

B 1 1942

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

A23856

WRA PERMIT NUMBER

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
2/21/78
1:30 P.M.

OWNER: Brantly Association
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 218 Teacher Bldg.
COL 36 COL. 55
POST OFFICE: Columbia Md. 21044
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: Sept. 19, 1977
LICENSE NUMBER: 238
77 80
FIRST NAME: Joseph L. Mayne
DRILLER LAST NAME
SIGNATURE: Joseph L. Mayne

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: Brantly
23 42
SECTION: 2-A
44 46 48 50
NEAREST TOWN: Adelphi
52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 1/2
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): 750
14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
8 8 8 9 8 9
NEAR ROAD WHAT: Brantly Rd
11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W
32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 30
34 37 38 39

APPROXIMATE DEPTH OF WELL: 160 FEET
24 26
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.
N
69' casing (conformance)
38' open
3 bags @ 50' Brantly Wood Rd
pipe stuck 2/21/78
discussed with DWM 2/22/78
Adelphi 16 bags open 2/21/78
OK.

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54
ENGINEER REVIEW DISTRICT NO.: 65
FORCE: 67 68
WRITE INITIALS IN BOX
CONDITIONS: 70 71 72 73 74 75 76 77 78 79
A E N S G W Q C L U

BOX NUMBER: E 790, N 520
NORTH COORDINATE: 50 51 52 53 54 55
EAST COORDINATE: 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): 65 66 67 68
0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: W26909
MO. DAY YR. DATE: 0 9 20 77
APPROVED BY: Donald W. Monaghan, Sanitaria

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

14752.4 504m

C 1 0570 SEQUENCE NO. (WRA 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

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

DATE RECEIVED (WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

22 (TO NEAREST FOOT) 26

28 29 30 31 32 33 34 35 36 37

8-13

15 20

DRILLERS IDENTIFICATION NO.

OWNER LAST NAME

FIRST NAME

STREET OR RFD

POST OFFICE

WELL LOG

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

Table with columns for Description, Feet (From, To), and Check if Water Bearing. Includes handwritten entries for sand and gravel.

GROUTING RECORD

Form for Grouting Record including fields for YES/NO, Type of Grouting Material (Cement, Bentonite Clay), No. of Bags/Pounds, Gallons of Water, and Depth of Grout Seal.

CASING RECORD

Form for Casing Record including Casing Types (Steel, Concrete, Plastic, Other), Main Casing Type, Nominal Diameter, and Total Depth.

OTHER CASING (IF USED)

Form for Other Casing including Diameter (Inch) and Depth (Feet).

SCREEN RECORD

Form for Screen Record including Screen Type or Open Hole, Material (Steel, Brass or Bronze, Plastic, Other), and Slot Size.

C 2 (SEQ. NO.) 6

Table for Depth (Nearest Whole Foot) with columns for 1-6 and rows for 1-3.

Form for Diameter of Screen (Nearest Inch) and Gravel Pack.

Form for If Well Drilled Was a Flowing Well Circle BDX.

Form for WRA Use Only (Not to be filled in by Driller) including Telescope Casing, Log Indicator, and Other Data Available.

C 3 (SEQ. NO.) 6

PUMPING TEST

Form for Pumping Test including Hours Pumped, Pumping Rate, Method Used to Measure Pumping Rate, Water Level, and Type of Pump Used.

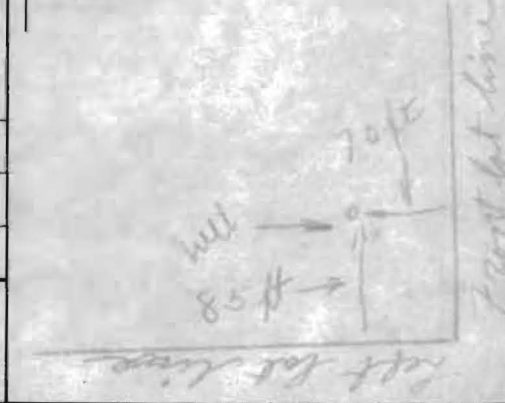
PUMP INSTALLED

Form for Pump Installed including Type of Pump, Capacity (Gallons per Minute, Pump Horse Power, Pump Column Length), and Driller Will Install Pump.

CASING HEIGHT

Form for Casing Height including Above and Below Land Surface.

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).



CIRCLE APPROPRIATE BOXES 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) SIGNATURE