

C 1 7902 SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 DATE RECEIVED (DWR USE ONLY)
 DATE WELL COMPLETED May 1970
 8-13 15 20

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL
 FILL IN THIS FORM COMPLETELY

OWNER AUGUST CARL G LAST NAME FIRST NAME
 STREET OR RFD 2901 Evergreen Way POST OFFICE Sylkesville MD

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>Brown Shale</u>	<u>0</u>	<u>8</u>	
<u>Gray Granite</u>	<u>8</u>	<u>60</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 YES NO
 Y N
 45 46

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 20 FT.
 48 52 54 58
 (ENTER 0 IF FROM SURFACE)

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) 22
 60 61 63 64 66 70

OTHER CASING (IF USED)

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

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 (SEQ. NO.) 6

EACH CASING	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	8	9
2	11	15
3	17	21
4	23	24
5	26	30
6	32	36
7	38	39
8	41	45
9	47	51
10	53	54
11	56	60
12	62	66

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 3
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
 1 15

METHOD USED TO MEASURE PUMPING RATE Baker
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 15 (NEAREST FOOT)
 17 20
 WHEN PUMPING 50 (NEAREST FOOT)
 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 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)
 29
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 37
 31 35
 PUMP HORSE POWER 37
 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43
 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 2
 49 50 51

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
 C COPY OF ELECTRIC LOG ATTACHED

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 Harry Greed
 (PLEASE PRINT)
 SIGNATURE Harry Greed

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T TELESCOPE CASING (E.R.O.)
 70 LOG INDICATOR
 W Q OTHER DATA AVAILABLE
 74 75 76

Hand
golf course
Well

APPLICATION FOR PERMIT TO DRILL WELL

DRILLING IS STARTED.

FILL IN THIS FORM COMPLETELY

RECEIVED
5/10/70
1:30
2nd

OWNER AKID, Carl G. COL 18 LAST NAME COL 19 FIRST NAME COL 24

STREET OR RFD 3701 EVERGREEN WAY COL 20 COL 21 COL 22 COL 23 COL 24 COL 25

CITY SYDNEYVILLE MD COL 26 COL 27 COL 28 COL 29 COL 30 COL 31 COL 32 COL 33

POST OFFICE HO 70-0141 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40 COL 41

B 2 DRILLER INFORMATION

1 2 3 (SEQ. NO.) 4

HARRY GREEN IDENTIFY NUMBER 1

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

STREET OR RFD 3701 EVERGREEN WAY

CITY SYDNEYVILLE MD

POST OFFICE HO 70-0141

DATE OF APPLICATION MARCH 1970

B 4 LOCATION OF WELL

1 2 3 (SEQ. NO.) 4

COUNTY HOWARD

SUBDIVISION NEWFIELD GREEN VALLEY

BLK 31 LOT 50

NEAREST TOWN 1

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1

B 3 WELL INFORMATION

1 2 3 (SEQ. NO.) 4

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 6

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 700

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL

TEST

B 5 DIRECTION FROM TOWN

(CIRCLE APPROPRIATE BOX)

NORTH EAST NE SE

SOUTH WEST SW SOUTHWEST

NEARBY ROAD Evergreen Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100

APPROXIMATE DEPTH OF WELL 120 FEET

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY

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

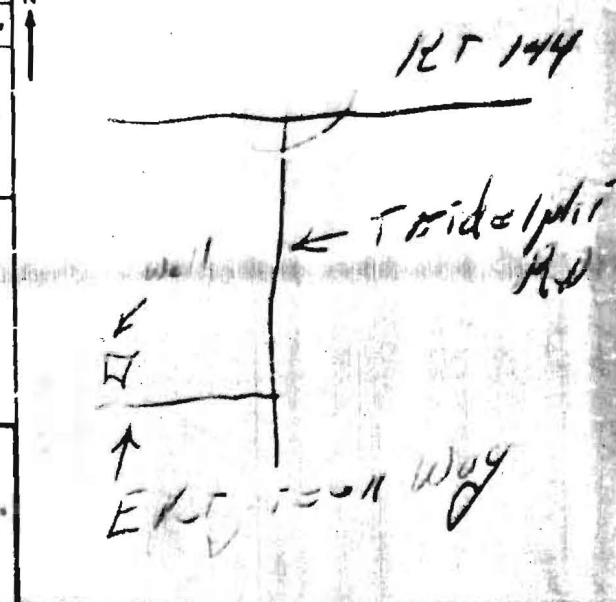
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROPRIATION PERMIT NUMBER _____

ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE SHEET INITIALS

CONDITIONS _____



B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)

1 2 3 (SEQ. NO.) 4

COUNTY Howard COUNTY DEPT. OF HEALTH

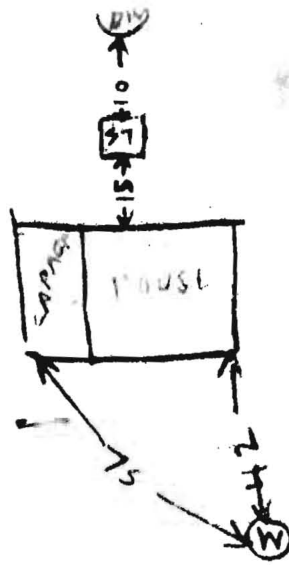
DATE 3 16 70 APPROVED BY [Signature] DIRECTOR, Environmental Health

LATITUDE 39 17 30 LONGITUDE 76 51 10

ELEVATION AT WELL HEAD (FEET) 9550

HEALTH

DRIVEWAY DRIVE



EVERGREEN WAY

5/20/70 245 PM

- ① About 20% of well to be grouted
- ② Well is 60 FT deep
- ③ 22 FT casing in well.
- ④ Water is 15' - 7' of ground
- ⑤ Pack 3' from top of ground
- ⑥ Eight bags of Type 2 cement used

Recommend
by Council
No. 10010

Insult. S.T.
clearance
from 12/12
Sun Dec 6
MR 1/25/89

OK -
5' CLEARANCE TO DRAIN
TANK

1/29/90
Cullin

SCALE 1"=50'

LOT 5B BLOCK B

