

B 1 5532 SEQUENCE NO. (WRA USE ONLY)

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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 12/12/79
 1:30 P.M.

OWNER Middleton William H.
 COL 18 LAST NAME FIRST NAME COL. 34

STREET OR RFD 232 IRON SHIRE ROAD
 COL 36 COL. 55

POST OFFICE LAUREL MD 21113
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE 12/12/79 LICENSE NUMBER 2833
 77 80

FIRST NAME Ralph DRILLER LAST NAME Mayne

SIGNATURE Ralph Mayne

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY Harford (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION II 42

SECTION 44 LOT 46 50

NEAREST TOWN Harford 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 M I 76 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD ALLIANCE RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39 M I

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

APPROXIMATE DEPTH OF WELL 24 FEET

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) _____

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

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) _____

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 69

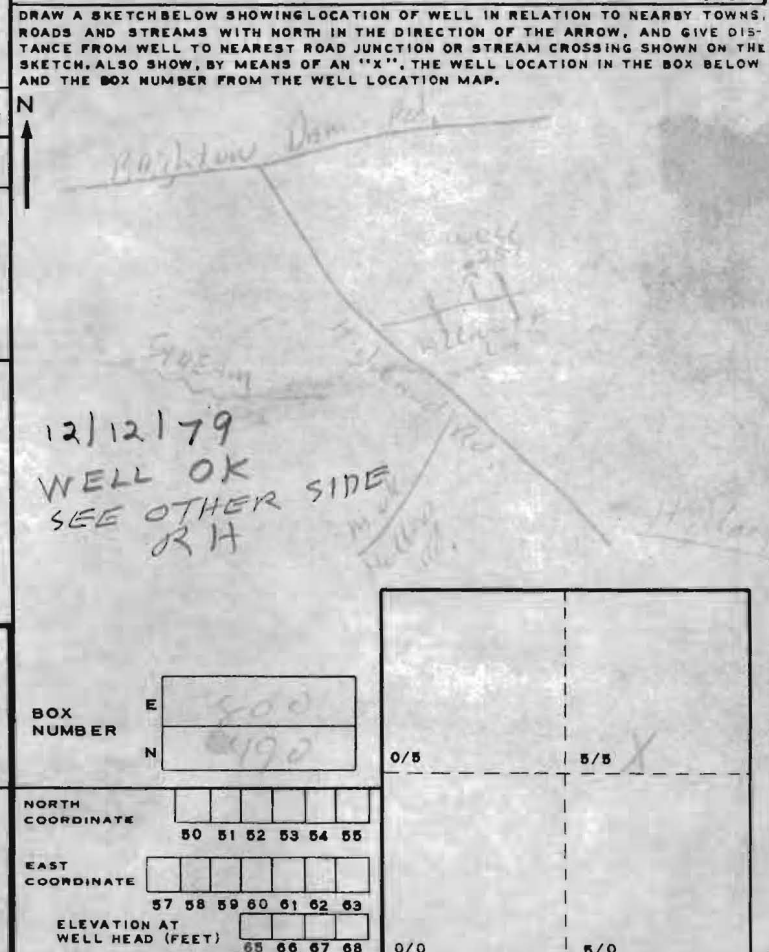
FORCE 67 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME _____ COUNTY NO. _____

DATE _____ APPROVED BY _____

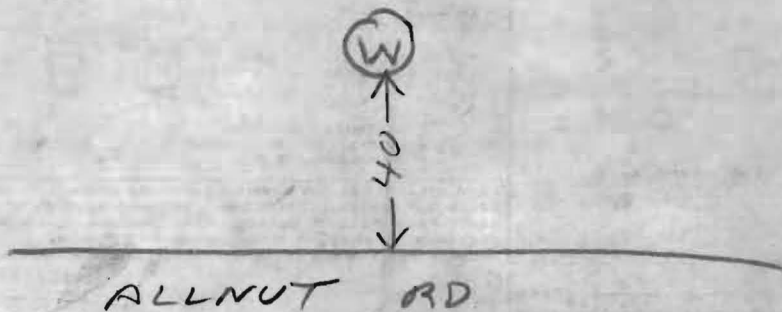


B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

OCT 17 8 57 AM '79



- ① LOCATION OK
- ② 42 FT CASING 1 FT OUT OF GROUND
- ③ A PIPE JETTED DOWN OPEN SPACE 22 1/2 FT
- ④ A WEIGHTED STRING DROPPED DOWN OPEN HOLE 30 FT
- ⑤ 12 BAGS
- ⑥ WELL OK

C 1 0675
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 73-6 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 COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER A 24692

DATE RECEIVED (WRA USE ONLY) Dec 12 1979 DEPTH OF WELL 365 PERMIT NO. FROM "PERMIT TO DRILL WELL" 273
 DATE WELL COMPLETED 15 (TO NEAREST FOOT) 26
 8-13 15 20
 DRILLERS IDENTIFICATION NO. 273

OWNER MIDDLETON William A FIRST NAME
 STREET OR RFD R32 Iron Shire S POST OFFICE LAUREL 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	
Sandy	2	30	✓
Sandstone	30	40	
Micka	40	45	
Sandstone	45	50	✓
Micka	50	365	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY
 NO. OF BAGS 12 ND. OF POUNDS 11200
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 30 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW) STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2
 1 2 3 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT) FROM 40 TO 365
 EACH SCREEN
 1 H O 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 68 F

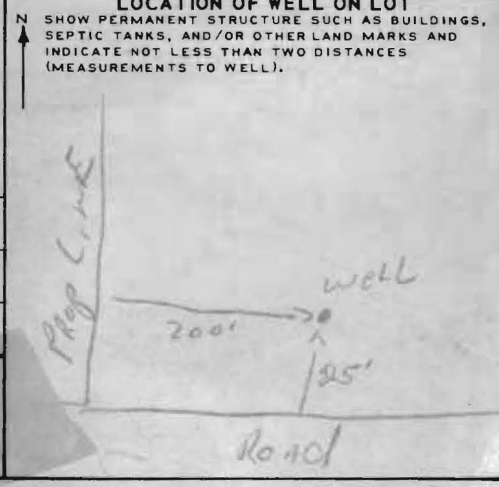
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3
 1 2 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 8
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 42
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) WHEN PUMPING 365 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET 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) YES NO
 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 BELOW
 LAND SURFACE 2 (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 ELECTRIC LOG OBTAINED
 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 Ralph Mayne
 (PLEASE PRINT) Ralph Mayne
 SIGNATURE Ralph Mayne

