

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).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
7/8" Galv	0-3	Steel	6 1/4	0-23
Shale	3-15			
Brown Slate	15-80			
Blue Slate	80-120			
water 40+80				

Permit Number H0674-264
Owner Richard Myers
Address not given
Subdivision _____
Section _____ Lot _____

PUMPING TEST

Hours Pumped 1 1/2
Type of Pump Used air
Pumping Rate _____
Gallons per Minute 15

WATER LEVEL

(Distance from land surface to water)

Before Pumping 30 Ft.
When Pumping 12 1/2 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land

Surface 2 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.

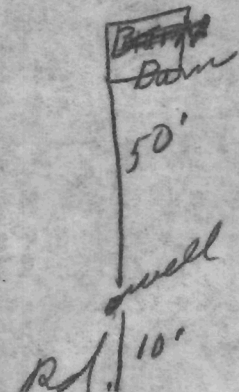
J F Eastman, Well Driller

June 20-67

Well Driller License No.: 70

Horse

NORTH



State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

Owner

Dr. Richard Myers

Street or R. F. D.

3

Post Office

not a city and.

Quantity of Water to be Produced

5

Gallons Per
Minute

Total Quantity Needed For Use

1000

Gallons Per
Day

Use for Water

House

Approximate Depth of Well (feet)

100

Method of Drilling to be used

Rotary

Is this a Replacement Well?

Yes - No

If YES, indicate date abandoned well is to be

sealed:

and by whom:

Driller

J. F. Castaldi

License
Number

70

Street or R. F. D.

Post Office

not a city and.

Date

May 23-67

Location of Well

County

Howard

Subdivision

Section

Lot

Nearest Town

Long Corner

Distance from Town

1 mile

Direction from Town

Description of Location of Well

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

Near what road

Windsor Forest Rd.

On which side of road

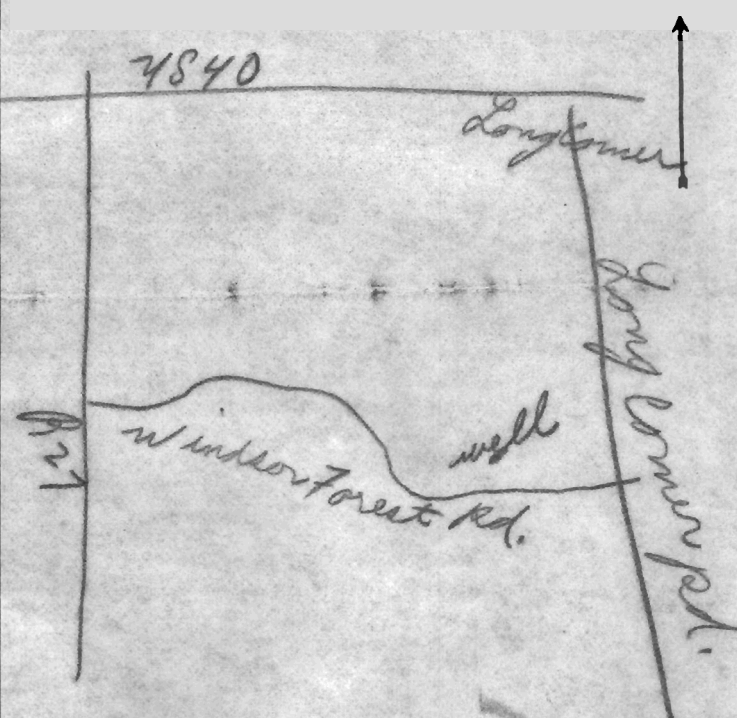
(North, East, South, West)

Distance from road

50 ft

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.

NORTH



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

Well Permit No.

HO-67-W-264

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:

Paul W. McKee

Director

Date

THIS PERMIT IS NOT TRANSFERRABLE

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

Palmer F. Winsor

Title Director, Environmental Health

Date

5/25/67

HEALTH