DNR-214 (7-77)

C 1 6421 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED: 6/15/78

DEPTH OF WELL: 105 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-79-2781

DRILLERS IDENTIFICATION NO.: 42

OWNER: BROWNING TL JOHN (LAST NAME / FIRST NAME)

STREET OR RFD: 2067 BEECHWOOD AVE. POST OFFICE: BALTIMORE MD.

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
TOP SOIL	0	3	
SHALE	3	15	
BROWN SHALE	15	60	W
BLUE SHALE	60	105	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) BENTONITE CLAY (B C)

NO. OF BAGS: 6 NO. OF POUNDS: 600

GALLONS OF WATER: 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 25 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T), CONCRETE (C O), PLASTIC (P L), OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	27

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T), BRASS OR BRONZE (B R), OPEN HOLE (H O), PLASTIC (P L), OTHER (O T)

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

		FROM	TO
1	H O	25	105
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F

PUMPING TEST

C 3 (SEQ. NO.)

HOURS PUMPED (TO NEAREST HOUR): 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 60

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 40 (NEAREST FOOT)

WHEN PUMPING: 105 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

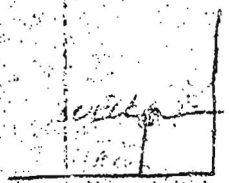
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE / (−) BELOW LAND SURFACE: 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

N — SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E — ELECTRIC LOG OBTAINED

P — TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY, THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT): L. F. EASTERDAY

SIGNATURE: L. F. Easterday

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

T — TELESCOPE CASING; (E.R.O.S.) — LOG INDICATOR; W Q — OTHER DATA AVAILABLE

HEALTH

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 3261 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-78-2781
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 6/15/78 9:30 A.M.

OWNER: Bannerman John (COL. 15 LAST NAME, FIRST NAME COL. 34)
STREET OR RFD: 2067 Meadowood Rd. (COL 36, COL. 55)
POST OFFICE: Rt. 1, Md. (COL 57, COL. 76)

B 1 CONTINUED (1 2 3 (SEQ. NO.) 6)

DRILLER INFORMATION

DATE: 5/16/78 LICENSE NUMBER: 930 (77 80)
L. H. Tolson (FIRST NAME, DRILLER, LAST NAME)
SIGNATURE: L. H. Tolson

B 2 (1 2 3 (SEQ. NO.) 6)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (6 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. (22)
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY. } MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

APPROXIMATE DEPTH OF WELL: 150 FEET (24 28)
APPROXIMATE DIAMETER OF WELL: 6 (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
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (39)
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 82)

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

APPROPRIATION PERMIT NUMBER (GAP) (54 63)
ENGINEER REVIEW DISTRICT NO. (65)
FORCE WRITE INITIALS IN BOX (67 68)
CONDITIONS A E N S G W Q C (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 (SEQ. NO.) 6)

HEALTH DEPARTMENT APPROVAL

(41) S STATE HEALTH (CIRCLE BOX)
Howard COUNTY NAME — W26017 COUNTY NO.
DATE MO. 05 DAY 18 YR. 78 (43 48)
APPROVED BY: Donald A. Monaghan, Sanitarian

B 3 (1 2 3 (SEQ. NO.) 6)

LOCATION OF WELL

COUNTY (AND): Howard (5 21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: Dudley Farms (23 42)
SECTION (44 46) LOT: 28 (48 50)
NEAREST TOWN: Lisbon (52 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 (73 76) M I (77 78)

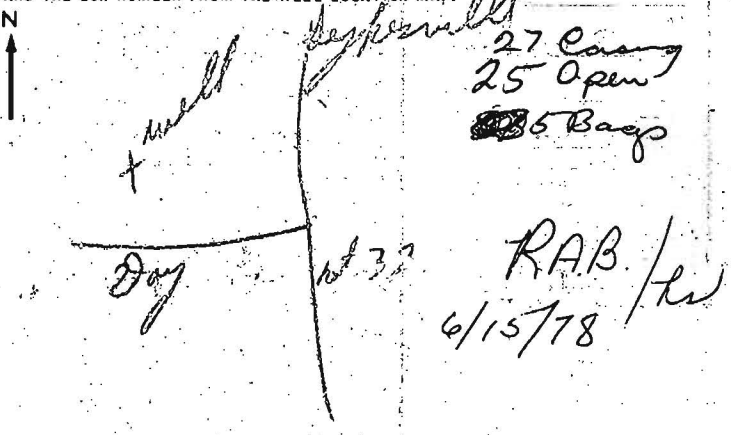
B 4 (1 2 3 (SEQ. NO.) 6)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST
(S) SOUTH W WEST NW NORTHWEST SW SOUTHWEST (8)

NEAR WHAT ROAD: Day Rd. (11 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): (N) NORTH (32) S SOUTH (32) E EAST (32) W WEST (32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 300 (34 37) F T M I (38 39)

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.



BOX NUMBER: E 600 N 550

NORTH COORDINATE (54 60 61 62 63 64 65)
EAST COORDINATE (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

B 5 (1 2 3 (SEQ. NO.) 6)
SPECIAL CONDITIONS 8-63 (WRA USE ONLY) (8 63)

A24625 HEALTH

DNR-214 (7-77)

C 1 6421 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED: 6/15/78 (8-13; 15-20)

DEPTH OF WELL: 105 (22; TO NEAREST FOOT; 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-AB-2781 (28 29 30 31 32 33 34 35 36 37)

ORILLERS IDENTIFICATION NO. 42

OWNER: BROWNING II, JOHN (LAST NAME / FIRST NAME)

STREET OR RFD: 2067 BEECHWOOD AVE. POST OFFICE: BALTIMORE MD.

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
TOP SOIL	0	3	
SHALE	3	15	
BROWN SHALE	15	60	L
BLUE SHALE	60	105	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) NO (N) (44; 44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48; 52) FT. TO 25 (54; 58) FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T); CONCRETE (C O); PLASTIC (P L); OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60; 61)	6 (63; 64)	27 (66; 70)

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T); BRASS OR BRONZE (B R); OPEN HOLE (H O); PLASTIC (P L); OTHER (O T)

C 2 (1 2 3 (SEQ. NO.) 6)

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1	40 (8; 9)	2 (11; 15)	105 (17; 21)
2		(23; 24)	(26; 30)	(32; 36)
3		(38; 39)	(41; 45)	(47; 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56; 60) (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: (68 F)

CIRCLE APPROPRIATE BOXES

A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E — ELECTRIC LOG OBTAINED

P — TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY, THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) L. F. EASTERDAY

SIGNATURE L. F. Easterday

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

T (70) — TELESCOPE CASING

(E.R.O.S.) (72) — LOG INDICATOR

W Q (74-75 76) — OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 (8; 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 60 (11; 15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (17; 20) (NEAREST FOOT)

WHEN PUMPING 105 (22; 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR (27); P PISTON (27); T TURBINE (27); C CENTRIFUGAL (27); R ROTARY (27); O OTHER (DESCRIBE BELOW) (27); J JET (27); S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

ORILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31; 35)

PUMP HORSE POWER (37; 41)

PUMP COLUMN LENGTH (NEAREST FOOT) (43; 47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE / − BELOW LAND SURFACE 2 (49; 50; 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

HEALTH

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 3261 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO-73-2721
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 6/15/78 9:30 A.M. 8-13

OWNER Bannerman John (COL. 15 LAST NAME, FIRST NAME COL. 34)
STREET OR RFD 2067 Meadowood Ave. (COL 36, COL. 55)
POST OFFICE Balt., Md. (COL 57, COL. 76)

B 1 CONTINUED (1 2 3 (SEQ. NO.) 6)

DRILLER INFORMATION

DATE 5/16/78 LICENSE NUMBER 42 930 (77 80)
F. H. Tenley (FIRST NAME DRILLER LAST NAME)
SIGNATURE F H Tenley

B 2 (1 2 3 (SEQ. NO.) 6)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING, AGRICULTURE, IRRIGATION
(I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. (22)
(M) MUNICIPAL WATER SUPPLY
(P) PRIVATE WATER COMPANY. } MUST HAVE STATE HEALTH DEPT. APPROVAL
(T) TEST

APPROXIMATE DEPTH OF WELL 150 FEET (24 28)
APPROXIMATE DIAMETER OF WELL 6 (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
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (39)
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52)

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

APPROPRIATION PERMIT NUMBER (GAP) (54 63) ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67 68) WRITE INITIALS IN BOX
CONDITIONS (A E N S G W Q C CL) (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 (SEQ. NO.) 6)

HEALTH DEPARTMENT APPROVAL

(41) (S) STATE HEALTH (CIRCLE BOX) Howard COUNTY NAME H26017 COUNTY NO.
DATE MO. 05 DAY 03 YR. 78 (43 48)
APPROVED BY Donald W. Monaghen, Sanitarian

B 5 (1 2 3 (SEQ. NO.) 6)
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

A24625 HEALTH

B 3 (1 2 3 (SEQ. NO.) 6)

LOCATION OF WELL

COUNTY Howard (8 (DO NOT ABBREVIATE COUNTY NAME) 21)
SUBDIVISION Deshley Farms (23 42)
SECTION 1 (44 45) LOT 78 (48 50)
NEAREST TOWN Lisbon (52 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 (73 76 77 78) (M I)

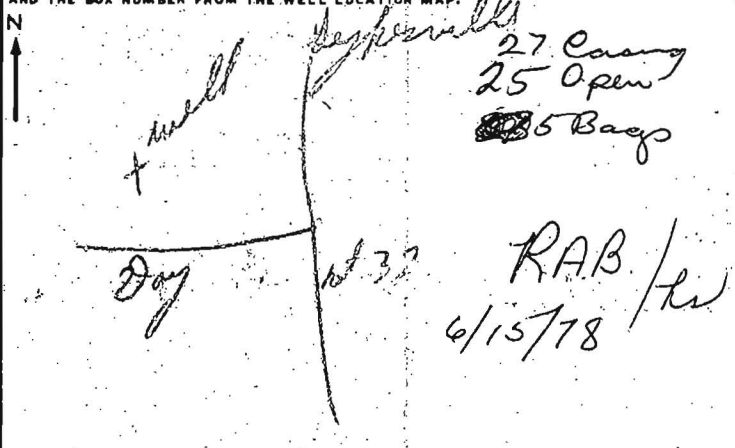
B 4 (1 2 3 (SEQ. NO.) 6)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

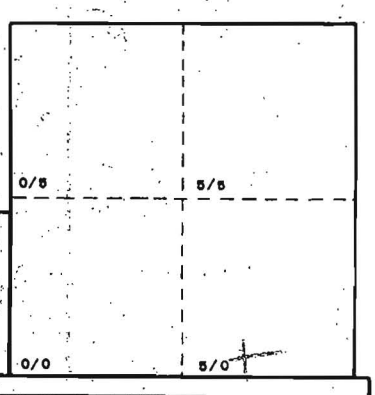
(N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST
(S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST (8 9)

NEAR WHAT ROAD Dorsey Rd. (11 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (N) (S) (E) (W) (32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 300 (34 37) (F T) (M I) (38 39)

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.



BOX NUMBER E 600 N 550



NORTH COORDINATE (50 51 52 53 54 55)
EAST COORDINATE (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)