

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION FOR PERMIT TO DRILL WELL

20.715

Owner Vincent Schulte

Driller J. Fastudy License Number 140

Street or R. F. D. 2

Street or R. F. D. mt airy md.
Post Office mt airy md.

Post Office Woodbine md.

Date June 29-66

Quantity of Water to be Produced 30 Gallons Per Minute

Location of Well _____ County _____

Total Quantity Needed For Use map 18000 Gallons Per Day

Subdivision _____

Use for Water to keep Pond full on 200 farm

Section _____ Lot _____

Approximate Depth of Well (feet) 200

County Howard

Method of Drilling to be used Rotary

Nearest Town Poplar Springs

Is this a Replacement Well? Yes - No

Distance from Town 3 miles

If YES, indicate date abandoned well is to be

Direction from Town 5

sealed: _____

Description of Location of Well

(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

and by whom: _____

Near what road St Michel Rd.

On which side of road _____

(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Distance from road 5.00 yds

Well Permit No. HO-67-W-7

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. Distances may be approximate, but must be indicated.

Samples of Cuttings Required by Department: ☒ Yes ☐ No

Owner Requires Permit to Appropriate Water: ☒ Yes ☐ No

Owner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. McKee 7-7-66

Director

Date

THIS PERMIT IS NOT TRANSFERABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Howard County Department of Health

or ☐ State Department of Health

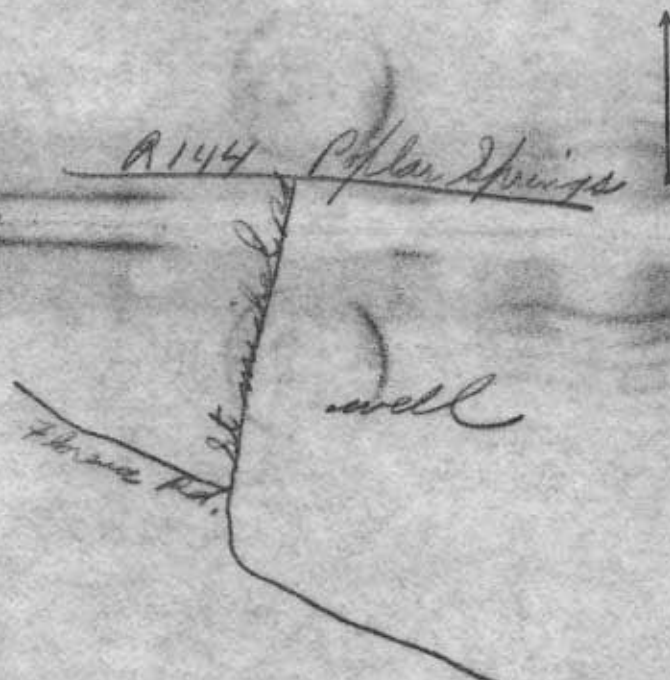
Approved by Wm F. Wine

Title Director

Date 7/5/66

HEALTH

NORTH



State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing.

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number HO-67-W-7

Owner Vincent Scholtz

Address Woodbine Ind.

Subdivision _____

Section _____ Lot _____

PUMPING TEST

Hours Pumped 12Type of Pump Used air

Pumping Rate _____

Gallons per Minute 20

WATER LEVEL

(Distance from land surface to water)

Before Pumping 30 Ft.

When Pumping 220 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____

Taste _____

Odor _____

Height of Casing Above Land

Surface _____ Ft.

PUMP INSTALLED

Type _____

Capacity

Gallons per Minute _____

Gallons per Hour _____

Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

DATE WELL WAS COMPLETED

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

S. Eastman Well Driller

Well Driller License No.: 70