

**B 1** 9661 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  
 10-731949  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
 26/32  
 9:30 AM

**OWNER** ROBERT L. DORSEY + SON, INC.  
 COL 15 LAST NAME FIRST NAME COL. 34

**STREET OR RFD** 9926 CYPRUS DRIVE  
 COL 36 COL. 55

**POST OFFICE** ELLICOTT CITY, MD 21043  
 COL 57 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE MARCH 9 1977 LICENSE NUMBER 120  
 77 80

G. EDGAR HARRIS SOONS CORP  
 FIRST NAME DRILLER LAST NAME

SIGNATURE

**B 3** LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY HOWARD  
 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN GLENELLG  
 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1  
 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) 750  
 14 20

**B 4** DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH  EAST  N E NORTHEAST  S E SOUTHEAST

SOUTH  WEST  N W NORTHWEST  S W SOUTHWEST

NEAR WHAT ROAD 3813 IVORY ROAD  
 8 8 8 9 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  SOUTH  EAST  WEST  
 N  S  E  W  
 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 80  
 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 150 FEET  
 24 28

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)

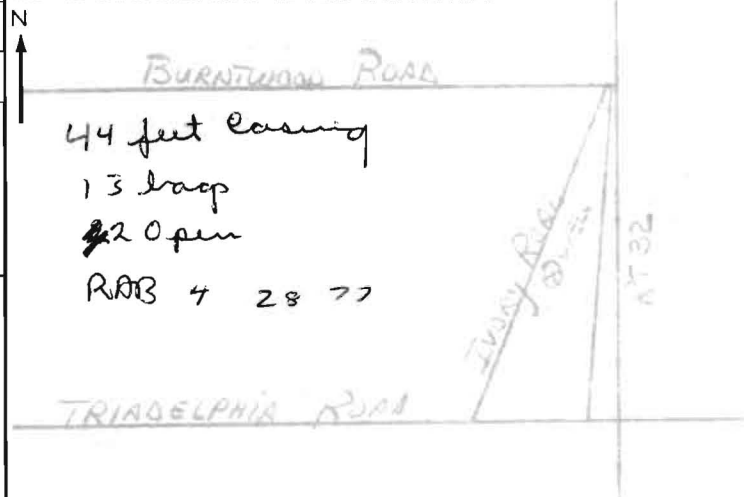
**REPLACEMENT OR DEEPEINED WELLS** (CIRCLE APPROPRIATE BOX)

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 WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U  
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 800 N 520

0/5 5/5

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

0/0 5/0

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41  STATE HEALTH (CIRCLE BOX)  
 COUNTY NAME HOWARD COUNTY NO. K25444

DATE 3 15 77  
 43 48

Fred Frommelt, Sanitarian  
 APPROVED BY

**B 5** SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **4465** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON APL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

**FILL IN THIS FORM COMPLETELY**

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 4-19-77 DEPTH OF WELL 125 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1997

DATE WELL COMPLETED 4-19-77 22 (TO NEAREST FOOT) 26

8-13 15 20

DRILLERS IDENTIFICATION NO. \_\_\_\_\_

OWNER: ROBERT L DORSEY + SON LAST NAME FIRST NAME EDDITT CITY MD.

STREET OR RFD 772 LYPRESS HEDG POST OFFICE

**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	
<u>OVERBURDEN</u>	<u>0</u>	<u>8</u>	
<u>BROWN SHALE</u>	<u>8</u>	<u>42</u>	
<u>BANDY ROCK</u>	<u>42</u>	<u>125</u>	<u>X</u>

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)\*  
 CEMENT  BENTONITE CLAY

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

**DEPTH OF GROUT SEAL (TO NEAREST FOOT)**

FROM 0 FT. TO 44 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 44

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

C 2

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>7</u>	<u>125</u>
2		
3		

SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

C 3

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING 21 (NEAREST FOOT) 17 20

WHEN PUMPING 40 (NEAREST FOOT) 22 25

**TYPE OF PUMPED 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) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

ABOVE  BELOW  LAND SURFACE (NEAREST FOOT) 1

**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).

**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) LEONARD HARRIS SON (WRA)

SIGNATURE Leard Harris