

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

WELL COMPLETION REPORT

WELL DESCRIPTION

Permit Number Ho-67-W-294
Owner Edw. W. Brown
Address Mt. Airy Mt
Subdivision _____
Section _____ Lot _____

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).

PUMPING TEST
Hours Pumped 2
Type of Pump Used Bailer
Pumping Rate _____
Gallons per Minute 5

WATER LEVEL
(Distance from land surface to water)
Before Pumping 53 Ft.
When Pumping _____ Ft.

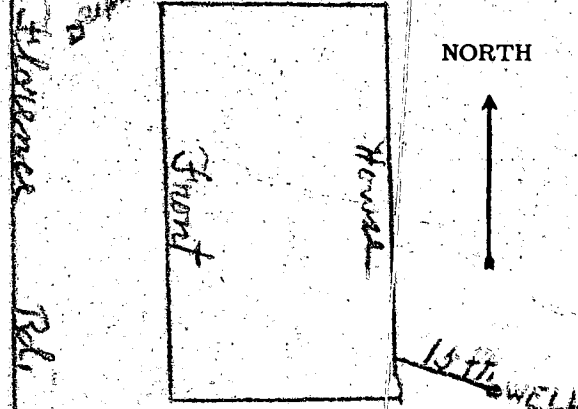
APPEARANCE OF WATER
Clear X Cloudy _____
Taste _____
Odor None

Height of Casing Above Land Surface 2 Ft.

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

FEET from <u>4</u> to _____	DIAM. (inches)	FEET from _____ to _____
<u>clay</u> <u>18</u> <u>Gravel</u>		<u>6' O.D.</u> <u>22</u>
<u>98</u> <u>Slate</u> <u>Rock</u>		<u>Well</u> <u>Casing</u>
<u>WELL</u> <u>120</u>		

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 WAS COMPLETED
6/28/67

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
Ed. Brown, Well Driller
Well Driller License No.: 81

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

No. 980

A 2598

APPLICATION FOR PERMIT TO DRILL WELL

Owner Edward W. Brown

Driller Ed. Brown License Number 81

Street or R. F. D. _____

Street or R. F. D. R. 3 Mt. Airy
Post Office _____

Post Office Mt. Airy

Date 6/19/67

Quantity of Water to be Produced 3 Gallons Per Minute

Location of Well County Howard

Total Quantity Needed For Use 300 Gallons Per Day

Subdivision _____

Use for Water Home

Section _____ Lot _____

Approximate Depth of Well (feet) 100

Nearest Town Long Corner

Method of Drilling to be used Cable

Distance from Town 3/4 mile

Direction from Town EAST

Is this a Replacement Well? Yes - No Yes

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

If YES, indicate date abandoned well is to be sealed: _____

Near what road Florence

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

Distance from road 200 ft.

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

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.

Well Permit No. HO-67-W-294

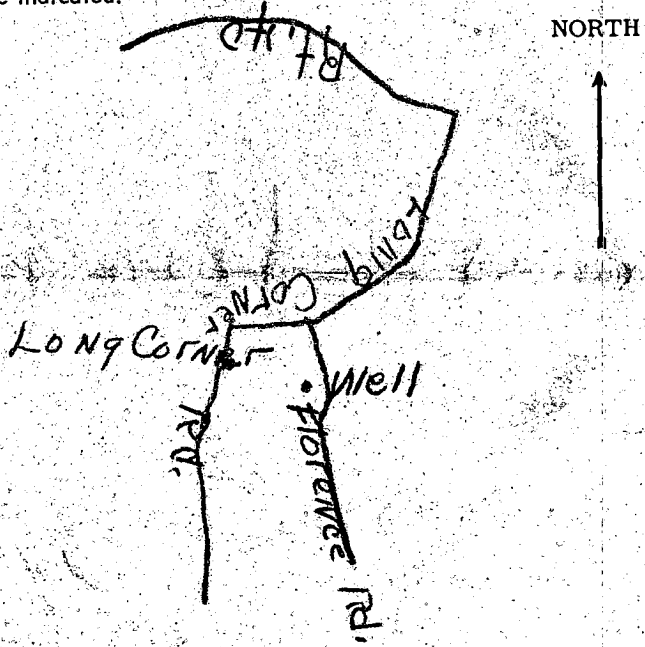
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. McKee 6-21-67
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 Calvin F. Wine

Title Director, Environmental Health

Date 6/20/67

