

B 1 8.140

SEQUENCE 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

HO-75-883

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: [Handwritten Name] COL 15 LAST NAME FIRST NAME COL 34

STREET OR RFD: [Handwritten Address] COL 36 COL 55

POST OFFICE: [Handwritten Post Office] COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 6/2/78 LICENSE NUMBER: 42
FIRST NAME: [Handwritten] DRILLER LAST NAME: [Handwritten]
SIGNATURE: [Handwritten]

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: [Handwritten] (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: [Handwritten] 42
SECTION: [Handwritten] LOT: [Handwritten] 50
NEAREST TOWN: [Handwritten] 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): [Handwritten] 73 76 77 78

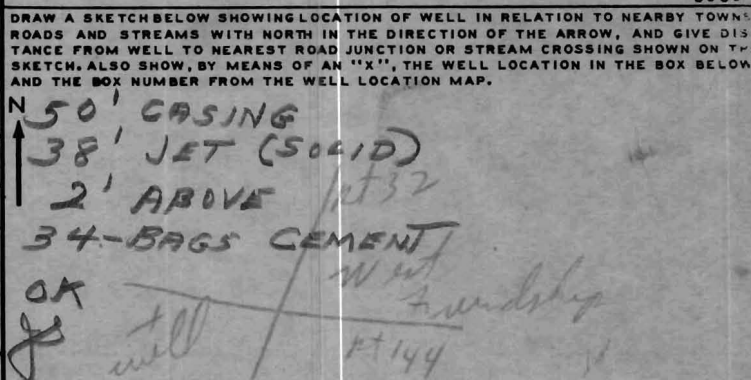
B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): [Handwritten] 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): [Handwritten] 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING, AGRICULTURE, IRRIGATION
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
[M] MUNICIPAL WATER SUPPLY
[P] PRIVATE WATER COMPANY
[T] TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

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

APPROXIMATE DEPTH OF WELL: [Handwritten] 24 28 FEET

APPROXIMATE DIAMETER OF WELL: [Handwritten] (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): [Handwritten]



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] 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)
APPROPRIATION PERMIT NUMBER: [Grid] ENGINEER REVIEW DISTRICT NO.: [Grid]
FORCE: [Grid] WRITE INITIALS IN BOX: [Grid] CONDITIONS: [Grid]

BOX NUMBER: [Handwritten] 800 530
NORTH COORDINATE: [Grid] 50 51 52 53 54 55
EAST COORDINATE: [Grid] 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): [Grid] 65 66 67 68

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX) COUNTY NAME: [Handwritten] COUNTY NO.: [Handwritten]
DATE: [Handwritten]
APPROVED BY: [Handwritten Signature] Donald W. Monaghan, Sanitarian

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

C 1 **7476** SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITH-  
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY  
NUMBER

\*DATE RECEIVED  
(WRA USE ONLY)

DATE WELL COMPLETED 7/13/77

DEPTH OF WELL

105  
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER Rentfro LAST NAME H. E. F. FIRST NAME  
19519 Carrollton Rd. STREET OR RFD Rockville Md. POST OFFICE

WELL DESCRIPTION

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	
Topsoil	0	2	
Brown Shale	2	10	
Brown slate	10	48	
Blue slate	48	54	✓
Medium shale	54	75	✓
Blue slate	75	105	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)\*  
 CEMENT  C  M BENTONITE CLAY  B  C  
 NO. OF BAGS 34 NO. OF POUNDS 3400  
 GALLONS OF WATER 170

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

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

CASING RECORD

CASING TYPES  
 INSERT APPROPRIATE CODE BELOW  
 S  T  C  O  
 STEEL CONCRETE  
 P  L  O  T  
 PLASTIC OTHER  
 MAIN CASING TYPE  S  T  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

OTHER CASING (IF USED)

EACH CASING  
 DIAMETER (INCH) DEPTH (FEET)  
 FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE  
 INSERT APPROPRIATE CODE BELOW  
 S  T  B  R  H  O  
 STEEL BRASS OR BRONZE OPEN HOLE  
 P  L  O  T  
 PLASTIC OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	<u>40</u>		<u>50</u>	<u>105</u>
2				
3				

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

DIAMETER OF SCREEN 56 (NEAREST INCH)  
FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

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

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

70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)  
WHEN PUMPING 105 (NEAREST FOOT)

TYPE OF PUMP 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

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)  Y  N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

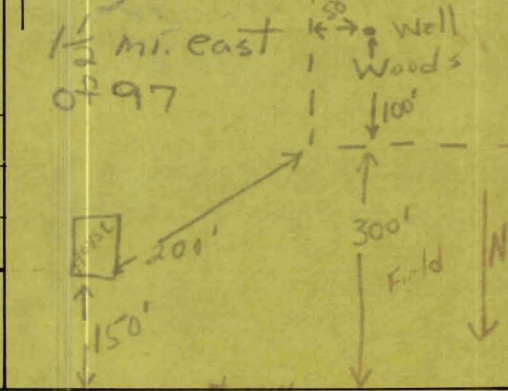
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)  
 - BELOW } 2

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) L. E. PASTERDAY  
SIGNATURE L. E. Pasterday