

4839 SEQUENCE NO. (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (WRA use only) 3/18/51

DATE WELL COMPLETED

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

Depth of Well 300  
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A31004

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-70-8769

OWNER Wood & Bonner, FINE INDUSTRIES DEVELOPMENT COMPANY  
last name first name

STREET OR RFD 16307 Cores Mill Rd TOWN WORLDWIDE, MD

SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
Not required for driven wells  
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Topsoil	0	2	
Shaly	2	28	
Brown slate	28	60	
Blue slate	60	62	
Brown slate	62	86	✓
Blue slate	86	90	
Brown slate	90	145	
Blue slate	145	286	
Flint	286	280	✓
Blue slate	280	300	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 55

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 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) 42

**OTHER CASING (if used)**  
EACH CASING diameter inch depth (feet) from to


**SCREEN RECORD**  
screen type or openhole insert appropriate code below

STEEL  ST BRASS, BRONZE  BR OPEN HOLE  HO  
PLASTIC  PL OTHER  OT

**SCREEN**  
C 2 (seq. no.)

DEPTH (nearest ft.)


SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH) from \_\_\_\_\_ to \_\_\_\_\_

**PUMPING TEST**  
C 3 (seq. no.)

HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50

WHEN PUMPING 300

TYPE OF PUMP USED (for test)

A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describ below)  
 J jet  S submersible

**PUMP INSTALLED**  
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE  
 - below \_\_\_\_\_ (nearest foot)

CIRCLE APPROPRIATE BOX

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 IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Wm. B. Blunt

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

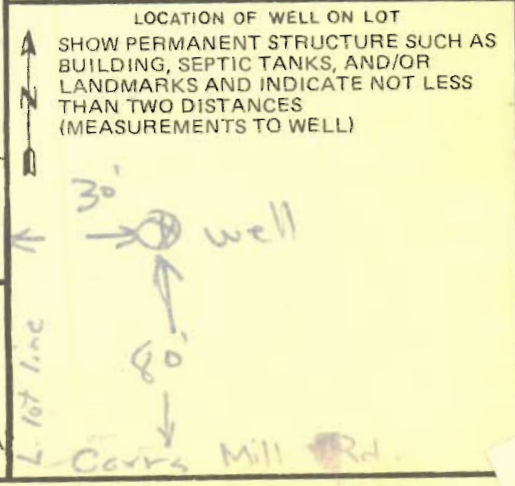
GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

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

T (E.R.O.S.)  W O

TELESCOPE CASING  LOG INDICATOR  OTHER DATA



1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (WRA USE ONLY)  
 325

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

WRA PERMIT NUMBER  
 10-23 8762

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
 3rd 3/18/81

OWNER COL 15 LAST NAME FIRST NAME COL. 34  
 STREET OR RFD COL 36 COL. 55  
 POST OFFICE COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6

DATE LICENSE NUMBER 77 80  
 FIRST NAME DRILLER LAST NAME  
 SIGNATURE

**B 3 LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6

COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION 23 42  
 SECTION 44 46 LOT 48 50  
 NEAREST TOWN 52 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 79 76 77 78

**B 2 WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 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)**  
 1 2 3 (SEQ. NO.) 6

N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST  
 S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W  F  T  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

APPROXIMATE DEPTH OF WELL 24 100 28 FEET  
 APPROXIMATE DIAMETER OF WELL (NEAREST INCH)  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 BORED (OR AUGERED) JETTED DRIVEN  
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
 CABLE REVERSE-ROTARY DRIVE-POINT  
 OTHER (DESCRIBE)

**REPLACEMENT OR DEEPEMED 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER 54 55 56 57 58 59 60 61 62 63 64 65  
 ENGINEER REVIEW DISTRICT NO. 63  
 FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U  
 67 68 70 71 72 73 74 75 76 77 78 79

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6

41  STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.  
 MO. DAY YR.  
 DATE APPROVED BY

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

3/18/81  
 WELL OK RH  
 SEE OTHER ENDS

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

**B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)**  
 1 2 3 (SEQ. NO.) 6

PR 6372

# EASTERDAY WELL & PUMP, Inc.

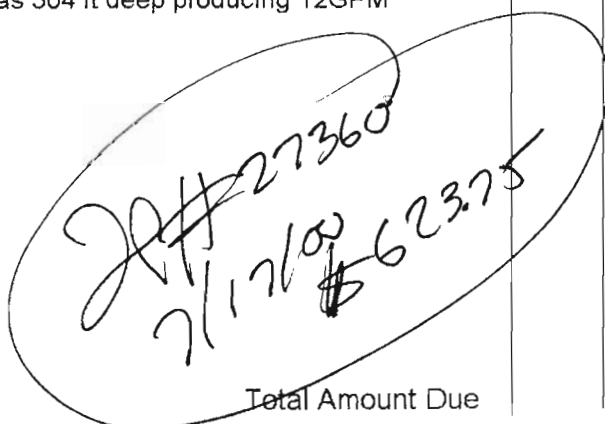
9265 Brown Church Road, Mt. Airy, MD 21771

Phone (301) 831-5170

7/13/00

LANDSCAPE DEVELOPMENT  
16307 CARRS MILL RD  
LISBON MD 21765

**TERMS: 10 Days Net. A service charge of 1 1/2% per month, which corresponds to 18% per year, will be applied to all accounts over 10 days.**

16307 Carrs Mill Rd	
LOT	
SERVICE 7/12/2000	
Labor and materials to take bacteria and nitrate sample and then run a 3 hour test pump. The well was 304 ft deep producing 12GPM	\$623.75
	
Total Amount Due	\$623.75

AUGUST 23, 2000

HOWARD COUNTY, HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE  
ELLICOTT CITY, MD. 21043  
ATTN. MR. MARK RIFKIN

RE: EXISTING WELL  
# 733769  
3.001 ACRES  
CONVEYANCE NO. 2

DEAR MARK

IF IT WOULD BE POSSIBLE TO SWITCH A  
EXISTING WELL ON MY PROPERTY FROM FARM  
USE TO RESIDENTIAL USE FOR A HOUSE I HOPE  
BUILD. FIRST I DUG THE WELL MANY YEARS AGO.  
(WELL # 733769) I RECENTLY HAD THEM TEST IT.  
ENCLOSED IS A COPY OF THE BILL, AND A COPY OF  
THE PLAN.

9/5/00 OK, PENDING STANDARD  
ICOP SAMPLING ROUTINE  
(MR)

THANK YOU

JIM WARD  
16307 CARRS MILL ROAD  
WOODBINE, MD. 21797  
WORK: 410 442-2033  
HOME: 301 854-6354



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HOWARD COUNTY HEALTH DEPARTMENT


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

September 7, 2000

MEMORANDUM

TO: Jim Ward  
16307 Carrs Mill Road  
Woodbine, MD 21797

FROM: Mark Rifkin, Sanitarian   
Water and Sewerage Program

RE: Conversion of well use to domestic supply  
HO-73-3769  
Ward Property, Carr's Mill Road

Your request to convert the approved use of the referenced well from agricultural use to domestic use is hereby granted, pending satisfactory water test results as a part of the standard occupancy approval process.

If you have any further questions, please call this office at (410) 313-2640.

MR