

**B 1** 3914  
 SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**APPLICATION FOR PERMIT TO DRILL WELL**

DWR PERMIT NUMBER  
 40-73-0336  
**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (DWR USE ONLY)  
 7/23/73

OWNER: Fairfield Construction Co.  
 COL 15 LAST NAME FIRST NAME COL. 34  
 STREET OR RFD: 414 Humphreys Dr.  
 COL 36 COL. 55  
 POST OFFICE: Rockville Md.  
 COL 57 COL. 76

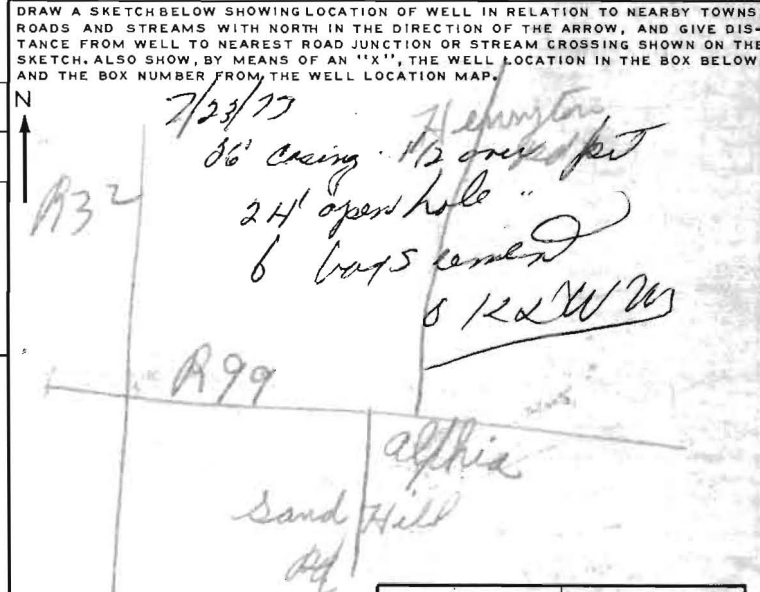
**B 1** CONTINUED **DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE: March 28-73 LICENSE NUMBER: 42  
 77 80  
 FIRST NAME: J F Eastwood DRILLER LAST NAME  
 SIGNATURE: J F Eastwood

**B 3** **LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION: Overell Panshling 42  
 SECTION: 44 LOT: 1 50  
 NEAREST TOWN: alpha 52 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 73 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): 600 14 20  
**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 **D** DOMESTIC, 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 } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 **T** TEST

**B 4** **DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)  
 **N** NORTH  **E** EAST  **NE** NORTHEAST  **SE** SOUTHEAST  
 **S** SOUTH  **W** WEST  **NW** NORTHWEST  **SW** SOUTHWEST  
 NEAR WHAT ROAD: Henryton  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  **N**  **S**  **E**  **W**  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 135 34 37 38 39

APPROXIMATE DEPTH OF WELL: 100 FEET  
 APPROXIMATE DIAMETER OF WELL: 6 (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 DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

**NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)**  
 APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63  
 FORCE:   WRITE INITIALS IN BOX CONDITIONS: W  
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 820 540  
 NORTH COORDINATE: 545000 50 51 52 53 54 55  
 EAST COORDINATE: 0830000 57 58 59 60 61 62 63  
 ELEVATION AT WELL HEAD (FEET): 0/0 65 66 67 68 0/0 8/0

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 STATE HEALTH (CIRCLE BOX): S COUNTY NAME: Howard COUNTY NO.: 3171  
 DATE: 033073 MO. DAY YR.  
 APPROVED BY: Palmer F. Wine, Director  
 43 48

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

2384  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DWR USE ONLY)

**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

DATE RECEIVED (DWR USE ONLY)  
 8-13

DATE WELL COMPLETED 7-23-78  
 DEPTH OF WELL 300  
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
40-73-1330  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 41

OWNER Fairfield Court 6. LAST NAME Fairfield FIRST NAME Coast  
 STREET OR RFD 15 POST OFFICE Rockville 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>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Clay</u>	<u>3</u>	<u>24</u>	
<u>Bray rock</u>	<u>24</u>	<u>300</u>	<input checked="" type="checkbox"/>

**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 6 NO. OF POUNDS 600  
 GALLONS OF WATER 35  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 24 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**  
 INSERT APPROPRIATE CODE BELOW  
 STEEL  S  T CONCRETE  C  O  
 PLASTIC  P  L OTHER  O  T  
 MAIN CASING TYPE  S  T  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 26

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

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

**SCREEN**  
 C 2 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT)  
 FROM TO  
 1 8 9 11 15 17 21  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 SLOTSIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

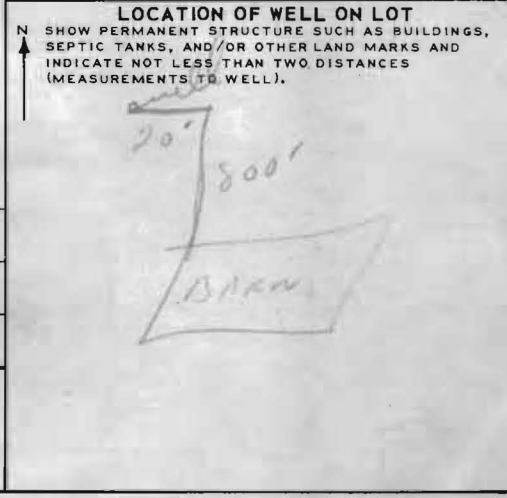
DIAMETER OF SCREEN 56 (NEAREST INCH)  
 FROM 60 TO \_\_\_\_\_  
 GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68  F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  T LOG INDICATOR  W  
 70 72 74 75 76 OTHER DATA AVAILABLE

**PUMPING TEST**  
 1 2 3 (SEQ. NO.) 6  
 HOURS PUMPED (TO NEAREST HOUR) 8  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11  
 METHOD USED TO MEASURE PUMPING RATE Hubb  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 50 (NEAREST FOOT)  
 WHEN PUMPING 300 (NEAREST FOOT)  
 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

**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29  
 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  
 - BELOW } 2 (NEAREST FOOT)  
 49 50 51



**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 [Signature]  
 (PLEASE PRINT) \_\_\_\_\_  
 SIGNATURE [Signature]