

B 7 **8276** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL *A2*
 please print or type

OEP PERMIT NUMBER
HO-81-2116
 fill in this form completely

Date Received
 OWNER INFORMATION
BROMK **CHARLES**
 Last Name Owner First Name
567 DEER HILL RD.
 Street or RFD
SYKESVILLE **MD 21784**
 Town State Zip

LOCATION OF WELL
HOWARD
 COUNTY
MAP 4 R22 P/C P18
 SUBDIVISION
 SECTION **44** LOT **48**
SYKESVILLE
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
Joseph L. Magee
 License No. **238**
 Firm Name **Joseph L. Magee Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature *Joseph L. Magee* Date **6/3/87**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **567 Deer Hill Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **45** FT
 ENTER FT or MI **FT**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX):
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

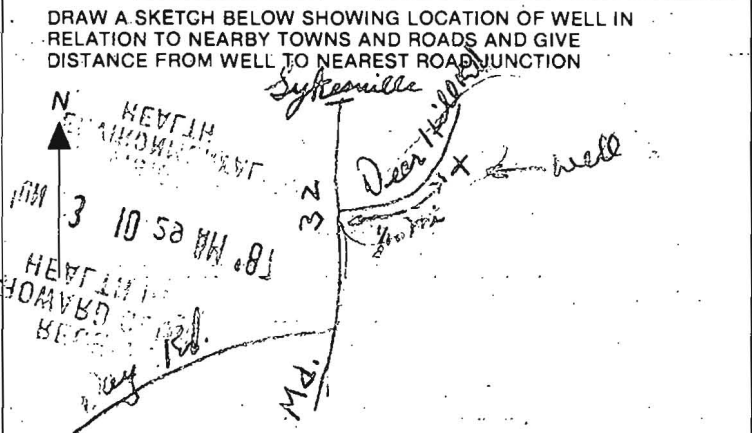
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME COUNTY NO. **A38966**
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **060887** SIGNATURE *J. Stover* EXP. DATE **12/8/87**
 NORTH GRID **554000** EAST GRID **0809000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other

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
 E **810 09**
 N **550 4**

REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **JS** WRITE INITIALS IN BOX PERMIT No. **HO-81-2116**

SPECIAL CONDITIONS

6/17/87

- ① 28 ft casing
- ② 24 ft open hole
- ③ Well location 014
- ④ Grout process already started
at time of arrival John gave
results
- ⑤ 7 bags

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUN 3 10 29 AM '87
B. Rodger

SECTION NO. 0911 (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 38966**

DATE RECEIVED: [] [] [] [] [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **06/17/99**
 DEPTH OF WELL: **140** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-2116**

OWNER: **BROWN** last name, **CHARLES** first name
 STREET OR RFD: **DEER HILL RD**
 TOWN: **SPRINGVILLE**
 SUBDIVISION: **MAP 4 Q 22 P 10 P 18** SECTION: [] LOT: []

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>Brown shale</i>	0	22	
<i>Gray granite</i>	22	140	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL:
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **7** NO. OF POUNDS: **65**
 GALLONS OF WATER: **42**
 DEPTH OF GROUT SEAL (to nearest foot):
 from **0** ft. to **29** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below:
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing: **8** (nearest inch)
 Total depth of main casing: **28** (nearest foot)

OTHER CASING (if used)
 diameter inch: [] depth (feet) from: [] to: []

SCREEN RECORD
 screen type or open hole: insert appropriate code below:
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

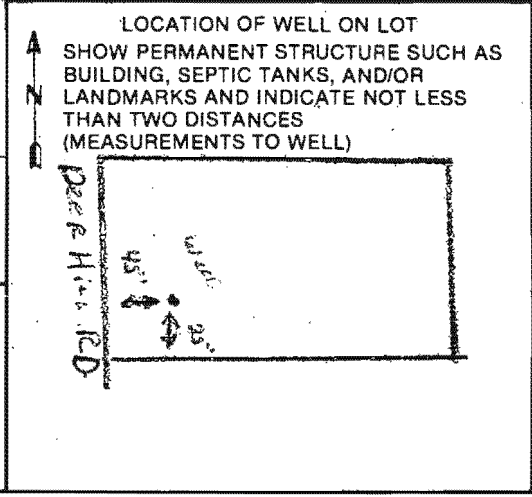
DEPTH (nearest ft.)
 EACH SCREEN: **HO** 27 140
 SLOT SIZE: 1 [] 2 [] 3 []
 DIAMETER OF SCREEN: [] (NEAREST INCH)

GRAVEL PACK: from [] to []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68:

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 -T [] (E.R.O.S.) WQ [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour): **3**
 PUMPING RATE (gal. per min. to nearest gal.): **13**
 METHOD USED TO MEASURE PUMPING RATE: **bucket**
 WATER LEVEL (distance from land surface):
 BEFORE PUMPING: **43**
 WHEN PUMPING: **43**
 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
 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 } LAND SURFACE (nearest foot)
 - below }



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 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. **238**
 DRILLERS SIGNATURE: *Joseph M...*
 (MUST MATCH SIGNATURE ON APPLICATION)

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