

B 1 1903

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-2549

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

please print or type

fill in this form completely

Date Received

07/2/88

OWNER INFORMATION

15 Last Name: ABC... Owner First Name: J... 34

36 Street or RFD: ... 55

57 Town: ... 70 State: ... 72 Zip: ... 76

B 3

LOCATION OF WELL

8 COUNTY: ... 21

23 SUBDIVISION: ... 42

SECTION: ... 44 46 LOT: ... 48 50

52 NEAREST TOWN: ... 71

MILES FROM TOWN (enter 0 if in town): ... 73 76 77 78

DRILLER INFORMATION

Driller's Name: ... 77 License No. 80

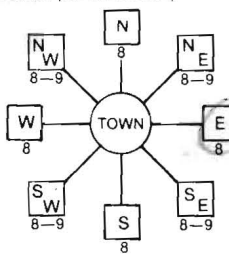
Firm Name: ...

Address: ...

Signature: ... Date: ...

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: ... 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD: ... 37

ENTER FT or MI: ... 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): ... 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): ... 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
P INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: ... COUNTY NO.:

OEP SIGNATURE: ... STATE HEALTH INSERT S: ... 41

DATE ISSUED: ... CO SIGNATURE: ... EXP. DATE: ...

NORTH GRID: ... 50 55 EAST GRID: ... 57 63

APPROXIMATE DEPTH OF WELL: ... 24 28 FEET

APPROXIMATE DIAMETER OF WELL: ... NEAREST INCH

METHOD OF DRILLING (circle one)

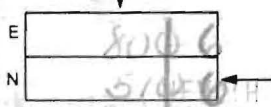
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

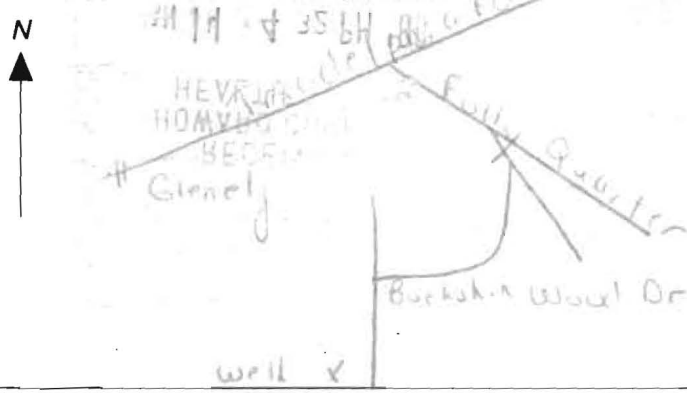
SOURCES OF DRILLING WATER

- 1. Approved well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED 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 DEEPEMED 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)

APPROX. PERMIT NUMBER: ... 54 ... 63

FORCE: ... WRITE INITIALS IN BOX: ... PERMIT No.: ... 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
JAN 14 1 23 PM '87

- ① LOCATION OK PER PLANS
- ② 53 FT CASING
- ③ 48 FT OPEN HOLE
- ④ Arrived late 230 for a 200 PM Grout
Grout already started
- ⑤ 19 Bag used
- ⑥ Well OK

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JAN 14 2 32 PM '87

2/29/88
B. Hodger

Page of
 Date 2/29/88

Review OK'd (B) 7/13/88

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2549
 Location of property (road) BUCKSKIN WOODS DR.
 Subdivision BUCKSKIN WEST Lot 8 Block Plat Sec.
 Well Driller WILLIAM REICHA Owner ABRAMSON, JOEL

Depth of well 300'
 Distance of measuring point (M.P.) above ground surface - 0'
 Static water level (S.W.L.) below M.P. 65'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 9 gpm
 Total time 1 1/2 hrs. to reach pumping water level 265' below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	65'	33.3 sec		9
9:15	120'	33.3 sec		9
9:30	175'	33.3 sec		9
9:45	210'	33.3 sec		9
10:00	242'	37.5 sec		8
10:15	265'	37.5 sec		8
10:30	265'	100 sec		3
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4:30	265'	100 sec		3

