

B 1 1 2 3 4 5 6 7 8 9 10 5730 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1388 <small>fill in this form completely</small>
Date Received (APA) 012990 OWNER INFORMATION CARMAN ASSOCIATES 15 Last Name 13 Owner 34 First Name PO BOX 122 56 Street or RFD 55 ELHICOT CITY MD 21043 57 Town 70 State 72 Zip 78		B 3 LOCATION OF WELL 1 2 NEWARK 8 COUNTY 21 COUNTRY SPRINGS 23 SUBDIVISION 42 SECTION 44 46 LOT 11 50 GLENDWOOD 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78
DRILLER INFORMATION Joseph R. Wayne Driller's Name 77 License No. 80 238 Joseph R. Wayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy Md. 21771 Address Joseph R. Wayne Signature 1/29/90 Date		B 4 1 2 Scottwood Court 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E WEST <input type="checkbox"/> W <input type="checkbox"/> S SOUTH 34 35 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co. A-42464 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 060490 Barry Adams 12/4/90 43 48 CO SIGNATURE EXP. DATE NORTH GRID 540000 EAST GRID 0789000 50 55 57 63
APPROXIMATE DEPTH OF WELL 260 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE N 780 9 E 540 0 000 000 3 (X)
METHOD OF DRILLING (circle one) 30 BORED (or Augered) 37 JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N Bushy park Rd well → Scottwood Court Glenwood Court Glenwood
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER GAP 54 FORCE BA WRITE INITIALS IN BOX PERMIT No. 40-88-1388 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

C1 1619		SEQUENCE NO. (DENV 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.			
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED 10/1/90		Depth of Well 22 245 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-1388		COUNTY NUMBER A-42464			
ST/CO USE ONLY DATE RECEIVED		OWNER Carman Associates		last name Scottswood Ct first name		TOWN Glenwood		SUBDIVISION Country Springs SECTION LOT 11			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1728 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 609 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 117 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		C 3 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) above below LAND SURFACE (nearest foot)					
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		Check if water bearing		C 2 DEPTH (nearest ft.) 1 110 15 245 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 EACH CASING screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		C 2 SCREEN RECORD ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		C 2 SCREEN RECORD ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
CIRCLE APPROPRIATE LETTER 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 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 IDENT. NO. 238		DRILLERS SIGNATURE Joseph P. Mearns (MUST MATCH SIGNATURE ON APPLICATION)		SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)			
TELESCOPE CASING		LOG INDICATOR		OTHER DATA		COUNTY		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) Scottswood Ct			

- ① 57 ft casing
② 45 ft open hole
③ 12 bags
④ Well OK

10/10/90

Raymond Hodge

Also present John & Judy

NOV 25 12 46 PM '90

RECEIVED
HOWARD COUNTY
HEALTH DEPT.