

10/27/78
9:30 A.M. 1st

FILE Emergency Well DATE REPORTED 10/24/78

PROPERTY OWNER Mr. Byro BIRD

P.O. ADDRESS 8510 Edenton Road, Fulton, Md. 20759 TELEPHONE _____

DIRECTIONS TO PROPERTY "Beaufort Park"

INFORMANT Easterday - well driller
Richard Biggs verified - were completely out
of water on 10/20/78. Mr. Green drilled
first well

HO 78-E-9

CONDITION FOUND _____

ACTION TAKEN WELL GRANTED - EASTERDAY - 10/27/78

- 70' CASING
- 2' ABOVE GR
- 25' - OPEN HOLE
- 39' - JET - SOLID - COULD NOT GO ANY DEEPER
- 18 - BAGS CEMENT

JS 10/27/78

FINAL DISPOSITION _____

B 1	4783	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER H-12-274
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)	OWNER <u>Bino Burt...</u>		
	COL 15 LAST NAME	FIRST NAME	COL. 34
	STREET OR RFD <u>3010 Ed...</u>		
	COL 36		COL. 55
	POST OFFICE <u>Fulton...</u>		
	COL 57		COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	LICENSE NUMBER	77 80
<u>10/24/78</u>	<u>40</u>	
FIRST NAME	DRILLER	LAST NAME
<u>Bino</u>	<u>Burt...</u>	<u>Burt...</u>
SIGNATURE <u>Bino Burt...</u>		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	29 42
SECTION	44 46 48 50
NEAREST TOWN	52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>73</u> MI	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 12
<u>600</u>	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 20
<u>600</u>	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST
<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST
<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
NEAR ROAD WHAT <u>3010 Ed...</u>	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	N 32 S 32 E 32 W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>34</u> FT	

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> D	HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
<input type="checkbox"/> F	FARMING, AGRICULTURE, IRRIGATION
<input type="checkbox"/> I	INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
<input type="checkbox"/> M	MUNICIPAL WATER SUPPLY
<input type="checkbox"/> P	PRIVATE WATER COMPANY
<input type="checkbox"/> T	TEST
} MUST HAVE STATE HEALTH DEPT. APPROVAL	

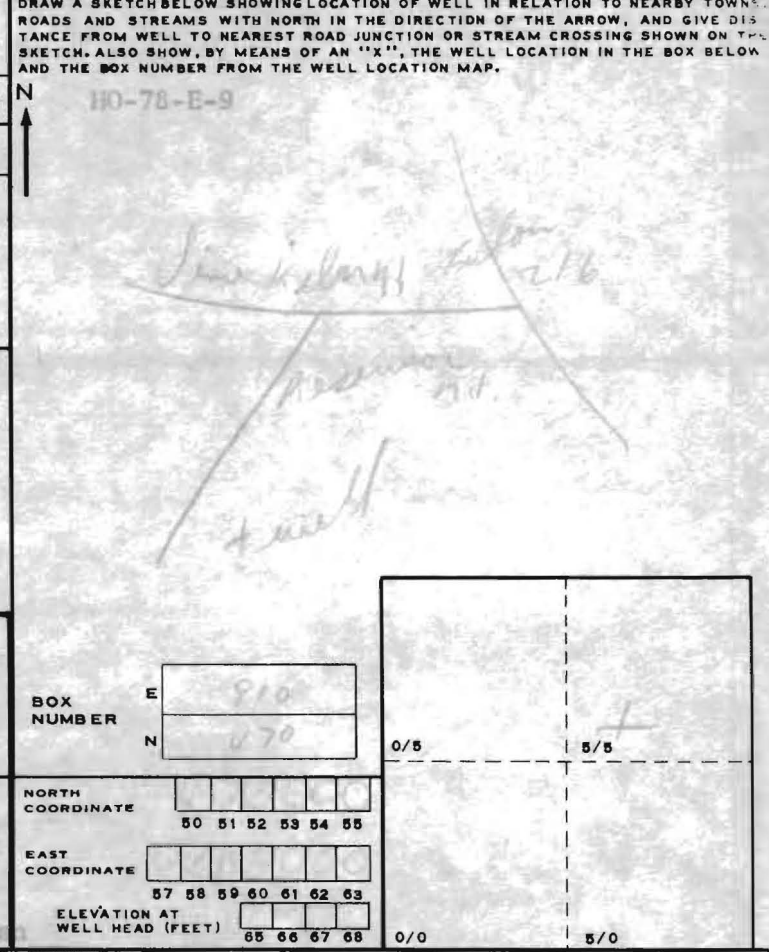
APPROXIMATE DEPTH OF WELL	24 26 FEET
APPROXIMATE DIAMETER OF WELL	6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> N	THIS WELL WILL NOT REPLACE AN EXISTING WELL
<input type="checkbox"/> Y	THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
<input type="checkbox"/> S	THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
<input type="checkbox"/> 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 (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
54	65
FORCE	CONDITIONS
67 68	70 71 72 73 74 75 76 77 78 79

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
41	<input type="checkbox"/> S STATE HEALTH (CIRCLE BOX)	COUNTY NAME <u>Howard</u> COUNTY NO. <u>20132</u>
DATE	MO. DAY YR.	APPROVED BY <u>Donald H. ... Sanitary</u>
43	48	



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

C 1 0375
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 COMPLETE
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 10/29/48 DEPTH OF WELL 140 PERMIT NO. FROM "PERMIT TO DRILL WELL" _____
 8-13 15 20 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 40

OWNER Biko LAST NAME RUDOLPH FIRST NAME _____
 STREET OR RFD 3515 ST. JENKINSON RD. POST OFFICE 146107 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	
TOP SOIL	0	2	
SHALE	2	12	
SAND	12	30	
SANDSTONE	30	45	H
SAND	45	60	
CLAY	60	72	
BROWN SLATE	72	75	✓
MICA	75	140	

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 18 NO. OF POUNDS 11
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 39 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) 70

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

C 2
 1 2 3 (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
 SLOT SIZE 1, _____ 2, _____ 3, _____

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

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T 70 E.R.O.S. 72 W 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3
 1 2 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT)
 WHEN PUMPING 140 (NEAREST FOOT)

TYPE OF PUMP 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) _____
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE (NEAREST FOOT)
 - BELOW } 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
 DRY WELL
 WELL
 BACK LOT LINE

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 _____
 (PLEASE PRINT) George F. Eastman
 SIGNATURE George F. Eastman