

STATE OF MARYLAND  
DEPARTMENT OF WATER RESOURCES  
State Office Building  
ANNAPOLIS, MARYLAND 21401

A 08146

# A 08146

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner <del>Wolfe</del> Loyd Jonathan Murray	Driller: <del>Robert P. Lamason</del> License Number 16
Street or R. F. D.	Street or R. F. D. Pineburg MD, #2
Post Office Laurel MD,	Post Office
	Date Aug. 25, 1964

Quantity of Water Needed (G.P.M.) 3	Location of Well
Use for Water	
Approximate Depth of Well (Feet) 30-40	Nearest Town: Coveville, MD,
Method of Drilling to be used: Driller	Distance from Town: 1 MI.
	Direction from Town: Due West

PERMIT TO DRILL WELL  
(Permit to be returned to driller)  
NOT TO BE FILLED IN BY DRILLER

Permit No. \_\_\_\_\_

Samples of Cuttings  Yes  
Required by Department  No

Owner Requires Permit  Yes  
to Appropriate Water  No

Owner Has Permit  Yes  
to Appropriate Water  No

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

Description of Location of Well

The location should be definite enough to permit locating well on a county map.

Nearest road: RD 116

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

Distance from road: 500 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.



Director \_\_\_\_\_

Date \_\_\_\_\_

Special conditions that may apply \_\_\_\_\_

Health Department Approval of Application

\_\_\_\_\_ County Department of Health

or \_\_\_\_\_ State Department of Health

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

(ORIGINAL)

A 08145

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLCOTT CITY, MARYLAND

H-65W-432

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 lined, 90ft.
- 2. Total depth of well 102ft.
- 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 3 Bags lbs. Gals. water 15 gals.
- 6. Standing water level (depth below ground surface when not pumping) 60
- 7. Yield of well in gallons per minute 8; elevation of water surface when pumped at the designated rate 75'.
- 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 Hard Rock from 80ft. down

- 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 8 ounces of \_\_\_\_\_ % Chlorine (Brand name Clorox)

Property Owner Kenneth Carr Address Fulton, Md.  
Location of property Dyersfield

Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. H065W432

Date: May 22, 1963. Dennis Brown  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.