

B 1	5801	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3755 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 4/7/81	OWNER Jenson Lawrence	ED. 18 LAST NAME Jenson	FIRST NAME Lawrence	COL. 34
STREET OR RFD 3461 Daisy Rd.	COL. 38	POST OFFICE Woodbine Md. 21794	COL. 58	COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.)	4	
DATE April, 1980	LICENSE NUMBER 238	77 80
Joseph L. Myra	Joseph L. Myra	
FIRST NAME	DRILLER	LAST NAME
SIGNATURE Joseph L. Myra		

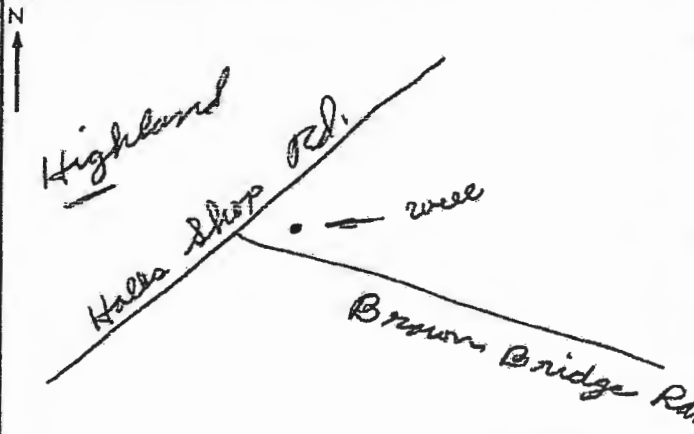
B 3	LOCATION OF WELL	
1 2 3 (SEQ. NO.)	4	
COUNTY Howard	(DO NOT ABBREVIATE COUNTY NAME)	21
SUBDIVISION		42
SECTION Highland	LOT	50
NEAREST TOWN Highland		71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	0.9	76 77 78

B 2	WELL INFORMATION	
1 2 3 (SEQ. NO.)	4	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	5	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	750	14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)		
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSE-HOLD UNIT ONLY)		
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.		
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL	
<input type="checkbox"/> PRIVATE WATER COMPANY		
<input type="checkbox"/> TEST		

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)			
1 2 3 (SEQ. NO.)	4			
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input checked="" type="checkbox"/> SE SOUTHEAST	
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST	
NEAR WHAT ROAD Brown Bridge Rd				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input type="checkbox"/> N	<input type="checkbox"/> S	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	70	34	37	38 39

APPROXIMATE DEPTH OF WELL	180	24 28 FEET
APPROXIMATE DIAMETER OF WELL	6	(NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
30-37 <input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL		
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		
<input checked="" type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		
<input type="checkbox"/> D 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	ENGINEER REVIEW DISTRICT NO.	
FORCE	WRITE INITIALS IN BOX	CONDITIONS HO-73-3755

BOX NUMBER	E 810	
	N 480	
NORTH COORDINATE	488000	50 51 52 53 54 55
EAST COORDINATE	0816000	57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET)		65 66 67 68

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.)	4	
<input checked="" type="checkbox"/> STATE HEALTH	COUNTY NAME Howard	COUNTY NO. A31050
DATE 120180	APPROVED BY Fred Frommelt, Sanitarian	

B 5	SPECIAL CONDITIONS B-03 (WRA USE ONLY)
1 2 3 (SEQ. NO.)	4

A-31050

ORIGINAL

C 1 **9311** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-5 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 310 50**

DATE RECEIVED (WRA USE ONLY) **5/27/81** DATE WELL COMPLETED **Dec 13 1980** DEPTH OF WELL **205** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-3756**

DRILLERS IDENTIFICATION NO. **238**

OWNER **Jenson** LAST NAME FIRST NAME **Joseph L. Jenson**

STREET OR RFD **3461 Maidsy Rd.** POST OFFICE **Woodlawn, 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	
<i>Sand</i>	0	76	
<i>Gray Micaceous Sand</i>	76	205	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CM BC

CEMENT BENTONITE CLAY

NO. OF BAGS **22** NO. OF POUNDS **2065**

GALLONS OF WATER **132**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **60** FT.

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **3**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **16**

METHOD USED TO MEASURE PUMPING RATE **Air**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **5** FEET

WHEN PUMPING **45** FEET

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) A AIR

CASING RECORD

MAIN CASING TYPE S T CO

STEEL CONCRETE

PLASTIC OTHER

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **80**

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

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) Y N

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

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE S T BR HO

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) **2**

Drilled in around casing 18ft with sand

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

C 2

DEPTH (NEAREST WHOLE FOOT) FROM **40** TO **205**

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).

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 **Joseph L. Mayne**

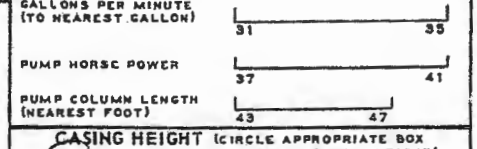
(PLEASE PRINT) **Joseph L. Mayne**

SIGNATURE **Joseph L. Mayne**

DIAMETER OF SCREEN **58** (NEAREST INCH) FROM **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F



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

T W G

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE