

**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 ___

Sand

100 ft casing

Imperv rock

well 150 ft

PUMPING TEST

Hours Pumped 1
Type of Pump Used Bayler
Pumping Rate _____
Gallons per Minute 9

WATER LEVEL

(Distance from land surface to water)

Before Pumping 100 Ft.
When Pumping 110 Ft.

APPEARANCE OF WATER

Clear Partly Cloudy _____
Taste None
Odor None

Height of Casing Above Land

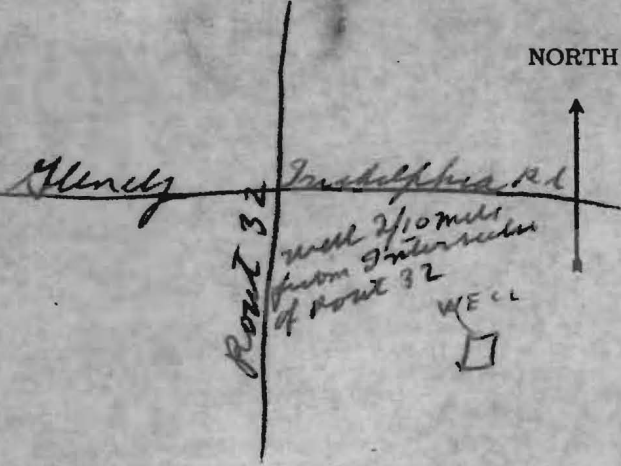
Surface 2 Ft.

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 WAS COMPLETED

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.

Denny Brown, Well Driller

March 1 1967

Well Driller License No.: 113

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

APPLICATION FOR PERMIT TO DRILL WELL

No. 890

Owner Edman Knight

Driller Denny Brown License Number 113

Street or R. F. D. _____

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

Post Office Glency, Md

Date Jan 25 1967

Quantity of Water to be Produced 3 Gallons Per Minute

Location of Well _____
County _____

Total Quantity Needed For Use 1000 Gallons Per Day

Subdivision _____

Use for Water House

Section _____ Lot _____

Approximate Depth of Well (feet) 100 ft

County Howard

Method of Drilling to be used Cable

Nearest Town Bladys

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Distance from Town 1 mile

Direction from Town East

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

Near what road Philadelphia

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

Distance from road 100 ft

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.

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

Well Permit No. HO-67-W-99

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.

Director _____ Date 1-26-67

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

Health Department Approval of Application

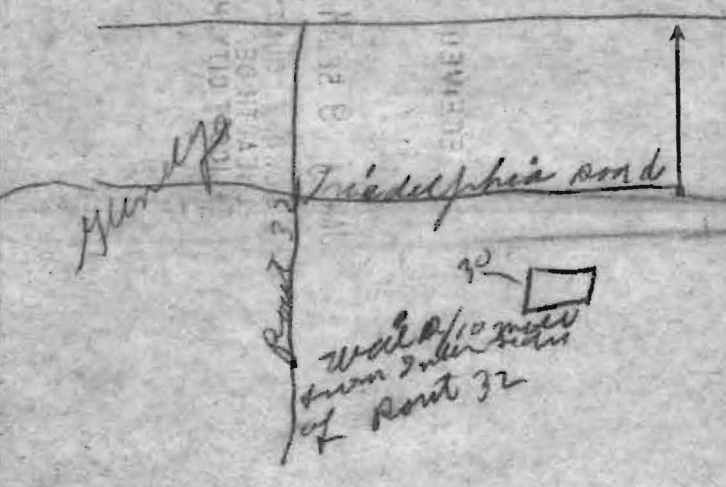
Howard County Department of Health

or State Department of Health
Approved by Palmer F. Wore

Title Director, Environmental Health

Date 1/25/67

NORTH



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" dia. 100 ft
2. Total depth of well 150 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) 100 ft
7. Yield of well in gallons per minute 9 ; elevation of water surface when pumped at the designated rate. 110 ft
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Band of 100 ft Rock from 100 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 10 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Edwin Knight Address Blennely

Location of property of Route 32 on Braddock Road

Health Department Number _____ Dept. of Water Resources Permit No. H067W199

Date: March 1, 1967. Denny Brewer
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.