

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) 2/17/70 9:30

OWNER: Bader COL 15 LAST NAME
 COL 16 FIRST NAME Frank COL 34

STREET OR RFD: Highland, Maryland COL 36
 COL 38

POST OFFICE: Highland, Maryland COL 67
MD-70-0074 COL 80

B 2 DRILLER INFORMATION

1 2 3 (SEQ. NO.) 0

8 FIRST NAME Dewey COL 27
 COL 29 LAST NAME Brown COL 32
 IDENTITY NUMBER 163

34 STREET OR RFD Route 3 COL 53

65 POST OFFICE MT Airy, Maryland 21070 COL 67

DATE OF APPLICATION October 29, 1969

B 4 LOCATION OF WELL

1 2 3 (SEQ. NO.) 0

COUNTY Howard COL 21
 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION Cisco Farm COL 42

SECTION 1 COL 44
 COL 40 LOT 7 COL 50

NEAREST TOWN Highland COL 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 COL 73
 COL 78

B 3 WELL INFORMATION

1 2 3 (SEQ. NO.) 0

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 4 COL 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 1,000 COL 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 5 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 0

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Deer Valley Road COL 11

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W COL 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 COL 34
 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL 100 FEET

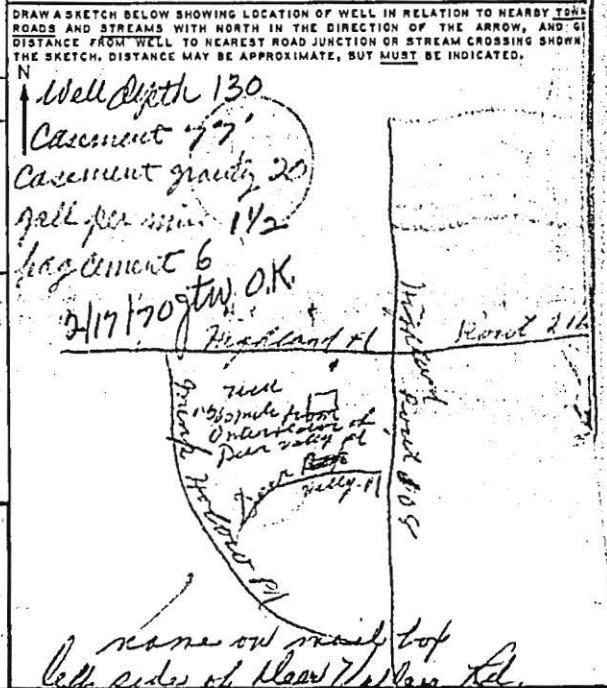
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY

OTHER (DESCRIBE)



REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE WRITE INITIALS IN BOX

CONDITIONS

B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)

41 STATE DEPARTMENT OF HEALTH (CIRCLE BOX IF STATE HEALTH)

MO. DAY YA. APPROVED BY Howard TITLE Director, Environmental Health

DATE 3 2 4 6 9

LATITUDE 39 10 00 LONGITUDE 07 15 30

ELEVATION AT WELL HEAD (FEET) 2280

B 6 SPECIAL CONDITIONS (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 4834

SEQUENCE NO (DWR USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL A09210

DATE RECEIVED (DWR USE ONLY) February 17 1970

DEPTH OF WELL 130

PERMIT NO. FROM PERMIT TO DRILL WELL A0-90-0024

OWNER Bader

Assef Farm

FRANK

STREET OR RFD POST OFFICE Highland, Maryland

WELL LOG

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

Table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 20 FT.

Handwritten notes: Drilled 10 2m hole 22 ft Grouted 22 ft to Bangs current

CASING RECORD Casing types: ST (Steel), CO (Concrete), PL (Plastic), OT (Other)

MAIN CASING TYPE: ST, NOMINAL DIAMETER: 6, TOTAL DEPTH OF MAIN CASING: 75

Table for OTHER CASING (IF USED) with columns: DIAMETER (INCH), DEPTH (FEET) FROM, TO

SCREEN RECORD SCREEN TYPE OR OPEN HOLE: DT (Steel), BR (Brass), HO (Open Hole or Bronze), PL (Plastic), OT (Other)

Table for DEPTH (NEAREST WHOLE FOOT) with columns: FEET (1-60)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1, PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1 1/2

METHOD USED TO MEASURE PUMPING RATE: Bailer, WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING: 80, WHEN PUMPING: 110

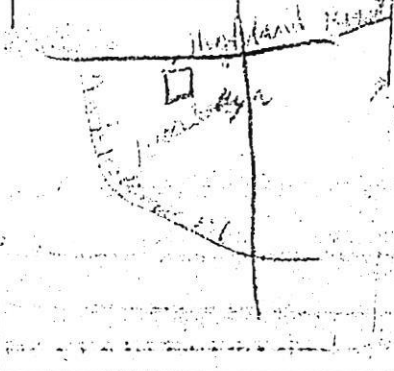
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX): Bailer

PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX)

CAPACITY: GAL LONS PER MINUTE (TO NEAREST GALLON) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE/BELW LAND SURFACE

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 WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E 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'...

DRILLERS NAME: Dewey Brown

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DRILLER USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR

A 09210

APPLICATION FOR PERMIT TO DRILL WELL

No. 217

Owner Earl McKee
Street or R. F. D. Backward Mountain
Post Office Rockville, Md.

Driller W. B. Holton License Number 128
Street or R. F. D. Backward Mountain, Md.
Post Office Rockville, Md.
Date 8/11/65

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 5 G.P.D.
Use for Water Drinking Water
Approximate Depth of Well (feet) 150
Method of Drilling to be used Hand Drilled

Location of Well
Subdivision Wood Farms
Section _____ Lot 9
County Howard
Nearest Town Rockville
Distance from Town _____
Direction from Town _____

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

Description of Location of Well
(This information should be definite enough to permit locating well on a county map.)
Near what road Wood Hollow Rd.
On which side of road East
(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-65-W-391

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

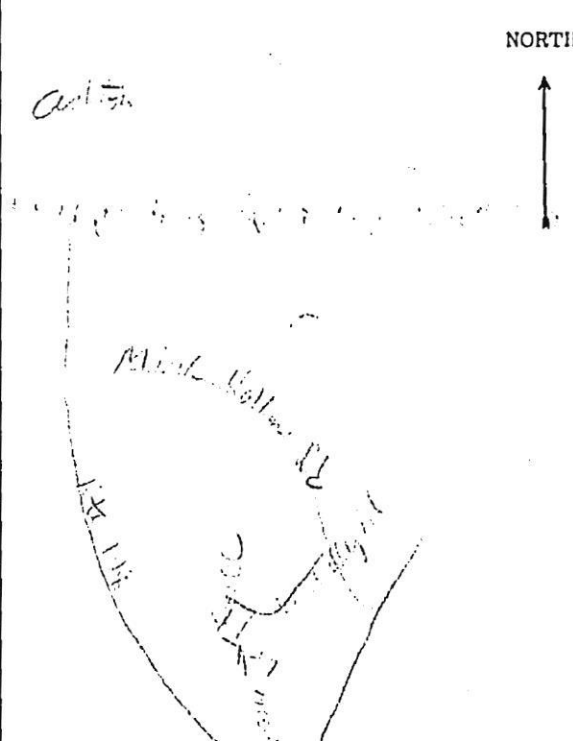
Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

David W. McKee 3-17-65
Director Date

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

Health Department Approval of Application
11/11/65 County Department of Health
or State Department of Health
Approved by _____
Title _____
Date _____

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.



HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT 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 Baltimore Concrete - 6" Bore - 26 ft.
2. Total depth of well 78
3. Type, diameter and length of strainer none. Size of screen openings none
4. Method of sealing top and bottom of screen _____
5. Method of grouting Feeney. Quantity, cement used 160 lbs.
Gals. water 12
6. Standing water level (depth below ground surface when not pumping) 28 ft
7. Yield of well in gallons per minute 15; elevation of water surface when pumped at the designated rate. 61
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance _____
10. Log of materials encountered during drilling Earth - 0 - 16 - Sand - 16 - 21
Flint + Sand - 21 - 78
1. Physical appearance of water at end of final pumping test Clear
2. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth Plumb
3. Disinfected by Plumb ounces of _____ % Chlorine (Brand name _____)

Property Owner Earl H. H. H. Address Rockville, Md.
Location of property Minis Hallows Rd.

Health Department Number _____ Dept. of Water Resources Permit No. H065W380

Date: April 8, 1965. W. B. H. H.
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.