

B 1 **0720** SEQUENCE NO. (OEP USE ONLY)

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

**STATE OF MARYLAND PERMIT TO DRILL WELL**

please print or type

OEP PERMIT NUMBER

**MD-SH-11421**

fill in this form completely

**OWNER INFORMATION**

Date Received **02 14 80**

**BOUMANS CHARLES** Owner  
**11470 ED WALKER RD** Street or RFD  
**WOCOAINE** Town **AN 2179** State Zip

**LOCATION OF WELL**

**HOWARD** COUNTY  
**MAP 13 H. 126** SUBDIVISION  
 SECTION **44** LOT **48**  
**FLORENCE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION**

**George F. Easterday** Driller's Name  
**L. F. Easterday, Inc.** Firm Name  
**9265 Brown Ch. Rd., Mt. Airy, Md. 21771** Address  
**George F. Easterday** Signature **2/23/80** Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**11-470 Ed Walker Rd** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE-BOX)

**34** DISTANCE FROM ROAD **37** ENTER FT OR MI

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME **HOWARD** COUNTY NO. **21**  
 OEP SIGNATURE **[Signature]** STATE HEALTH INSERT **[Signature]**  
 DATE ISSUED **03/18/80**  
 NORTH GRID **520000** EAST GRID **0370000**

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **100**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  Drive-POINT

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

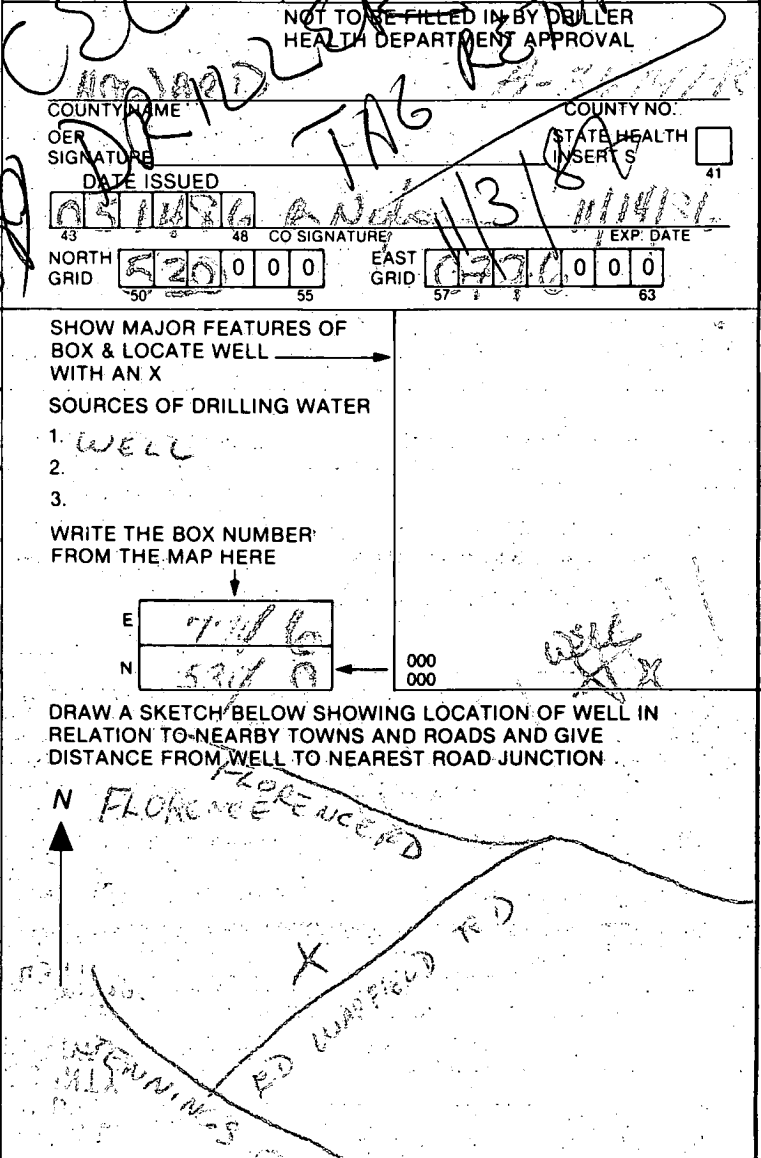
THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41**

**Not to be filled in by driller (OEP USE ONLY)**

APPROP. PERMIT NUMBER **GAP**

FORCE **WA** WRITE INITIALS IN BOX PERMIT No. **MD-SH-11421**



C1- 00529

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 36947 -W

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-81-1471

OWNER BROWNING CHARLES; STREET OR RFD 14670 ED WARFIELD RD; TOWN FLORENCE; SUBDIVISION MAP 13 P. 126; SECTION; LOT

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC; NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below; MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth, from, to

SCREEN RECORD screen type or open hole insert appropriate code below; SLOT SIZE; DIAMETER OF SCREEN

DEPTH (nearest ft.) table with columns for depth measurements

GRAVEL PACK from to; IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST HOURS PUMPED; PUMPING RATE; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL; TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP; TYPE OF PUMP INSTALLED; CAPACITY; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; ELECTRIC LOG OBTAINED; TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT: NO.; DRILLERS SIGNATURE; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

C1-00529

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 36947 -W

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

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER BROWNING CHARLES STREET OR RFD 14610 ED WARFIELD RD TOWN FLORENCE SUBDIVISION MAP 13 P. 126 SECTION LOT

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter of main casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) EACH SCREEN

- 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

C1-00529

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 36947 -W

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-21-1470

OWNER BRAWNING CHARLES STREET OR RFD 14610 ED WAREFIELD TOWN FLORENCE SUBDIVISION MAP 13 P. 126 SECTION LOT

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

CIRCLE APPROPRIATE LETTER 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ WL 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

DRILLER

C1-00529

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A 30177-W

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

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

SCREEN RECORD: screen type or open hole insert appropriate code below, STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER

DEPTH (nearest ft.) table, SLOT SIZE, DIAMETER OF SCREEN

GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED: DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS

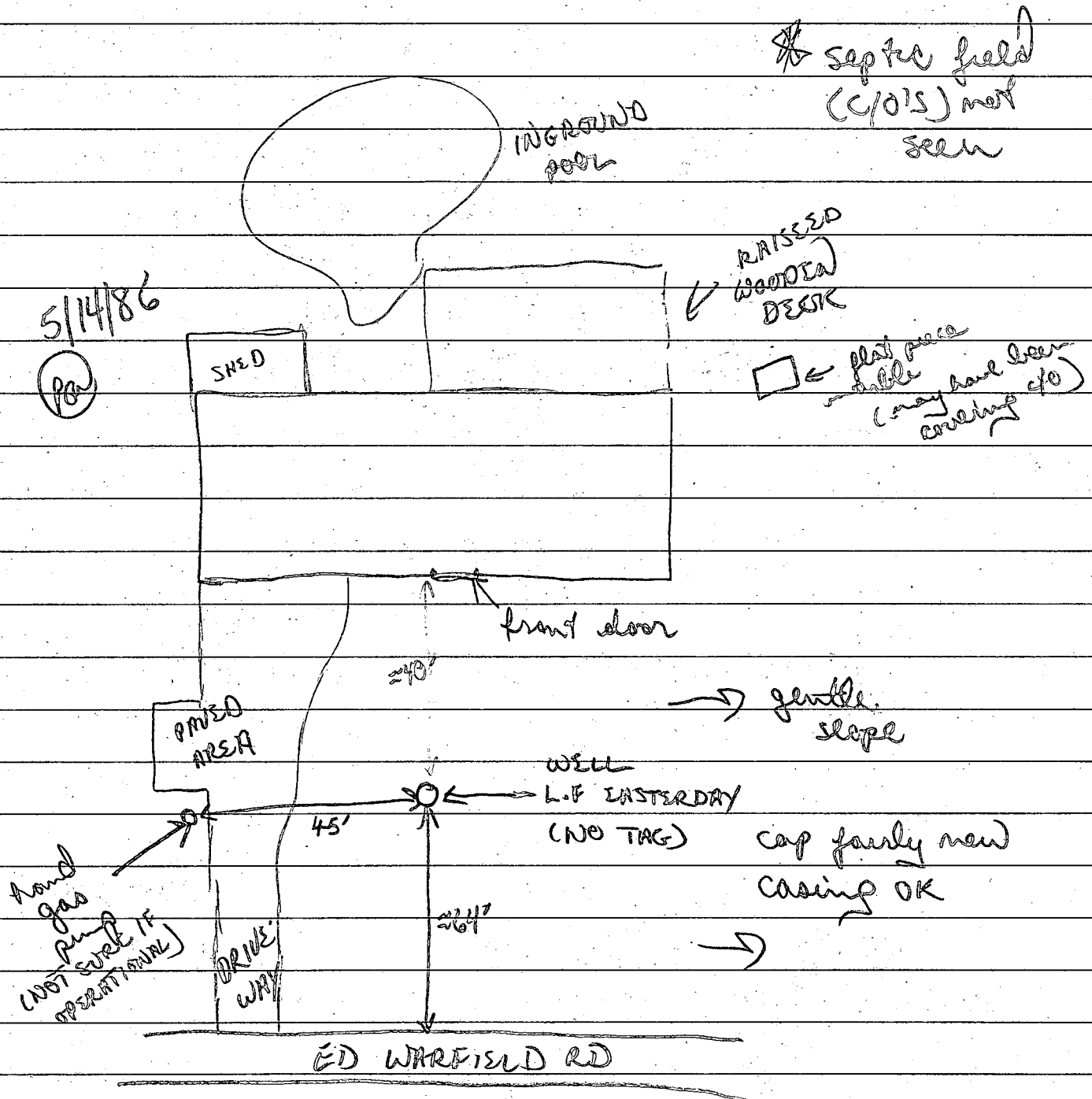
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO., DRILLERS SIGNATURE, SITE SUPERVISOR

CHARLES BROWNING  
16470 ED WARFIELD RD

#253-2875



well need permit with new tag since no tag presently exists

B 1 0567 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4389

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

please print or type

fill in this form completely.

Date Received 01 13 83 (OEP Use Only)

B 3 LOCATION OF WELL

OWNER INFORMATION

Last Name 15 Owner 34 Name Browning Charles

Street or RFD 36 55 16470 Edwardfield Rd.

Town 57 State 76 Zip Woburn Md 21092

COUNTY 8 21 Howard

SUBDIVISION 23 42 Tax map 13, parcel 126

SECTION 44 50 LOT 48

NEAREST TOWN 52 Florence

MILES FROM TOWN (enter 0 if in town) 73 1 M 1

B 1 Continued DRILLER INFORMATION

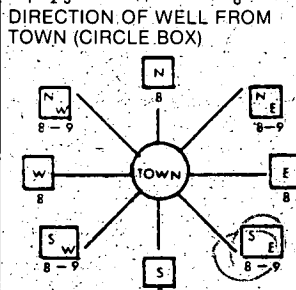
Driller's Name 77 License No. 80 Home Enterprises 40

Firm Name 9365 North Church Rd. cat. way. Md.

Address 11/1/83

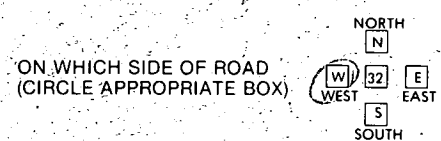
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ed Walsell

NEAR WHAT ROAD 30



DISTANCE FROM ROAD 34 50 37

(CIRCLE APPROPRIATE BOX) M 1 /38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

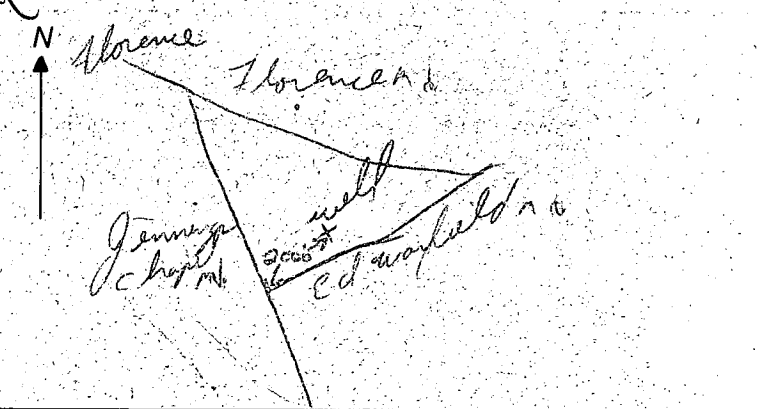
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
7705
5300

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPROXIMATE DEPTH OF WELL 24 28 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED OR AUGERED JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY DRIVE POINT
other

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 324527 COUNTY NO.

OEP SIGNATURE DATE ISSUED STATE HEALTH CIRCLE BOX 41

020283 Frank Sherrin

NORTH GRID 50 55 57 EAST GRID 63 68 73 EXPIRES 080283

Not to be filled in by driller (OEP USE ONLY)

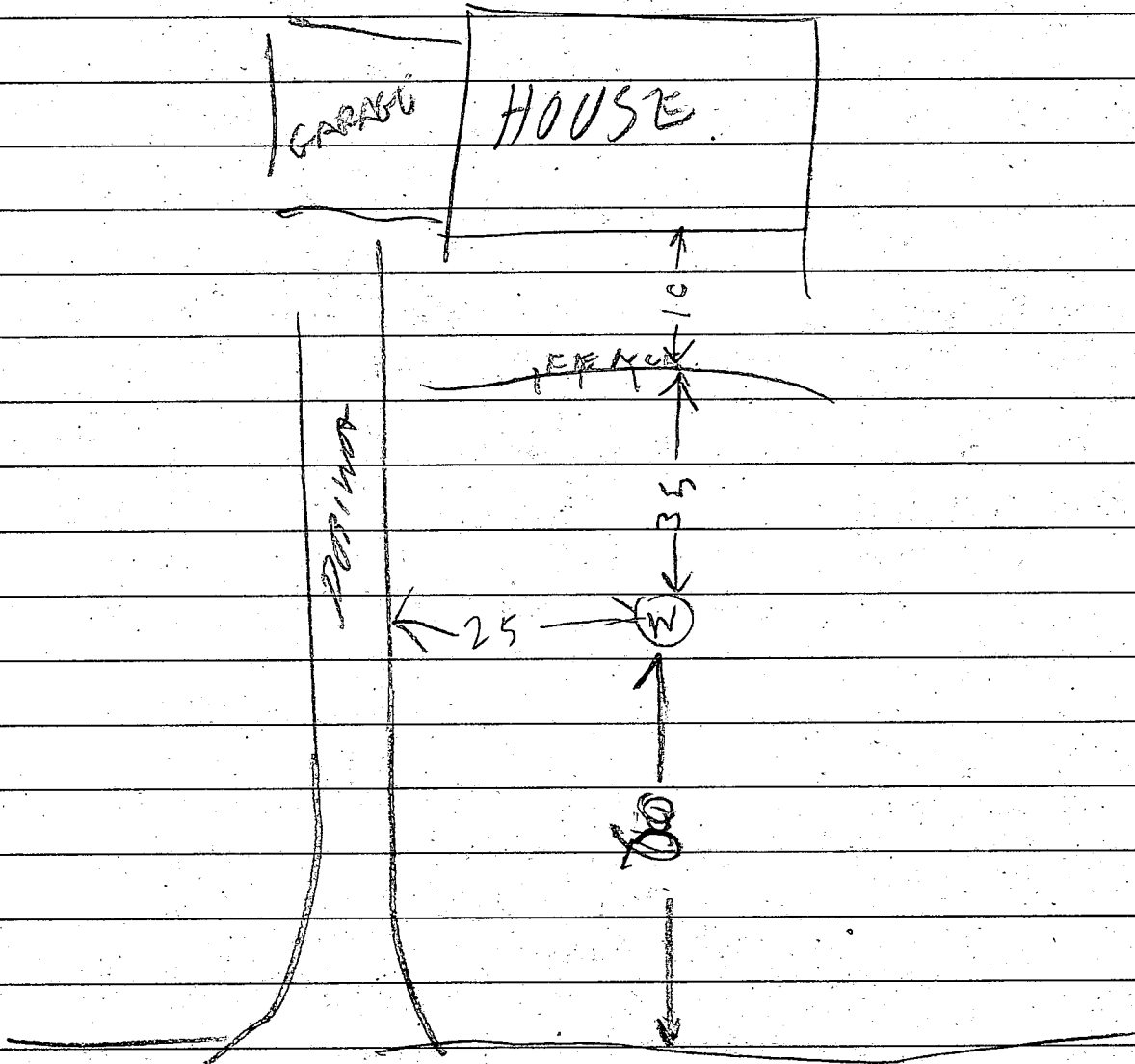
APPROP. PERMIT NUMBER 54 63 GAP

FORCE FS WRITE INITIALS IN BOX PERMIT No. 40-73-4389

B 5 SPECIAL CONDITIONS 8-63

Charles Browning  
16470 Ed Warfield Rd  
Woodbine

14  
28



ED WARFIELD RD

1/21/83 No one home No well permit  
number on the well RH

August 15, 1983

Mr. George Easterday  
9265 Brown Church Road  
Mt. Airy, Maryland 21771

Dear Mr. Easterday:

A well permit extension for Charles Browning, #HO-73-4389, has been extended until February 2, 1984.

Very truly yours,



Frank A. Skinner, Director  
Water and Sewerage Program

FAS:hs



# L. F. EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE 829-1640

Howard County Health Department  
Box 476  
Ellicott City, Maryland

## REQUEST FOR EXTENSION OF WELL PERMIT

Date July 28, 1983

State Health Department Permit No. HO-73-4389

I request that the above Permit to Drill a Well be extended for a period of six months.

Thank You.

Signature \_\_\_\_\_  
well driller

March 9, 1984

Mr. George F. Easterday  
c/o L. F. Easterday, Inc.  
9265 Brown Church Road  
Mt. Airy, Maryland 21771

RE: Well Permit Application -  
Number HO-73-4389  
Charles Browning Property

Dear Mr. Easterday:

This is to advise you that the above referenced permit has been extended  
for an additional 6 month period.

This permit will now expire on August 2, 1984.

Very truly yours,



Frank Skinner, Director  
Water and Sewerage Program

FS:jr



# L. F. EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE 829-1640

January 31, 1984

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
ELLICOTT CITY MD  
FEB 3 9 33 AM '84

Howard County Health Department  
Box 476  
Ellicott City, Maryland

## REQUEST FOR EXTENSION OF WELL PERMIT

Date January 31, 1984

State Health Department Permit No. HO-73-4389

I request that the above Permit to Drill a Well be extended for a period of six months.

Thank You.

Signature

George S. Easterday  
well driller