received in DPS:
Maid Log # 261608
APR - 1 2010
Assigned To: Laura

