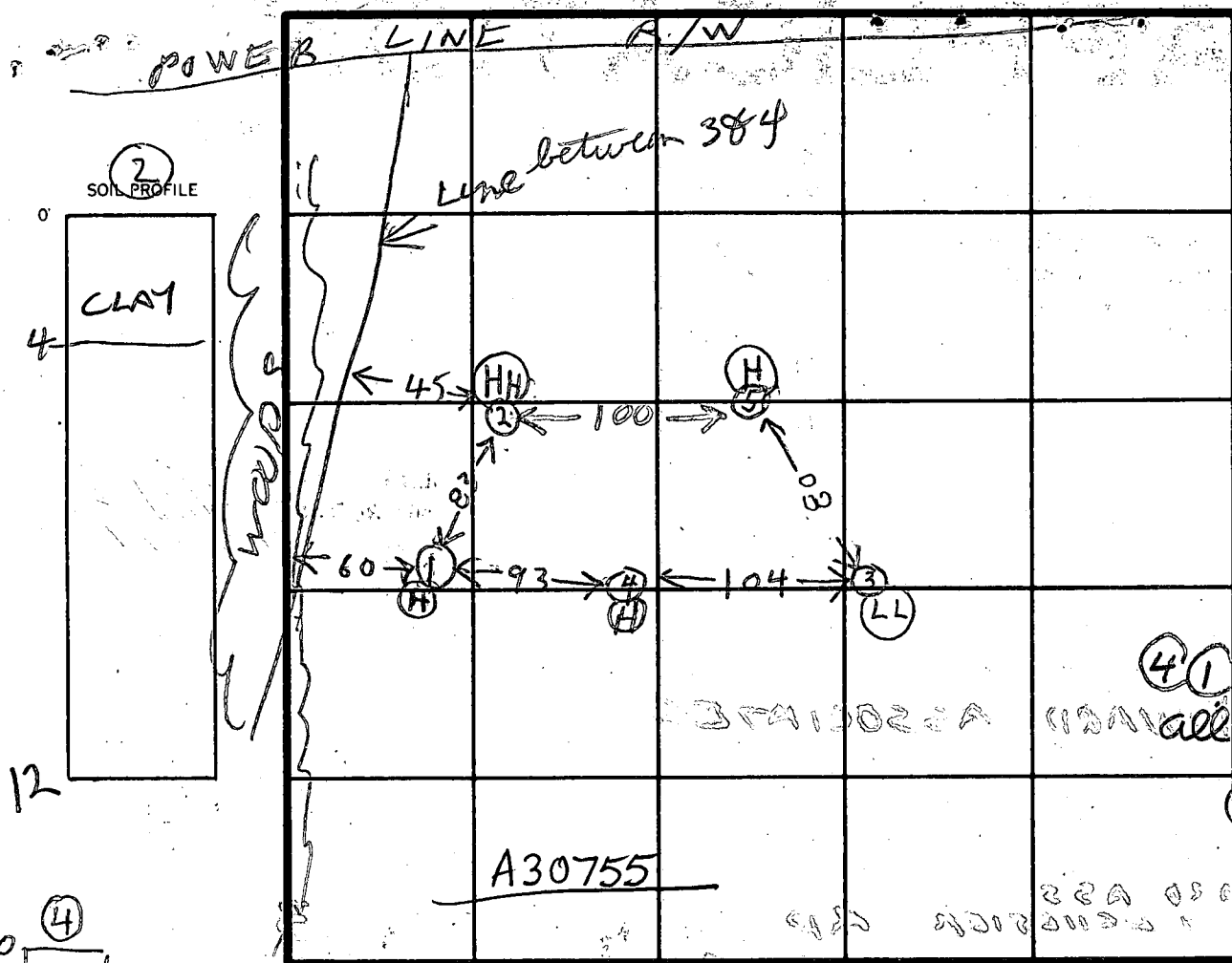


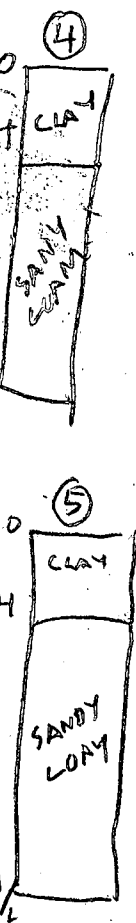
drawings



Howard
ass
Ilchester
Rd

HOLE
ELEVATIONS

② = Highest
④ ① ⑤ = High
about same
③ = Lowest



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/2/80	1S	5	1137	1143	1143	1152	9
	1D	12 1/2	1137	1142	1142	1152	10
	2D	12	1142	1152	1152	1120	28
	2S	4	1141	1145	1145	1154	9
	3D	12	1201	1206	1206	1210	4
	3S	4	1201	1206	1206	1210	4
	4V	12	SEE SOIL PROFILE				
7/2/80	5V	12 1/2	11	11	11	11	

REMARKS

TYPE OF SOIL

TESTED BY BH SK

D REWER
ALSO PRESENT KETTERMANS

C1 3146	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)		COUNTY NUMBER A 30755	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-4/53
Date Received (OEP use only)	DATE WELL COMPLETED 09/15/82	Depth of Well 205' (TO NEAREST FOOT)	

OWNER last name Worch first name John	STREET OR RFD Ilchester Rd.	TOWN Ellicott City
SUBDIVISION Talbots Last Shift	SECTION	LOT 3

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
Top So. l.	0 2	
Sandy	2 15	
Sand Stone	15 30	✓
Micka	30 4	
Sand Stone	40 45	✓
Micka	45 130	
Sand Stone	130 135	✓
Micka	135 205	

GROUTING RECORD	
WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>	
NO. OF BAGS 6	NO. OF POUNDS 600
GALLONS OF WATER 36	
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP ft. to 18 ft. BOTTOM 58 ft. (enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> CO CONCRETE
	<input checked="" type="checkbox"/> PL PLASTIC	<input checked="" type="checkbox"/> OT OTHER
	MAIN CASING TYPE	
	Nominal diameter top(main) casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> T	6	24

OTHER CASING (if used)	
inch	depth (feet) from to
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD			
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> BR BRASS BRONZE	<input checked="" type="checkbox"/> HO OPEN HOLE
	<input checked="" type="checkbox"/> PL PLASTIC	<input checked="" type="checkbox"/> OT OTHER	
	SLOT SIZE		
	DIAMETER OF SCREEN (NEAREST INCH) from to		

EACH SCREEN	
DEPTH (nearest ft.)	
H0 21 205	
<input type="checkbox"/>	
<input type="checkbox"/>	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX <input checked="" type="checkbox"/>	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
<input type="checkbox"/>	<input type="checkbox"/>
TELESCOPE CASING	LOG INDICATOR

PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min. to nearest gal.)	9	
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	22	
WHEN PUMPING	205	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> above	LAND SURFACE
<input type="checkbox"/> below	2 (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)	

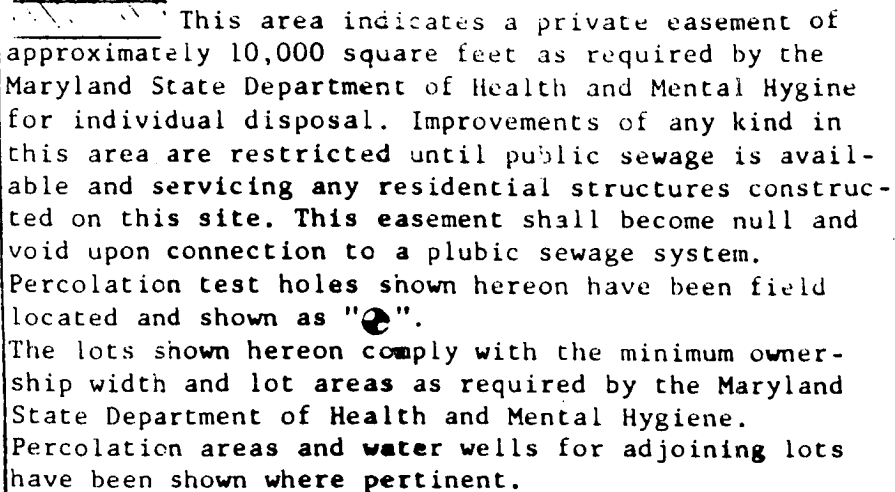
CIRCLE APPROPRIATE BOX	
<input checked="" type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	
<input type="checkbox"/> E ELECTRIC LOG OBTAINED	
<input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 223	
DRILLERS SIGNATURE Ralph Mayne	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
<input type="checkbox"/>	<input type="checkbox"/>
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

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)	

[illegible]

B 1 <u>5100</u> <small>1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER <u>HO-73-4153</u> FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) <u>03/24/82</u>		OWNER <u>Worsh John</u> <u>201776 7006</u> <small>COL 15 LAST NAME FIRST NAME COL. 34</small>			
STREET OR RFD <u>8655 Stephens Rd.</u> <small>COL 36 COL. 55</small>		POST OFFICE <u>Laurel Md. 20810</u> <small>COL 57 COL. 76</small>			
B 1 CONTINUED <small>1 2 3 (SEQ. NO.) 6</small>		DRILLER INFORMATION		LOCATION OF WELL	
DATE <u>3/19/82</u> LICENSE NUMBER <u>223</u> <small>77 80</small>		COUNTY <u>Hannover</u> <small>(DO NOT ABBREVIATE COUNTY NAME) 21</small>		SUBDIVISION <u>TALHOTS EAST SHOT</u> <small>23 42</small>	
FIRST NAME <u>Ralph</u> DRILLER LAST NAME <u>Mayne</u>		SECTION <u>44</u> LOT <u>3</u> <small>44 46 48 50</small>		NEAREST TOWN <u>Ellicott City</u> <small>52 71</small>	
SIGNATURE <u>Ralph Mayne</u>		MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>4</u> <small>75 76 77 78</small>		B 3 CONTINUED <small>1 2 3 (SEQ. NO.) 6</small>	
WELL INFORMATION		DIRECTION FROM TOWN <small>(CIRCLE APPROPRIATE BOX)</small>			
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> <small>8 12</small>		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u> <small>14 20</small>			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING, AGRICULTURE, IRRIGATION <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="radio"/> MUNICIPAL WATER SUPPLY <input type="radio"/> PRIVATE WATER COMPANY <input type="radio"/> TEST		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) NORTH EAST N E NORTHEAST S E SOUTHEAST SOUTH WEST W WEST NORTHWEST S W SOUTHWEST NEAR ROAD WHAT <u>TLC Hester Rd.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>7/10</u> <small>34 37 38 39</small>			
APPROXIMATE DEPTH OF WELL <u>156</u> FEET <small>24 28</small>		APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)			
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.			
OTHER (DESCRIBE) _____		N 			
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>ES</u> WRITE INITIALS IN BOX CONDITIONS <u>HO-73-4153</u> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
B 4 CONTINUED <small>1 2 3 (SEQ. NO.) 6</small>		HEALTH DEPARTMENT APPROVAL		BOX NUMBER E <u>860 6</u> N <u>500 5</u>	
STATE HEALTH (CIRCLE BOX) <u>S</u> COUNTY NAME <u>Hannover</u> COUNTY NO. <u>23</u> MO. DAY YR. <u>04/15/82</u> APPROVED BY <u>[Signature]</u> <small>43 46</small>		NORTH COORDINATE <u>505100</u> <small>50 51 52 53 54 55</small>		EAST COORDINATE <u>0866000</u> <small>57 58 59 60 61 62 63</small>	
ELEVATION AT WELL HEAD (FEET) <u>65</u> <small>65 66 67 68</small>		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		0/0 5/0	
B 5 CONTINUED <small>1 2 3 (SEQ. NO.) 6</small>		HEALTH			



1st Election District
Howard County Maryland
Scale: 1"=100' Date: 7-18-80

APPROVED: For Private ~~Water~~ and Private Sewage Systems
Joseph M. Bondus 11-7-80
 County Health Officer Date

