

B 1 0379
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 40-73 2189
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 8-13

OWNER
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD
 COL 36 COL. 55
 POST OFFICE
 COL 57 COL. 76

B 1 CONTINUED
 1 2 3 (SEQ. NO.) 6
 DATE 6/12/77 LICENSE NUMBER 42
 77 80
 FIRST NAME DRILLER LAST NAME
 SIGNATURE L. F. Eastwood

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION 23 42
 SECTION 44 46 LOT 22 50
 NEAREST TOWN 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 0 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 600 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 8 8 8 9 8 9
 NEAR ROAD WHAT 11 NORTH SOUTH EAST WEST 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

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.

APPROXIMATE DEPTH OF WELL 24 150 26 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

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

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65
 FORCE 67 68 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

53' casing
 45' open hole
 14 bags cement
 8/9/77
 T.S.O.

15

BOX NUMBER E 910
 N 570

0/5 5/5

0/0 5/0

NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 26146
 MO. DAY YR. DATE APPROVED BY

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 1/15/77 DEPTH OF WELL 120 (TO NEAREST FOOT) 22 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" _____ DRILLERS IDENTIFICATION NO. 41

OWNER: Scheel Albert LAST NAME FIRST NAME STREET OR RFD: 3620 Scheel Dr POST OFFICE: Fellsmith City Md

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shale	2	30	
Brown Slate	30	70	
Mica	70	120	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 45 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 53

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>40</u>	<u>120</u>
2		
3		

SLOT SIZE 1. _____ 2. _____ 3. _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2.25

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 25

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 120 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

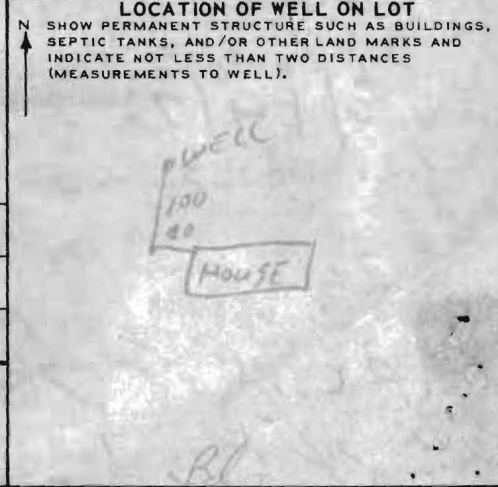
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE (NEAREST FOOT) 2



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 WELL

I 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: _____

SIGNATURE: _____

DIAMETER 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) (E.R.O.S.)

T W Q

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

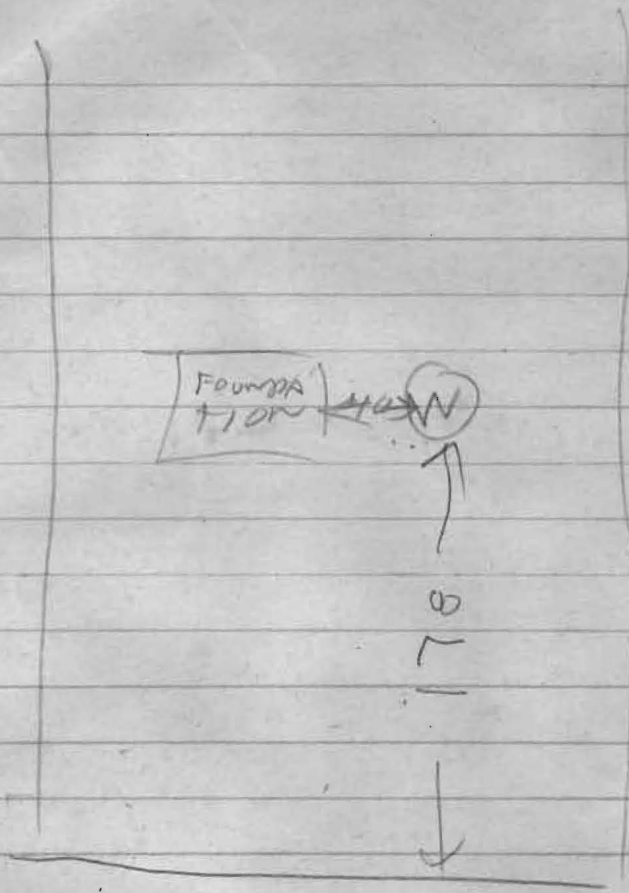
2606 Wellworth Way

Waste pack fee
upgrade.



1 inch equals sixty feet

Drainout cleanout 1' above ground
 effluent @ 3' - (1 casing) = 4' - system is falling



WELL NORTH WAY

6/12/78 - WELL INSTALLED
IN RIGHT LOCATION
IN RELATION TO SEPTIC AREA

WELL H0732199
LF EASTER DAY DRILLER

RH