

WR-W-3
7-65
A10 336

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

L.P. 7757

Owner V. L. VINELLA
Street or R. F. D. 12631 Circle Drive
Post Office Rockville Md. Glen Hills

Driller John A. Moore License Number 176
Street or R. F. D. _____
Post Office Damascus, Md.
Date Aug 18/66

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 500 G.P.D.
Use for Water House
Approximate Depth of Well (feet) 120
Method of Drilling to be used Churn

Location of Well
Subdivision Green Hills Manor
Section A Lot 15
County Howard, Co.
Nearest Town Highland
Distance from Town 2 1/2 mi
Direction from Town South West

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road Mink Hollow
On which side of road West
(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-67-W-68

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

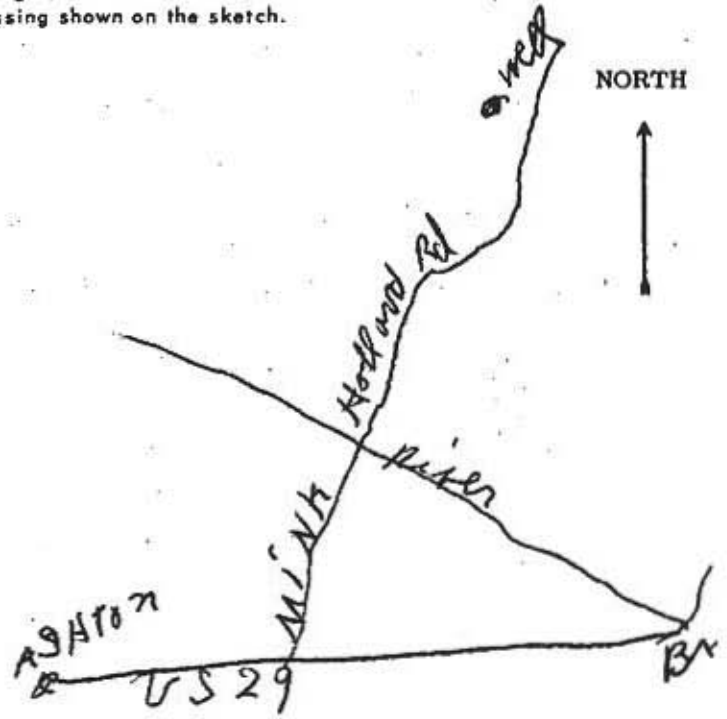
Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. McKee Director Date Aug. 8-22-66

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Robert F. Wine
Title Director, Environmental Health
Date 8/19/66

Distance from road 200
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.



THIS REPORT
 MUST BE SUBMITTED
 WITHIN 30 DAYS
 AFTER COMPLETION
 OF THE WELL

WELL COMPLETION REPORT RECEIVED

WELL DESCRIPTION

WELL LOG
 State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
 State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___
Top soil	- 2
Micro sand	2 - 55
Micro rock	55 - 140
water at	40 ft
water at	125 ft

DIAM. (inches)	FEET from ___ to ___
10 1/2" 4" split 55/8	55-4
Black steel welded shoe	

Permit Number Ho-674-68
 Owner V.L. VIMELLA
 Address 2231 Chick Dr 9
 Subdivision Rockville
 Section 4 Lot 15

PUMPING TEST
 Hours Pumped 2
 Type of Pump Used Basler
 Pumping Rate 7
 Gallons per Minute 7

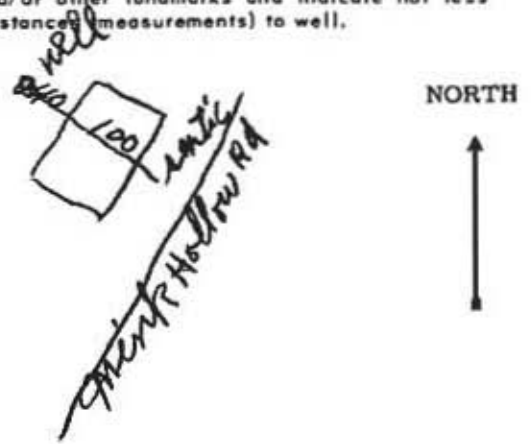
WATER LEVEL
 Distance from land surface to water:
 Before Pumping 40 Ft
 When Pumping out Ft

APPEARANCE OF WATER
 Clear Cloudy
 Taste _____
 Odor _____

Height of Casing Above Land Surface 1 1/2 Ft

PUMP INSTALLED
 Type _____
 Capacity
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft

LOCATION OF WELL ON LOT
 Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Was Completed Oct 17/66
 Well Driller Signature John A. [unclear]

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 5 5/8 Black steel 55-4
2. Total depth of well 140 ft
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 270 lbs. Gals. water 18
6. Standing water level (depth below ground surface when not pumping) 40
7. Yield of well in gallons per minute 7 ; elevation of water surface when pumped at the designated rate. out
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance _____
10. Log of materials encountered during drilling Top soil 2ft mikes sand 2-58
mikes rock 55-140
11. Physical appearance of water at end of final pumping test _____
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth straight
13. Disinfected by _____ ounces of _____ % Chlorine (Brand name _____)

Property Owner V L Vinella Address 12631 Circle Dr
Location of property Mink Hollow Rd. Green Hills Manor 828 Beeville Rd
2A 15. section A
Health Department Number _____ Dept. of Water Resources Permit No. H2-67-W-68
Date: Oct 17, 1966. John A. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

