

OWNER INFORMATION
 Date Received **12/30/85 9:30 AM**
 15 Last Name **MC KENZIE** Owner First Name **LEO**
 36 Street or RFD **6958 PINDLELL SCH RD**
 57 Town **FULTON** 70 State **MD** 72 Zip **20759** 76

LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **MAP 41** 42
 SECTION **44** 46 LOT **8** 48 50 **PARCELL 33**
 52 NEAREST TOWN **SIMPSONVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **M I** 76 77 78

DRILLER INFORMATION
 Driller's Name **GEORGE F. EASTERDAY** 77 License No. **40** 80
 Firm Name **G.F. EASTERDAY, INC**
 Address **9225 BROWN CHURCH RD MT. AIRY, MD 20771**
 Signature **George F. Easterday** Date **12/12/85**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **6958 Pindell Sch Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST WEST EAST EAST
 SOUTH SOUTH
 34 DISTANCE FROM ROAD **200** 37 ENTER FT or MI **17** 38 39

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A-30357-2**
 OEP SIGNATURE **B. Wilson** STATE HEALTH INSERT S 41
 DATE ISSUED **123085** CO SIGNATURE **B. Wilson** EXP. DATE **06/30/86**
 NORTH GRID **490000** 50 55 EAST GRID **0826000** 57 63

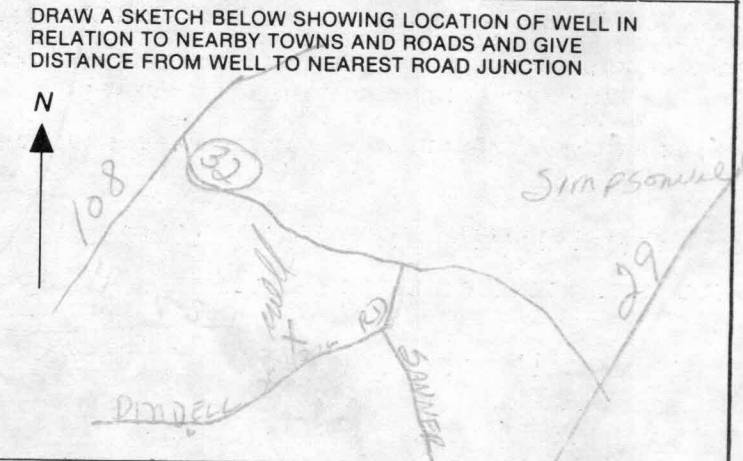
APPROXIMATE DEPTH OF WELL **200** 24 FEET 28
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE **HA** WRITE INITIALS IN BOX PERMIT No. **40-81-1273** 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
 1. **WELL**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **8206**
 E **4900** ← 000 000



12/30/85

OK'd
(initials)

28" Annular space

10 bags cement

tag given to driller ✓

30' casing

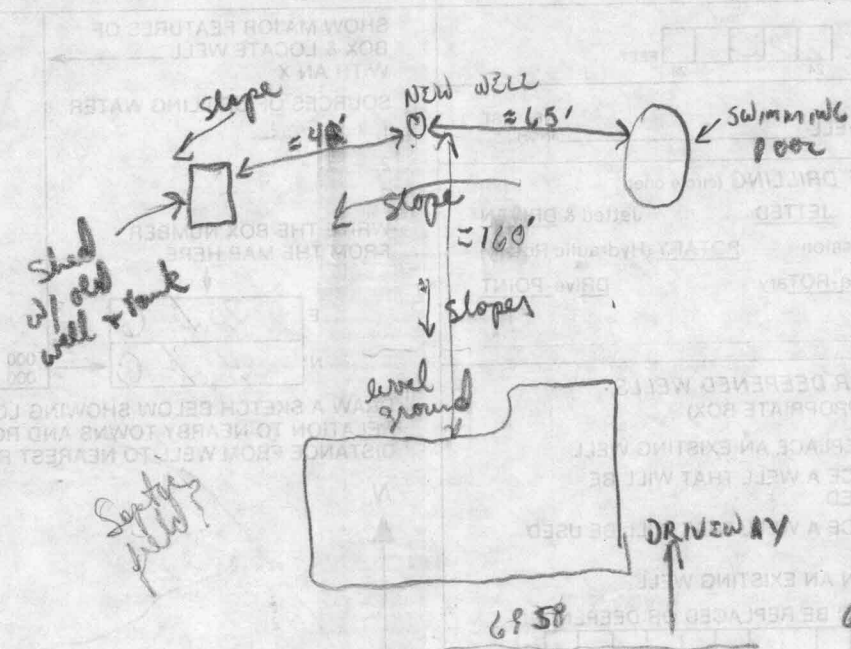
grout done - OK

No pump test done

Static H₂O level 44'

well depth at least 260'

} our own measurements



Sept 85
filled?

6958 6950