

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE** COUNTY NUMBER **A28868**

Date Received (OEP use only) **DATE WELL COMPLETED** **10 29 82** **Depth of Well** **128** **PERMIT NO.** **40-73-4302**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) (TO NEAREST FOOT)

OWNER **Boyd** last name **Joseph** first name
 STREET OR RFD **Point Hitch Rd.** TOWN **Glenwood**
 SUBDIVISION **Countryside** SECTION **15** LOT **15**

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Soil	0	1	
Brown Clay & Sand	1	4	
Soft Brown Sand	4	9	
Hard Black Sandstone	9	33	X
Soft Brown Sandstone	33	38	
Hard Black Sandstone	38	59	
Opening in Blk. Sandstone lined w/Red Clay	59	60	X
Hard Black Sandstone	60	82	
Opening in Blk. Sandstone side lined w/Red Clay	82	83	X
Hard Black Sandstone	83	128	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **YES Y NO N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **45 46**
 GALLONS OF WATER **72**
 DEPTH OF GROUT SEAL (to nearest foot) from **48** TOP ft. to **54** BOTTOM ft. (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **S** **T**
 Nominal diameter top(main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **42' 8"**

OTHER CASING (if used)
 diameter inch **6** depth (feet) from **0** to **42' 8"**

SCREEN RECORD
 screen type or openhole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS BRONZE OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2 (seq. no.) **1**
 DEPTH (nearest ft.) **42' 8"** **128**
EACH SCREEN
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 (NEAREST INCH) **6**
 from **0** to **60**

GRAVEL PACK **IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX** **F**

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

C3 (seq. no.) **1**
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **20**
 METHOD USED TO MEASURE PUMPING RATE **11** **15**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **45** WHEN PUMPING **51**
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED YES **Y** NO **N**
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below **LAND SURFACE** (nearest foot) **2**

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Rt. 97
Countryside

CIRCLE APPROPRIATE BOX
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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DRILLERS IDENT. NO. **256**
Dana Kyker, Jr., II
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 9292 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
100 P.M. - Grant

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-73-4302

fill in this form completely

Date Received *10/29/82*
OWNER INFORMATION
Last Name 15 Owner 34 Name
Street or RFD 36 55
Town 57 State 76 Zip

B 3 LOCATION OF WELL
COUNTY 8 21
SUBDIVISION 23 42
SECTION 44 46 LOT 48 50
NEAREST TOWN 52
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 1 Continued DRILLER INFORMATION
Driller's Name 77 License No. 80
Firm Name
Address
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 34 37
(CIRCLE APPROPRIATE BOX) 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 550 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I 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)

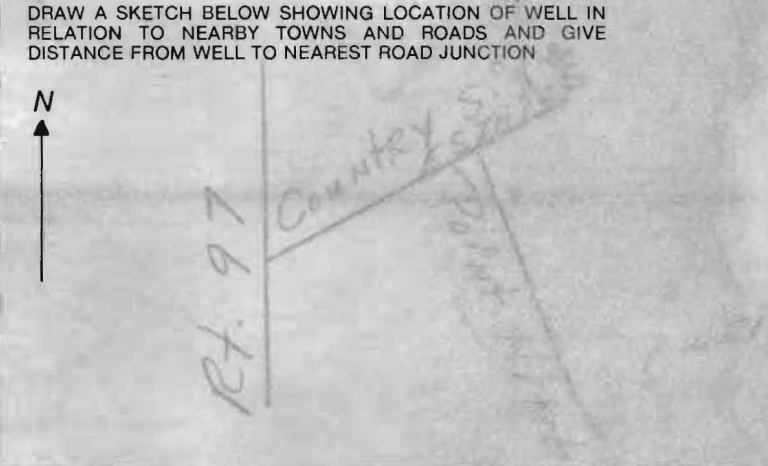
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. City
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 790 1
N 520 3
42 1/2 casing
1 1/2 above pt
36 - open
12 - large cement
Location OK
10/29/82

APPROXIMATE DEPTH OF WELL 24 190 28 FEET
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

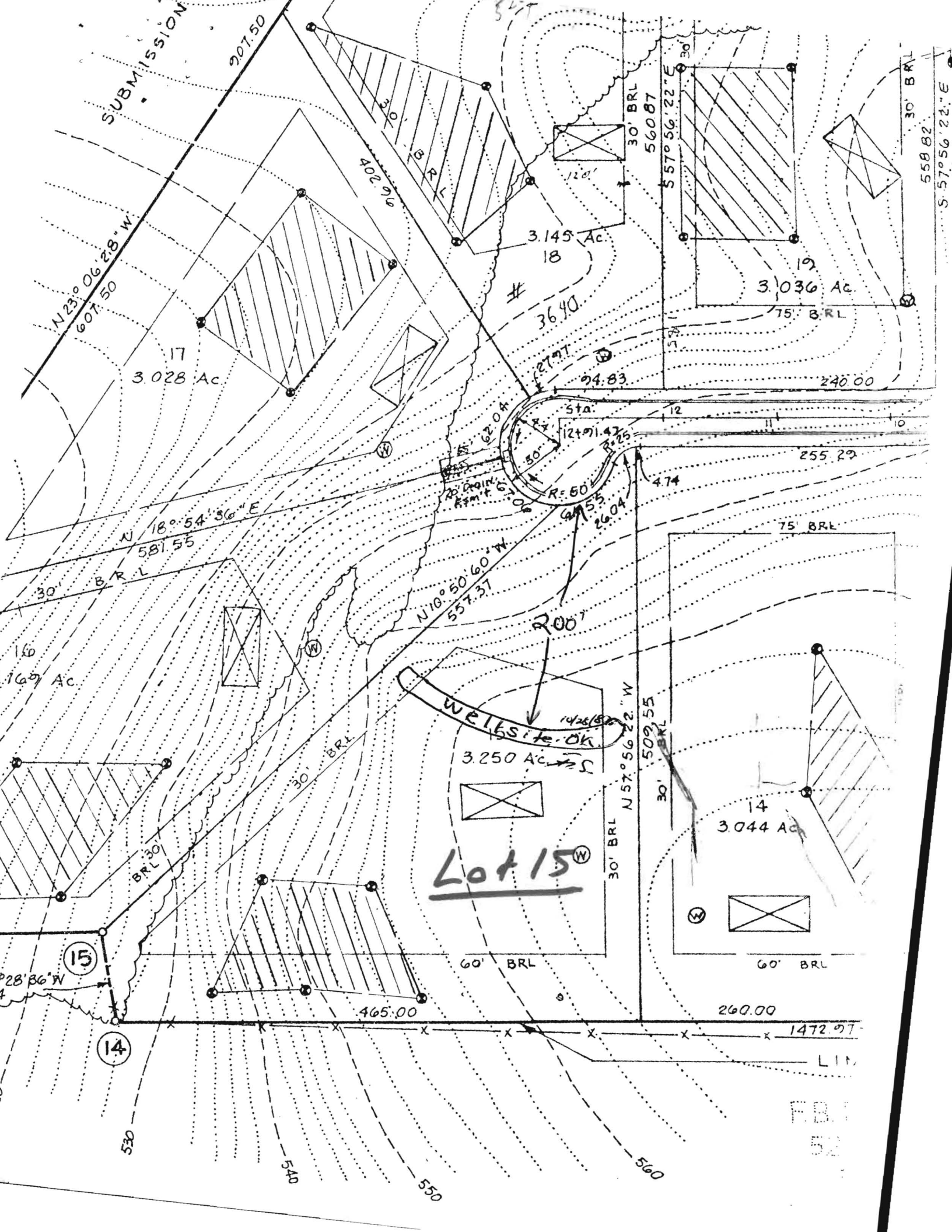
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE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

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER 54 GAP 63
FORCE 64 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO.
OEP SIGNATURE STATE HEALTH CIRCLE BOX S 41
DATE ISSUED
CO SIGNATURE
NORTH GRID 43 48 50 EAST GRID 55 57 62 EXPIRES

B 5 SPECIAL CONDITIONS 8-63
1 2 3 6



F.B.I.
52