

B 1 **7632** SEQUENCE NO. WRA USE ONLY  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

WRA PERMIT NUMBER  
**HO-73-3871**  
fill in this form completely

DATE RECEIVED **4/7/81**  
**7/27/81**  
**9/30/81**  
OWNER INFORMATION  
**Kanathoig, Inc.**  
LAST NAME OWNER FIRST NAME  
**Suite 304 Teachers Building**  
STREET OR RFD  
**Columbia Md. 21044**  
TOWN STATE ZIP

B 3 LOCATION OF WELL  
COUNTY **Howard**  
SUBDIVISION **Simpson Woods**  
SECTION **3** LOT **18**  
NEAREST TOWN **Sutton**  
MILES FROM TOWN (enter 0 if in town) **2**

B 1 CONTINUED... DRILLER INFORMATION  
**Capt L. Mayne** 238  
DRILLER'S NAME LICENSE NO.  
**L. P. Mayne** 4/7/81  
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD **Meadow Wood Way**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
WEST EAST SOUTH NORTH  
**50**  
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **250**

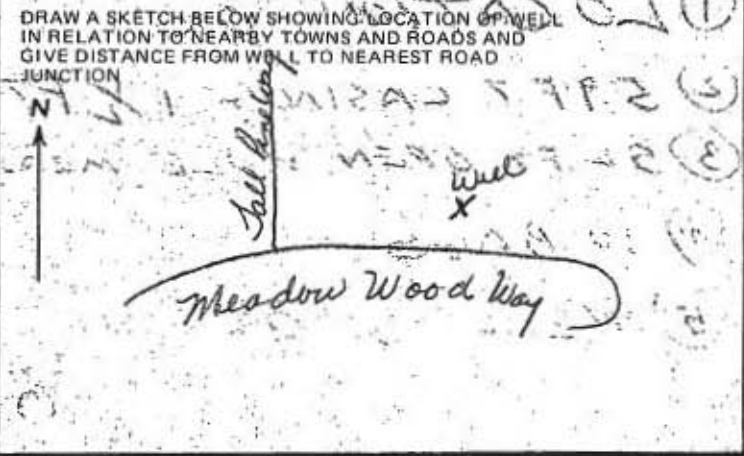
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
**7/27/81 WELL OK SEE OTHER SIDE RIT**  
WRITE THE BOX NUMBER FROM THE MAP HERE  
**8209**  
**4901**

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)

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

Method of Drilling (Circle one)  
 BORED (OR AUGERED)  JETTED  JETTED & DRIVEN  
 AIR ROTARY  AIR PERCUSSION  ROTARY (HYDRAULIC)  
 CABLE  REVERSE ROTARY  DRIVE POINT  ROTARY  
other \_\_\_\_\_

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



Not to be filled in by driller (WRA USE ONLY)  
APPROX. PERMIT NUMBER **G A P I**  
FORCE INITIALS CONDITIONS **V M**

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME **226465** COUNTY NO.  
EHA SIGNATURE **Frank Skinner, Sanitarian** STATE HEALTH CIRCLE BOX **S**  
MO DAY YR **04 07 81** DATE  
NORTH **491** EAST **0824** ELEV. (FT.)  
GRID 50 55 GRID 57 63 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

C1 8234 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A26465

Date Received (WRA use only) July 27 1981 DATE WELL COMPLETED

Depth of Well 225 TO NEAREST FOOT PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3871

OWNER last name Meadowcroft first name Day TOWN FULTON

STREET OR RFD SUBDIVISION SIMPSON WOODS SECTION 3 LOT 18

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	
Sand	0	54	
Gray mica rock	54	225	

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO

TYPE OF GROUTING MATERIAL CEMENT  BENTONITE CLAY

NO. OF BAGS 10 NO. OF BOUNDS 440

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft. (enter 0 if from surface)

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top/main casing (nearest inch) 6 Total depth of main casing (nearest foot) 59

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

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) 57 225

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 175

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  N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE 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 2 (nearest foot) - below

- CIRCLE APPROPRIATE BOX
- 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 IDENT. NO. 238

DRILLERS SIGNATURE

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

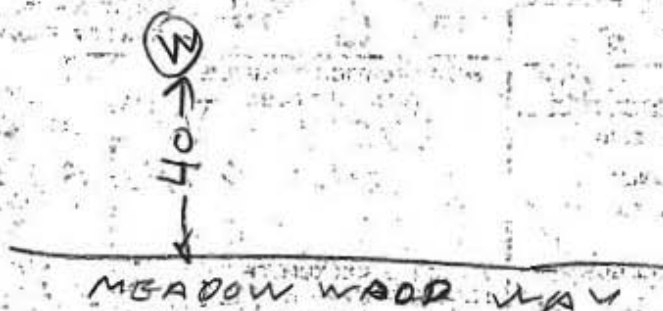
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA





7/27/81

- ① LOCATION OK
- ② 59 FT CASING  $1\frac{1}{2}$  FT OUT OF GROUND
- ③ 52 FT OPEN HOLE MEASURED WITH A STRING
- ④ 10 BAGS
- ⑤ WELL IS OK

RHODGES