

SEQUENCE NO. (DWR USE ONLY)
C 1 8501
 1 2 3 (SEQ. NO.) 8
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)
 DATE RECEIVED (DWR USE ONLY)
 DATE WELL COMPLETED Sept 4 70
 8-13 15 20

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL
 FILL IN THIS FORM COMPLETELY

DEPTH OF WELL 180
 22 (TO NEAREST FOOT) 28
 PERMIT NO. FROM PERMIT TO DRILL WELL 40-70-0174
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 42

OWNER Deveslop LAST NAME Just FIRST NAME
 STREET OR RFD off 151 Snags Rd. POST OFFICE Blennwood Md.

WELL LOG

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top soil</u>	<u>0</u>	<u>3</u>	
<u>Brown slate</u>	<u>3</u>	<u>40</u>	
<u>ansa</u>	<u>46</u>	<u>180</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 YES NO
 46 46

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 18 FT.
 48 52 54 58
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 CASING TYPES: S (STEEL) C (CONCRETE)
 P (PLASTIC) O (OTHER)
 MAIN CASING TYPE: S T
 NOMINAL DIAMETER (NEAREST INCH): 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 20

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO

SCREEN RECORD
 SCREEN TYPE OR OPEN HOLE: S (STEEL) B (BRASS) H (OPEN HOLE)
 P (PLASTIC) O (OTHER)

DEPTH (NEAREST WHOLE FOOT)

EACH	DEPTH
1	8 9 11 13 15 17 21
2	23 24 26 30 32 36
3	38 39 41 45 47 51
4	53 54 56 60 62 66

PUMPING TEST
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 75
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 180 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 A (AIR) P (PISTON) T (TURBINE)
 C (CENTRIFUGAL) R (ROTARY) O (OTHER DESCRIBE BELOW)
 J (JET) S (SUBMERSIBLE)

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
 29

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 32 33 34 35

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE
 BELOW } 2 (NEAREST FOOT)

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
 B ELECTRIC LOG OBTAINED
 C COPY OF ELECTRIC LOG ATTACHED

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.

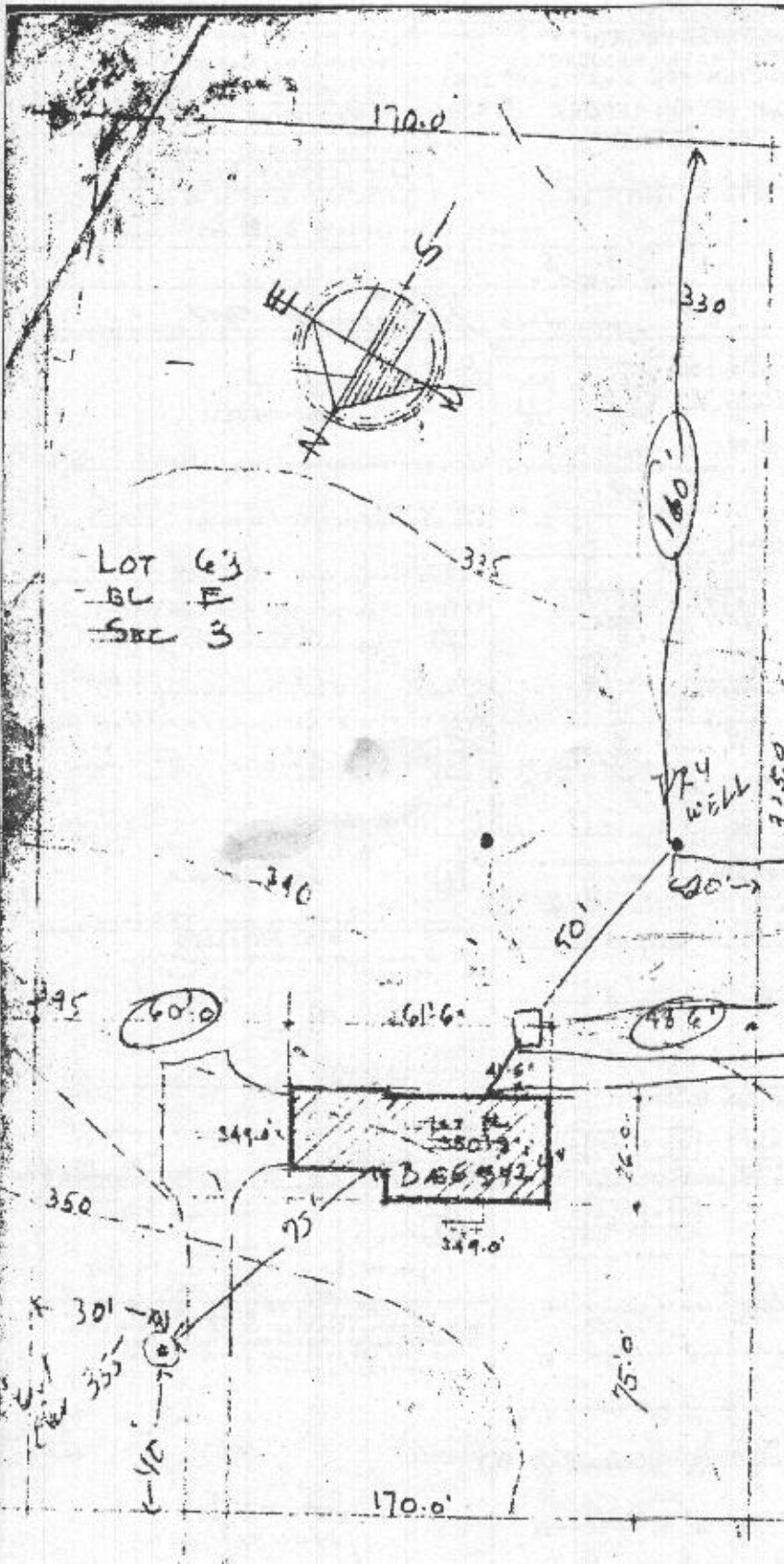
DRILLERS NAME
 PLEASE PRINT: S. F. Postleby
 SIGNATURE S. F. Postleby

SLOTSIZE 1. 2 3. 4
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T TELESCOPE CASING LOG INDICATOR
 70 72
 OTHER DATA AVAILABLE
 74 75 76

HOUSE
 40
 10
 R.V.

160
155



LOT 63
BL F
SEC 3

ELEV. of line of Pav. Test 337
EXIST. Elev. 337
INV. elev. 334

EXIST. ELEV. 340
INV. ELEV. 334
INV. ELEV. 334

App.
1/26/70
H. W. M.

CARROLL-MILL CT.

PLOT PLAN
1" = 40.0'

PATTERSON & WORL ARCHITECTS & LAND PLANNERS 4915 ST. CLAY AVE. S. MINNAPOLIS, MN 55412 TEL. 835-1105			
THE DUBREUX CO. WOODMARK			
DRAWN BY W. W. M.	DATE JAN 10	LOT NO. 63	BLK. E
CHECKED BY		SECTION 3	SHEET NO. 10

B 1 **9325** SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THE NUMBER IS TO BE PUNCHED IN C.S. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED. FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) **9/10/70**
 OWNER **Dominique BEVEREAUX** COL 15 LAST NAME FIRST NAME COL 34
last JICK
 STREET OR RFD **25111 Chap Rd** COL 36 COL 58
 POST OFFICE **Manassas Md** COL 57 COL 80
HD-70-0174

B 2 DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
J. R. Stebbins IDENTITY NUMBER **42**
 8 FIRST NAME DRILLER LAST NAME 27
Route 3
 34 **not a city** STREET OR RFD 53
21771 ZIP CODE 60
 DATE OF APPLICATION **may 25 - 70**

B 4 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY **Howard** 21
 SUBDIVISION **Woodmark** 42
 SECTION **E** LOT **13** 50
 NEAREST TOWN **Mayfield** 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) **3** M 78

B 3 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5** 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **600** 20

B 5 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD **Carroll mill rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 33 E 32 W 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **350** FT 34 37 38 39

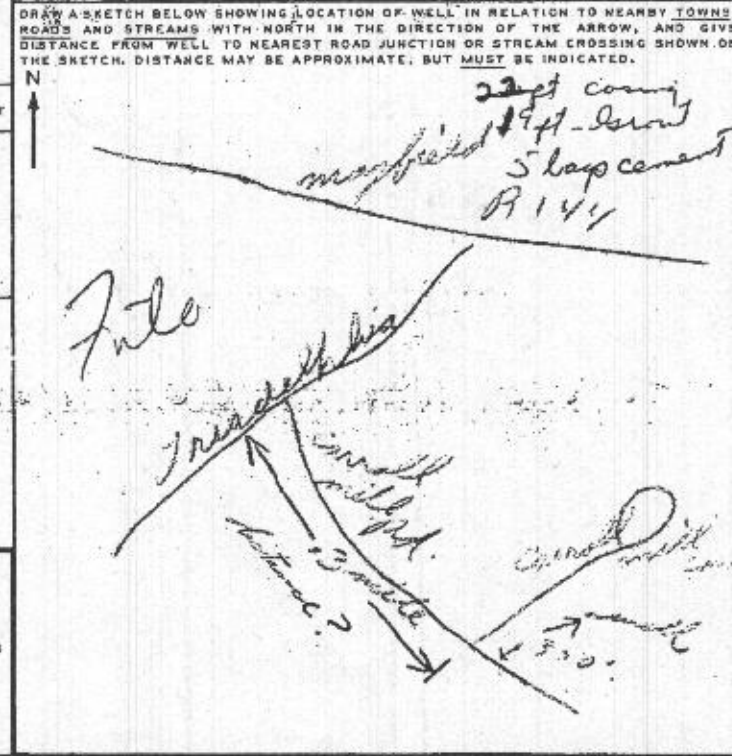
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 T TEST

APPROXIMATE DEPTH OF WELL **100** FEET

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION **ROTARY (HYDRAULIC ROTARY)**
 CABLE REVERSE ROTARY
 OTHER (DESCRIBE)

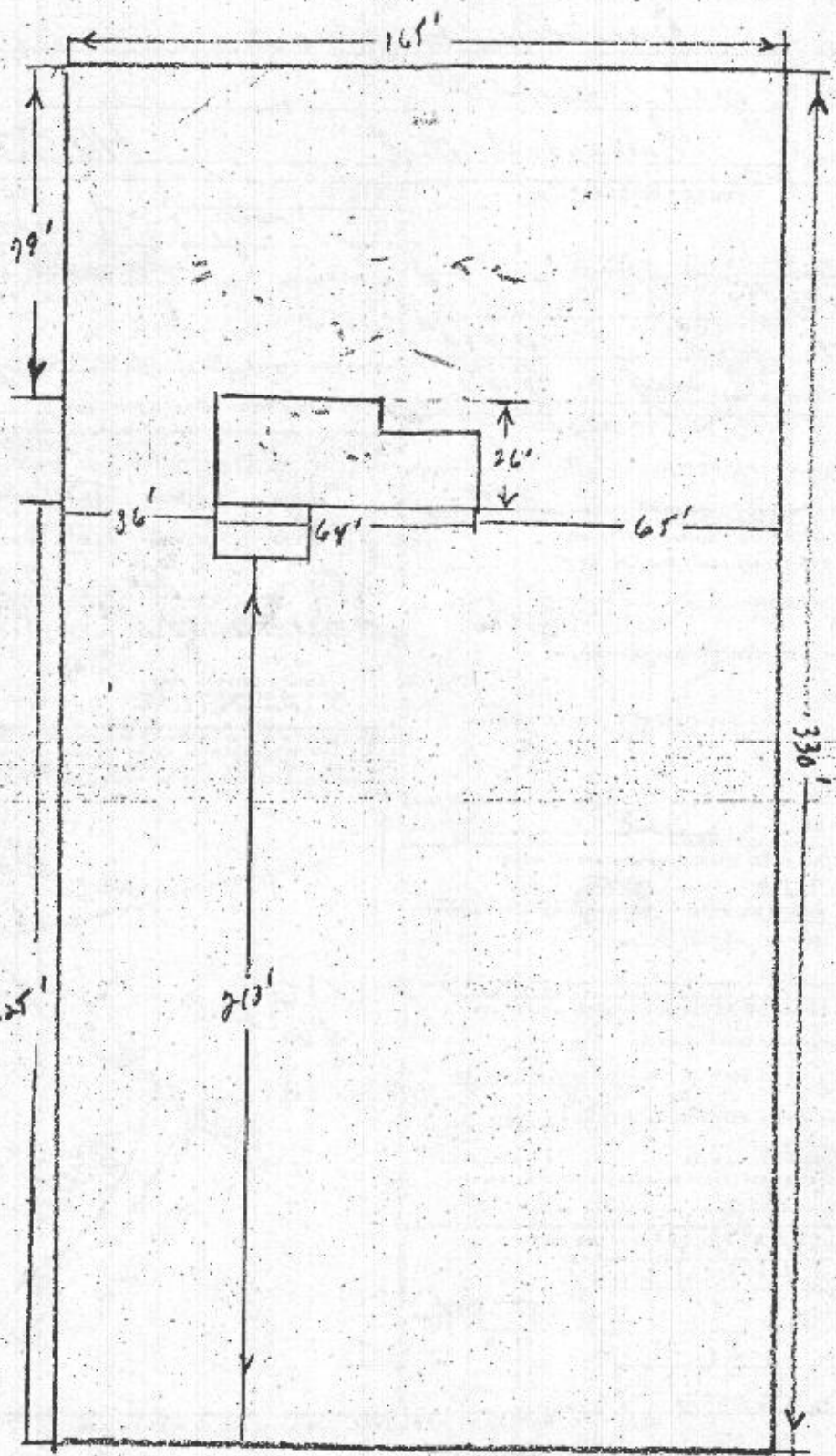
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER **54** 63
 ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE 67 68
 CONDITIONS **A E N S G W Q**
 70 71 72 73 74 75 76 77 78 79



B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER) LATITUDE **39 11 30**
 1 2 3 (SEQ. NO.) 6
Howard COUNTY DEPT. OF HEALTH
 41 STATE DEPARTMENT OF HEALTH (CIRCLE BOX IF STATE HEALTH)
 MO. DAY YR. DATE **06 01 70** APPROVED BY **Robert F. Johnson** TITLE **Director, Environmental Health**
 ELEVATION AT WELL HEAD (FEET) **2470**

B 6 SPECIAL CONDITIONS 9-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6



Scale: 1/4" = 10'

LOT 63 BL E SEC 3
12124 Carroll Mill Ct.
Woodmark