

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

26-113

Frank Trilk

Owner Galvin Oland
Street or R.F.D. Box 44 Broome Lane
Post Office Woodstock, Md

Driller J. Flattenden License Number 70
Street or R.F.D. _____
Post Office not using road
Date May 31 68

Quantity of Water to be Produced 5 Gallons Per Minute
Total Quantity Needed For Use 600 Gallons Per Day
Use for Water Old House
Approximate Depth of Well (feet) 150
Method of Drilling to be used Rotary

Location of Well _____ County Howard
Subdivision _____
Section _____ Lot _____
Nearest Town Woodstock
Distance from Town 1 mile
Direction from Town S

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

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 A 125
On which side of road _____
(North, East, South, West)
Distance from road 1/4 mile

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

Well Permit No. HO-12-W-245

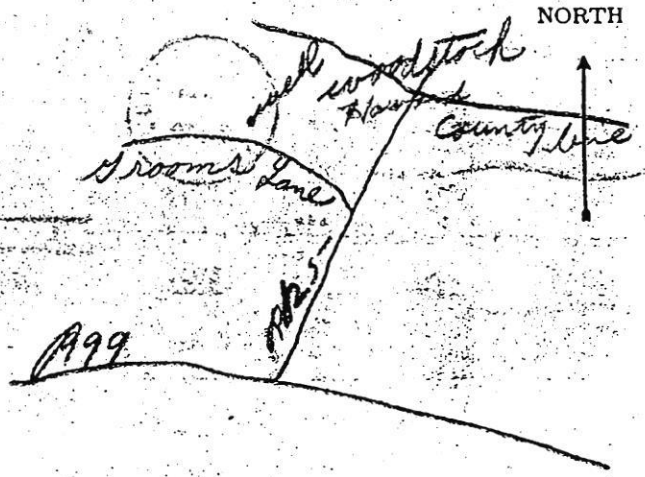
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

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

Basil W. McKee Director 6-10-68 Date

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

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.



Health Department Approval of Application

Howard County Department of Health

Approved by Palma F. Ward
Title Director, Environmental Health
Date 6/5/68

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

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG		CASING AND SCREEN RECORD		
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing		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 ___
Top Top Soil	0-3	Steel	6 1/4	0-47
Shaley	3-40			
Granit	40-200			
water 80				

Permit Number HO-68-W-243
 Owner Calvin Oland
 Address Woodstock Md
 Subdivision _____
 Section _____ Lot _____

PUMPING TEST
 Hours Pumped 1/2 hr
 Type of Pump Used Air
 Pumping Rate _____
 Gallons per Minute 2 G.P.M

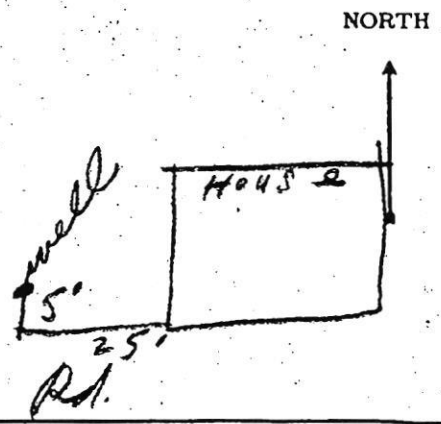
WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 60 Ft.
 When Pumping 200 Ft.

APPEARANCE OF WATER
 Clear _____ Cloudy _____
 Taste _____
 Odor _____

Height of Casing Above Land
 Surface 1 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

6-21-68

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.

L. F. Easterday, Well Driller

Well Driller License No.: 70