

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

No. 945

Owner Harry C Dorsey

Driller Denny Brown License Number 113

Street or R. F. D. _____

Street or R. F. D. Int any rd
Post Office _____

Post Office Glendy Ind

Date May 4 1967

Quantity of Water to be Produced 3 Gallons Per Minute

Location of Well County Howard

Total Quantity Needed For Use 1000 Gallons Per Day

Subdivision Robert H Hill Estate

Use for Water House

Section _____ Lot 10

Approximate Depth of Well (feet) 80 ft

Nearest Town Glendy

Method of Drilling to be used Cable

Distance from Town 1 mile

Direction from Town north west

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

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 Sharp Road

On which side of road South
(North, East, South, West)

Distance from road 100 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.

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

Well Permit No. HO-67-W-253

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. M'hee Dec. 5-9-67
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

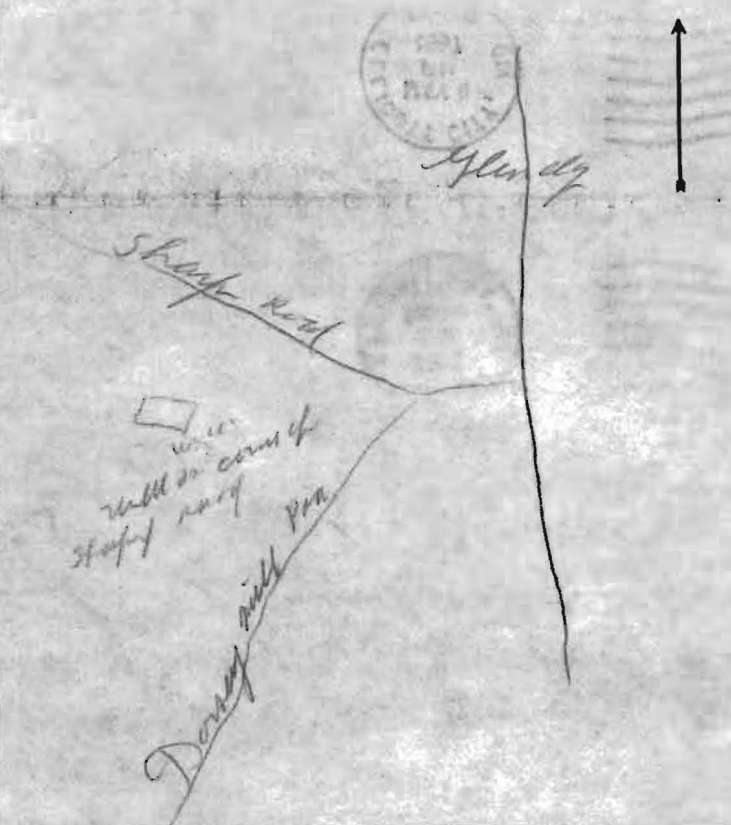
Health Department Approval of Application

Howard County Department of Health

or State Department of Health
Approved by Palmer F. Wine

Title Director, Environmental Health
Date 5/8/67

NORTH



HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 In. o.d. 18 ft
2. Total depth of well 84 ft
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 2 Bags lbs.
Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 60 ft
7. Yield of well in gallons per minute 6 ; elevation of water surface when pumped at the designated rate. 70
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 15 ft
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 5 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Harry C Dorsey Address Ellicott
Location of property _____

Health Department Number _____ Dept. of Water Resources Permit No. 7067W253

Date: May 24, 1967. Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.