

2/25/85
10:00 AM

2-25-85
Approved
S. Abel

PERMIT

P 35063

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 4th

DATE 2/22/85

INDEXED

Bud Arnold IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 795-7873

SUBDIVISION _____ ROAD 2925 Florence Road LOT _____

PROPERTY OWNER Forest B. Duvall
2925 Florence Road

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

INLET 5', BOTTOM MAY DEPTH 11 FT, 6 FT STONE, 65 FT LONG TRENCH,
RUN TRENCH ON LEVEL GROUND FROM OLD DRY WELL. LOCATE TRENCH
65' TOWARD BACK OF LOT AS SEEN WHEN FACING LOT FROM
Florence Rd. RUN TRENCH LEFT TO RIGHT 45' FROM OLD
DRY WELL AS SEEN WHEN FACING LOT FROM FLORENCE Rd.

PLANS APPROVED BY Craig Williams DATE 2/22/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

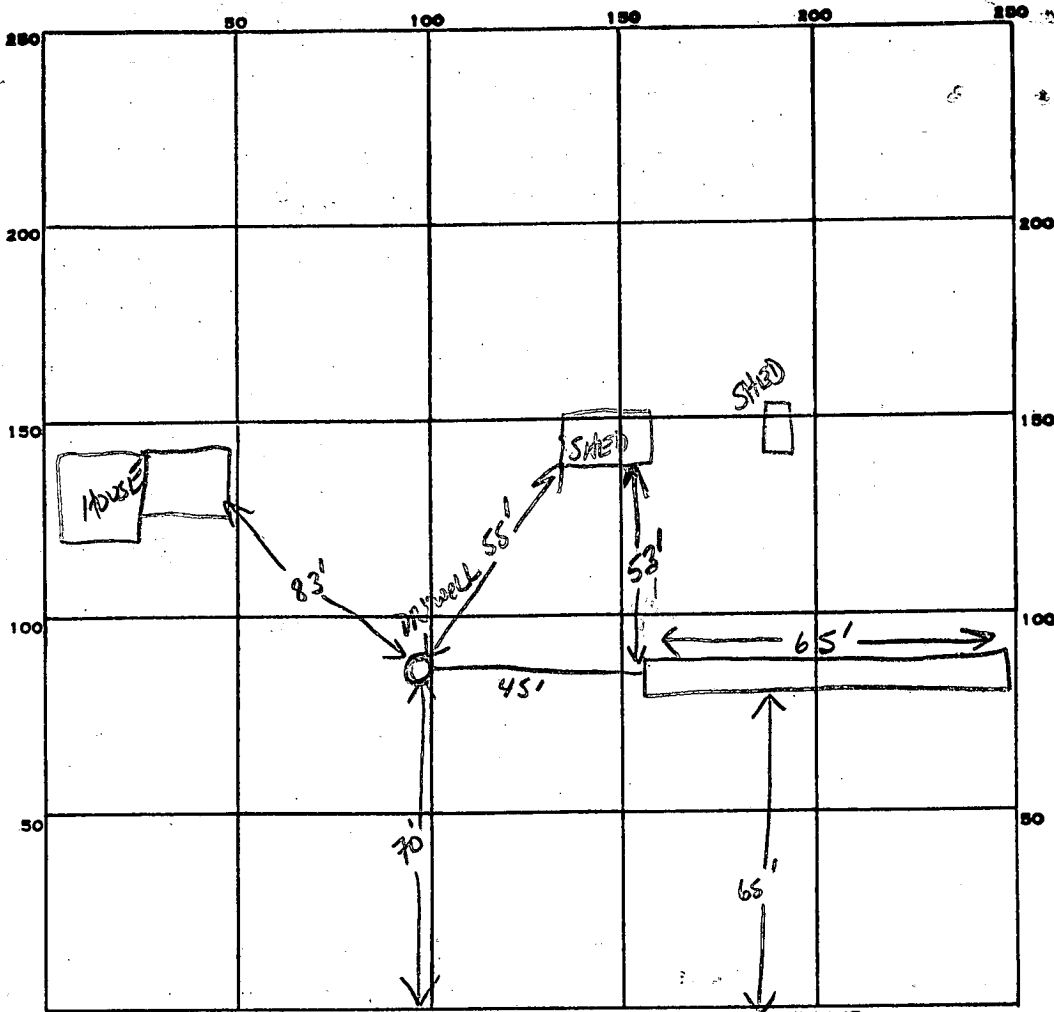
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

14
56

P 35063
Repair



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 FLORENCE Rd.

PERMIT CARD

SEPTIC TANK LEVEL OLD DRY WELL

CLEANOUTS PRESENT ON DRY WELL

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET 5' below grade

GRAVEL DEPTH 6 ft. TOTAL LENGTH _____ FT.

$\begin{array}{r} 365 \\ 6 \\ \hline 390 \end{array}$

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 390 ϕ

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 390 SQ. FT.

REMARKS 2-25-85 OK TO ADD STONE TO TRENCH - CONNECT SYSTEM TO DRYWELL SAGE

2-25-85 OK TO COVER ALL WORK SAGE

DATE SYSTEM APPROVED 2-25-85

INSPECTOR S. Abel

APPLICATION

2/25/85
10:00 AM

SEWAGE DISPOSAL TESTING

A REPAIR

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 2/22/85

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 Forest B. Duvall
2925 Florence Road

ADDRESS _____ PHONE Bud Arnold 730-7873

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2925 Florence Road

SIZE OF LOT _____ TYPE BLDG. _____
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Bud Arnold

(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel - Approved for Repair System Trench DATE 2-25-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 4/21/75

P 21375

A Repair

INDEX

Forest Boyer Duvall

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 2925 Florence Road, Woodbine, Md. PHONE 489-4187

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 2925 B Florence Road LOT _____

PROPERTY OWNER Mr. Forest Boyer Duvall

ADDRESS same address as above

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - Trench 50 ft. long - 9 ft. deep with 4 ft. of gravel in trench.

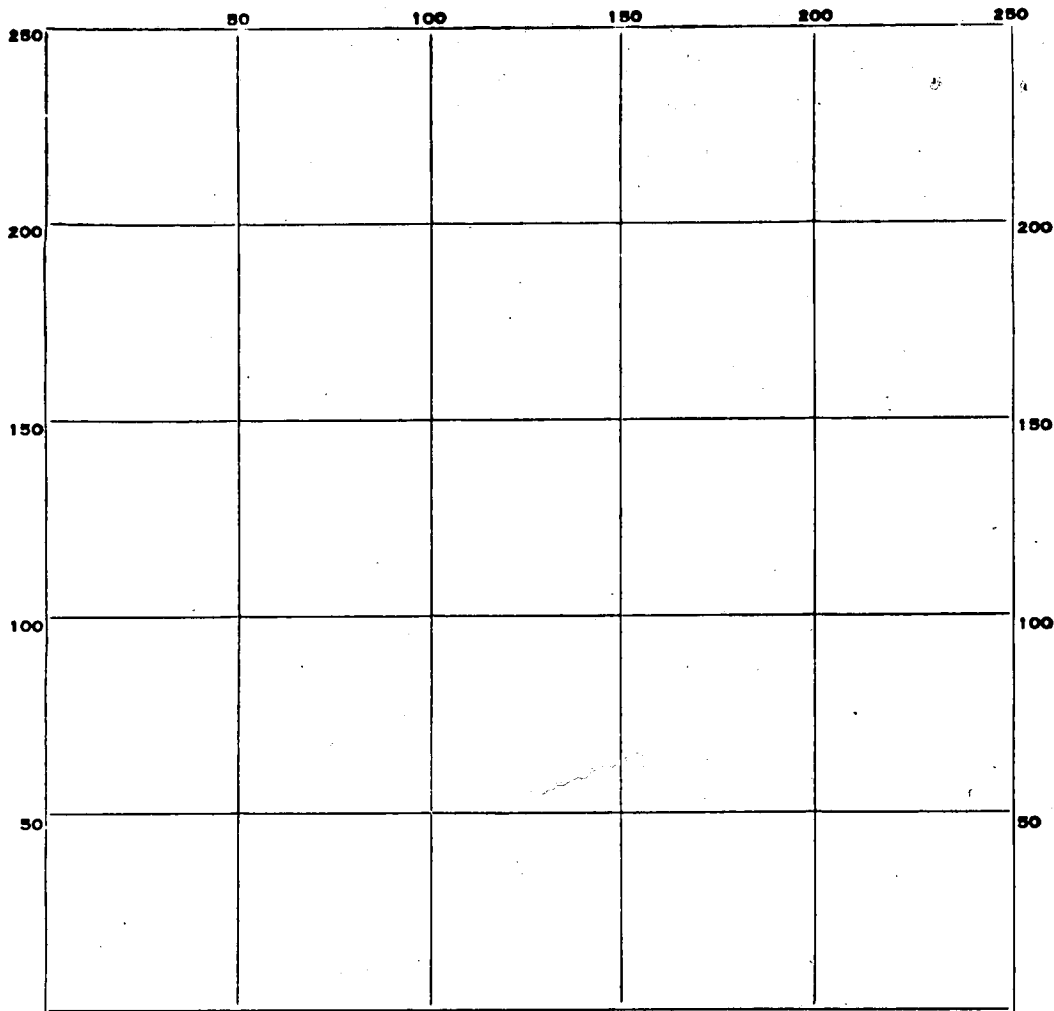
NOTE: CALL FOR INSPECTION OF TRENCH WHEN EXCAVATED BEFORE ANY GRAVEL IS INSTALLED.

PLANS APPROVED BY F. Frommelt DATE 4/21/75

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.

X
21375



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

12/17/65

PERMIT

Approved
12/17/65
R.F.

P 11353
A 10272

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4

DATE 12/16/65

Edwood Scagga IS PERMITTED TO INSTALL ALTER

ADDRESS Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Florence Rd. LOT _____

PROPERTY OWNER Forest B. Duvall

ADDRESS _____

SPECIFICATIONS - 2 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

SEPTIC TANK CAPACITY 750 GALLONS

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

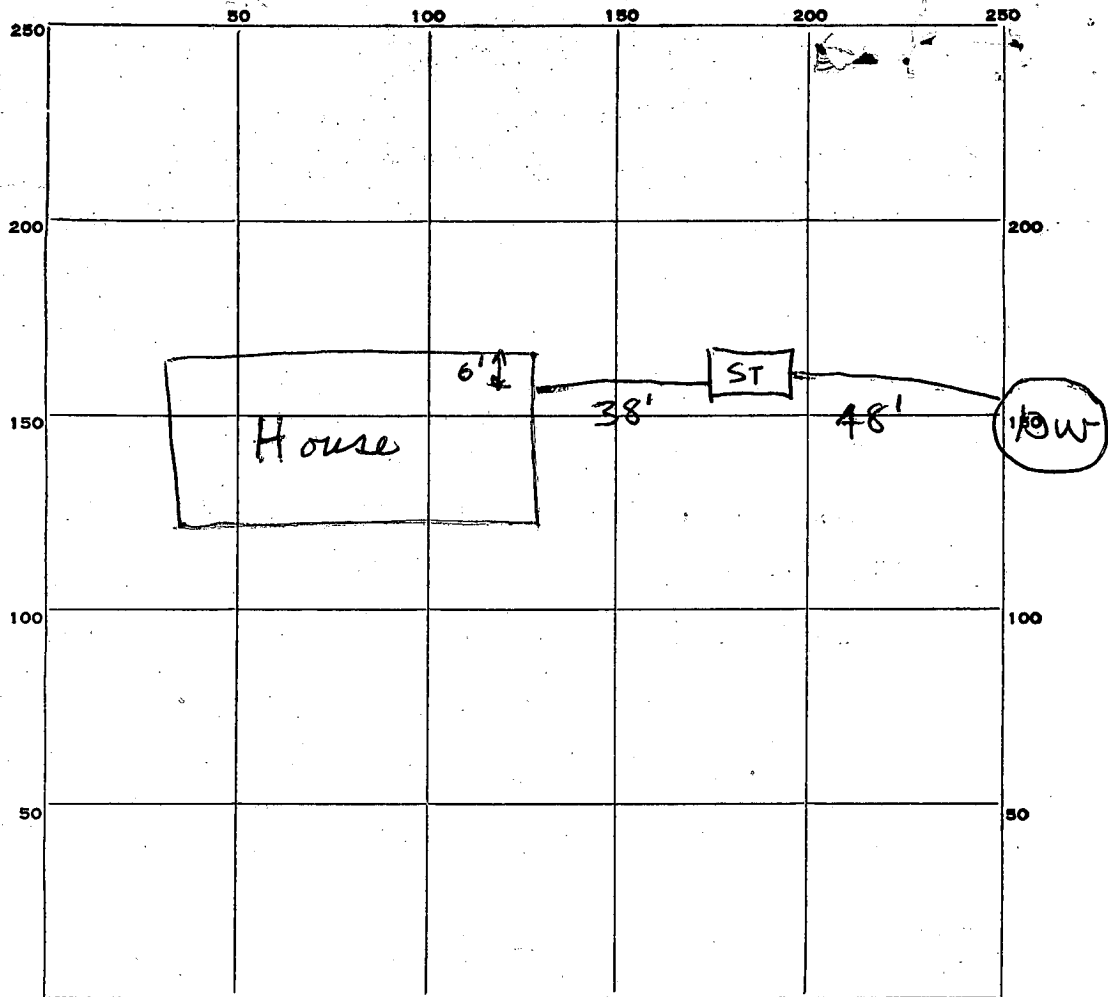
OTHER Dry well - 100 sq. ft. sidewall area below inlet pipe per bedroom.
Inlet pipe 3 ft. below grade.
Place dry well about 50 ft. from edge of Florence Rd. and about 114 ft. from
wooded area (right side line as seen when facing lot from Florence Rd.)

PLANS APPROVED BY D. W. Monaghan DATE 6/4/65

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.

A 10272



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Road

PERMIT CARD OK

SEPTIC TANK, LEVEL _____ CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 340 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 12/17/65 INSPECTOR R. F. Fletcher

RECORDED

APPLICATION

A 10272

SEWAGE DISPOSAL TESTING

P

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 750 gal.

DISTRICT 4

Dry Well - 100 sq ft sidewall area below inlet pipe per bedroom. Inlet pipe 3 ft below grade.

DATE 6/1/65

Place Dry Well about 50 ft from edge of Florence Rd. and about 114 ft from wooded area (right side of road as seen when facing it from Florence Rd.).

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Forest B. Duvall

ADDRESS Old Annapolis Rd., E. C. PHONE 465-6050

PROPERTY LOCATION:

SUBDIVISION RT. 144 turn left on 9th St LOT NO. 1

ROAD AND DESCRIPTION Florence Rd. - turn left on Florence Rd. at Florence - go about 1/2 mile and hit dirt road 2nd house on XXXX left

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG: 2 NUMBER OF BEDROOMS 2

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT David Scapp

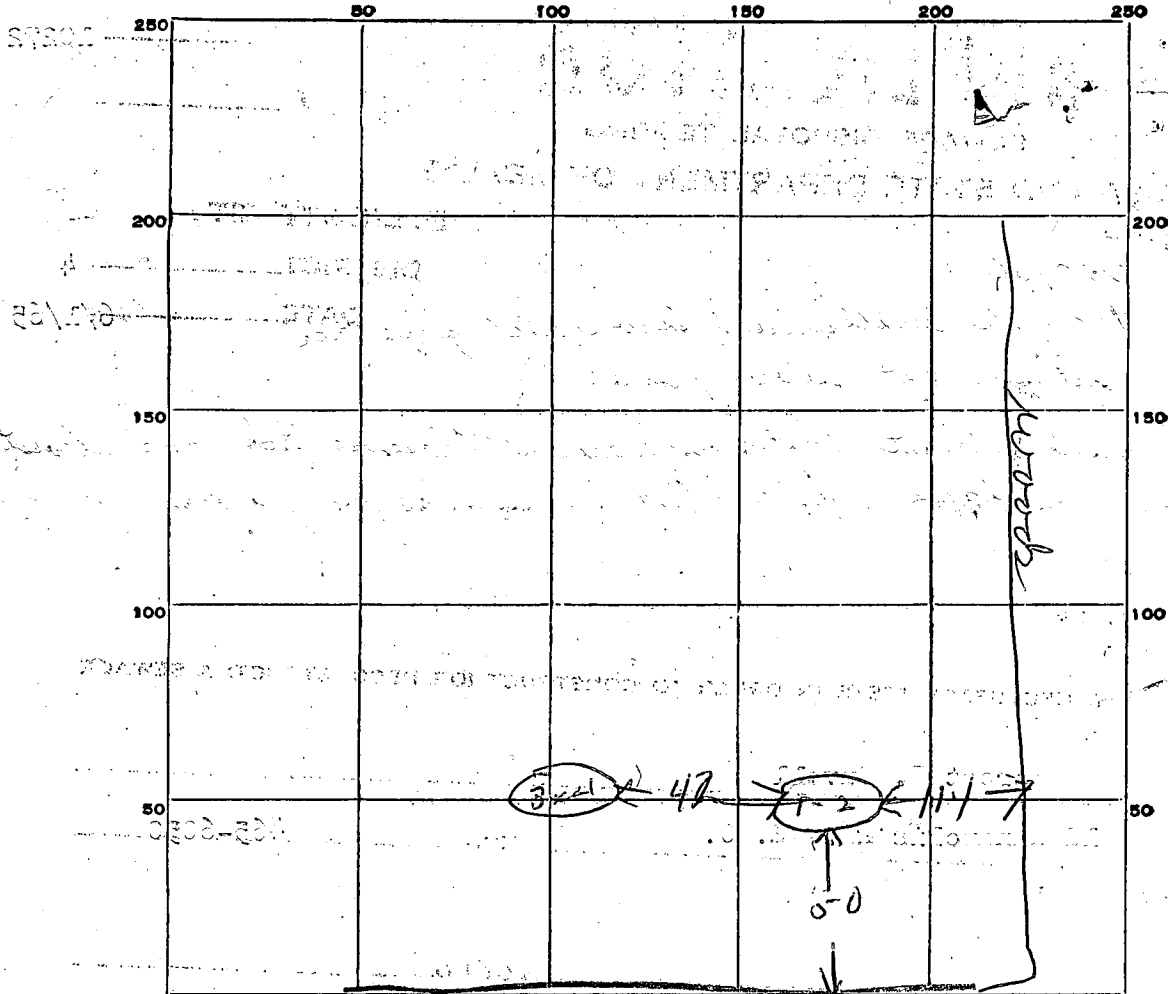
APPROVED BY DW Managhan FOR Dry Well (KIND OF SYSTEM) DATE 6-4-65

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Flourish Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-4-65	1	10 ft	11 39	11 33	11 33	11 40	7 min
	2	8 ft	11 31	11 33	11 33	11 42	9 min
	3	10 ft	11 36	11 39	11 39	11 50	11 min
S	41	5 1/2 ft	11 38	11 41	11 41	11 49	8 min

SOIL AUGER FINDING _____

TESTED BY *6/4/65 Dum*

REMARKS _____

*6/4/65 - also present
Cloud Jagg*

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE
FILED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

No. 531

Owner Forest Bayer Durvall
Street or R. F. D. _____
Post Office woodbine Md

Driller Denny Brown License Number 42
Street or R. F. D. _____
Post Office Mt Airy Md
Date Dec 20 1965

Quantity of Water to be Produced 3 G.P.M.
Total Quantity Needed For Use 1000 G.P.D.
Use for Water House
Approximate Depth of Well (feet) 100ft
Method of Drilling to be used Cable

Location of Well
Subdivision _____
Section _____ Lot _____
County Howard
Nearest Town Florence
Distance from Town 1 mile
Direction from Town East

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 should be definite enough to permit locating
well on a county map).
Near what road _____
On which side of road _____
(North, East, South, West)
Distance from road _____

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

Well Permit No: HO-66-W-200

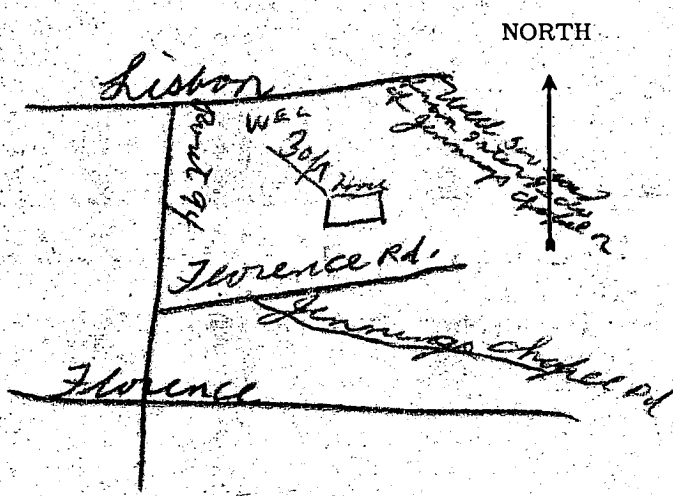
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well
subject to the conditions stipulated.

Paul W. McKee Director 12-16-65 Date

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

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.



Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Palmer F. Wine
Title Chief Sanitarian
Date 12/24/65

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from ___ to ___

DIAM.
(inches)

FEET
from ___ to ___

Shank

75 ft casing

Imperial Reef

well 105 ft

Permit Number H066W200
Owner Forest Buyer Durall
Address Woodbine, Md.
Subdivision _____
Section _____ Lot _____

PUMPING TEST

Hours Pumped 1 hour
Type of Pump Used Bayhara
Pumping Rate _____
Gallons per Minute 6

WATER LEVEL

Distance from land surface to water:
Before Pumping 75 Ft.
When Pumping 85 Ft.

APPEARANCE OF WATER

Clear Partly Cloudy _____
Taste None
Odor None

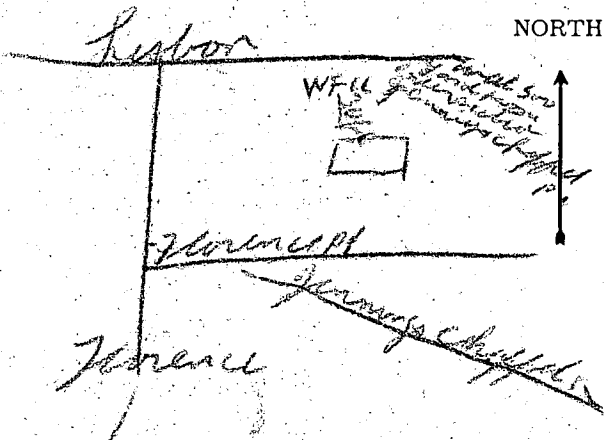
Height of Casing Above Land
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Completed June 17 1966

Well Driller
Signature Dennis Brewer

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT 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" I.D. 75 ft.
2. Total depth of well 105 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) _____
7. Yield of well in gallons per minute 6 ; elevation of water surface when pumped at the designated rate. 85 ft.
8. Number of hours pump operated at stipulated rate during pumping test 7
9. Record of any other pumping performance None
10. Log of materials encountered during drilling rock from 70 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 6 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Forest Boyer Dural Address Woodbine, Md.

Location of property Florence and Jennings Chapel Rd.

Health Department Number _____ Dept. of Water Resources Permit No. 74066 W 200

Date: Jan. 6, 1966, 19____. 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.

4044

SEQ. 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
40-73-1127
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
9/16/75
1:30

OWNER: Murall COL 15 LAST NAME
FIRST NAME: Boyer COL. 34
STREET OR RFD: Rt 2 COL 36
POST OFFICE: Woodbine Md. COL 57

1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: Aug 20, 1975 LICENSE NUMBER: 258
FIRST NAME: Joseph L. Mayne DRILLER LAST NAME: Mayne
SIGNATURE: Joseph L. Mayne

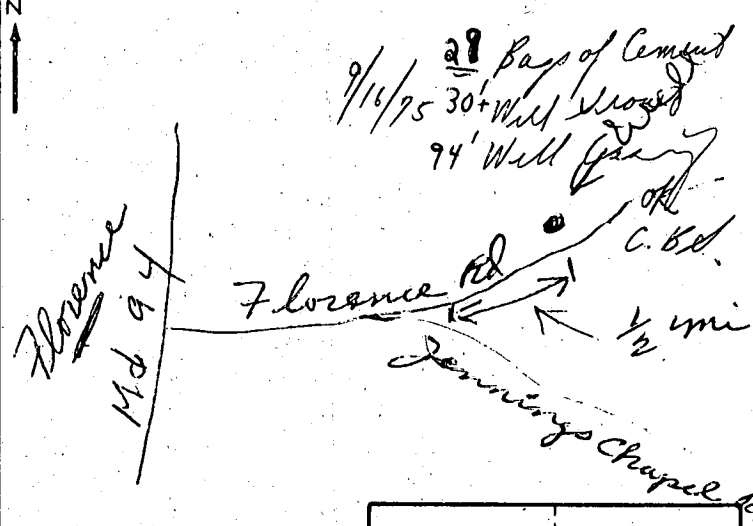
B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: 23 42
SECTION: 44 48 LOT: 48 50
NEAREST TOWN: Florence 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 1/2 MI 79 76 77 78

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): 7500 14 20
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

B 4 DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
 NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: Florence Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100 MI 34 37 38 39

APPROXIMATE DEPTH OF WELL: 100 FEET
APPROXIMATE DIAMETER OF WELL: 4 (NEAREST INCH.)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE):
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):

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, 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 SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 69
FORCE: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 770 N 530
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

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX): S
COUNTY NAME: HOWARD COUNTY NO.: W220.39
DATE: 8 22 75
APPROVED BY: Donald W. Monaghan Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

C 1 **7433** SEQUENCE NO. (WRA USE ONLY)

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

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 11/18/75

15 20

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

OWNER Blumace LAST NAME Blumace FIRST NAME Blumace

STREET OR RFD Rt 2 POST OFFICE Woodbine

DEPTH OF WELL 225 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-74-1129

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

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>Sand</u>	<u>0</u>	<u>90</u>	
<u>Blue Rock</u>	<u>90</u>	<u>225</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M B C BENTONITE CLAY

NO. OF BAGS 139 NO. OF POUNDS 2726

GALLONS OF WATER 1746

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 30 FT. (ENTER 0 IF FROM SURFACE)

48 52 54 58

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 94

60 61 63 64 66 70

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE Other

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 22 (NEAREST FOOT) 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } 2 (NEAREST FOOT)

49 50 51

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM TO

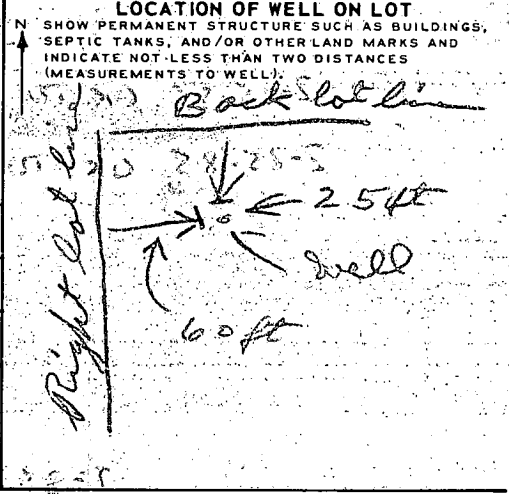
1 40 FROM 92 TO 225

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. 2. 3.



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 Joseph Maywe

(PLEASE PRINT) Joseph Maywe

SIGNATURE Joseph Maywe

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE