

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

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

DEPARTMENT OF WATER RESOURCES
WELL COMPLETION REPORT

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 ___	DIAM. (inches)	FEET from ___ to ___
	19.00	
Clay		
25 ft casing		
Gray Rock		
well 62 ft		

Permit Number HO 67 W 289
Owner James P. Payne Co
Address Blondy
Subdivision Burnt wood
Section 38th A Lot 13

PUMPING TEST
Hours Pumped 1
Type of Pump Used Baylar
Pumping Rate 0
Gallons per Minute 0

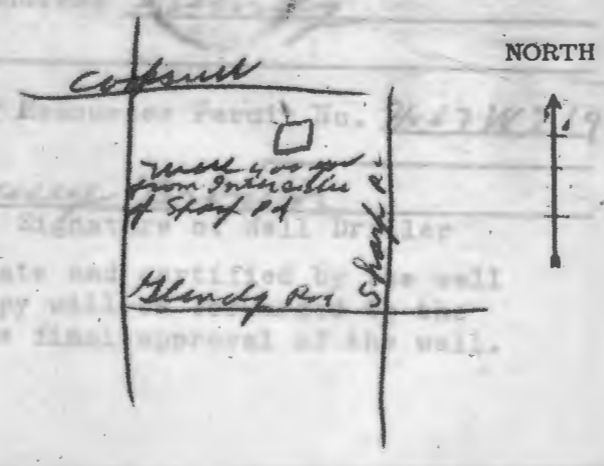
WATER LEVEL
Distance from land surface to water)
Before Pumping 35 Ft.
When Pumping 40 Ft.

APPEARANCE OF WATER
Clear milky Cloudy _____
Taste None
Odor None

Height of Casing Above Land
Surface 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

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Danny Brown, Well Driller

Well Driller License No.: 113

Jan 6 1967

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT 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 6" 20'
2. Total depth of well 62 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 2 Bags lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 35
7. Yield of well in gallons per minute 8 ; elevation of water surface when pumped at the designated rate. 40
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 20 ft to
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 5 ounces of Clorox % Chlorine (Brand name)

Property Owner James P Rhyme Co Address Glennly
Location of property Burnt wood sub

Health Department Number _____ Dept. of Water Resources Permit No. 7067W269

Date: June 6, 1967. Denny 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.

State Office Building
ANNEAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

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

A09009

APPLICATION FOR PERMIT TO DRILL WELL

20.957

Owner James P Ryan Co.
 Street or R. F. D. _____
 Post Office Blencoe Ind
 Quantity of Water to be Produced 3 Gallons Per Minute
 Total Quantity Needed For Use 1000 Gallons Per Day
 Use for Water House
 Approximate Depth of Well (feet) 100 ft
 Method of Drilling to be used Cable
 Is this a Replacement Well? Yes - No

If YES, indicate date abandoned well is to be sealed: _____
 and by whom: _____

Driller Dempster License Number 113
 Street or R. F. D. Int city Ind
 Post Office _____
 Date May 26 1967
 Location of Well County Howard
 Subdivision Burnt wood
 Section 3 Block A Lot 15
 Nearest Town Blencoe
 Distance from Town 2 mile
 Direction from Town North west
 Description of Location of Well
 (This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).
 Near what road Sharp Road
 On which side of road west
 (North, East, South, West)
 Distance from road 100 ft

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

Well Permit No. HO-67-W-269

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.
Baul W. McKee Dir. 5-29-67 Date

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 [Signature]
 Title Director, Environmental Health
 Date 5/26/67

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. Distances may be approximate, but must be indicated.

