

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

SEQUENCE NO. (WRA USE ONLY) **0919**

WRA PERMIT NUMBER **HO-73-5386**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **9/14/79 9:30**

OWNER **CARRIE CASTLE + Lily SAVOY**  
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD **CEMETERY LANE**  
 COL 36 COL. 55

POST OFFICE **COOKSVILLE, MO**  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

DATE **JULY 19 79** LICENSE NUMBER **88**  
 COL 1 COL. 60

**A.C. REIDER SON INC**  
 FIRST NAME DRILLER LAST NAME

SIGNATURE *[Signature]*

**B 3 LOCATION OF WELL**

COUNTY **HOWARD**  
 COL 1 COL. 21 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION **23** COL. 42

SECTION **44** LOT **46** COL. 50

NEAREST TOWN **COOKSVILLE** COL. 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1** COL. 76 77 78

**B 2 WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**  
 COL 8 COL. 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **600**  
 COL 14 COL. 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)**

NORTH  EAST  NORTHWEST  SOUTHWEST

SOUTH  WEST  NORTHWEST  SOUTHWEST

NEAR WHAT ROAD **CEMETERY LANE** COL. 11

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **60** COL. 34 37 38 39

APPROXIMATE DEPTH OF WELL **200** FEET  
 COL 24 COL. 28

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

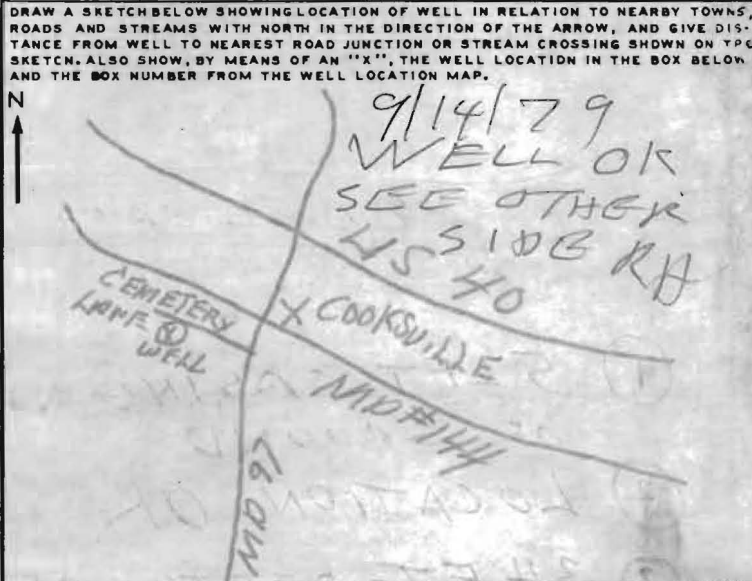
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

80-87  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. **63**

FORCE **WRITE INITIALS IN BOX** CONDITIONS **IV**

BOX NUMBER **E 790**  
**N 540**

NORTH COORDINATE **50 51 52 53 54 55**

EAST COORDINATE **57 58 59 60 61 62 63**

ELEVATION AT WELL HEAD (FEET) **0/0** COL. 65 66 67 68

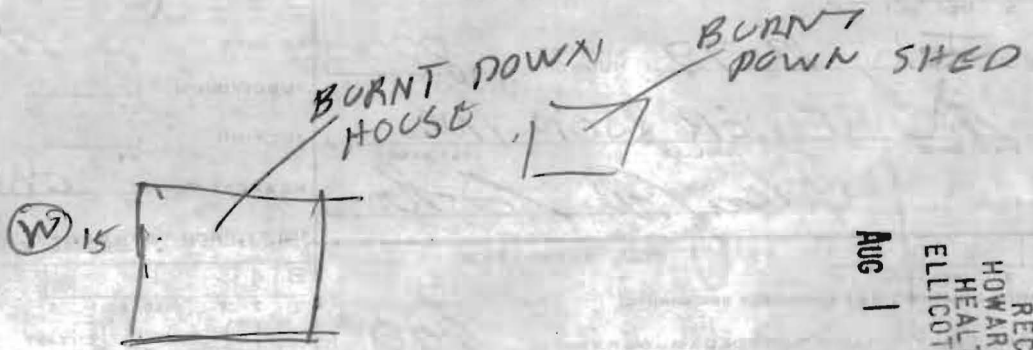
**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) **5** COUNTY NAME **Howard** COUNTY NO. **A26841**

APPROVED BY **Donald W. Monaghan, Sanitarian**

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

1 2 3 (SEQ. NO.) 6



RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY, MD.  
AUG 1 9 50 AM '79

CEMETERY RD

9/14/79

- ① 52FT CASING WITH 1FT OUT OF GROUND
- ② LOCATION OK
- ③ 34 FT DEPTH OF OPEN HOLE MEASURED WITH A STRING
- ④ PIPE JETTED DOWN 34FT
- ⑤ 22 BAGS
- ⑥ Well O.K.

RJF

6691

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

DATE RECEIVED (WRA USE ONLY)

7-14-79 DATE WELL COMPLETED

DEPTH OF WELL

50 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37

8-13

15 20

DRILLERS IDENTIFICATION NO.

OWNER CASTLEY LAST NAME

CARRIE FIRST NAME

STREET OR RFD

COOLIDGE MD

POST OFFICE

WELL LOG

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

EARTH 0 3 SOFT SHALE 3 24 SAND ROCK 24 50

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y NO N

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1350

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 32 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES INSERT APPROPRIATE CODE BELOW STEEL ST CONCRETE CO PLASTIC PL OTHER OT

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 34

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW STEEL ST BRASS OR BRONZE BR OPEN HOLE HO PLASTIC PL OTHER OT

DEPTH (NEAREST WHOLE FOOT) FROM TO

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)

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE SUR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 35 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR 27 PISTON 27 TURBINE 27 CENTRIFUGAL 27 ROTARY 27 OTHER (DESCRIBE BELOW) 27 JET 27 SUBMERSIBLE 27

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 Y NO N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE 2 (NEAREST FOOT) BELOW 49 50 51

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 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) QUAY W BAKER SIGNATURE



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

**February 1, 2002**

Ms. Ruth Olorinfemo  
14831 Cemetery Road  
Cooksville, MD 21723

**RE: Water Sample Results**  
**Sample Date: 10/11/01**

Dear Ms. Olorinfemo:

Sampling of the water supply serving your house was conducted on October 11, 2001 to ascertain the presence/absence of coliform and E. coli bacteria.

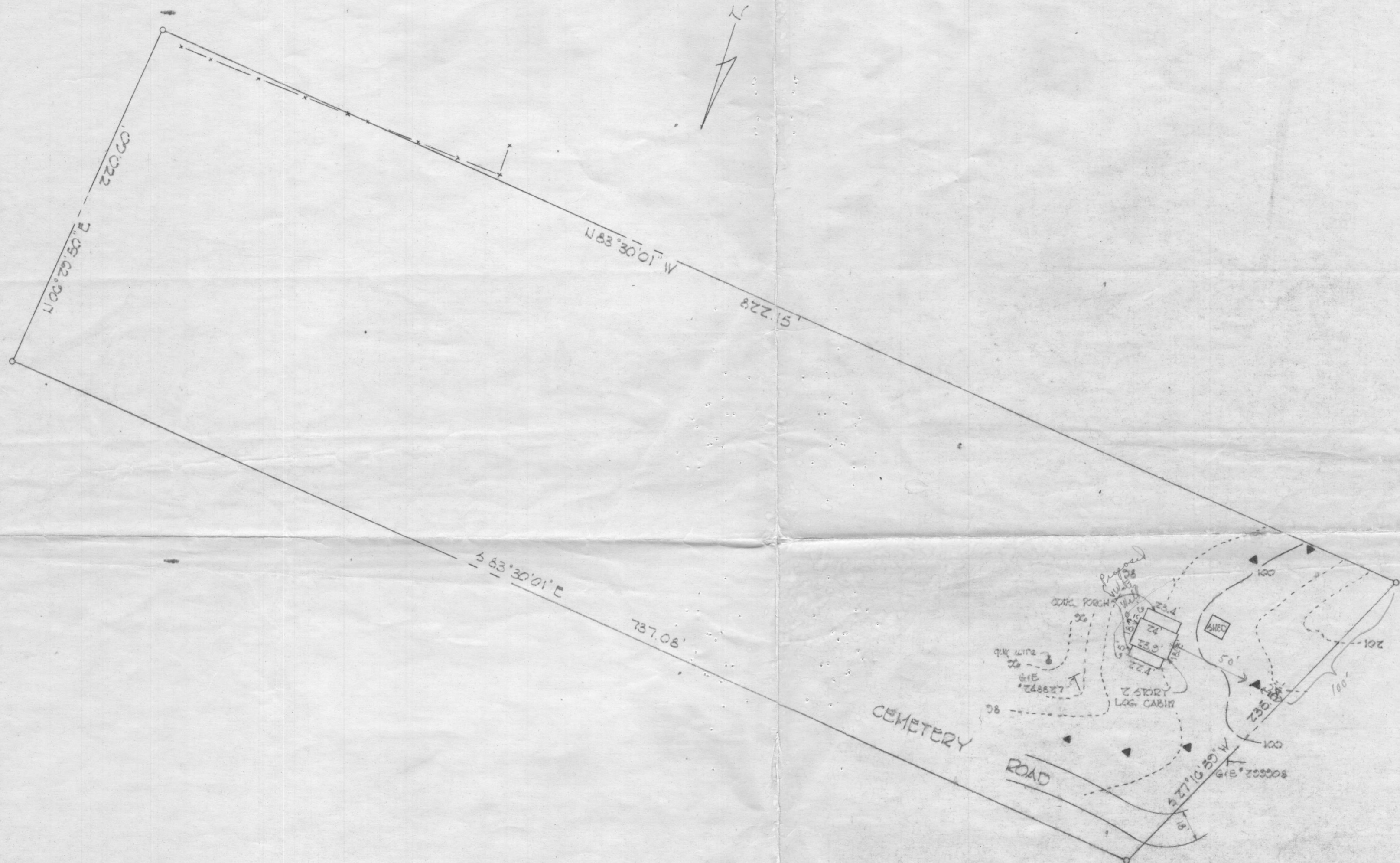
The testing concluded the **absence** of coliform and E. coli bacteria. The water supply is considered safe for consumption.

A copy of the test report is enclosed for your information. If there are any questions, please call **(410)-313-1773** between 8:00 A.M. and 5:00 P.M.

Sincerely,

**Bert Nixon, Director**  
**Community Environmental**  
**Health Program**

**Enclosure**



34  
52' Cemetery  
1 ft

I hereby certify this drawing correct as shown.



*Henry K. Oheim* 6/13/79  
HENRY K. OHEIM 4156

NOTE: 1. ▲ GOOD PERCOLATION TESTS  
2. SCALE: 1" = 50'

TITLE: PERC LOCATIONS  
MILLSBRO - MILL RD & CEMETERY RD.  
HOWARD COUNTY, MD.

**TYDINGS HEIM**  
ASSOCIATES INC.  
CONSULTING ENGINEERS · LAND & CONSTRUCTION SURVEYORS  
837D COURT AVENUE, ELLICOTT CITY, MD. 21043 465-0660