

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

NUMBER **11770**

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

**10/15/1988**

**0826186**

**1400**

**110-81-11498**

OWNER

**CONST.**

**OLD LINE**

STREET OR RD.

**WAINWRIGHT RD.**

TOWN

**HIGHLAND**

SUBDIVISION

**WAINWRIGHT PROP.**

SECTION

**LOT P. 424**

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 soil   | 0   | 2   |   |
| Clay       | 2   | 4   |   |
| Shale      | 4   | 10  |   |
| Sand Stone | 10  | 55  | ✓ |
| Mica       | 55  | 210 |   |
| Sand Stone | 210 | 212 | ✓ |
| Mica       | 212 | 400 |   |

Note:  
200'  
200'  
160'  
160'  
dry

GEOPING RECORD

WELL HAS BEEN GEOPING (Circle Appropriate Box)

TYPE OF GEOPING MATERIAL

CEMENT ☒ CLAY ☒ SAND ☐ GRAVEL ☐ OTHER ☐

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (nearest foot)

from 0 to 24

center of casing surface

CASING RECORD

STEEL ☒ CONCRETE ☐

PLASTIC ☐ OTHER ☐

MAIN CASING TYPE

ST 6 30

OTHER CASING TYPE

NAME OF DRILLER

DATE OF DRILLING

TIME OF DRILLING

LOCATION OF WELL

DIAMETER

DEPTH (feet)

TIME

DATE

TIME

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C/S

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE:

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

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)

20'

100'

Well

Wainwright Rd.

20'

100'

Well

Wainwright Rd.

20'

100'

Well

Wainwright Rd.

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Wainwright Rd.

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Well

Wainwright Rd.

20'

100'

Well

Wainwright Rd.

20'

100'

ORIGINAL

2812

SEQUENCE NO.  
(OEP USE ONLY)

410 537 3163

T-861 P.002/003 F-268

APPLICATION FOR PERMIT TO DRILL WELL

THIS NUMBER IS TO BE PUNCHED  
IN COLS. 34 ON ALL CARDS

please print or type

fill in this form completely

Date Received

03/01/06

OWNER INFORMATION

OLD LINE CONE T

Box 341

Highland

Highland

Highland

DRILLER INFORMATION

George E. Easterday

Driller's Name

L.F. Easterday, Inc.

Firm Name

9265 Brown Ch. Rd., Mt. Airy, Md. 21771

Address

George E. Easterday 4/30/06

Signature

Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
☐ PUBLIC OR PRIVATE WATER COMPANY, REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL  
☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
☒ AIR-ROTARY AIR-PERCUSSION ROTARY (hydraulic Rotary)  
☐ CABLE Reverse-ROTARY Drive-ROD

other

REPLACEMENT OR DEEPEMED WELLS

(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
☐ THIS WELL WILL DEEPMEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER

FORCE MAJEUR INITIALS PERMIT No. HIC-81-7498

SPECIAL CONDITIONS

LOCATION OF WELL

Highland

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**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
1800 Washington Boulevard • Baltimore MD 21230  
**MDE** 410-537-3000 • 1-800-633-6101

Martin O'Malley  
Governor

Shari T. Wilson  
Secretary

Anthony G. Brown  
Lieutenant Governor

Robert M. Summers, Ph.D.  
Deputy Secretary

FAX COVER SHEET

TO: Robert Bricker PHONE: 410-313-1771  
Environ. Health FAX: 410-313-2648  
Howard County Health

FROM: Denise Swatzbaugh PHONE: 410-537-3784

On-Site Systems Division FAX: 410-537-3163 Please call when faxing  
Fax Machine is in another room!

REFERENCE: HO-81-1498 - Complete record

DATE: 8-15-07

Number of pages you should receive including cover sheet: 3

If the transaction is not completed or any other difficulties arise, please contact me.