

|                                                                                                  |                                |                                                                                                                                                                                |                                                            |
|--------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| B 1<br>0599<br>1 2 3 (SEQ. NO.) 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS) | SEQUENCE NO.<br>(WRA USE ONLY) | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br><b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b> | WRA PERMIT NUMBER<br>40-73<br>FILL IN THIS FORM COMPLETELY |
|--------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|

|                                                         |                                                                                                                                                                                          |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE RECEIVED<br>(WRA USE ONLY)<br>4/14/78<br>9:30 A.M. | OWNER <u>Guarney, Clare E.</u><br>COL 15 LAST NAME FIRST NAME COL 34<br>STREET OR RFD <u>1405 Langbrook Place</u><br>COL 36 COL 55<br>POST OFFICE <u>Rockville, Md.</u><br>COL 57 COL 76 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                        |                                                                                                                                                                                        |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B 1<br>1 2 3 (SEQ. NO.) 6<br>CONTINUED | <b>DRILLER INFORMATION</b><br>DATE <u>3/7/78</u> LICENSE NUMBER <u>72</u><br>COL 15 COL 50<br><u>Franklin E. Perry</u><br>FIRST NAME DRILLER LAST NAME<br>SIGNATURE <u>[Signature]</u> |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B 2<br>1 2 3 (SEQ. NO.) 6<br>CONTINUED | <b>WELL INFORMATION</b><br>MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u><br>COL 8 COL 12<br>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u><br>COL 14 COL 20<br><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b><br><input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.<br><input type="checkbox"/> MUNICIPAL WATER SUPPLY<br><input type="checkbox"/> PRIVATE WATER COMPANY<br><input type="checkbox"/> TEST<br>MUST HAVE STATE HEALTH DEPT. APPROVAL |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                  |  |
|--------------------------------------------------|--|
| APPROXIMATE DEPTH OF WELL<br>24 150 28 FEET      |  |
| APPROXIMATE DIAMETER OF WELL<br>6 (NEAREST INCH) |  |

|                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)<br>BORED (OR AUGERED) JETTED DRIVEN<br>30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)<br>CABLE REVERSE-ROTARY DRIVE-POINT<br>OTHER (DESCRIBE) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)<br><input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY<br><input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)<br>APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u><br>COL 54 COL 65<br>FORCE <u>67</u> WRITE INITIALS IN BOX CONDITIONS <u>67</u><br>COL 67 COL 76 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                        |                                                                                                                                                         |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| B 4<br>1 2 3 (SEQ. NO.) 6<br>CONTINUED | <b>HEALTH DEPARTMENT APPROVAL</b><br>DATE <u>031078</u> COUNTY NAME <u>Howard</u> COUNTY NO. <u>21</u><br>MO. DAY YR.<br>APPROVED BY <u>[Signature]</u> |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| B 5<br>1 2 3 (SEQ. NO.) 6<br>CONTINUED | SPECIAL CONDITIONS 8-63 (WRA USE ONLY) |
|----------------------------------------|----------------------------------------|

|                                        |                                                                                                                                                                                                                                                                 |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B 3<br>1 2 3 (SEQ. NO.) 6<br>CONTINUED | <b>LOCATION OF WELL</b><br>COUNTY <u>Howard</u><br>COL 8 COL 21<br>SUBDIVISION <u>23</u> COL 42<br>SECTION <u>44</u> LOT <u>46</u> COL 50<br>NEAREST TOWN <u>Clarksville</u> COL 52 COL 71<br>MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2</u> COL 73 COL 76 77 78 |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B 4<br>1 2 3 (SEQ. NO.) 6<br>CONTINUED | <b>DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)</b><br><input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> N E NORTHEAST <input type="checkbox"/> S E SOUTHEAST<br><input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> N W NORTHWEST <input type="checkbox"/> S W SOUTHWEST<br>NEAR ROAD WHAT <u>INCL. 111</u><br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST<br>COL 32 COL 32 COL 32 COL 32<br>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>200</u> COL 34 COL 38 39 |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

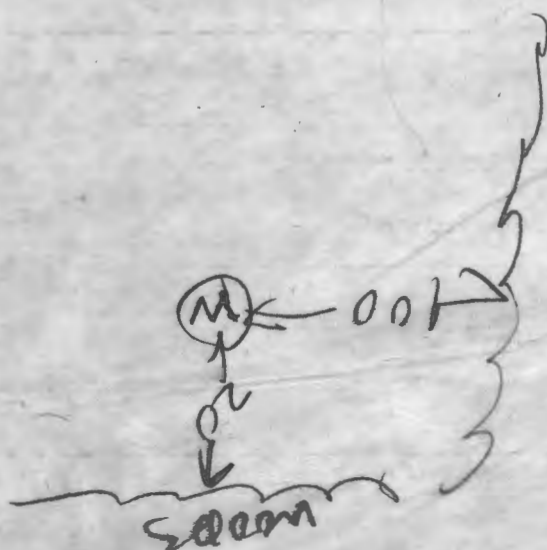
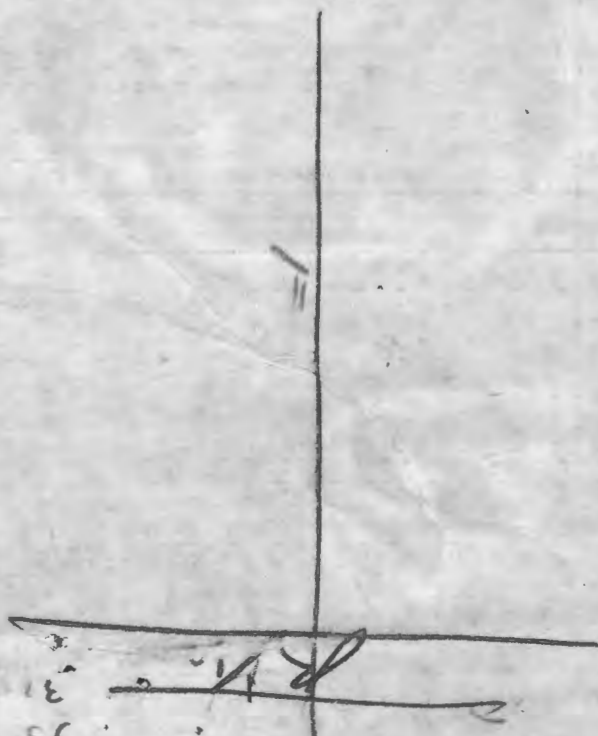
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

|                                           |                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N<br>4/14/78 WELL OK<br>SEE OTHER SIDE RH | BOX NUMBER <u>800</u><br>N <u>500</u><br>NORTH COORDINATE <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u><br>EAST COORDINATE <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u><br>ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u><br>0/0 5/0 |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- ① LOCATION OK
- ② 35 FT CASING WITH 2 FT OUT  
OF GROUND
- ③ 32 1/2 FT OPEN HOLE
- ④ 8 BAGS
- ⑤ WELL OK

R.H.

4/14/28 250



|                                                             |      |                                |
|-------------------------------------------------------------|------|--------------------------------|
| C 1                                                         | 0082 | SEQUENCE NO.<br>(WRA USE ONLY) |
| 1 2 3 (SEQ. NO.) 6                                          |      |                                |
| (THIS NUMBER IS TO BE PUNCHED<br>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 WITH-  
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY  
NUMBERDATE RECEIVED  
(WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

22 (TO NEAREST FOOT) 26

28 29 30 31 32 33 34 35 36 37

8-13

DRILLERS IDENTIFICATION NO. 72

OWNER: QUEEN SEY LAST NAME: CLARE FIRST NAME: I  
 STREET OR RFD: 1405 LAMBERT PINE POST OFFICE: L. CLARE

## WELL DESCRIPTION

## WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION  
(USE ADDITIONAL SHEETS  
IF NECESSARY)

## FEET

FROM

TO

CHECK IF  
WATER  
BEARING

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(CIRCLE APPROPRIATE BOX)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT

☒ ☐

BENTONITE CLAY

☐ ☒NO. OF BAGS 8 NO. OF POUNDS 800GALLONS OF WATER 40

## DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 22 FT.  
(ENTER 0 IF FROM SURFACE)

## CASING TYPES

INSERT  
APPROPRIATE  
CODE  
BELOW

## CASING RECORD

S T

STEEL

C O

CONCRETE

P L

PLASTIC

O T

OTHER

MAIN  
CASING  
TYPENOMINAL DIAMETER  
TOP (MAIN) CASING

(NEAREST INCH)

TOTAL DEPTH  
OF MAIN CASING

(NEAREST FOOT)

31635

60 61 63 64 66 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (IF USED)

DIAMETER  
(INCH)DEPTH (FEET)  
FROM TOSCREEN TYPE  
OR OPEN HOLEINSERT  
APPROPRIATE  
CODE  
BELOW

S T

STEEL

B R

BRASS  
OR BRONZE

H O

OPEN HOLE

P L

PLASTIC

O T

OTHER

C 2

(SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)  
FROM TOE  
A  
C  
H  
S  
C  
R  
E  
E  
N

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

1 2 3

## 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 WELLI 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. EASTMANSIGNATURE L. F. EastmanDIAMETER OF SCREEN 56 (NEAREST INCH)  
FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A  
FLOWING WELL CIRCLE BOX 68 ☐

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

T

70

(E.R.O.S.)

72

W Q

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOROTHER DATA  
AVAILABLE

|                                                                  |              |
|------------------------------------------------------------------|--------------|
| C 3                                                              | (SEQ. NO.) 6 |
| PUMPING TEST                                                     |              |
| HOURS PUMPED (TO NEAREST HOUR) <u>6</u>                          |              |
| PUMPING RATE<br>(GALLONS PER MINUTE TO NEAREST GALLON) <u>15</u> |              |
| METHOD USED TO<br>MEASURE PUMPING RATE <u>15</u>                 |              |

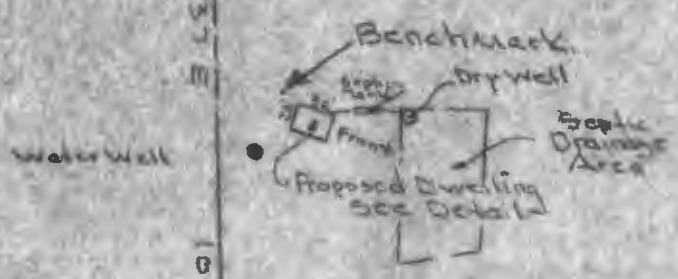
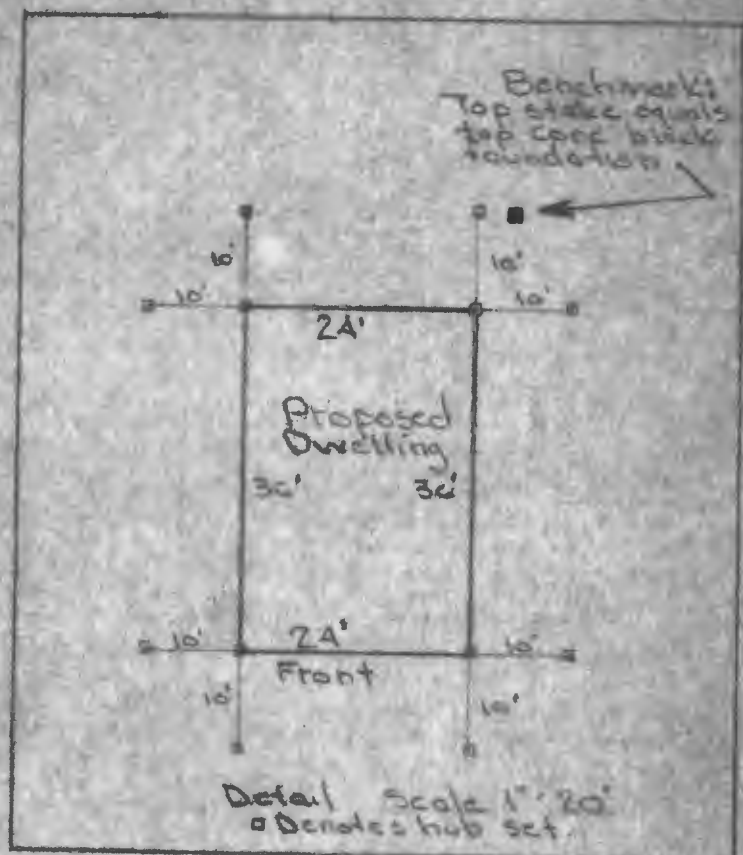
|                                                                    |                                                   |
|--------------------------------------------------------------------|---------------------------------------------------|
| WATER LEVEL: (DISTANCE FROM LAND SURFACE)                          |                                                   |
| BEFORE PUMPING                                                     | <u>2</u> (NEAREST FOOT)                           |
| WHEN PUMPING                                                       | <u>16</u> (NEAREST FOOT)                          |
| TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)<br>(FOR PUMPING TEST) |                                                   |
| <input type="checkbox"/> A AIR                                     | <input type="checkbox"/> P PISTON                 |
| <input type="checkbox"/> C CENTRIFUGAL                             | <input type="checkbox"/> R ROTARY                 |
| <input type="checkbox"/> J JET                                     | <input type="checkbox"/> S SUBMERSIBLE            |
| <input type="checkbox"/> T TURBINE                                 | <input type="checkbox"/> O OTHER (DESCRIBE BELOW) |

|                                                                                       |                     |
|---------------------------------------------------------------------------------------|---------------------|
| PUMP INSTALLED                                                                        |                     |
| TYPE OF PUMP (WRITE APPROPRIATE LETTER IN<br>BOX - SEE ABOVE: A, C, J, P, R, S, T, O) |                     |
| DRILLER WILL INSTALL PUMP<br>(CIRCLE APPROPRIATE BOX)                                 |                     |
| CAPACITY:                                                                             |                     |
| GALLONS PER MINUTE<br>(TO NEAREST GALLON)                                             | <u>31</u> <u>35</u> |
| PUMP HORSE POWER                                                                      | <u>37</u> <u>41</u> |
| PUMP COLUMN LENGTH<br>(NEAREST FOOT)                                                  | <u>43</u> <u>47</u> |

|                                                                   |                                  |
|-------------------------------------------------------------------|----------------------------------|
| CASING HEIGHT (CIRCLE APPROPRIATE BOX<br>AND ENTER CASING HEIGHT) |                                  |
| <input type="checkbox"/> + ABOVE                                  | <input type="checkbox"/> - BELOW |
| LAND SURFACE (NEAREST FOOT)                                       |                                  |
| <u>50</u> <u>51</u>                                               |                                  |

|                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCATION OF WELL ON LOT                                                                                                                                     |  |
| SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS,<br>SEPTIC TANKS, AND/OR OTHER LAND MARKS AND<br>INDICATE NOT LESS THAN TWO DISTANCES<br>(MEASUREMENTS TO WELL). |  |

To Tenack's Road  
 Philadelphia Mill Road



Relative Elevations (Assumed)

|                     |        |
|---------------------|--------|
| Top Well Casing     | 500.0  |
| Ground & Well       | 498.4  |
| First Floor         | 498.36 |
| Basement            | 491.56 |
| Drain leaving House | 491.56 |
| Enter Tank          | 490.60 |
| Gr. & Tank          | 491.10 |
| Enter Dry Well      | 496.50 |
| Gr. & Dry Well      | 491.00 |

Sketch No Scale

AS Tank 10' Dry Well

The existing grade on house site & septic are the same as that at the time the perk test was finished & the holes filled in.

**SITE PLAN**  
 13209 Philadelphia Road,  
 5th Elect. Dist. Howard Co., Md.  
 October 31, 1978 Scale 1" = 200'

OWNER  
 Clare Guernsey  
 1123 Madison Street  
 Kensington, Md. 20195

I certify the above measurements and elevations are actual & correct for this property.

**DAVID W. DALLAS, JR. & SONS**  
 CIVIL ENGINEERS  
 7006 HARBOR RD., BALTO., MD. 21234  
 254-4555

Clare Guernsey 12/6/78

Note: Outline taken from plot prepared by Rudolph Jeschke Oct 5, 1972

REVISED PLANS OK 12/6/78 R/H

RE  
 rev. 11-27-78 MBO