

04-337298

PERMIT

P 26365

A 25778

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 7/7/77

Herman Sirk

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 2555 Jennings Chapel Rd.

PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

17601 FREDERICK ROAD
ROAD Rt. 144 & Long Corner Rd. LOT

PROPERTY OWNER

~~Lee Munman~~ FRANCIS CONDON

ADDRESS

Route 144 and Long Corner Road

SPECIFICATIONS 5 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1500 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER

Dry Well Dig Pit 15 ft sq inlet 4 ft below orig grade. must digth permitted for DWS. 1 ft below orig grade. Come off Dry Well 5 ft earth buffer & begin trench. Trench to be 60 ft long- 12 ft deep with 8 ft of gravel under pipe and must follow contour of ground.

Place Dry Well in exact area as shown on enclosed plans

PLANS APPROVED BY

M. Morgan

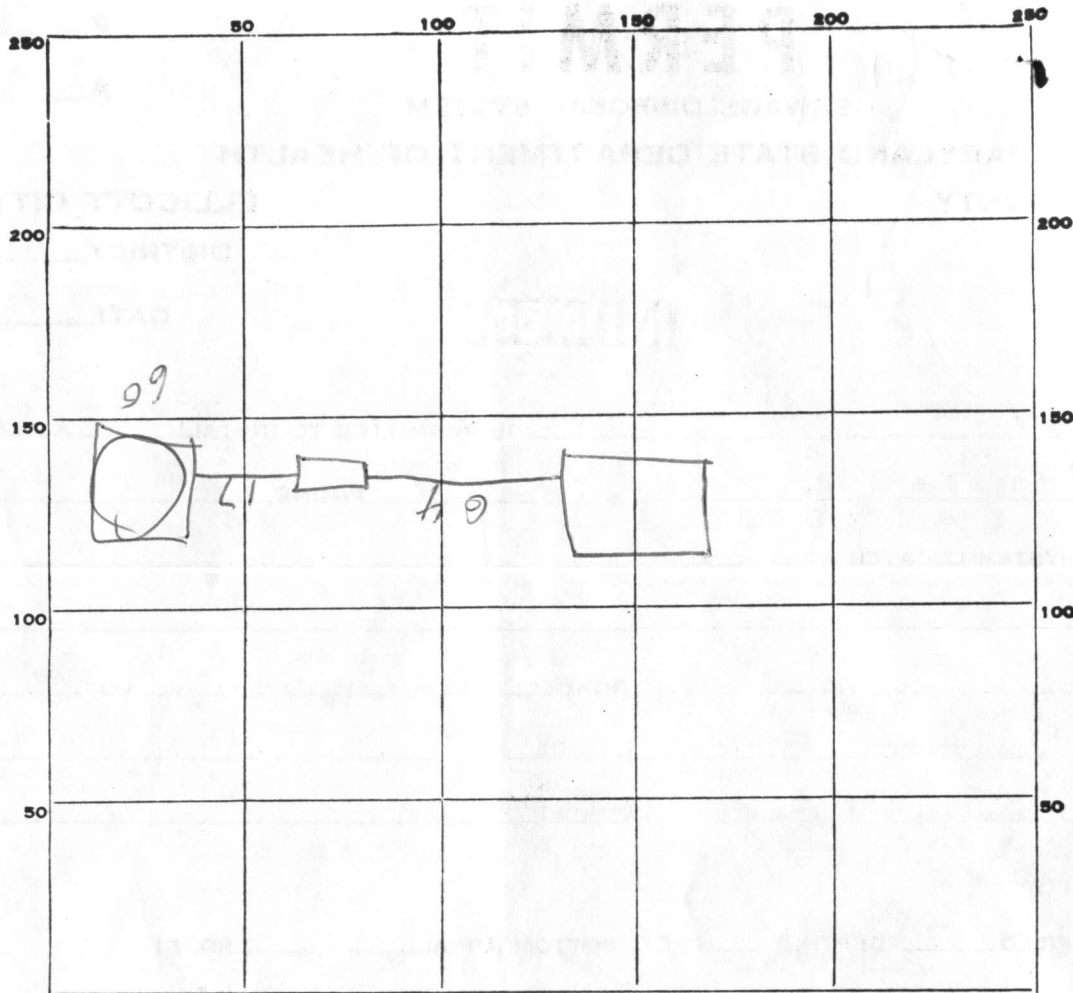
DATE 8-9-77

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

* call for inspection of trench before gravel is installed

A 25778



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS DW/ST

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 IN. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 496

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 2 FT.

ABSORBENT AREA 480 SQ. FT. 976

REMARKS Continue working ROSS 25 Aug 77

DATE SYSTEM APPROVED 26 Aug 77 INSPECTOR RAZ

PRELIMINARY

APPLICATION

Lee Mummau

A 25778

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

DATE 5/5/77

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mario Andrea property (Development Enterprises, Inc.)

ADDRESS 8900 Brickyard Road, Potomac, Md. PHONE 299-6586

(Contract Purchaser - Lee E. & Joyce E. Mummau, Route 1, Holtwood, Pa. 17532)

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Corner of Route 144 and Long Corner Road

SIZE OF LOT (?) To be combined into one lot. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Norman Weller, Agent, Palladi Real Estate

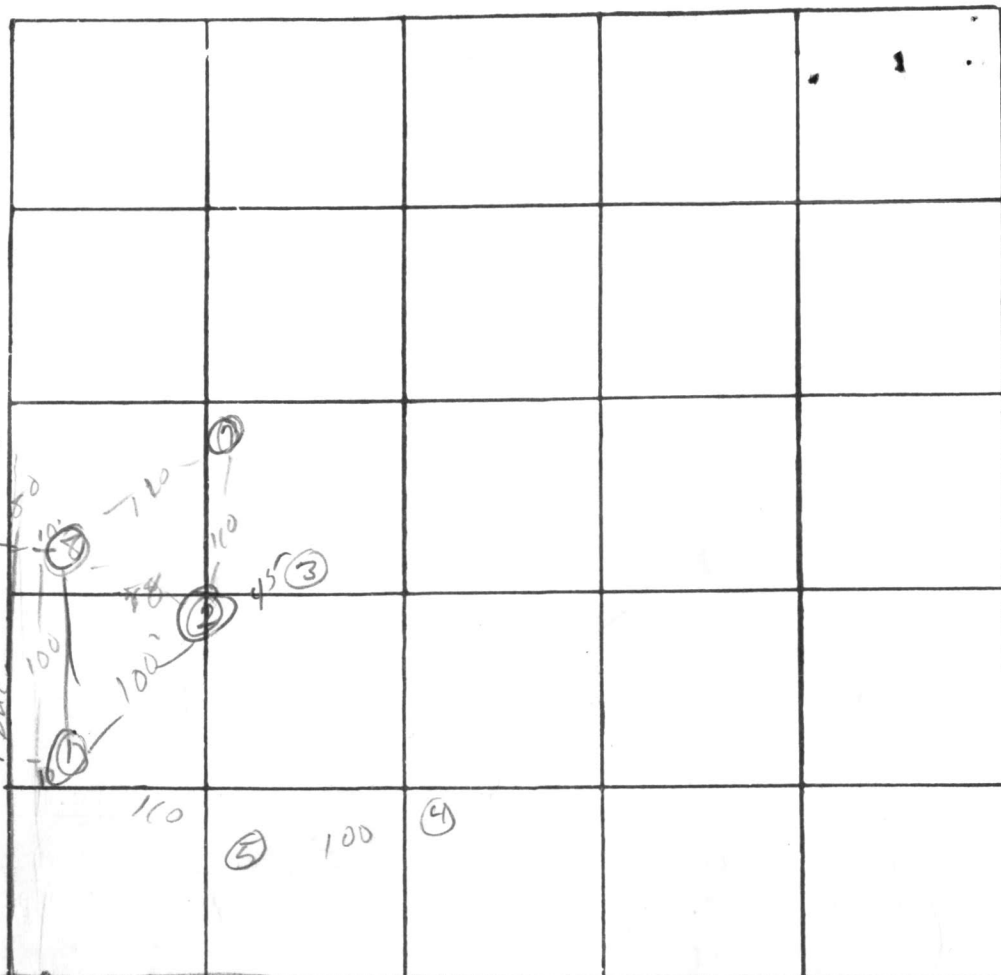
APPROVED BY *Paul Jones* FOR *Norm Weller* DATE 8/9/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/25/00	25	4	10 06	10 36	10 36	11 24	48
	d	11'	10 06	10 09	10 09	10 13	4
	15	4'	10 12	10 21	10 21	10 36	15
	d	10 1/2'	10 11	10 14	10 14	10 14	3
	45	4'	10 14	11 12	Failed		3
	d	11'	10 30	10 47	10 47	10 50	1 min 20 sec
	3	6-10'	hard	Rock			
	5	6-9'	hard	1'			
	7 s/d	3 11	10 51 10	10 51 44	10 51 44	11 00	28
	8 s/d	4 12	11 17 15	11 21 18	11 21 18	11 28 22	74

Good USP
Soil 5-13'
5-13' OK
dyout!
OK

Fail

OK
OK

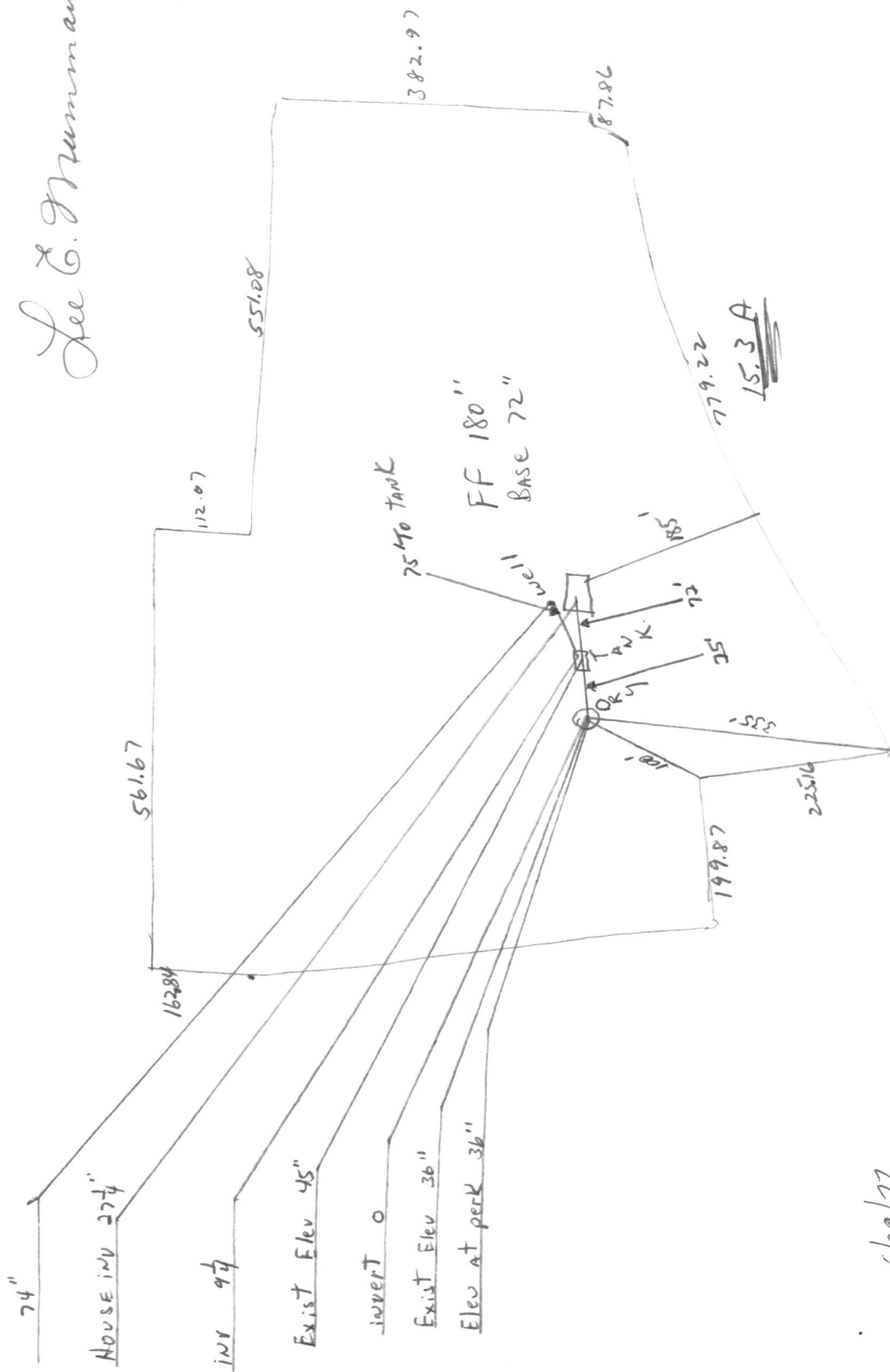
REMARKS hole 1 more soil than stone.

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

distances from line. To House & Dry well are approx
other distances & Elve are good

Lee C. Humman
717-284-4307
serial no. 32651



6/23/77
Plans OK
Dnt DW/M

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

A25778

B 1		SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER H0-732119
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		9570	FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) 6/6/77 10:00 A.M.	OWNER COL 15 LAST NAME Mumma Lee E. COL 36 FIRST NAME L COL 55 STREET OR RFD Rt. 1 Box 123 COL 57 POST OFFICE Holtwood Pt. 17532 COL 76
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B 1		CONTINUED		DRILLER INFORMATION	
1 2 3 (SEQ. NO.) 6		DATE 6/21/77		LICENSE NUMBER 203	
DATE		FIRST NAME Ralph		LAST NAME Mayer	
SIGNATURE Ralph Mayer		DRILLER		LAST NAME	

B 2		WELL INFORMATION	
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING, AGRICULTURE, IRRIGATION <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="radio"/> MUNICIPAL WATER SUPPLY <input type="radio"/> PRIVATE WATER COMPANY <input type="radio"/> TEST	

APPROXIMATE DEPTH OF WELL 150		APPROXIMATE DIAMETER OF WELL 6	
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METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) <input checked="" type="radio"/> JETTED <input type="radio"/> DRIVEN <input type="radio"/> 30-37 <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY) CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> OTHER (DESCRIBE)	
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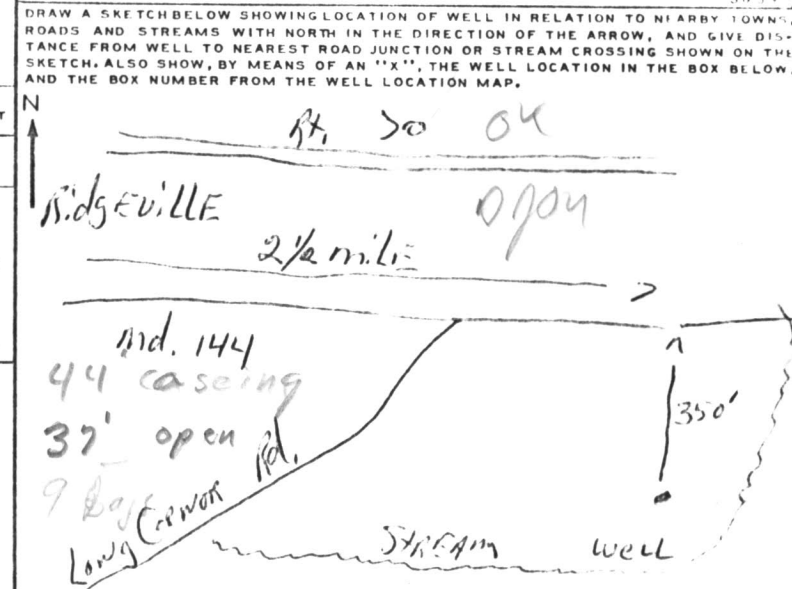
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEN 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. 63
FORCE 67 68	CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4		CONTINUED		HEALTH DEPARTMENT APPROVAL	
1 2 3 (SEQ. NO.) 6		DATE 6/2/77		COUNTY NAME Howard	
DATE		APPROVED BY Donald W. Monaghan		COUNTY NO. W25976	
41		48		Sanitarian	

B 3		LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6		COUNTY Howard	
SUBDIVISION none		SECTION none	
NEAREST TOWN Ridgeville		MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 1/2	

B 4		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
1 2 3 (SEQ. NO.) 6		NORTH EAST SOUTH WEST	
NEAR WHAT ROAD Md. Rt. 144		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 350		DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 350	



BOX NUMBER E 760 N 550		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	
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C 1	9684	SEQUENCE NO. (WRA USE ONLY)	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 NUMBER <u>W25-976</u>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN CO&S. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL <u>205</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-73-2119</u> 28 29 30 31 32 33 34 35 36 37
DATE WELL COMPLETED <u>JUNE 6 1977</u> 15 20		DRILLERS IDENTIFICATION NO. <u>213</u>			
OWNER <u>Mumma E. LEE</u> LAST NAME FIRST NAME STREET OR RFD <u>Box 123</u> POST OFFICE <u>Holtwood PA.</u>					
WELL DESCRIPTION			C 3		
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44 TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> M BENTONITE CLAY <input type="checkbox"/> B <input type="checkbox"/> C 45 46 45 46 NO. OF BAGS <u>9</u> NO. OF POUNDS <u>900</u> GALLONS OF WATER <u>54</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>37</u> FT. (ENTER 0 IF FROM SURFACE)		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET CHECK IF WATER BEARING FROM TO			PUMPING TEST 1 2 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) <u>2</u> 8 9 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>45</u> (NEAREST FOOT) 17 20 WHEN PUMPING <u>205</u> (NEAREST FOOT) 22 25 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input checked="" type="checkbox"/> A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE 27 27 27 <input type="checkbox"/> C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW) 27 27 27 <input type="checkbox"/> J JET <input type="checkbox"/> S SUBMERSIBLE 27 27		
Top Soil 0 2 Brown Shale 0 34 Brown Slate 34 45 Blue Slate 45 50 Brown Slate 50 55 Blue Slate 55 205			CASING RECORD INSERT APPROPRIATE CODE BELOW (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER MAIN CASING TYPE <u>S</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>44</u> 60 61 63 64 66 70		
OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO			PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>29</u>		
SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW (S) STEEL (B) BRASS OR BRONZE (H) OPEN HOLE (P) PLASTIC (O) OTHER			CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>		
C 2 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM TO 1 <u>37</u> 11 15 17 21 2 <u>205</u> 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOTSIZE 1, 2, 3,			CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="checkbox"/> + ABOVE } LAND SURFACE (NEAREST FOOT) <input type="checkbox"/> - BELOW } <u>3</u> 50 51		
CIRCLE APPROPRIATE BOXES <input type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL			LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>300'</u> <u>well</u> <u>350'</u>		
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.			DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) 56 60 FROM TO GRAVEL PACK		
DRILLERS NAME (PLEASE PRINT) <u>Ralph Mayne</u> SIGNATURE <u>Ralph Mayne</u>			IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <u>68</u> <input type="checkbox"/> F WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T <input type="checkbox"/> 70 W <input type="checkbox"/> 72 Q <input type="checkbox"/> 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE		

RECEIVED

JUN 10 9 13 AM '77
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

JUN 10 1977

C1 2909 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A25778(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)Date Received
(OEP use only)

DATE WELL COMPLETED

91382

Depth of Well

260
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-73-4266

OWNER Mummam Lee last name first name

STREET OR RFD 17601 Frederick Rd TOWN Mt. Airy, Md 21771

SUBDIVISION mummam SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

dirt
slate

Dry hole #1
220' - 9 bags
grout

Dry hole #2 -
200' 6 bags
grout

Dry hole #3 -
160' 8 bags
grout

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 83 ft.

(enter 0 if from surface)

CASING RECORD

casing types
insert
appropriate
code
below

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter
top/main casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST 6 83

OTHER CASING (if used)

diameter
inchdepth (feet)
from to

EACH CASING

SCREEN RECORD

screen type
or open holeinsert
appropriate
code
below

STEEL BRASS BRONZE OPEN HOLE

PLASTIC OTHER

C2 Seq. no. 5

DEPTH (nearest ft.)

1 40 83 260

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL CIRCLE BOX F

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

T (E.R.O.S.)

W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3 Seq. no. 6

PUMPING TEST

HOURS PUMPED (nearest hour) 8

PUMPING RATE (gal. per min.
to nearest gal.) 83METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55

WHEN PUMPING 180

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 YES NO

DRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX) Y NIF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP (WRITE APPROPRIATE
LETTER IN BOX - SEE ABOVE:
(A, C, J, P, R, S, T, O)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

LAND SURFACE

below

(nearest foot)

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)

A

N

D

6 bags - NO. 2 - 100'

good well - NO. 4 - 75' 15'

9 bags - NO. 1 - 100' 15'

8 bags - NO. 3 - 15' 15'

CIRCLE APPROPRIATE BOX

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 THIS WELL HAS BEEN CONSTRUCTED
IN ACCORDANCE WITH COMAR 10.17.13 "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. 144

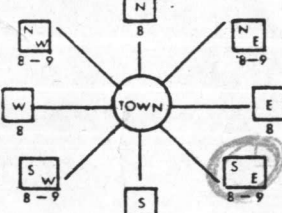
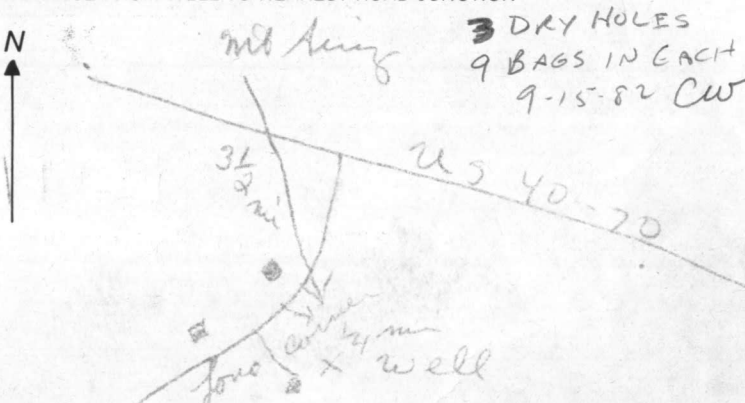
DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

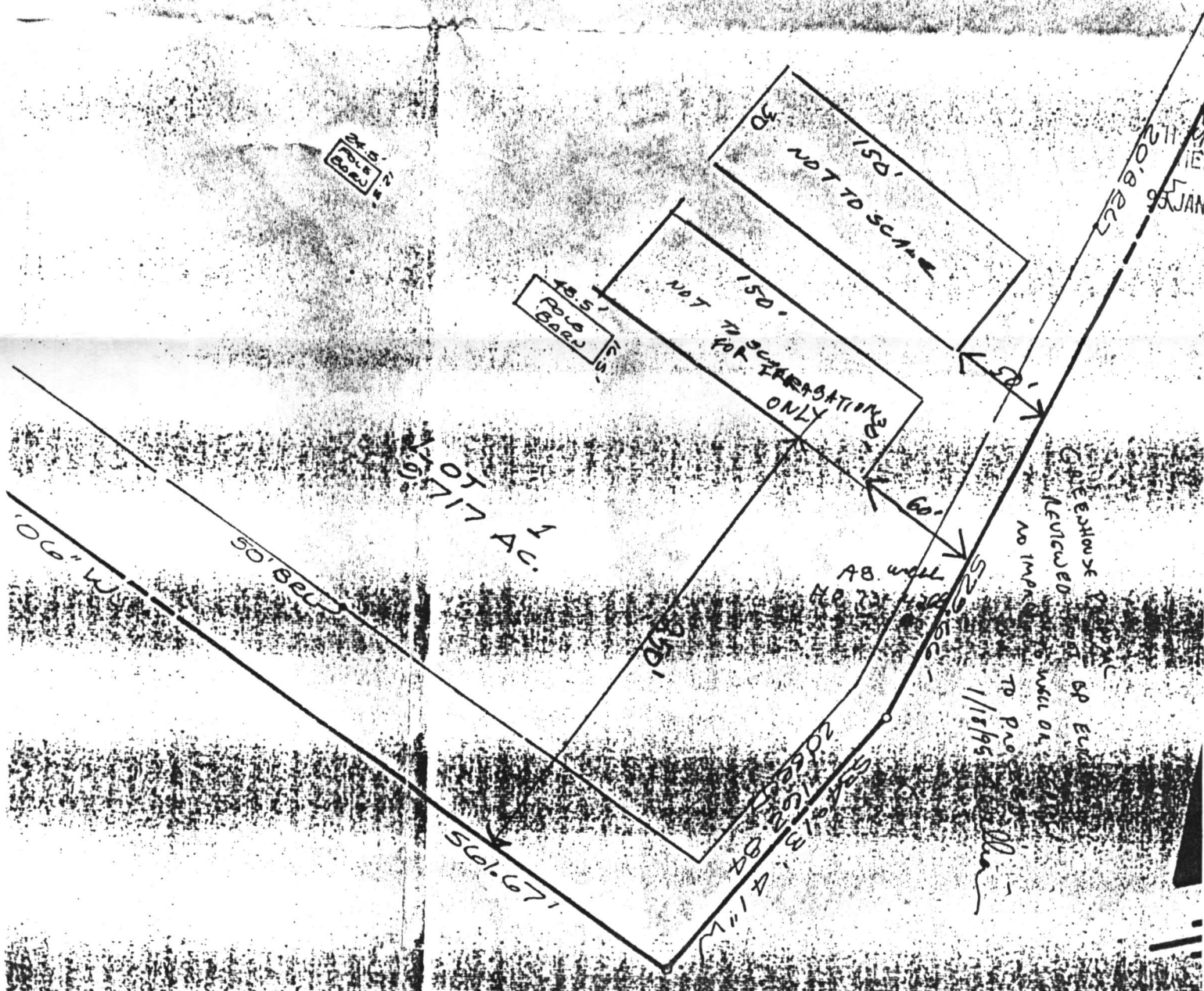
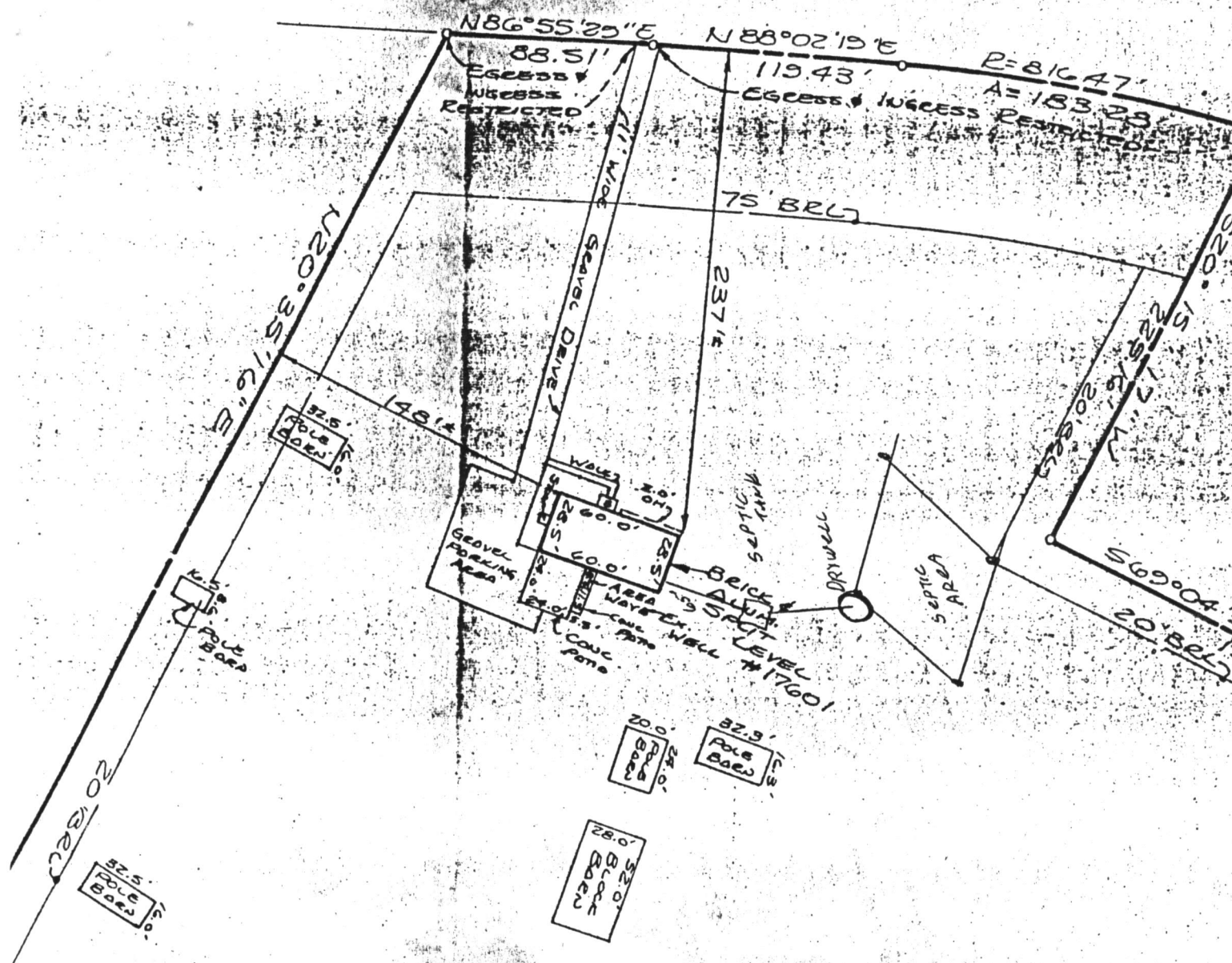
SITE SUPERVISOR (sign of driller or journeyman
responsible for sitework if different from permittee)

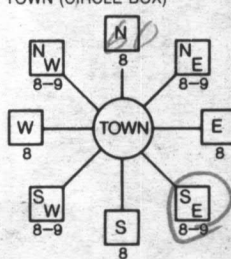
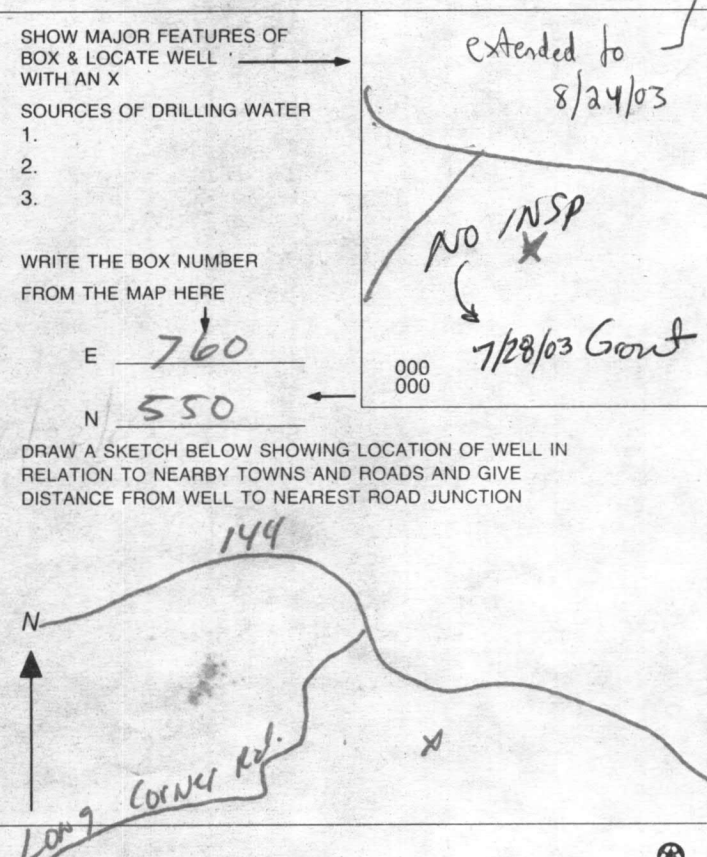
DIVISION OF
ENVIRONMENTAL
HEALTH

RECEIVED
HOWARD COUNTY
HEALTH DEPT., MD.
ELLICOTT CITY, MD.
OCT 28 11 21 AM '82

B 1 0479 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) 9/15/82 9:30 AM	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-73-4266 fill in this form completely
Date Received _____ <small>(OEP Use Only)</small>		B 3 LOCATION OF WELL COUNTY <u>Howard</u> SUBDIVISION <u>Mumman</u> SECTION <u>23</u> LOT <u>1</u> NEAREST TOWN <u>MT Airy</u> MILES FROM TOWN (enter 0 if in town) <u>3 1/2</u>	
OWNER INFORMATION Last Name 15 <u>MUMMAN</u> Owner 34 Name <u>LEE</u> Street or RFD <u>176011 Fyelderick Rd</u> Town 57 <u>MT Airy MD</u> State <u>21771</u> 76 Zip _____		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Driller's Name <u>Austin N. Harver</u> 77 License No. 80 <u>144</u> Firm Name <u>Harver - Harver Well Drilling</u> Address <u>9135 Bethel rd Fred Md.</u> Signature <u>Austin N. Harver</u> Date <u>9-10-82</u>		B 4 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD <u>RD 144</u> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>15</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>10,000</u>		B 4 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>760</u> N <u>550</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		LOCATION OK 85' CASING 1' ABOVE GROUND 45' OPEN 18 BAG SCEMENT 9-15-82 CW	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (OR AUGERED) JETTED JETTED & DRIVEN AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE POINT other _____		B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>A25778</u> OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX <input type="checkbox"/> 41 DATE ISSUED <u>09/10/82</u> CO SIGNATURE <u>J. Lomell</u> NORTH GRID <u>553</u> EAST GRID <u>0762</u> EXPIRES <u>03/10/83</u>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT No. <u>HO-73-4266</u>	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ SPECIAL CONDITIONS 8-63 _____			

ROUTE No. 1 FREDERICK RD



B 1 7311 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type W517364	STATE PERMIT NUMBER HO-94-3447 70 fill in this form completely 79
Date Received (APA) 070502 8 MM DD YY 13		OWNER INFORMATION 15 Last Name Conzon Owner First Name Flanzis 34 36 17601 Frederick Rd. Street or RFD 55 57 MT Airy MD 21771 Town 70 State 72 Zip 76	
DRILLER INFORMATION Driller's Name Allen Compton M SD 008 License No. 8121 Firm Name Egles Well Drilling Address 580 Obrecht Rd Signature Allen Compton 7-9-02 Date		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION MOHAWK PRO. 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Mount Airy 71 MILES FROM TOWN (enter 0 if in town) 4 73 M I 76 77 78	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		B 4 17601 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Frederick Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 550 37 DISTANCE FROM ROAD 550 FT 38 39 ENTER FT OR MI TAX MAP: 1 BLK: 24 PARCEL 55	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A 25778 COUNTY NO. STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED 7/24/02 Kasey Horner 7/24/03 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID 550 000 50 55 EAST GRID 760 000 57 63	
APPROXIMATE DEPTH OF WELL 300 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. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E 760 N 550 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE Reverse-ROTary Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-94-3447 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

7311

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

HO-24-2117

OWNER INFORMATION
COUNTY: Howard
TOWNSHIP: Forest Hill
SECTION: 16
RANGE: 1
MILE FROM TOWN CENTER: 1.5
WELL INFORMATION
APPLICANT: [illegible]
WELL TYPE: [illegible]
WELL DEPTH: [illegible]
WELL DRAINAGE AREA: [illegible]

WELL INFORMATION
WELL TYPE: [illegible]
WELL DEPTH: [illegible]
WELL DRAINAGE AREA: [illegible]
WELL INFORMATION
WELL TYPE: [illegible]
WELL DEPTH: [illegible]
WELL DRAINAGE AREA: [illegible]

USE FOR WATER (PROPERTY ADDRESS)
DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
INDUSTRIAL, COMMERCIAL, OR AGRICULTURAL
PUBLIC WATER SUPPLY WELL
TEST OBSERVATION MONITORING
GEO THERMAL

APPROXIMATE DEPTH OF WELL
APPROXIMATE DIAMETER OF WELL
METHOD OF DRILLING (Include Log)
BORED (Indicate)
AUGER
OTHER
REPLACEMENT OR DEEPENED WELL
(Indicate appropriate box)
THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE
ADAPTED TO NEW USE
THIS WELL WILL REPLACE A WELL THAT WILL BE
REMOVED FROM THE PROPERTY
FOR CONTACT WITH A NEW WELL
FOR CONTACT WITH A NEW WELL
FOR CONTACT WITH A NEW WELL

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH
JUL 15 2002
RECEIVED

C1 2056		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
						COUNTY NUMBER (13) A25778	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 7 28 03		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3447	
ST/CO USE ONLY DATE Received MM DD YY 8 13							
OWNER last name Condon first name FRANKIS		STREET OR RFD 17601 Frederick rd.		TOWN MT Airy		SUBDIVISION memmure PRO SECTION LOT 1	
WELL LOG Not required for driven wells		GROUTING RECORD yes no Y N WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 21 NO. OF POUNDS 1474 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 60 BOTTOM 58 ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 01 PUMPING RATE (gal. per min.) 7 METHOD USED TO MEASURE PUMPING RATE 1 CAL WATER LEVEL (distance from land surface) BEFORE PUMPING 60 ft. WHEN PUMPING 290 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE ST 06 84 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 60 61 63 64 66 70		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 02 (nearest foot)			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Brown Shake 0 80 Gray Limestone 80 110 Brown 110 111 ✓ Gray Limestone 111 260 White 260 261 ✓ Gray Limestone 261 300		OTHER CASING (if used) diameter depth (feet) inch from to SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER C2 DEPTH (nearest ft.) HO 84 300 1 2 E A C H S C R E E N 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes no Y N		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 28.04.04 "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 LIC. NO. M S D 005 DRILLER SIGNATURE Condon (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		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)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

SEQUENCE NO.
(MODE USE ONLY)

2058

THIS NUMBER IS TO BE PLACED IN BOX 28 ON ALL CARDS

STICK USE ONLY
DATE RECEIVED
BY

DATE WELL COMPLETED
7 28 03

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM CAREFULLY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
AS DAYS AFTER WELL IS COMPLETED
COUNTY
WILMINGTON
ASS 778

PERMIT NO.
FROM PERMIT TO DRILL WELL
1516/03
HO 91-3447

OWNER
STREET OR RD
SUBDIVISION

17001
Franklin
TOWNSHIP
SECTION
LOT 1
MS. A-1

WELL LOG

Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IN WATER STAINING

FEET	FROM	TO
0	80	
80	110	
110	111	
111	300	
300	301	
301	302	

WELL HAS BEEN DRILLED
TO AN APPROPRIATE DEPTH
TYPE OF DRILLING MATERIAL (Circled one)
RENTONITE CLAY
NO. OF BAGS
NO. OF BARS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 10 20 30 40 50 60 70 80 90 100

CASTING
TYPE
MAIN
GASING
TYPE
OTHER CASING (if used)
diameter
depth (feet)
from 10 20 30 40 50 60 70 80 90 100

SCREEN RECORD
STEEL
BRASS
BROZE
IRON
OTHER
PUMP
TYPE
PUMP
TYPE
PUMP
TYPE

SCREEN RECORD
STEEL
BRASS
BROZE
IRON
OTHER
PUMP
TYPE
PUMP
TYPE
PUMP
TYPE

SCREEN RECORD
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SCREEN RECORD
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PUMP
TYPE

SCREEN RECORD
STEEL
BRASS
BROZE
IRON
OTHER
PUMP
TYPE
PUMP
TYPE
PUMP
TYPE

PUMPING TEST
HOURS PUMPED (nearest hour)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

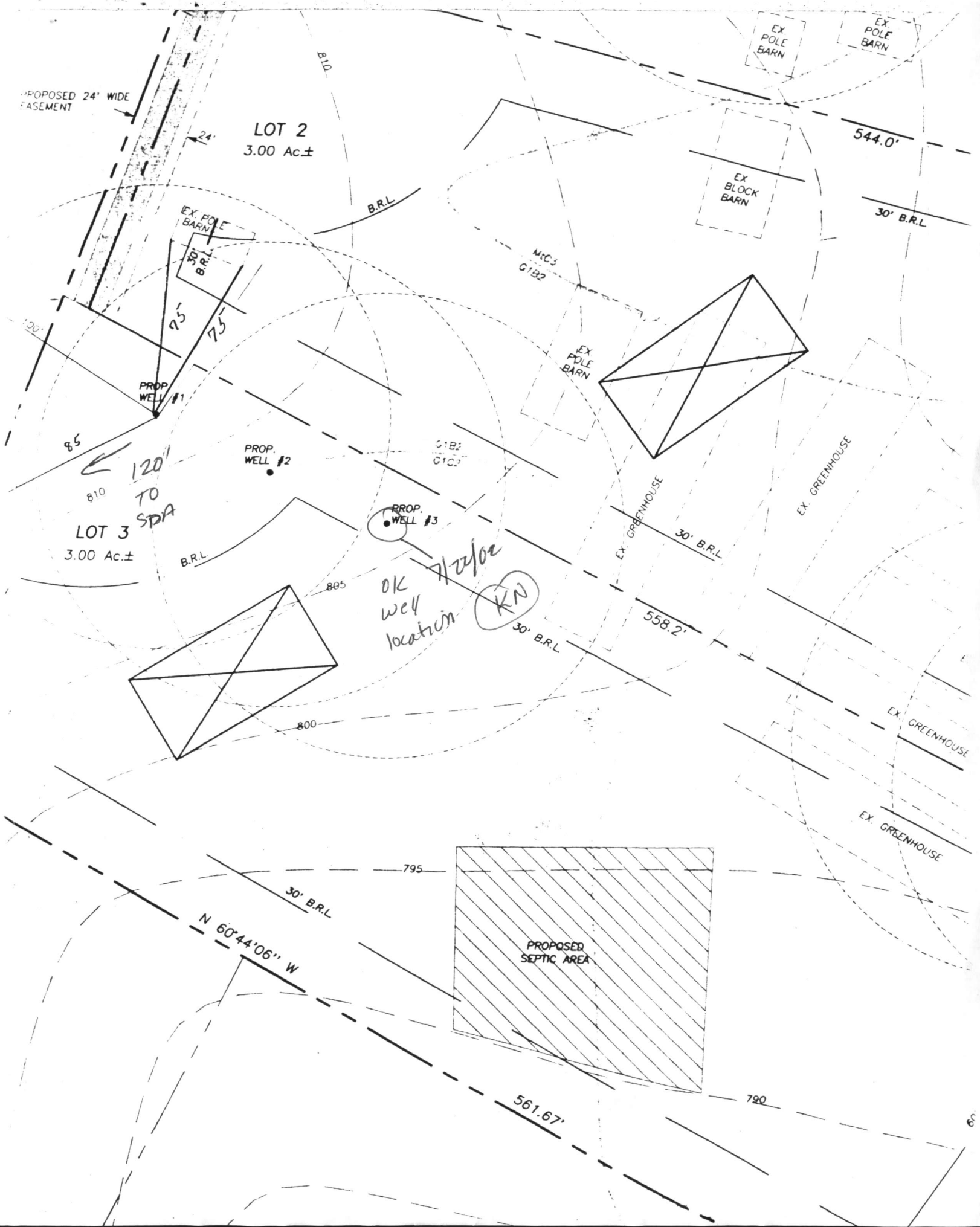
BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
PUMPING RATE (gal. per min.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)

NUMBER OF UNNECESSARY WELLS
WELL HYDROFRACTURED
CIRCLE APPROPRIATE LETTER
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 WELL CONSTRUCTION, AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
ORDERED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE

DRILLER'S SIGNATURE
DATE
LIC. NO.
M.D.
DATE SUPERVISOR (sign of holder of permit)
responsible for sawing, if different from permittee



Mumma Pop.

C. 1		9018		SEQUENCE NO. (WRA USE ONLY)		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			
1 2 3 (SEQ. NO.) 6								FILL IN THIS FORM COMPLETELY			
DATE RECEIVED (WRA USE ONLY)		DATE WELL COMPLETED		DEPTH OF WELL		PERMIT NO. FROM "PERMIT TO DRILL WELL"		COUNTY NUMBER			
8-13		15 20		22 (TO NEAREST FOOT) 26		700		28 29 30 31 32 33 34 35 36 37			
OWNER		LAST NAME		FIRST NAME		STREET OR RFD		POST OFFICE			
WELL LOG		WELL DESCRIPTION									
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD									
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET		CHECK IF WATER BEARING		YES			NO		
FROM		TO				WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)			44 44		
Top Soil		0 2				TYPE OF GROUTING MATERIAL (CIRCLE BOX)			45 45		
Shale		2 20				CEMENT <input checked="" type="checkbox"/> <input type="checkbox"/>			BENTONITE CLAY <input type="checkbox"/> <input checked="" type="checkbox"/>		
SANDY		20 35				45 46			45 46		
SAND Stone		35 66				NO. OF BAGS			NO. OF POUNDS		
MICA		60 100				GALLONS OF WATER			35		
						DEPTH OF GROUT SEAL (TO NEAREST FOOT)			38		
						FROM 48 52 54 58 FT.			TO 38 58 FT.		
						(ENTER 0 IF FROM SURFACE)					
						CASING TYPES			C O		
						INSERT			S T		
						APPROPRIATE			STEEL		
						CODE			CONCRETE		
						BELOW			C O		
						MAIN			P L		
						CASING			PLASTIC		
						TYPE			O T		
						NOMINAL DIAMETER			OTHER		
						TOP (MAIN) CASING					
						(NEAREST INCH)					
						TOTAL DEPTH					
						OF MAIN CASING					
						(NEAREST FOOT)					
						5 T			6 94		
						60 61 63 64 66 70					
						OTHER CASING (IF USED)					
						DIAMETER			DEPTH (FEET)		
						(INCH)			FROM TO		
						EACH CASING					
						SCREEN TYPE			S T		
						OR OPEN HOLE			B R		
						INSERT			H O		
						APPROPRIATE			STEEL		
						CODE			BRASS		
						BELOW			OR BRONZE		
						P L			O T		
						PLASTIC			OTHER		
						C 2					
						1 2 3 (SEQ. NO.) 6					
						DEPTH (NEAREST WHOLE FOOT)					
						FROM TO					
						1 8 9 11 15 17 21					
						2 23 24 26 30 32 36					
						3 38 39 41 45 47 51					
						SLOT SIZE 1, 2, 3,					
						Diameter of Screen			(NEAREST INCH)		
						56 60					
						FROM TO					
						GRAVEL PACK					
						IF WELL DRILLED WAS A			68 F		
						FLOWING WELL CIRCLE BOX					
						WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
						T			W Q		
						70			72		
						TELESCOPE			LOG		
						CASING			INDICATOR		
						74 75 76			OTHER DATA		
						AVAILABLE					
						LOCATION OF WELL ON LOT					
						SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS,					
						SEPTIC TANKS, AND/OR OTHER LAND MARKS AND					
						INDICATE NOT LESS THAN TWO DISTANCES					
						(MEASUREMENTS TO WELL).					

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

AUG 15 10 17 AM '77

DIVISION OF
ENVIRONMENTAL
HEALTH