

August 24, 2011

Ms. Susan Bull  
Maryland Department of the Environment  
Oil Control Program  
1800 Washington Boulevard, Suite 620  
Baltimore, Maryland 21230-1719

Re: **Receptor Survey – Addendum  
Royal Farm Store #96  
500 Mechanics Valley Road  
North East, Maryland 21901  
Case No. 2011-0729-CE  
(Closed Case No. 99-2595-CE)  
Facility I.D. No. 13326  
AEC Project No. 05-056**

Dear Ms. Bull:

Advantage Environmental Consultants, LLC (AEC) has completed a Receptor Survey – Addendum for Royal Farms Store #96 located at 500 Mechanics Valley Road in North East, Cecil County, Maryland. This addendum was completed in response to a Maryland Department of the Environment (MDE) letter, dated June 29, 2011, requesting the addendum survey due to the detection of liquid phase hydrocarbons (LPH) in a monitoring well adjacent to an active underground storage tank system (UST). The initial Receptor Survey was completed by AEC and dated February 22, 2007 in response MDE's letter, dated January 25, 2007, regarding elevated methyl tert-butyl ether (MTBE) detected in groundwater samples collected in the area of the UST system (Case No. 99-2595-CE). A Site Vicinity Map and a Site Map are presented as Figures 1 and 2, respectively, in Attachment A.

AEC contacted the MDE Water Supply Program and the Cecil County Health Department requesting records of all non-test water wells within a half-mile radius of the site. Copies of the information requests are provided in Attachment B. As of this date a response has not been received from Cecil County. Upon receipt, AEC will forward information received to the MDE Oil Control Program.

Mr. Stephen Walker of MDE provided AEC with the results of a database search presented in a spreadsheet (Attachment C). The spreadsheet details 60 non-test wells and includes wells construction information such as total depth, casing depth, screened intervals, and current status. Mr. Walker also provided well completion reports for those wells which AEC had not received reports during the initial well search. AEC cross-

referenced information in the spreadsheet with information presented in the well completion reports and with tax map and parcel information obtained from the Maryland Department of Assessments and Taxation (MDAT) to determine addresses associated with each well record. Wells for which address information could be ascertained were plotted on a street map which depicts one-half mile, 1,000 foot, and 500 foot radii from the site. The Well Location Map is provided as Figure 3 in Attachment A. Well completion reports are provided in Attachment D. During the initial well search AEC field verified the existence of potable wells within the search radii. The Well Location Map also depicts the locations of wells which were field verified.

According to the United States Geological Survey (USGS) 7.5-Minute Series North East, MD Topographic Quadrangle, the Site elevation is approximately 70 feet above mean sea level (msl). Surface drainage at the Site is generally to the west towards Little North East Creek, a tributary of the North East Creek, located approximately 1,400 feet west of the Site at its closest point. The site area topography is illustrated on Figure 1 in Attachment A.

According to the Maryland Geological Survey's Geologic Map of Maryland (1968); the Site is located in the Atlantic Coastal Plain physiographic province, which is situated east of the fall line that separates the unconsolidated sediments of the Atlantic Coastal Plain province from the metamorphic units of the Piedmont. According to the map, the Site is underlain by Quaternary (Pleistocene to present) Lowland Deposits. This formation consists of irregularly distributed beds of sand, gravel, sandy clay, and clay. The sandy components are medium- to coarse-grained quartz sand with cobbles and boulders near the base. Most beds are lenticular and change rapidly in character over short distances. The finer grained materials consist of varicolored silts and clays and brown to dark gray lignitic silty clay. This formation lies unconformably on the Port Deposit Gneiss which is a moderately to strongly deformed intrusive complex composed of gneissic biotite quartz diorite, hornblende-biotite quartz diorite, and biotite granodiorite. These rocks are reportedly foliated and some strongly sheared. The Port Deposit Gneiss formation outcrops to the west of the Site along the North East Creek alignment.

A Groundwater Gradient Map for the August 3, 2011 gauging event is provided as Figure 5 in Attachment A. Groundwater flow is shown to be towards the southwest. There appears to be some slight groundwater mounding in the vicinity of MW-7 which may be associated with the sanitary sewer line and/or Site building foundation drainage influences. The hydraulic gradient (change in head per unit distance ( $dh/dl$ )) between MW-5 and MW-2 was 0.003 feet per foot during this monitoring event.

Several potable wells are located in the vicinity of the petroleum release area. These well locations are shown on Figure 4 in Attachment A. Also shown on this map and the table below are the well completion characteristics such as total depth and casing depth as described in the various MDE well completion reports. The well completion information for 487 Mechanics Valley Road was verbally relayed to AEC by the MDE. No permit or well completion information has been found for 513 Mechanics Valley

Road. Based on visual observation, water from the potable well at 505 Mechanics Valley Road also services the business at 513 Mechanics Valley Road via a garden hose between the two structures.

Address	Well Depth (ft)	Casing Depth (ft)	Sand/Gravel Interval (ft)	Depth to Bedrock (ft)	Approximate Distance to Release Area (ft)
463 Mechanic Valley Road	400	60	10-30	53	740
475 Mechanic Valley Road	400	64	30-45	60	570
487 Mechanic Valley Road	25	No data	No data	No data	420
493 Mechanic Valley Road	165	55	3-45	50	450
500 Mechanic Valley Road	350	63	26-60	60	130
505 Mechanic Valley Road	147	40	0-10	38	350
513 Mechanic Valley Road	No data	No data	No data	No data	No Data
10 Montgomery Drive	360	60	26-60	55	70

Based on the well construction information all but one of the wells (487 Mechanic Valley Road) uses the Port Deposit Gneiss as a water source. The 487 Mechanic Valley Road well is reportedly hand dug and draws water from the surficial material. As a result this well may be particularly susceptible to impact from the release. The remaining down gradient wells are also at risk for being impacted by the release. All but one of the wells (10 Montgomery Drive) are located downgradient of the release area. Regardless, due to the close proximity of the 10 Montgomery Drive well to the release area, this well is considered subject to possible impact from the release.

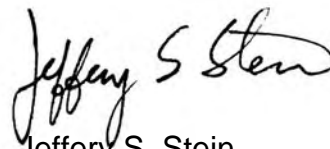
If you have any question regarding this information, or if we can be of further assistance, please contact AEC at (301) 766-0500.

Sincerely,

**ADVANTAGE ENVIRONMENTAL CONSULTANTS, LLC**



Meredith A. Boyce  
Senior Environmental Scientist

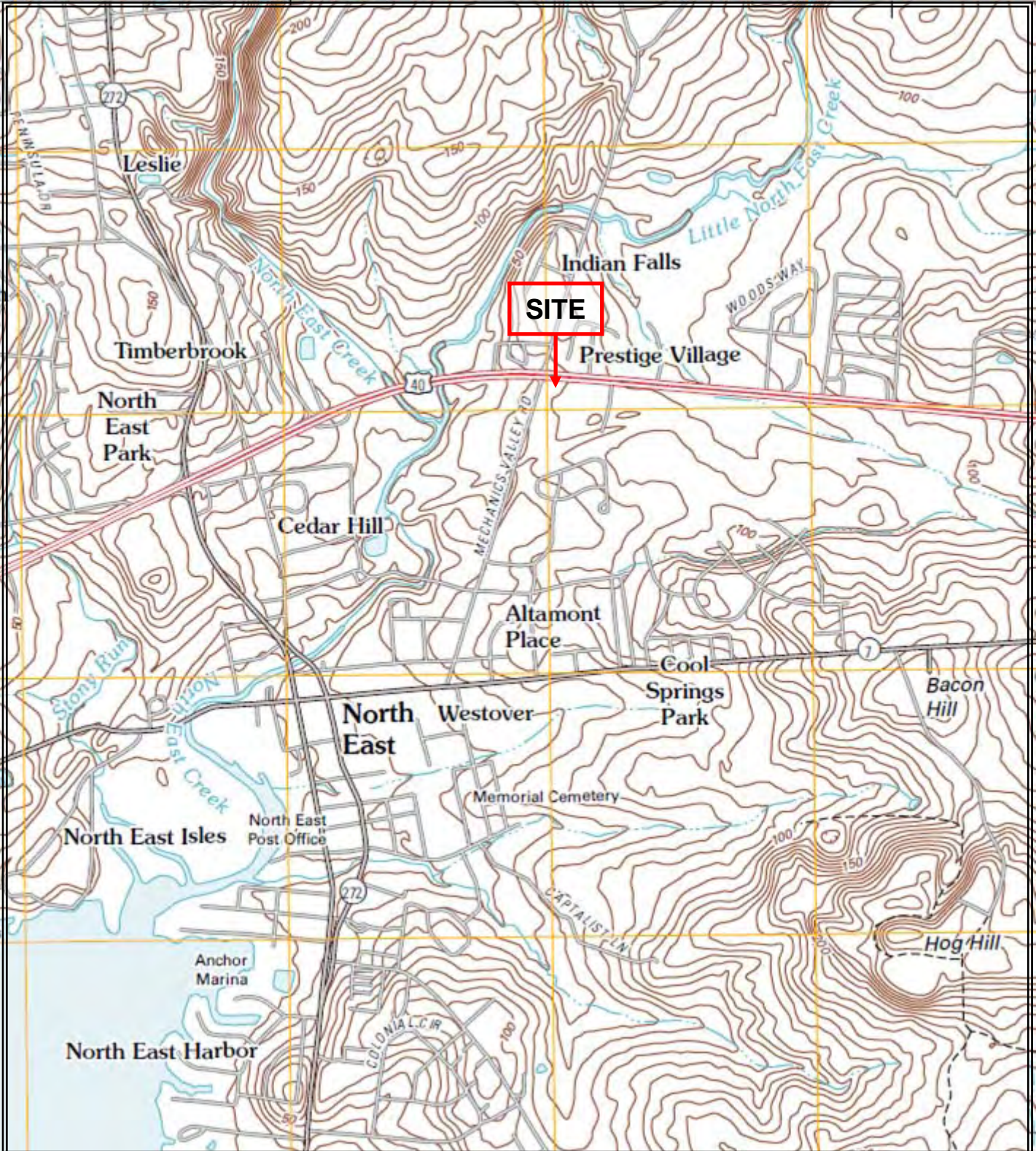


Jeffery S. Stein  
Project Manager

Attachments

**ATTACHMENT A**





**ADVANTAGE**  
**ENVIRONMENTAL**  
**CONSULTANTS, LLC.**

8610 Baltimore Washington Boulevard, Suite 217  
 Jessup, MD 20794  
 Phone: 301-776-0500 Fax 301-776-1123

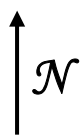






Figure 1 - Site Vicinity Map  
 Royal Farms # 96  
 500 Mechanics Valley Road  
 North East, Maryland 21901



AEC Project No.:  
 05-056

Report Date:  
 8/2011

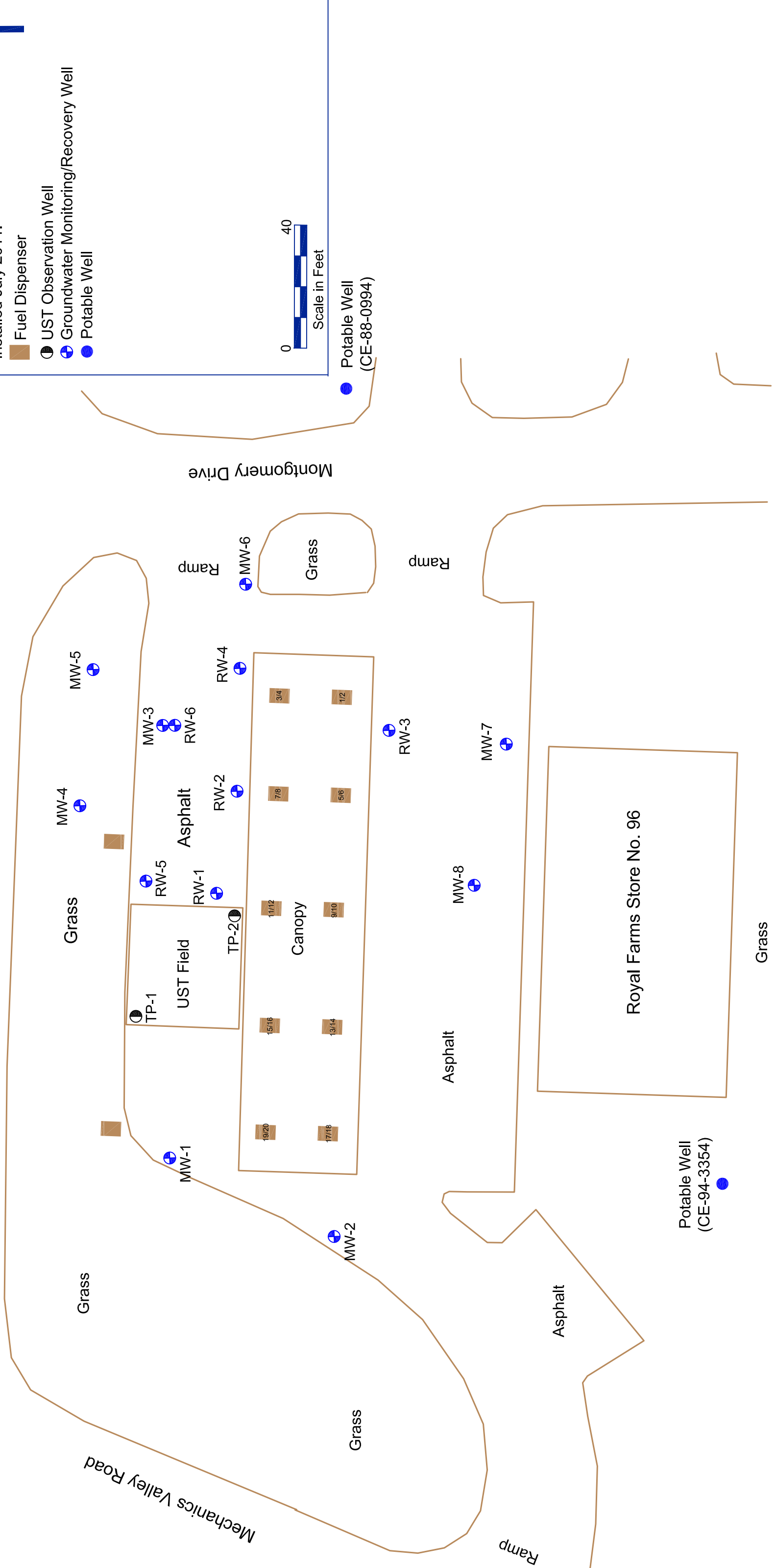
Drawn By:  
 MAB

**Legend**  
 Monitoring Wells MW-1 through MW-3 installed May 2005.  
 Monitoring Wells MW-4 through MW-8 and Recovery Wells RW-1 through RW-6 installed July 2011.

-  Fuel Dispenser
-  UST Observation Well
-  Groundwater Monitoring/Recovery Well
-  Potable Well

  
  
 Scale in Feet

Route 40 - Pulaski Highway



**Advantage Environmental Consultants, LLC**

8610 Washington Blvd. Suite 217  
 Jessup, MD 20794  
 Phone 301-776-0500 Fax 301-776-1123

Project No.: 05-056	Drawn by: JSS
Task No.: RF96	Date: 8-4-11
File: Site Features	Revision No.: 1

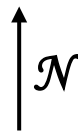
**Figure 2 - Site Features Map**  
 Royal Farms No. 96  
 500 Mechanics Valley Road  
 North East, MD





- Location determined from MDE database or well completion reports and field verified
- Location determined from MDE database or well completion reports
- Location field determined

Approximate Scale  
feet  
0 800



**ADVANTAGE**  
**ENVIRONMENTAL**  
**CONSULTANTS, LLC.**

8610 Baltimore Washington Boulevard, Suite 217  
Jessup, MD 20794  
Phone: 301-776-0500 Fax 301-776-1123

**Figure 3 - Potable Well Location Map**  
**Royal Farms # 96**  
**500 Mechanics Valley Road**  
**North East, Maryland 21901**

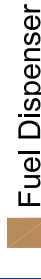
AEC Project No.:  
**05-056**

Report Date:  
**8/2011**

Drawn By:  
**MAB**

**Legend**

- UST Observation Well
- Groundwater Monitoring Well
- Potable Well



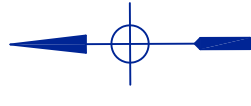
**Fuel Dispenser**  
 Monitoring Wells MW-1 through MW-3 installed May 2005.  
 Monitoring Wells MW-4 through MW-8 and Recovery Wells RW-1 through RW-6 installed July 2011.

**85.07** - Groundwater elevation measured on 8/3/11. Values shown in **red** have been corrected using a Liquid Phase Hydrocarbon density of 0.7 grams per milliliter.

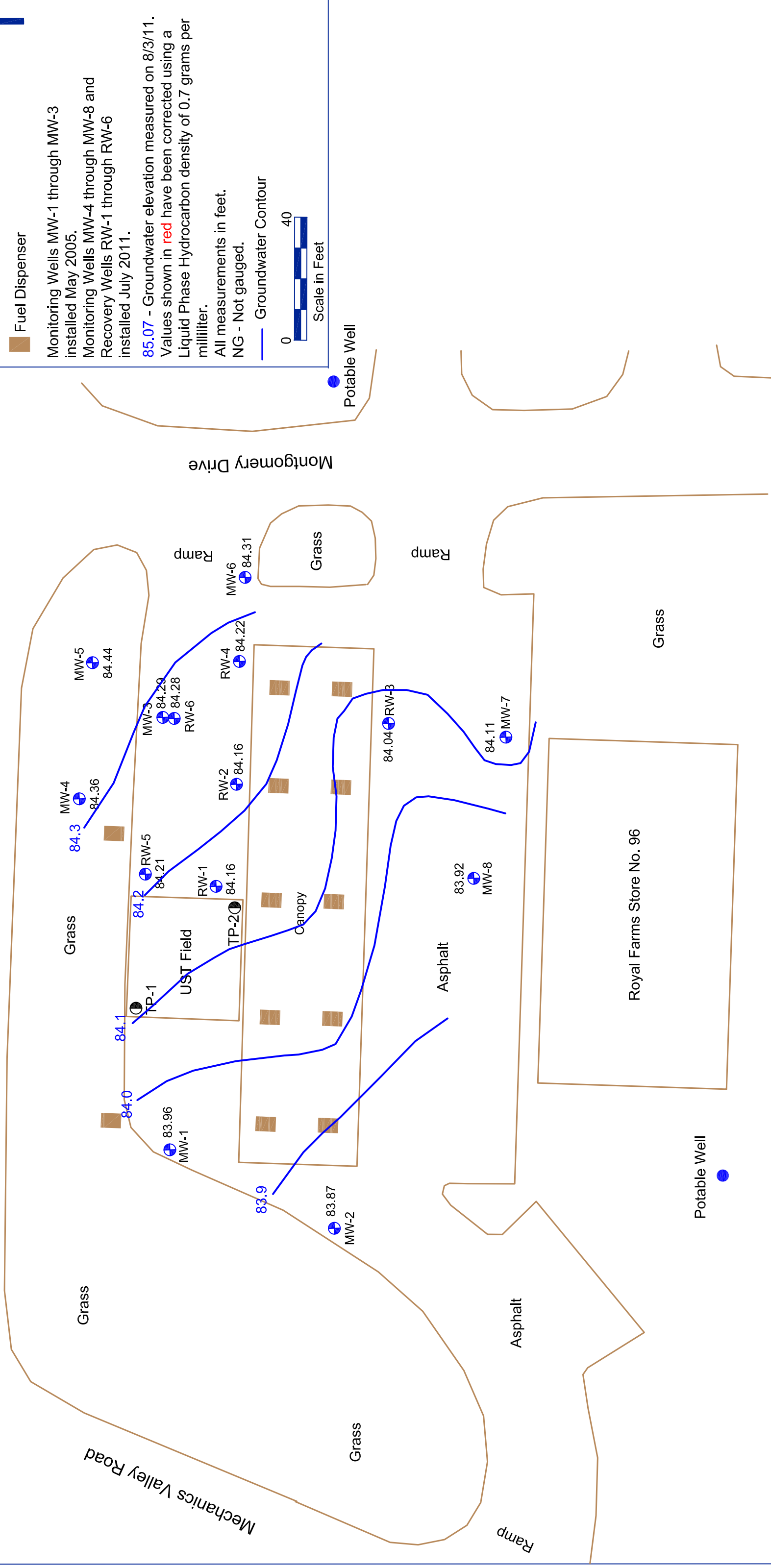
All measurements in feet.  
 NG - Not gauged.



Scale in Feet



Route 40 - Pulaski Highway



**Advantage Environmental Consultants, LLC**

8610 Washington Blvd. Suite 217  
 Jessup, MD 20794  
 Phone 301-776-0500 Fax 301-776-1123

Project No.: 05-056

Task No.: RF96

File: GW Grad

Drawn by: JSS

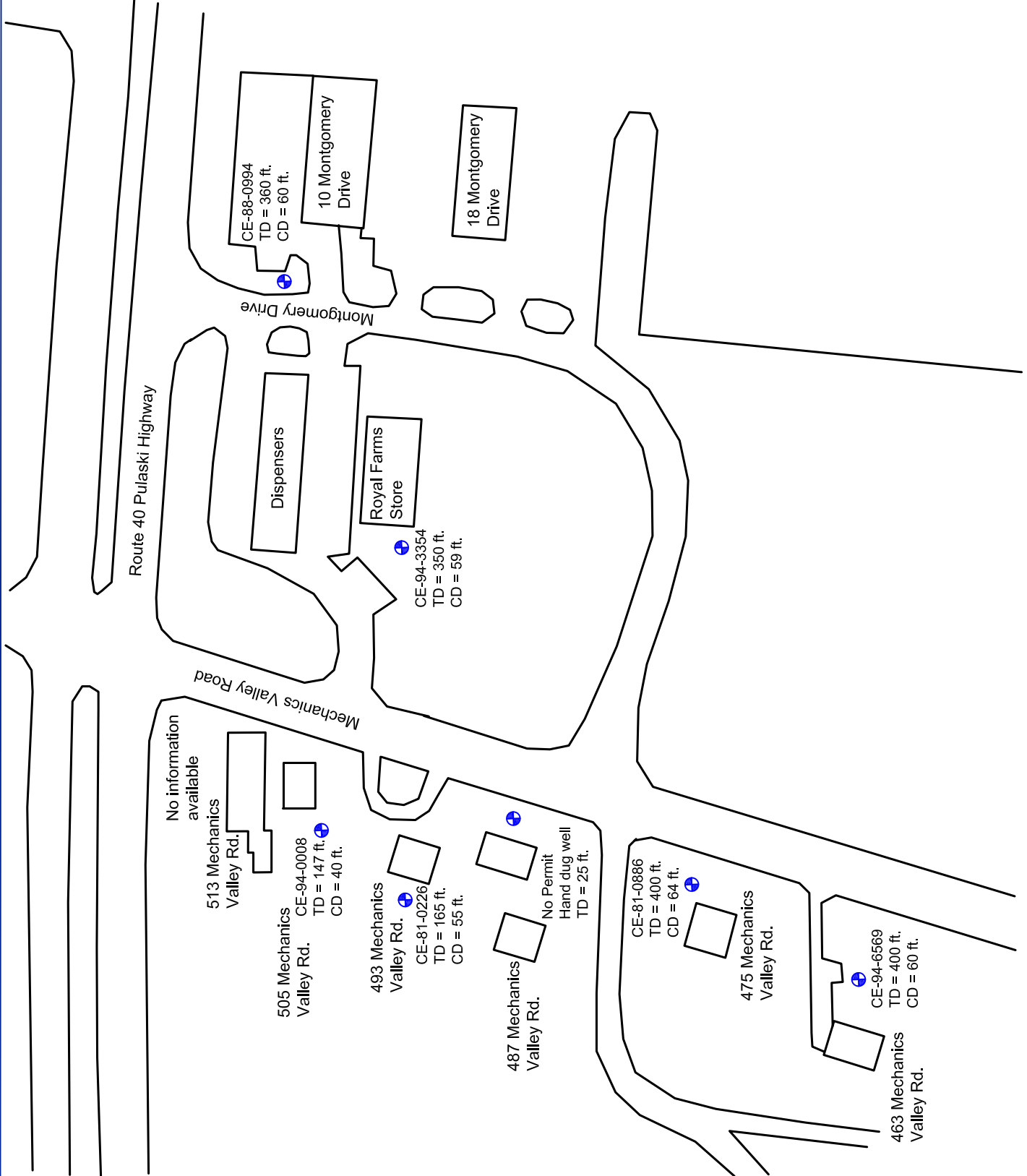
Date: 8-5-11

Revision No.: 1

**Figure 4 - Groundwater Gradient Map**

Royal Farms No. 96  
 500 Mechanics Valley Road  
 North East, MD





Approximate Potable Well Location  
 No information available for 513 Mechanics Valley Road.  
 TD = Total Well Depth in Feet  
 CD = Casing Depth in Feet.

0 100  
Scale in Feet

**Figure 5 - Site Area Map**  
 Royal Farms No. 96  
 500 Mechanics Valley Road  
 North East, MD

Project No.: 05-056	Drawn by: JSS
Task No.: RF96	Date: 7-14-11
File: Site Area	Revision No.: 1

**ATTACHMENT B**

**From:** [Meredith Boyce](#)  
**To:** "[ascramlin@dohm.state.md.us](mailto:ascramlin@dohm.state.md.us)"  
**Subject:** Well Survey 500 Mechanics Valley Road  
**Date:** Wednesday, August 10, 2011 8:48:00 AM

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Dear Ms. Scramlin:

AEC would like to request the well completion reports and a list of potable wells within a one-half mile radius of 500 Mechanics Valley Road, North East, Maryland. We are requesting this information to submit to the MDE Oil Control Program. We appreciate your timely response to this request as we are attempting to report to the MDE by August 25, 2011. AEC will pay any necessary copying charges related to this request. Please invoice me at the address below. Please email or call me with any questions.

Thank-you for your help.

Meredith A. Boyce  
Senior Environmental Scientist | Environmental Due Diligence  
[Advantage Environmental Consultants, LLC](#)  
8610 Washington Boulevard | Suite 217 | Jessup, MD 20794  
Office: 301-776-0500 | Cell: 267-978-4860 | Fax: 301-776-1123  
[mboyce@aec-env.com](mailto:mboyce@aec-env.com)

August 9, 2011

Ms. Wendy Donaldson  
Maryland Department of the Environment  
Water Management Administration  
1800 Washington Boulevard  
Baltimore, Maryland 21230  
Fax: (410) 537-3163

**Re: Public Information Act (PIA) Request - Sent Via Regular Mail and facsimile**

Dear Ms. Donaldson:

Advantage Environmental Consultants, LLC (AEC), under the PIA, would like to review well completion reports for drinking water wells located within ½ mile of the following site:

**Royal Farms Store #96  
500 Mechanics Valley Road  
North East, Cecil County, MD  
Facility ID No 13326**

In speaking with Mr. Steven Walker of the Water Management Administration, I understand that some of the MDE's well completion reports have been transferred off site in order to scan, and are not currently available. I would like to review all available well completion reports.

We appreciate your timely response to this request. AEC will pay for necessary copying charges related to the request. Please invoice us at the above address. Please call me at (301) 776-0500 if you have any questions. Thank you for your time.

Sincerely,  
**ADVANTAGE ENVIRONMENTAL CONSULTANTS, LLC.**



Leslie A. Kopchinski  
Project Manager



**ATTACHMENT C**

500 Mechanics Valley Road Well Search

Address	Permit No.	WAPID	Completion Date	Total Depth	Casing Diameter	Casing Depth	Screen Type	Top Screen	Bottom Screen	Pumping Rate	Level Before	Level During	Abandon Date
47 Chatham La	CE882176		11/19/1991	220	6	58	HO	58	220	5	25	100	
Chatham La	CE812011												
575 Deans Bank Rd	CE813005		8/18/1987	360	6	75	HO	75	360	3	45	300	
575 Deans Bank Rd	CE945550		10/4/2002	480	6	80	HO	80	480	2	45	400	
618 Deans Bank Rd	CE952150		7/16/2007	225	6	100	HO	100	225	15	36	85	
620 Deans Bank Rd	CE881331												8/29/1990
Deans Bank Rd	CE812573		12/8/1986	160	6	69	HO	69	160	8	25	100	
16 Falls Rd	CE733637		12/4/1980	310	6	43	HO	43	310	3	50	300	
24 Falls Rd	CE811653		7/27/1985	400	6	60	HO	60	400	1	70	300	
25 Falls Rd	CE943363		8/27/1999	500	6	32	HO	32	500	4	40	210	
31 Falls Rd	CE950546		9/7/2004	360	6	64	HO	64	360	5	50	175	
57 Falls Rd	CE810232		2/26/1982	208	6	22	HO	22	208	3	25	150	
68 Falls Rd	CE930137		11/10/1993	220	6	40	HO	40	220	50	40	52	
3 Flint Dr	CE882578	CE1992G049	7/30/1992	320	6	54	HO	54	320	20	33	150	
21 Flint Dr	CE946365	CE2003G009	7/31/2003	200	6	69	HO	69	200	15	13	100	
28 Flint Dr	CE942510	CE1998G009	6/2/1998	280	6	40	HO	40	280	8	15	215	
23 May St	CE811466		7/19/1985	110	6	78	HO	78	110	50	25	80	
310 Mechanics Valley Rd	CE920476		7/26/1993	450	6	45	HO	45	450	4	15	285	
463 Mechanics Valley Rd	CE946569		12/11/2003	400	6	60	HO	60	400	5	25	250	
475 Mechanics Valley Rd	CE810886		12/14/1983	400	6	64	HO	64	400	3	25	400	
493 Mechanics Valley Rd	CE810226		2/27/1982	165	6	55	HO	55	165	8	20	115	
500 Mechanics Valley Rd	CE943354	CE1999G012	6/24/1999	350	6	63	HO	59	350	10	25	114	
501 Mechanics Valley Rd	CE944087		8/31/2000	240	6	79	HO	79	240	5	22	80	
505 Mechanics Valley Rd	CE940008		5/3/1994	147	6	40	HO	40	147	15	15	65	
556 Mechanics Valley Rd	CE942970		12/23/1998	260	6	66	HO	66	260	15	40	120	
578 Mechanics Valley Rd	CE950551		9/15/2004	250	6	50	HO	50	250	10	45	165	
584 Mechanics Valley Rd	CE880508		5/15/1989	147	6	42	HO	42	147	20	15	80	
591 Mechanics Valley Rd	CE730023		12/18/1972	79	6	47	HO	47	49	30	20	40	
600 Mechanics Valley Rd	CE733583		10/14/1980	122	6	48	HO	48	122	9	40	80	
614 Mechanics Valley Rd	CE881354		8/8/1990	182	6	42	HO	42	182	10	38	109	
630 Mechanics Valley Rd	CE881902		6/19/1991	125	6	30	HO	30	125	5	28	85	
665 Mechanics Valley Rd	CE930091		10/11/1993	300	6	47	HO	47	300	50	60	72	
665 Mechanics Valley Rd	CE942940		1/14/1999	250	6	34	HO	34	250	7	26	94	
665 Mechanics Valley Rd	CE943466		9/20/1999	255	6	43	HO	43	255	50	30	32	
666 Mechanics Valley Rd	CE733953		7/23/1981	200	6	21	HO	21	200	4	20	200	
Mechanics Valley Rd	CE710093		11/12/1970	170	6	35	HO	35	170	3	23	120	
Mechanics Valley Rd	CE720124		11/23/1971	155	5	51	HO	51	155	3	22	140	
Mechanics Valley Rd	CE731234		7/1/1975	168	6	40	HO	40	168	12	30	60	
Mechanics Valley Rd	CE731324		10/1/1975	188			HO		188	6	60	150	
Mechanics Valley Rd	CE731752		8/19/1977	144	6	47	HO	47	144	12	30	144	
Mechanics Valley Rd	CE733606		11/4/1980	100	6	43	HO	43	100	6	20	75	
Oak Hill La	CE813451		12/5/1987	65	6	60	ST	60	65	12	30	45	
2031 Pulaski Hwy	CE881791	CE1987G053	5/9/1991	275	6	63	HO	63	275	15	26	75	
2031 Pulaski Hwy	CE950813	CE1987G053	6/28/2005	200	6	63	HO	63	200	15	35	138	
2031 Pulaski Hwy	CE951799	CE1987G053	11/15/2006	160	6	48	HO	48	160	75	4	55	
2059 Pulaski Hwy	CE811944	CE1986G002	1/9/1986	163	6	52	HO	52	163	12	30	163	
2059 Pulaski Hwy	CE881115	CE1986G002	3/26/1990	320	6	77	HO	77	320	4	19	226	

500 Mechanics Valley Road Well Search

Address	Permit No.	WAPID	Completion Date	Total Depth	Casing Diameter	Casing Depth	Screen Type	Top Screen	Bottom Screen	Pumping Rate	Level Before	Level During	Abandon Date
2235 Pulaski Hwy	CE951146	CE2001G008	8/25/2005	460	6	45	HO	45	460	6	10	400	
2257 Pulaski Hwy	CE920140		12/3/1992	200	6	44	HO	45	200	20	18	190	
Pulaski Hwy	CE710015		9/2/1970	72	6	72	HO	50	72	10	45	70	
Pulaski Hwy	CE810234	CE1982G002	3/16/1982	150	6	65	HO	65	150	25	25	150	
Pulaski Hwy and Chatham La	CE812484		11/20/1986	140	6	67	HO	67	140	11	8	20	
Pulaski Hwy and Mechanics Valley Rd	CE732334		12/27/1977	175	6	52	HO	52	175	7	30	150	
1856 W Pulaski Hwy	CE945817	CE2002G029	11/19/2002	250	6	70	HO	70	250	20	30	50	
1872 W Pulaski Hwy	CE940403	CE1994G046	11/23/1994	142	6	42	HO	42	142	5	23	142	
1900 W Pulaski Hwy	CE940593		3/8/1995	143	6	42	HO	43	143	20	22	143	
1919 W Pulaski Hwy	CE812982	CE1987G017	6/4/1987	150	6	75	HO	75	150	15	18	150	
1923 W Pulaski Hwy	CE941281	CE1997G019	5/22/1996	162	6	75	HO	75	162	15	15	90	
1924 W Pulaski Hwy	CE951611	CE1972G003	6/8/2006	240	6	60	HO	60	240	40	35	200	
		CE1973S005											

**ATTACHMENT D**



7668

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

AND PERMIT RECEIVED BEFORE DRILLING IS STARTED. FILL IN THIS FORM COMPLETELY.

DATE RECEIVED (OWNER USE ONLY) 072270

OWNER: Mann M. Dorothy A-411  
STREET OR RFD: Box 382 R.D. 1  
POST OFFICE: Elberton Md. CE-71-0015

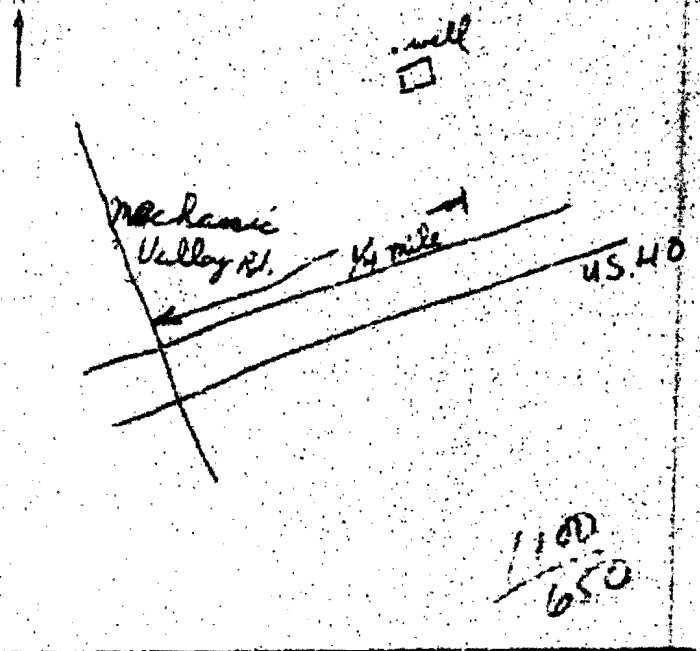
B.2 DRILLER INFORMATION  
1. NAME: Earl D. Jones Jr.  
2. ADDRESS: Box 189 Rush Rd. Jarrettsville Md. 21084  
3. PHONE: 21084  
4. DATE OF APPLICATION: July 16

B.4 LOCATION OF WELL  
1. COUNTY: Cecil  
2. NEAREST TOWN: Elberton  
3. MILES FROM TOWN: 5

B.3 WELL INFORMATION  
1. MAXIMUM PUMPING RATE: 5  
2. AVERAGE DAILY QUANTITY NEEDED: 350  
3. USE FOR WATER: DOMESTIC HOME  
4. APPROXIMATE DEPTH OF WELL: 75  
5. METHOD OF DRILLING USED: AIR-ROTARY

B.5 DIRECTION FROM TOWN  
NORTH, EAST, SOUTH, WEST, NE, SE, NW, SW  
NEAREST ROAD: U.S. # 40  
ON WHICH SIDE OF ROAD: WEST  
DISTANCE FROM ROAD: 500

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEAREST ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW.



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
1. THIS WELL WILL NOT REPLACE AN EXISTING WELL  
2. THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
3. THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
4. THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE DEEPEMED OR DEEPEMED BY AVOIDANCE

APPROPRIATION PERMIT NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
ENGINEER REVIEW: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
HEALTH DEPARTMENT APPROVAL: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
SUPERVISING SANITARIAN: David S. Jones (p)

ORIGINAL

1931

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

VICTIM OF DEVIANT ACTS OF THE WELL FILE IN THIS FORM COMPLETE

DATE OF WELL COMPLETION 12-23-31

DEPTH OF WELL 72

DRILLER'S IDENTIFICATION NO. 12

OWNER *Pratt*

POST OFFICE *Pratt*

WELL LOG STATE THE KIND OF STRATIGRAPHIC FORMATION, THEIR COLOR, DEPTH, THICKNESS, AND WATER BEARING

DESCRIPTION OF STRATIGRAPHIC FORMATION	THICKNESS	DEPTH	WATER BEARING
<i>subsoil</i>	0	40	
<i>prob. clay</i>	10	50	
<i>white sand</i>	56	72	

GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) DEPTH OF GROUT SEAL TO NEAREST FOOT 60

CASING RECORD INDEXED APPROXIMATE CODE REGION (CIRCLE APPROPRIATE BOX) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER OF MAIN CASING (INCHES) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 72

OTHER CASING (IF USED) DIAMETER (INCHES) DEPTH (FEET)

SCREEN RECORD (CIRCLE APPROPRIATE BOX) STEEL DEPTH OF SCREEN (FEET) PLASTIC OTHER

DEPTH OF WELL TO NEAREST FOOT 72

PUMPING TEST HOURS PUMPING TO NEAREST HOUR

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON

WATER LEVEL (DISTANCE FROM LAND SURFACE BEFORE PUMPING) 4 WHEN PUMPING 70

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) AIR PISTON V CENTRIFUGAL W RETARY B OTHER

PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTERS) CAPACITY GALLONS PER MINUTE TO NEAREST GALLON

CASING HEIGHT (CIRCLE APPROPRIATE BOX) ABOVE LAND SURFACE BELOW

LOCATION OF WELL (BY CITY, COUNTY, TOWNSHIP, SECTION, RANGE, AND RANGE) DISTANCE FROM NEAREST ROAD OR RAILROAD

CIRCLE APPROPRIATE BOXES... (instructions for well log and casing records)

SEQUENCE NO. (OWNER USE ONLY) **6463**

DATE RECEIVED (OWNER USE ONLY) \_\_\_\_\_

OWNER: Edward Dean  
COL. IS LAST NAME FIRSTNAME

STREET OR RFD: Mechanics Valley Road  
COL. 35

POST OFFICE: North East, Md. CE-71-0093  
COL. 37

**B 2** DRILLER INFORMATION

1. 2. 3. (SEQ. NO.) 0

Vernor Kirk IDENTIFY NUMBER 159  
DRILLER LAST NAME

Perryville Md. 21903  
STREET OR RFD ZIP CODE

DATE OF APPLICATION \_\_\_\_\_

**B 4** LOCATION OF WELL

1. 2. 3. (SEQ. NO.) 0

COUNTY: Cecil County  
DO NOT ABBREVIATE COUNTY NAME

CITY/TOWNSHIP: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

NEAREST TOWN: North East

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2

**B 3** WELL INFORMATION

1. 2. 3. (SEQ. NO.) 0

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

**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 ROAD: Mechanics Valley Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

N NORTH  S SOUTH  E EAST  W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 60

APPROXIMATE DEPTH OF WELL 90 FEET

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGER)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE ROTARY

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 CALLED \_\_\_\_\_

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) \_\_\_\_\_

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

APPROPRIATION PERMIT NUMBER \_\_\_\_\_

ENGINEER REVIEWED (WRITE CERTIFIC. NO. IN BOX)  PERMITS  WELLS INITIALS IN BOX \_\_\_\_\_

APPROVALS \_\_\_\_\_

**B 5** HEALTH DEPARTMENT OF ROYAL

Cecil County

APPROVED BY: Karin S. King SUPERVISING SANITARIAN

DATE: 101570

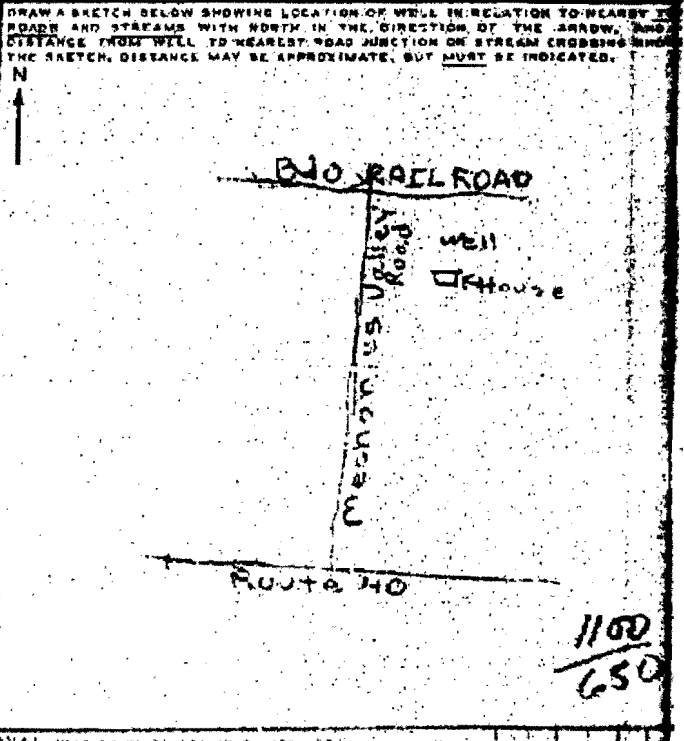
LONGITUDE: 0753510

ELEVATION OF WELL HEAD (FEET): 0200

**B 6** SPECIAL CONDITIONS (OWNER USE ONLY)

1. 2. 3. (SEQ. NO.) 0

\_\_\_\_\_



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

WELL COMPLETION REPORT

IF THIS WELL  
FILL IN THIS FORM COMPLETED

9-145

11/12/70

DEPTH OF WELL  
170

PERMIT NO. (SEEK PERMIT TO DRILL WELL)  
CE-71-0093

1800

11/12/70

WELLER IDENTIFICATION NO. 159

DRON

EDWARD

STREET OR HIGHWAY MECHANICS VALLEY RD.

POST OFFICE NORTH EAST MD.

WELL LOG

WELL DESCRIPTION

PUMPING TEST

STATE THE KIND OF FORMATION REVEALED, CASING COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD  
WELL HAS BEEN CHARGED (CIRCLE APPROPRIATE GOAL)

WATER LEVEL (DISTANCE FROM LAND SURFACE)

GRAVEL SAND AND GRT  
0 35  
GRANIT 35 170

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
FROM SURFACE TO 170

NUMBER PUMPED TO NEAREST GALLON 2  
PUMPING RATE TO NEAREST GALLONS PER MINUTE 3  
METHOD USED TO MEASURE PUMPING RATE Bauler

DESCRIPTION OF WELL LOG

CASING RECORD  
CIRCLING TYPE: IRON PIPE, APPROXIMATE CODE BELOW  
CIRCLING TYPE: CONCRETE, W.P., G.P., PLASTIC, OTHER

WATER LEVEL (DISTANCE FROM LAND SURFACE)  
BEFORE PUMPING 23 (NEAREST FOOT)  
WHEN PUMPING 120 (NEAREST FOOT)

MAIN CASING TYPE: S T

OTHER CASING (IF USED)  
DIAMETER (INCH) DEPTH (FEET) FROM

TYPE OF PUMP USED (CIRCLE APPROPRIATE ONE)  
A. AIR LIFT, B. DIAPHRAGM, C. TURBINE, D. OTHER OVERHEAD, E. SUBMERSIBLE

SCREEN RECORD  
SCREEN TYPE OR OPEN HOLE: IRON PIPE, APPROXIMATE CODE BELOW

SCREEN RECORD  
SCREEN TYPE OR OPEN HOLE: IRON PIPE, APPROXIMATE CODE BELOW

PUMP INSTALLED  
TYPE OF PUMP (CIRCLE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, D, E, G, H, I, J)  
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 35  
PUMP HOLES (NUMBER) 3  
PUMP COLUMN LENGTH (NEAREST FEET) 45

CASING HEIGHT (CIRCLE APPROPRIATE BOX)  
LAND SURFACE: 2  
NEAREST FOOT

DEPTH (NEAREST WHOLE FOOT) FROM SURFACE TO 170

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE (SUCH AS DOORWAYS & PORCHES) AND OTHER LAND MARKS. INDICATE NOT LESS THAN TWO DISTANCES OF MEASUREMENT TO WALLS.

CIRCLE APPROPRIATE BOXES  
A. WELL HAS BEEN DRILLED AND SEALED WITH GROUT  
B. WELL LOG OBTAINED  
C. COPY OF LOG SENT TO STATE OFFICE  
WHENEVER VERTICAL SCALE IS USED, CHECK WITH WELL LOG TO BE SURE THAT ALL MEASUREMENTS ARE MADE TO THE SAME POINT AND THAT THE MEASUREMENT IS MADE TO THE BASE OF THE SCREEN OR TO THE POINT OF INTEREST.  
SIGNATURE: Veronica W. Rich  
ADDRESS: Veronica W. Rich

SCREEN RECORD  
SCREEN TYPE OR OPEN HOLE: IRON PIPE, APPROXIMATE CODE BELOW

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE (SUCH AS DOORWAYS & PORCHES) AND OTHER LAND MARKS. INDICATE NOT LESS THAN TWO DISTANCES OF MEASUREMENT TO WALLS.

ORIGINAL



8522

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

CF-7A-0129  
FILE IN THIS FORM COMPLETE

DATE RECEIVED  
(OWNER'S USE ONLY)

OWNER

NAME: MADRIE HAZEL

STREET OR P.O.

ADDRESS: Box 1712, Green Spring, MD

POST OFFICE

ADDRESS: Green Spring, MD 21733

B 1 CONTINUED

DRILLER INFORMATION

B 3 LOCATION OF WELL

LOCATION OF WELL

DATE: 9/14/71

LICENSE NUMBER: 236

COUNTY: Chesapeake

SECTION: PRESTON

FIRST NAME: George DRILLER LAST NAME: Hartley

NEAREST TOWN: North East

B 2 WELL INFORMATION

WELL INFORMATION

B 4 DIRECTION FROM TOWN

DIRECTION FROM TOWN

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 10

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- DOMESTIC, HOME USE (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
  - FARMING, AGRICULTURE, IRRIGATION
  - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
  - MUNICIPAL WATER SUPPLY
  - PRIVATE WATER COMPANY
  - TEST

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST	<input type="checkbox"/> N.E.	<input type="checkbox"/> S.E.
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST	<input type="checkbox"/> N.W.	<input type="checkbox"/> S.W.

NEARBY ROAD: MECHANIC

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

<input type="checkbox"/> NORTH	<input type="checkbox"/> SOUTH
<input type="checkbox"/> WEST	<input checked="" type="checkbox"/> EAST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 6

APPROXIMATE DEPTH OF WELL: 65 FEET

APPROXIMATE DIAMETER OF WELL: 4 INCHES (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (CIRCLE APPROPRIATE): DRIVEN

30-37, AIR-HOTARY, AIR-REPERSSION, ROTARY (CIRCLE APPROPRIATE)

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 SHANDRED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEM AN EXISTING WELL

WEIGHT NUMBER OF WELLS TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 0

NOT TO BE FILLED IN BY DRILLER (OWNER'S USE ONLY)

APPROPRIATION PERMIT NUMBER: 74

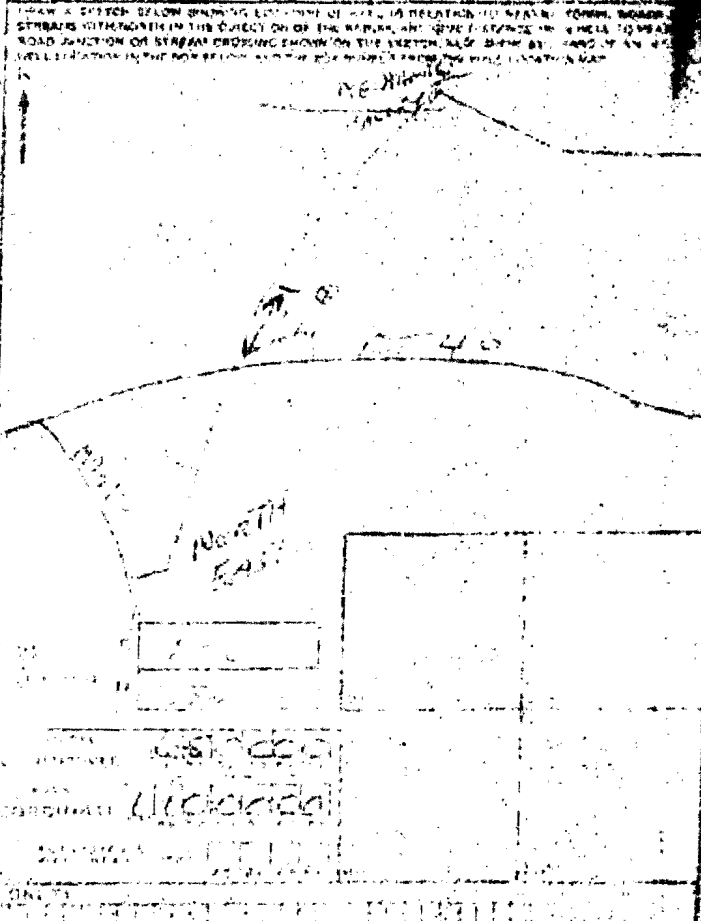
FOUNTAIN PERMIT NUMBER: 0

B 4 HEALTH DEPARTMENT APPROVAL

DATE: 9/21/71

COUNTY: Worcester

APPROVED BY: David J. Jones



OFFICIALS

REVENUE NO. 9546  
 (REG. NO.)  
 THIS NUMBER IS TO BE PUNCHED IN CIRCLES ON ALL CARDS

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

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

DATE RECEIVED (MUST BE ONLY)  
**120171**

DATE WELL COMPLETED  
**11/23/71**

DEPTH OF WELL  
**155**  
 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL  
**CE-73-DV-24**  
 20 25 30 31 32 33 34 35 36 37  
**236**  
 GRILLERS IDENTIFICATION NO.

OWNER **Moore, Hazel B.**  
 LAST NAME  
 STREET OR APO **Box 131c**  
 POST OFFICE **Perryville, Md.**  
 FIRST NAME

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET	
	FROM	TO
brn. silty clay	0	26
soft rock	26	46
hard gray rock w/small water seams	46	155

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 YES  NO   
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **6** NO. OF POUNDS **600**  
 GALLONS OF WATER **36**  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **3** TO **20** FT.  
 (ENTER 0 IF FROM SURFACE)

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) **2**  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **3**  
 METHOD USED TO MEASURE PUMPING RATE **air line**  
 WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **22** FEET  
 WHEN PUMPING **140** FEET  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE)  
 AREA  P. PISTON  I. TURBINE  
 C. CENTRIFUGAL  A. ROTARY  D. OTHER  
 J. JET  B. SUBMERSIBLE

**CASING RECORD**

CASING TYPE (CIRCLE APPROPRIATE)  
 INHERIT  APPROXIMATE  BELOW   
 S.T. STEEL  C.O. CONCRETE  
 P.L. PLASTIC  O.T. OTHER  
 MAIN CASING TYPE  S  T  
 NOMINAL DIAMETER (TOP MAIN CASING) (NEAREST INCH) **5**  
 TOTAL DEPTH (NEAREST FOOT) **51**

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, D)  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES   
 CAPACITY (GALLONS PER MINUTE TO NEAREST GALLON) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_  
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 ABOVE LAND SURFACE **2** FEET  
 BELOW

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

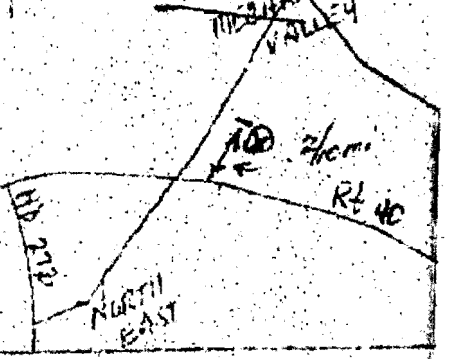
**SCREEN RECORD**

SCREEN TYPE (CIRCLE APPROPRIATE)  
 INHERIT  APPROXIMATE  BELOW   
 S.F. STEEL  O.H. BRASS OPEN HOLE OR SIGNAL  
 P.L. PLASTIC  O.T. OTHER

**DEPTH (NEAREST WHOLE FOOT)**

**H O 51 155**

**LOCATION OF WELL ON LOT**



**CIRCLE APPROPRIATE BOXES**

- A WELL WAS ABANDONED AND SEALED WHEN THE WELL WAS COMPLETE
- E ELECTRIC LOG OBTAINED
- C SOME OF THE LOG HAS APPEARED

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS REPORT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
 SIGNATURE **George Kolley**

ORIGINAL

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

PERMIT NUMBER  
**CE-73-0023**  
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)  
**07 19 72**

OWNER **Carlisle**  
COL IS LAST NAME  
STREET OR RFD **Mechanics Valley Rd**  
COL 38  
POST OFFICE **North East, Md**  
COL 57

FIRST NAME **Clifton**  
COL 2  
**A-2524**  
COL 5  
COL 7

**B 1 CONTINUED DRILLER INFORMATION**  
1 2 3 (SEQ. NO.) 4  
DATE **July 17, 1972** LICENSE NUMBER **250**  
COL 11 COL 22 COL 50  
**Constantino D. Filippa, Jr.**  
FIRST NAME DRILLER LAST NAME  
SIGNATURE **Constantino D. Filippa, Jr.**

**B 3 LOCATION OF WELL**  
1 2 3 (SEQ. NO.) 4  
COUNTY **Cecil**  
COL 11 COL 22 COL 50  
SUBDIVISION **23**  
SECTION **44** LOT **50**  
NEAREST TOWN **North East**  
MILES FROM TOWN CENTER OR IN TOWN **1**  
COL 11 COL 22 COL 50 COL 7

**B 2 WELL INFORMATION**  
1 2 3 (SEQ. NO.) 4  
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **8**  
COL 11 COL 22 COL 50  
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **POO**  
COL 11 COL 22 COL 50  
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

**B 4 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 **Mechanics Valley Rd**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W  
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **50**

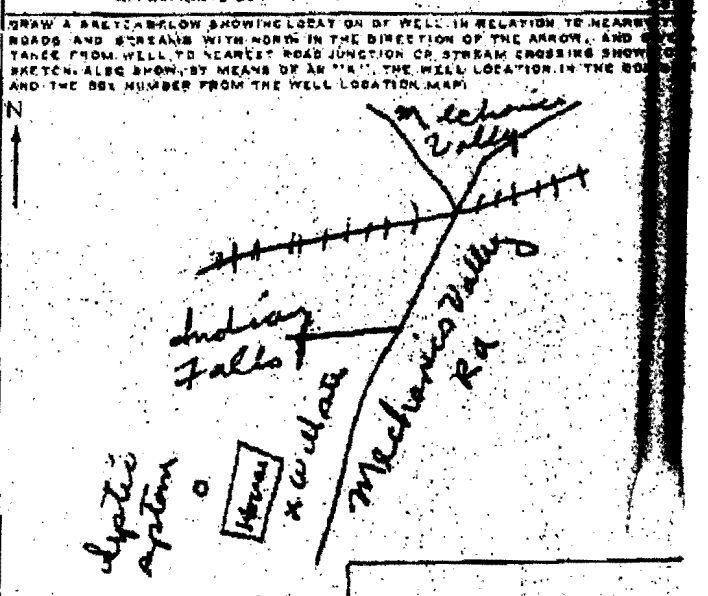
APPROXIMATE DEPTH OF WELL **180'**  
APPROXIMATE DIAMETER OF WELL **6 3/8"** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 SORED (ON AUGERED)  JETTED  DRIVEN  
 AIR-ROTARY  AIR-MERCURY  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
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 [ ] ENGINEER REVIEW DISTRICT NO. [ ]  
VOICE [ ] WRITE INITIALS IN BOX [ ] CONDITIONS [ ]  
COL 11 COL 22 COL 50 COL 7

**B 4 HEALTH DEPARTMENT APPROVAL**  
1 2 3 (SEQ. NO.) 4  
STATE HEALTH (CIRCLE BOX)  
COUNTY NAME **Cecil**  
DATE **07 18 72**  
APPROVED BY **John M. [Signature]** (D3M)



BOX NUMBER **1100**  
**650**  
ELEVATION AS WELL HEAD FEET **650000**  
**1100000**  
COL 11 COL 22 COL 50 COL 7

**B 5 SPECIAL CONDITIONS (DWR USE ONLY)**  
1 2 3 (SEQ. NO.) 4

CI 5850

SEQUENCE NO. (OWNER USE ONLY)

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

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

WELL COMPLETION REPORT

A2524

DATE RECEIVED (OWNER USE ONLY) 03073

DATE WELL COMPLETED 12/18/72

DEPTH OF WELL 79

WELL IDENTIFICATION NO. 1310123

OWNER Carlisle

C. Lighter North East, Md.

STREET OR HIGHWAY Mechanics Valley Rd.

STATE THE KIND OF FORMATION PENETRATED, THEIR COLOR, DPTH, THICKNESS AND WATER BEARING.

DESCRIPTION OF FORMATION: topsoil + gravel 0-30, shale 30-40, lt. gray sand 40-79

GROUTING RECORD

WELL WAS BEING GRouted... DEPTH OF GROUT SEAL 47

CASING RECORD

TYPE OF CASING... DEPTH 6

OTHER CASING

TYPE OF CASING... DEPTH 0

SCREEN RECORD

TYPE OF SCREEN... DEPTH 40

PUMPING TEST

WATER LEVEL... TYPE OF PUMP USED... PUMP INSTALLED

PUMP INSTALLED

LOCATION OF WELL ON LOT... Mechanics Valley Rd.

CIRCLE APPROPRIATE BOXES

A. WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. B. ELECTRIC LOG OBTAINED. C. COPY OF LOG PRINTING ATTACHED.

Contractor: Cantor-Tine-Polk-Hippen

3383

SPONSOR NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER: CE-73-1234

2 2 3 (REQ. NO.) 0 (THIS SPACE IS TO BE PUNCHED IN EMBL-205 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 8/1/75

OWNED BY: Goodman, R. D. 3 Box 22, North East, Md. 21901

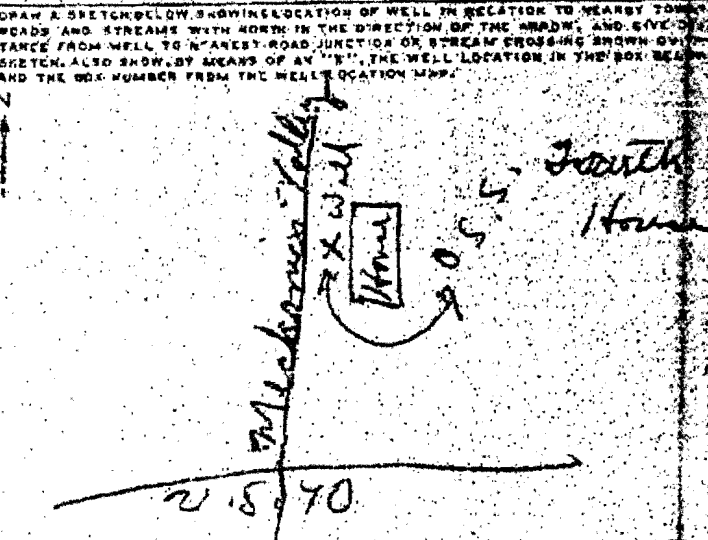
DRILLER INFORMATION: DATE: June 29, 1975; LICENSE NUMBER: 250; DRILLER: C. Constabile, D. Filippi

LOCATION OF WELL: COUNTY: Cecil; NEAREST TOWN: North East; MILES FROM TOWN CENTER: 1

WELL INFORMATION: MAXIMUM PUMPING RATE: 8; AVERAGE DAILY QUANTITY NEEDED: 200; USE FOR WATER: Domestic

DIRECTION FROM TOWN: NE (Northeast); NEAREST ROAD: Mechanic Valley; DISTANCE FROM ROAD: 50

APPROXIMATE DEPTH OF WELL: 150 FEET; APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH); METHOD OF DRILLING USED: AIR-ROTORARY



REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL REPLACE AN EXISTING WELL

NOT TO BE FILLED IN BY DRILLER: APPROXIMATION: REGIONAL DISTRICT

HEALTH DEPARTMENT APPROVAL: APPROVED BY: William H. [Signature]

BOX NUMBER: 1100; ELEVATION AT WELL HEAD: 650

C 1 8142

SEQUENCE NO. (FOR USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED TO THE STATE OFFICE WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER Old

DATE RECEIVED (FOR USE ONLY) 010877

DEPTH OF WELL 168 DATE WELL COMPLETED 7/17/75

PERMIT NO. FROM PERMIT (DRILL WELL) CE-73-V-230

OWNER Godson, Bruce A. STREET OR RFD R. D. 5 Box 22 POST OFFICE North East, Md. 21901

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FROM TO MARKING

Information Not Available This was a well extension - previously drilled by another artist granite chr 85' 1 30 quartz stone 130' 1 35 granite chr 138' 1 68

well deepened

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

TYPE OF GROUTING MATERIAL (CIRCLE NO.) 10 M 20 C 30 R 40 B 50 S 60 T 70

CASING RECORD (CIRCLE APPROPRIATE CODE) S T 6 40

OTHER CASING IF USED DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD (CIRCLE APPROPRIATE CODE) S T O R H O

DEPTH (INCH) FROM TO H O 40 168

PUMPING TEST (CIRCLE NO.) 1 2 3

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 WHEN PUMPING 60

PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTERS) AIR STOP

CASING HEIGHT (CIRCLE APPROPRIATE BOX) ABOVE LAND SURFACE BELOW

LOCATION OF WELL ON LOT (SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANK, AND/OR OTHER LAND MARKS)

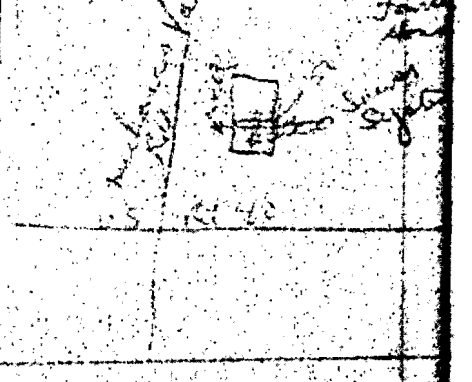
CIRCLE APPROPRIATE BOXES A. WELL WAS ABANDONED AND ABANDONED WITH THE WELL OR COMPLETED B. ELECTRIC LOG OBTAINED C. WELL WAS CONVERTED TO PRODUCTION WELL

WARRANTY CERTIFICATE THAT I HAVE COMPLIED WITH ALL CONDITIONS CONTAINED IN THE ANNUAL REPORT AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND ACCURATE, AND I UNDERSTAND THE CONSEQUENCES OF ANY FALSIFICATION, MISREPRESENTATION, AND MISSTATEMENT.

SIGNATURE Constantino DiFilippo

WELL IDENTIFICATION NO. 010877

DATE 7/17/75





WRA PERMIT NUMBER: **CE-73-1324**  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): **001775**

OWNER: **Williams, Jr. Frank**  
 STREET OR RFD: **Indian Falls**  
 POST OFFICE: **North East, Md. 21901**

**B 1 CONTINUED**

**DRILLER INFORMATION**

DATE: **Sept. 14, 1975** LICENSE NUMBER: **250**

SIGNATURE: *[Handwritten Signature]*

**B 3 LOCATION OF WELL**

COUNTY: **Cecil**

DIVISION: **Indian Falls**

SECTION: **23** LOT: **70**

NEAREST TOWN: **North East**

MILES FROM TOWN (UP TO 5 FROM TOWN): **2**

**B 2 WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): **800**

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): **800**

USE FOR WATER (CIRCLE APPROPRIATE BOX):

DOMESTIC OR OTHER HOUSEHOLD USE ONLY

FURNACE, SPACE HEAT, COOLING

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

**B 4 DIRECTION FROM TOWN**

(CIRCLE APPROPRIATE BOX)

NORTH  EAST  NORTHEAST  SOUTHEAST

SOUTH  WEST  NORTHWEST  SOUTHWEST

NEARBY ROAD: **Mechanics Valley**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **N**

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **1/4**

APPROXIMATE DEPTH OF WELL: **100**

APPROXIMATE DIAMETER OF WELL: **6**

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD):

BORED (UP OR DOWN)  BITTER  OTHER

SOFT APPROXIMATE:   ANNEALED STEEL PIPE OR HYDRAULIC ROTARY  OTHER

OTHER (DESCRIBE):

REPLACEMENT OF EXISTING WELLS (CIRCLE APPROPRIATE BOX):

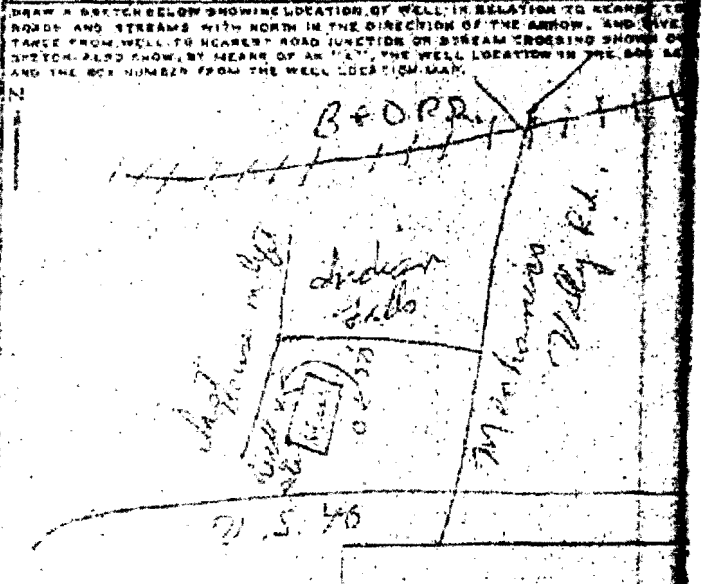
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDOFF

THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF APPLICABLE):



**NOT TO BE FILLED IN BY DRILLER OR PROPERTY OWNER**

APPROVAL: *[Handwritten Signature]*

ENGINEER REVIEW: *[Handwritten Signature]*

**B 4 CONTINUED**

APPROVAL: *[Handwritten Signature]*

ENGINEER REVIEW: *[Handwritten Signature]*



8534

SEQUENCE NO. (FOR USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAMES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT IS TO BE FILED WITH THE STATE ARCHIVES 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER Old

DATE RECEIVED (FOR USE ONLY) 080978

DATE WELL COMPLETED 10-1-75

DEPTH OF WELL 158

PERMIT NO. FROM PERMIT TO DRILL WELLS CA-73-1023

DRILLER'S IDENTIFICATION NO. 250

OWNER Williams Jr

FRANK

STREET OR RFD Indian Falls

POST OFFICE North East, Md 21901

WELL DESCRIPTION STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DISTR., THICKNESS AND IF WATER BEARING

WELL DESCRIPTION GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) TYPE OF GROUTING MATERIAL (CIRCLE NO.)

PUMPING TEST G 3

*well was originally drilled by Hamilton Well drilling Co. It did not produce but began water did not alter construction of casing only drilled the well deeper + developed.*

*It gray granite 132 188 Water bearing 150'*

*well deepened*

*was re-installed well and extended pump column*

NO. OF DAYS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM FT. TO FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD CASING TYPES (CIRCLE APPROPRIATE CODE) (CIRCLE KELLOW)

MAIN CASING NOMINAL DIAMETER (TO NEAREST INCH) TOTAL DEPTH OF MAIN CASING (TO NEAREST FOOT)

OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD SCREEN TYPE (CIRCLE APPROPRIATE KELLOW)

PUMPS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 60

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

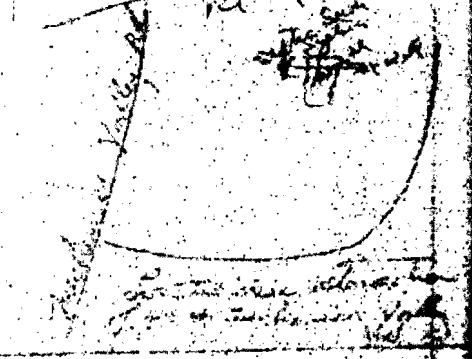
PUMP INSTALLED TYPE OF PUMP (CIRCLE APPROPRIATE LETTER A BOX - SEE ABOVE)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) CAPACITY

PUMP COLUMN LENGTH (NEAREST FEET) 160

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

LOCATION OF WELL ON LOT



CIRCLE APPROPRIATE BOXES

DRILLER'S NAME CONSTANTINE D. B. KIPP

B 1 1649

SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER C E - 73-1753 FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 4 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-4 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 092376

OWNER: BURKHEIMER COL. 15 LAST NAME

ROBERT C. COL. 76

STREET OR RFD: RT. 40 COL. 28

POST OFFICE: North East, MD 21901 COL. 57

B 1 CONTINUED 1 2 3 (SEQ. NO.) 4

DRILLER INFORMATION

DATE: 9-16-76 LICENSE NUMBER: 112

Charles H. Hamilton, Jr. COL. 27 COL. 30

SIGNATURE: Charles H. Hamilton, Jr. COL. 57

B 2 1 2 3 (SEQ. NO.) 4

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 10 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 1000

- USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (CIRCLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST

APPROXIMATE DEPTH OF WELL: 100 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD): AIR-ROTORARY, AIR-PERCUSSION, ROYAL, HYDRAULIC ROTARY, CABLE, REVERSE-ROTARY, DRIVE-POINT

- REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): A 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 (WRA USE ONLY) APPROPRIATION PERMIT NUMBER, ENGINEER REVIEW DISTRICT NO., FORCE, WRITE INITIALLY IN CASE, CONDITIONS

B 4 CONTINUED 1 2 3 (SEQ. NO.) 4

HEALTH DEPARTMENT APPROVAL

DATE: 9-22-76 APPROVED BY: M. A. Sumner (S)

B 3 1 2 3 (SEQ. NO.) 4

LOCATION OF WELL

COUNTY: Cecil COL. 27

SUBDIVISION: 22 COL. 42

SECTION: 46C LOT: 48 COL. 50

NEAREST TOWN: North East COL. 71

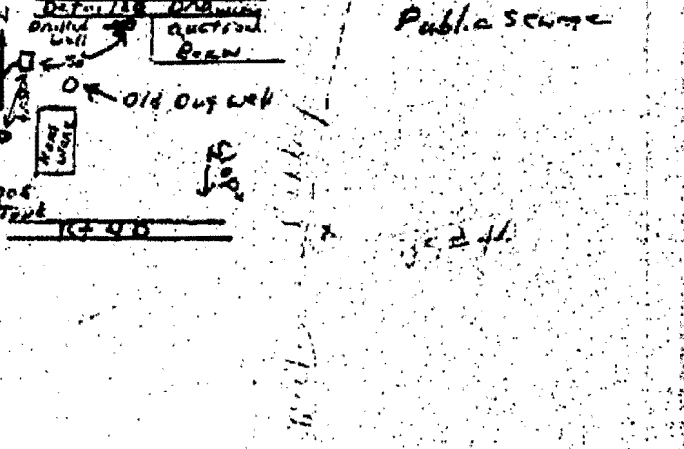
MILES FROM TOWN (ENTER IN 1/4 MILE TOWNSHIP): 2.5 COL. 76 77 78

B 4 1 2 3 (SEQ. NO.) 4

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

- (N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST (S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST NEAR WHAT: Mechanized Valley ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): (N) NORTH (S) SOUTH (E) EAST (W) WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 50

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEAREST TOWN, ROAD 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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBERS FROM THE WELL LOCATION MAP.



BOX NUMBER: 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50

NORTH COORDINATE: 16450.00 EAST COORDINATE: 110000.00 ELEVATION AT WELL HEAD (FEET):

B 5 1 2 3 (SEQ. NO.) 4

SPECIAL CONDITIONS (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAXES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY. COUNTY NUMBER Replacement

8917 DATE RECEIVED 101177 DATE WELL COMPLETED 8-19-77 DEPTH OF WELL 144

PERMIT NO. FROM PERMIT TO DRILL WELL CB-73-11202

DRILLER'S IDENTIFICATION NO. 112

OWNER Bundles Robert C. STREET OR RFD Rt 40 POST OFFICE North East

WELL LOG table with columns for DESCRIPTION, FEET, and OTHER WATER BEARING. Includes handwritten entries: clay sand, gravel, serpentine, granite.

GROUTING RECORD section with fields for YES/NO, GROUT TYPE (CM), SEMENTONITE CLAY (BC), NO. OF BAGS (2), NO. OF POUNDS (300), GALLONS OF WATER (15), DEPTH OF GROUT SEAL (30).

CASING RECORD section with fields for CASING TYPES (S7, CO, FL, OT), MAIN CASING TYPE (ST 6), DIA. (6), DEPTH (47).

OTHER CASING section with fields for DIAMETER, DEPTH, and TYPE.

SCREEN RECORD section with fields for SCREEN TYPE (ST, BR, HO, PL, OT), DIAMETER, DEPTH, and TYPE.

DEPTH section with fields for DEPTH (NEAREST WHOLE FOOT) 144.

GRAVEL PACK section with fields for GRAVEL PACK, FLOWING WELL, and DRAINAGE.

PUMPING TEST section with fields for HOURS PUMPED (2), PUMPING RATE (12), WATER LEVEL (30), TYPE OF PUMP USED (A).

PUMP INSTALLED section with fields for TYPE OF PUMP, CAPACITY, PUMP HORSEPOWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LOCATION OF WELL ON LOT section with a diagram showing the well location relative to the land surface.

CIRCLE APPROPRIATE BOXES section with checkboxes for well status and a signature block for CHAS HAMILTON.

B 1 8153

SEQUENCE AND WRA USE ONLY

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

WRA PERMIT NUMBER

CE-73-2334 FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-3 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

111677

OWNER Cuputo, Charles & Woodie Ray COL 18 LAST NAME COL 34 FIRST NAME

STREET OR RFD mechanics Valley Rd. COL 38 COL 48

POST OFFICE North East, Ind. COL 57 COL 78

B 1 CONTINUED

DRILLER INFORMATION

DATE 11-7-77 LICENSE NUMBER 250 COL 77 COL 80

C. CONSTANTINE DRILLER D. Lippol LAST NAME

SIGNATURE Constantine D. Salipeto

B 3

LOCATION OF WELL

COUNTY Cecil COL 21 COL 24

SUBDIVISION COL 25 COL 28

SECTION COL 42 COL 45

NEAREST TOWN North East COL 52 COL 55

MILES FROM TOWN (ENTER 0.1 IN TENTHS) 3 (MI) COL 75 COL 78

B 4

DIRECTION FROM TOWN

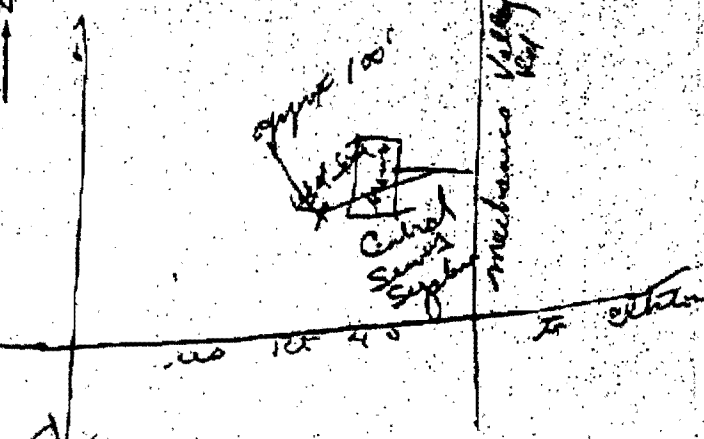
N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST SW SOUTHWEST

NEAR WHAT ROAD mechanics Valley Rd & US RT 40 COL 11 COL 14

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST COL 22 COL 25

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 (MI) COL 32 COL 35

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEAREST TOWN, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW. AND GIVE DISTANCE FROM WELL TO NEAREST ROAD, JUNCTION OR STREAM (SHOWING SHOW ON THE SKETCH) ALSO SHOW, BY MEANS OF AN ARROW, THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL, SHOWN ON MAP.



B 2

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 COL 9 COL 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 800 COL 13 COL 16

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D 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
T TEST

APPROXIMATE DEPTH OF WELL 100 FEET COL 30 COL 33

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) COL 34 COL 37

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

- FOREX (NO AUGER)
AIR-ROTARY
CABLE
JETTED
AIR-PERCUSSION
REVERSE-ROTARY
DRIVEN
ROTARY (HYDRAULIC ROTARY)
DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- W THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
Z THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
Q THIS WELL WILL DEEPEM 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 ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS

BOX NUMBER E 1100 N 650

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

DATE 11-14-77 APPROVED BY Cecil M. A. Summer (P)

MONTH SIGNATURE 650000 00 01 02 03 04 05 06 07 08 09 10 11 12

B 5

OFFICIAL CONDITIONS (WRA USE ONLY)

C 1 9391  
 (THIS NUMBER IS TO BE PLACED IN COLD 3-8 ON ALL CARDS)

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 TAXES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER **A-8335**

DATE RECEIVED (WRA USE ONLY)  
**NOV 02 1978**

DATE WELL COMPLETED  
**12/27/77**

DEPTH OF WELL  
**175**  
22 170 NEAREST FOOT 24

DRILLER IDENTIFICATION NO.  
**DE-73-10314**  
11 22 13 31 12 32 21 30 30 31

OWNER **CUPUTO**  
 STREET OR RD **MECHANICS VALLEY**

POST OFFICE **CHARLES NORTH EAST, MD.**

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

DESCRIPTION FEET (NEARBY WATER BEARING IF NECESSARY)  
 typical gravel 0-35  
 silt 35-45  
 gray granite 45-100 ✓  
 ln granite 100-175 ✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 TYPE  C  N  
 CEMENT  C  B  
45 48 45 48

NO. OF BAGS **10**  
 GALLONS OF WATER **50**  
 DEPTH OF GROUT SEAL TO NEAREST FOOT  
 FROM 0 TO 52

**CASING RECORD**  
 CASING TYPE  S  C  O  
 MAIN CASING TYPE  ST  6  52

**OTHER CASING**  
 DIAMETER INCHES  
 DEPTH FEET

**SCREEN RECORD**  
 SCREEN TYPE OR OPEN HOLE  
 S  B  O  
 P  O

**BRICK SURROUND**  
 DEPTH NEAREST 1/2 INCH FOOT  
**40 52 175**

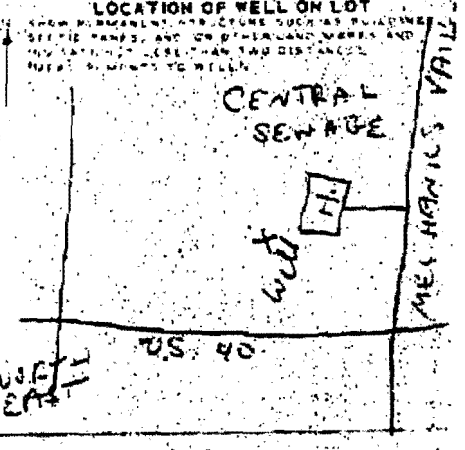
DIAMETER OF SCREEN  
 GRAVE DIGGER  
 WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

**PUMPING TEST**  
 NUMBER OF DAYS TO NEAREST HOLE **2**  
 PUMPING RATE (GAL. PER MINUTE TO NEAREST GALLON) **7**

WATER LEVEL (STAGE FROM LAND SURFACE) (FEET) **30**  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)  
 A  B  C  
 D  E  F

**PUMP INSTALLED**  
 TYPE OF PUMP OR TO APPROPRIATE LETTER  
 CAPACITY (GAL. PER MINUTE)  
 PUMP INSTALLATION LENGTH (FEET)

**CASING HEIGHT**  
 TO LAND SURFACE (FEET)  
 TO NEAREST FOOT



**CIRCLE APPROPRIATE BOXES**  
 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 COMPLETED WITH ALL CONDITIONS STATED IN THE ABOVE CORRECTED "PLANNED TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DRILLER'S NAME  
**CONSTANTINE Di Filippo**

SIGNATURE **Constantine Di Filippo**

8745

SEQUENCE NO. (APPROX. LINE ONLY)

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

WRA PERMIT NUMBER

CE-73-3583

FILL IN THIS FORM COMPLETELY

1. 2. 3. (REQ. NO.) 6  
FORM NUMBER TO BE PUNCHED  
(C.O.L.S. 3-5 ON ALL CARDS)

DATE RECEIVED (APPROX. LINE ONLY)

18/2/80

OWNER

Johnson Cecil L. Jr.

STANDBY REPLACEMENT

STREET OR RFD

600 Mechanics Valley Rd

FIRST NAME

C.O.L. 34

POST OFFICE

West East Ind

Ph. 287.8767

C.O.L. 55

C.O.L. 77

B 1 CONTINUED

DRILLER INFORMATION

LOCATION OF WELL

DATE

10/2/80

LICENSE NUMBER

250

COUNTY

CECIL

FIRST NAME

CONSTANTINE DiFilippo

SECTION

LOT

SIGNATURE

Constantine DiFilippo

NORTH EAST

B 2 CONTINUED

WELL INFORMATION

DIRECTION FROM TOWN

MAXIMUM PUMPING RATE (GALLONS PER MINUTE)

800

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

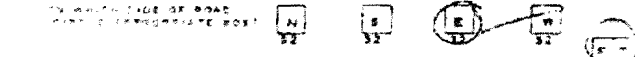
800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- R PRIVATE WATER COMPANY
- T TEST



MECHANICS VALLEY



100

APPROXIMATE DEPTH OF WELL

135

APPROXIMATE DIAMETER OF WELL

6

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

- BORED (OR AUGERED)
- JETTED
- SOLENY
- AIR-ROTARY
- AIR-OPERATED
- ROTARY - SHAFTS
- CABLE
- REVERSE-CIRCULAR
- OTHER

REPLACEMENT OR DEEPEMED WELLS

- M THIS WELL WILL NOT REPLACE AN EXISTING ONE
- V THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND REPAID
- R THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND REPAID
- D THIS WELL WILL DEEPEN AN EXISTING WELL

NOT TO BE FILLED IN BY DRILLER

APPROPRIATION PERMIT NUMBER

FORCE  WRITE INITIALS IN BOX

CONDITIONS 135-6

BOX NUMBER

1100

650

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

DATE 10/2/80

APPROVED BY [Signature]

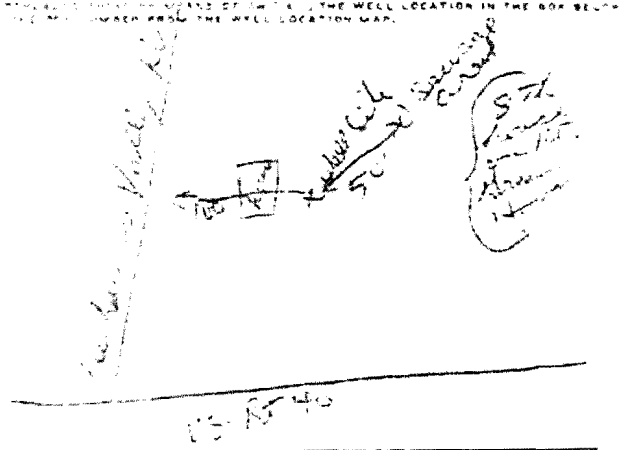
NORTH COORDINATE 6530.00

EAST COORDINATE 1120.00

ELEVATION AT WELL HEAD (FEET) 125

B 5 SPECIAL CONDITIONS (SEE INSTRUCTIONS)

OPERA LINE ONLY





ET 9858 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE DELIVERED TO THE COUNTY ENGINEER 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER STANDBY

(THIS NUMBER IS TO BE PUNCHED IN SEALS OF ALL CANNIS)

Date Received (WRA use only) JAN 10 1981

DATE WELL COMPLETED 10/14/80

Depth of Well 122

PERMIT NO. FROM PERMIT TO DRILL WELL CE-73-2583

OWNER J. H. Al-Saw C. C. H. JR.

STREET OR RD. 600 MECHANICAL VALLEY TOWN NORTH EAST

SUBDIVISION SECTION LOT

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

Table with columns: DESCRIPTION, FEET, CHECK. Includes handwritten entries: Top soil gravel & silt 0-35, gray granite 35-122.

WELL HAS BEEN TESTED. TYPE OF GROUND MATERIAL. PERMIT (C) M. ESTIMATE DATE (B) C.

DEPTH OF GROUND WATER. TYPE OF PUMP USED. TYPE OF PUMP USED (see list).

TYPE OF PUMP USED (see list). Includes checkboxes for A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S.

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

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX). CAPACITY. GALLONS PER MINUTE.

PUMP HORSE POWER. PUMP COLUMN LENGTH. CASING WEIGHT.

LOCATION OF WELL ON LOT. SHOW PERMANENT STRUCTURE OR BUILDING, MOTION TANKS, AND ALL OTHER FEATURES INDICATED BY THE PERMITTING AGENCY.

DRILLER APPROVAL. A WELL HAS ABANDONED. B WELL IS BEING RE-ABANDONED. C WELL IS BEING RE-TESTED. D TEST WELL ONLY. E WELL.

DRILLER'S IDENT NO. 250. DRILLER'S SIGNATURE. MUST MATCH SIGNATURE ON APPLICATION.

SITE SUPERVISOR. SIGNATURE OF SUPERVISOR RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM DRILLER.

FLOWING WELL (CIRCLE BOX). TELESCOPE CASING. LOG INDICATOR. OTHER DATA.

DIAMETER TEST. HOURS PUMPED (nearest hour) 2.

PUMPING RATE (gal per min. to nearest gal.) 9. METHOD USED TO MEASURE PUMPING RATE. WATER LEVEL (distance from land surface).

BEFORE PUMPING 40. WHEN PUMPING 80. TYPE OF PUMP USED (see list).

TYPE OF PUMP USED (see list). Includes checkboxes for A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S.

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

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX). CAPACITY. GALLONS PER MINUTE.

PUMP HORSE POWER. PUMP COLUMN LENGTH. CASING WEIGHT.

LOCATION OF WELL ON LOT. SHOW PERMANENT STRUCTURE OR BUILDING, MOTION TANKS, AND ALL OTHER FEATURES INDICATED BY THE PERMITTING AGENCY.

DRILLER APPROVAL. A WELL HAS ABANDONED. B WELL IS BEING RE-ABANDONED. C WELL IS BEING RE-TESTED. D TEST WELL ONLY. E WELL.

DRILLER'S IDENT NO. 250. DRILLER'S SIGNATURE. MUST MATCH SIGNATURE ON APPLICATION.

SITE SUPERVISOR. SIGNATURE OF SUPERVISOR RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM DRILLER.

FLOWING WELL (CIRCLE BOX). TELESCOPE CASING. LOG INDICATOR. OTHER DATA.

DRILLER APPROVAL. A WELL HAS ABANDONED. B WELL IS BEING RE-ABANDONED. C WELL IS BEING RE-TESTED. D TEST WELL ONLY. E WELL.

DRILLER'S IDENT NO. 250. DRILLER'S SIGNATURE. MUST MATCH SIGNATURE ON APPLICATION.

SITE SUPERVISOR. SIGNATURE OF SUPERVISOR RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM DRILLER.

ORIGINAL



OWNER: **EDWARDS ALLARD**  
 DATE: **10/17/93**  
 STREET OR RFD: **MECHANICS VALLEY RD**  
 POST OFFICE: **NORTH EAST, M.D. 21901**

**B 1 DRILLER INFORMATION**

DATE: **10/16/90** LICENSE NUMBER: **250**  
 FIRST NAME: **Constantine** LAST NAME: **DeFilippis**  
 SIGNATURE: *Constantine DeFilippis*

**B 3 LOCATION OF WELL**

COUNTY: **Cecil**  
 SUBDIVISION: \_\_\_\_\_ SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST TOWN: **NORTH EAST**  
 MILES FROM TOWN CENTER: **1**

**B 2 WELL INFORMATION**

MAXIMUM PUMPING RATE (GALONS PER MINUTE): **6**  
 AVERAGE DAILY QUANTITY NEEDED (GALONS PER DAY): **800**  
 USE FOR WATER (CIRCLE APPROPRIATE BOX):  
 DOMESTIC (OR HOUSEHOLD USE ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT  
 MUNICIPAL WATER SUPPLY  
 PRIVATE WATER COMPANY  
 TEST

**B 4 DIRECTION FROM TOWN**

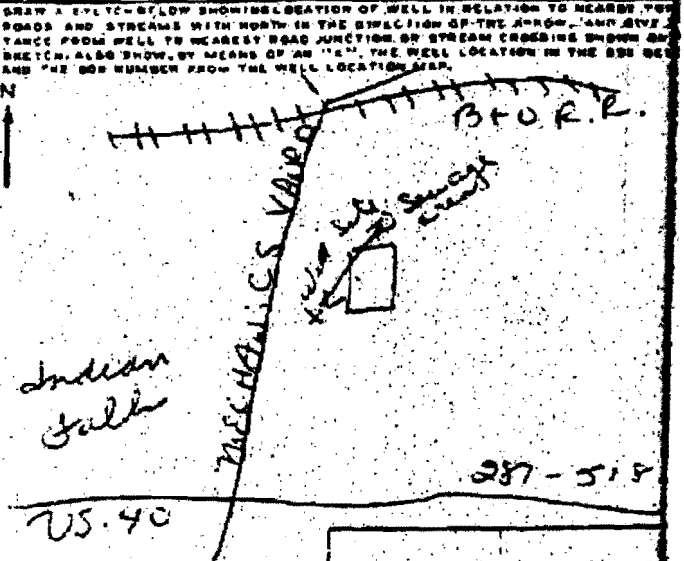
CIRCLE APPROPRIATE BOX:  
 NORTH  EAST  NORTH-EAST  SOUTH-EAST  
 SOUTH  WEST  NORTHWEST  SOUTHWEST

ROAD NAME: **MECHANICS VALLEY**  
 BY WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  
 NORTH  SOUTH  EAST  WEST

DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX): **50**

APPROXIMATE DEPTH OF WELL: **120** FEET  
 APPROXIMATE DIAMETER OF WELL: **6** INCHES (CIRCUMFERENCE)  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD):  
 BORER (SEE ADVERTISED):  JETTED  DRIVEN  
 AIR-ROTARY  AIR-ROTARY  AIR-ROTARY  ROTARY (HYDRAULIC ROTARY)  
 CABLE  CABLE  CABLE  DRIVE POINT  
 OTHER DESCRIBE: \_\_\_\_\_

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL (PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED IF AVAILABLE): \_\_\_\_\_



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

APPROPRIATION PERMIT NUMBER: \_\_\_\_\_ ENGINEER REVIEW DISTRICT NO.: \_\_\_\_\_  
 FORCE INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_  
 LOCATION: **Cecil**

BOX NUMBER: **1100**  
 NORTH COORDINATE: **065000**  
 EAST COORDINATE: **110000**

**B 4 HEALTH DEPARTMENT APPROVAL**

Cecil COUNTY NAME: \_\_\_\_\_  
 DATE: **10/27/93**  
 APPROVED BY: \_\_\_\_\_

ELEVATION AT WELL HEAD (FEET): \_\_\_\_\_

**B 5 SPECIAL CONDITIONS (WRA USE ONLY)**

1 2 3 (SEC. NO.) \_\_\_\_\_

PERMIT NO. (SEE REVERSE SIDE)  
 DATE WELL COMPLETED  
11/10/80

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

30 DAYS AFTER WELL IS COMPLETED  
 COUNTY NUMBER STABBY

OWNER EDWARDS ALLARD  
 STREET OR RFD MECHANICS VALLEY RD TOWN NORTH EAST, MD  
 DIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

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	
<u>Topsoil &amp; clay</u>	<u>0</u>	<u>30</u>	
<u>shist</u>	<u>30</u>	<u>35</u>	
<u>lt gray granite</u>	<u>35</u>	<u>100</u>	

WELL HAS BEEN GROUTED (Circle Appropriate Box) (L) (N)  
 TYPE OF GROUTING MATERIAL  
 CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 9 NO. OF POUNDS 45  
 GALLONS OF WATER 246  
 DEPTH OF GROUT SEAL (to nearest foot) 43  
 from 0 ft. to 43 ft. (enter 0 if from surface)

CASING RECORD  
 casing type (insert appropriate code below)  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE: ST 6 inch diameter top (nearest inch), 43 feet total depth of main casing (nearest foot)

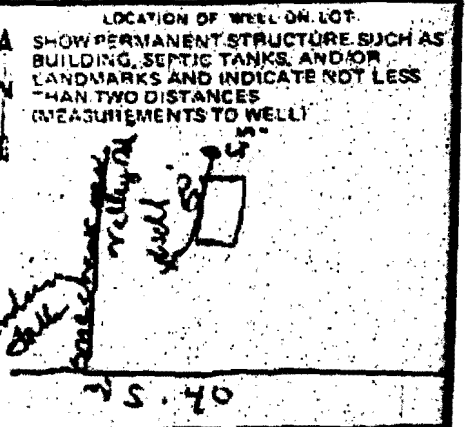
OTHER CASING (if used)  
 diameter inch \_\_\_\_\_ depth feet \_\_\_\_\_

SCREEN RECORD  
 screen type or openhole (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.) 43 100  
 SLOT SIZE \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ NEAREST INCH

PUMPING TEST  
 HOURS PUMPED (nearest hour) 2  
 PUMPING RATE (gal. per min. to nearest gal.) 6  
 METHOD USED TO MEASURE PUMPING RATE depth  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 75  
 TYPE OF PUMP USED (for test) (A) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED YES (Y) NO (N)  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  
 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) (S)  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7  
 PUMP HORSE POWER 15  
 PUMP COLUMN LENGTH (nearest ft.) 90  
 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below (nearest foot) 1

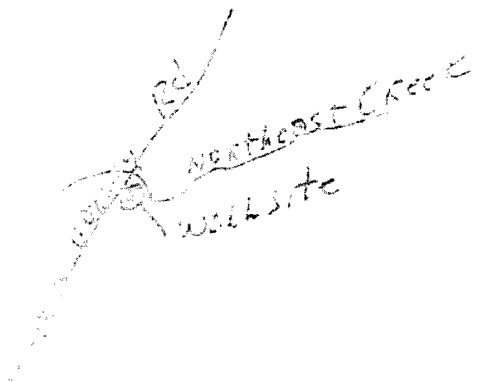


CIRCLE APPROPRIATE BOX  
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 B TEST WELL CONVERTED TO PRODUCTION WELL  
 I HEREBY CERTIFY THAT I HAVE COMPLETED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.  
 DRILLERS IDENT NO 250  
 DRILLERS SIGNATURE Constantin De Filippe  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign of driller or journeyman responsible for layout if different from permittee)

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL (CIRCLE BOX) (F)  
 WPA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASINO  LOG INDICATOR  OTHER DATA

ORIGINAL

SEQUENCE NO. 12978		STATE OF MARYLAND		VRA PERMIT NUMBER CE-73-3953	
OTHER NUMBER IS TO BE PRINTED ON COLE, C-3 OR ALL FARMER		APPLICATION FOR A PERMIT TO DRILL WELL		FILL IN THIS FORM COMPLETELY	
DATE RECEIVED 6/5/81		OWNER ECCOM		Replacement (Standby)	
STREET OR RFD 655 Madison		COUNTY HARRIS		FIRST NAME COL. 24 COL. 25	
POST OFFICE		CITY		COL. 26	
B 1 CONTINUED		DRILLER INFORMATION		LOCATION OF WELL	
DATE 5-3-81		LICENSE NUMBER 112		COUNTY (DEFAULT COUNTY NAME)	
SIGNATURE Charles H. Hamilton, Jr.		CITY		LOT	
B 2 WELL INFORMATION		DIRECTION FROM TOWN		SECTION FROM TOWN	
AVERAGE DAILY QUANTITY NEEDED 1000		USE FOR WATER (CHECK ONE)		SECTION APPROXIMATE SIZE	
<input checked="" type="checkbox"/> DOMESTIC HOUSEHOLD USE <input type="checkbox"/> FARMING, AGRICULTURE, ETC. <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, ETC. <input type="checkbox"/> MUNICIPAL, WATER SUPPLY <input type="checkbox"/> PRIVATE WATER CHARGE <input type="checkbox"/> TEST		<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST		<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST	
APPROXIMATE DEPTH OF WELL		APPROXIMATE DIAMETER OF WELL		METHOD OF DRILLING	
MATERIALS USED		MATERIALS USED		MATERIALS USED	
OTHER REMARKS		OTHER REMARKS		OTHER REMARKS	
REPLACEMENT OR RESTORATION		REPLACEMENT OR RESTORATION		REPLACEMENT OR RESTORATION	
APPROVED BY		APPROVED BY		APPROVED BY	
DATE		DATE		DATE	
B 5 SPECIAL CONDITIONS		B 5 SPECIAL CONDITIONS		B 5 SPECIAL CONDITIONS	



120  
350

Ⓟ

8849  
 THIS NUMBER IS TO BE PLACED ON COLO. 5-C ON ALL PAPERS  
 DATE RECEIVED  
 7-23-51  
 500

**STATE OF MARYLAND**  
 WATER RESOURCES ADMINISTRATION  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 48 28 30 31 32 33 34 35 36 37  
 CB-73-3953  
 112

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY **GRANDBY**  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 48 28 30 31 32 33 34 35 36 37  
 CB-73-3953

OWNER **James**  
 STREET OR RFD **666 William Valley** TOWN **E. 21901**

**WELL LOG**  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND WATER BEARING  
 DESCRIPTION  
 USE ADDITIONAL SHEETS

*Handwritten notes:*  
 nearly  
 had  
 grey  
 granite

**GROUTING RECORD**  
 ALL INFORMATION CONCERNING THE GROUTING OF THE WELL SHOULD BE ENTERED IN THIS SECTION

**PUMPING TEST**  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE ONE)  
 1. ELECTRIC  
 2. HAND  
 3. CENTRIFUGAL  
 4. ROTARY  
 5. OTHER

PUMPING RATE (GALLONS PER MINUTE) **3**  
 PUMPING RATE (GALLONS PER MINUTE) **4**  
 WATER LEVEL (MEASURED FROM LAND SURFACE) **20**  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE ONE)  
 1. ELECTRIC  
 2. HAND  
 3. CENTRIFUGAL  
 4. ROTARY  
 5. OTHER

**PUMP INSTALLED**  
 LOCATION OF WELL ON LOT  
 HOUSE  
 100'  
 0 well

NAME OF APPLICANT  
 NAME OF CONTRACTOR  
 NAME OF ENGINEER  
**CHARLES HAMILTON**  
**Charles H. Hamilton**

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND

WRA PERMIT NUMBER

APPLICATION FOR PERMIT TO DRILL WELL

CE-81-0226

NUMBER IS TO BE PUNCHED ON ALL CARDS

please print or type

fill in this form completely

DATE RECEIVED 2/4/82  
8 (WRA USE ONLY) 13  
OWNER INFORMATION

B 3 LOCATION OF WELL B-2813  
COUNTY Cecil  
SUBDIVISION  
SECTION LOT  
NEAREST TOWN North East  
MILES FROM TOWN 1.0

Pelletier Charles  
LAST NAME OWNER FIRST NAME  
527 Riverview Ave  
STREET OR RFD  
Charlestown Md  
STATE ZIP

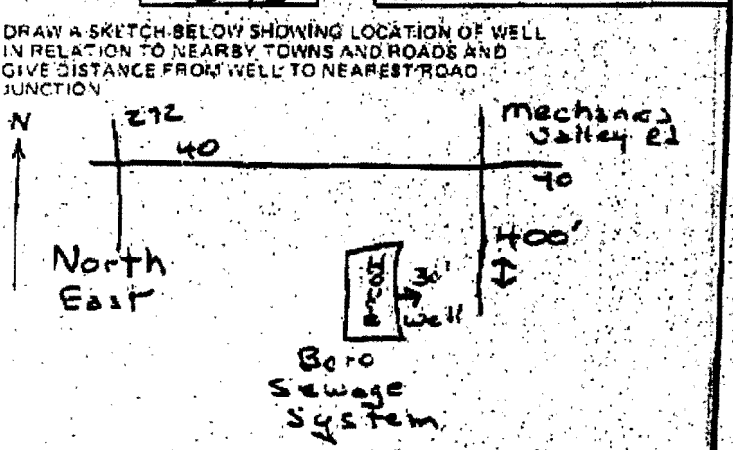
B 1 CONTINUED DRILLER INFORMATION  
MAURICE E. BROWNE S 4 S 38  
DRILLER'S NAME LICENSE NO.  
Larry A. Brown Feb. 1, 1982  
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
MECHANIC VALLEY RD  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 55'  
CIRCLE APPROPRIATE BOX

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
WRITE THE BOX NUMBER FROM THE MAP HERE  
1100  
640

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 200  
APPROXIMATE DIAMETER OF WELL 6"

Method of Drilling  
BORED (OR AUGERED) LETTED LETTED & DRIVEN  
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC) ROTARY  
CABLE REVERSE ROTARY DRIVE POINT ROTARY  
other AIR-ROT

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)

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

Not to be filled in by driller (WRA USE ONLY)  
APPROX PERMIT NUMBER G.A.P.  
WRITE INITIALS IN BOX  
FORCE 500 INITIALS CONDITIONS CE-81-0226  
NORTH GRID 640 EAST GRID 1100 ELEV. 0080

Cecil COUNTY NAME  
Wm. A. Summer (S) EHA SIGNATURE  
STATE HEALTH CIRCLE BOX 5

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

ORIGINAL

This permit is valid only at which location  
Date of Issue  
WRA

**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

COUNTY **B-2813**  
 NUMBER

DATE RECEIVED  
 (SEE PERMITS)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
 FROM PERMIT TO DRILL WELL

**MAR 29 1982**

**12/7/82**

**165**  
 (TO NEAREST FOOT)

**08-81-0226**

OWNER **Pelletier**

**Charles**  
 first name

STREET OR RFD **527 River View Ave**

TOWN **Charlestown, Md**

SUBDIVISION

SECTION

LOT

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

WELL HAS BEEN GROUTED  
 (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **19** NO. OF POUNDS  
 GALLONS OF WATER **95**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0' to 32'

USE NO. **C 3**  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) **5**  
 PUMPING RATE (gal. per min. to nearest gal.) **8**  
 METHOD USED TO MEASURE PUMPING RATE **Air**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **20**  
 WHEN PUMPING **115**  
 TYPE OF PUMP USED (see test)  
 A  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

DESCRIPTION (Use additional sheets if needed)	FEET		CHECK (if water bearing)
	FROM	TO	
Clay	0	3	
Gravel	3	45	✓
Sand	45	50	→
Coarse Granite	50	165	✓

CASING RECORD  
 casing type (insert appropriate code below)  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE  
 nominal diameter (nearest inch) **6"** Total depth of main casing (nearest foot) **55'**

OTHER CASING (if used)  
 diameter inch \_\_\_\_\_ depth feet \_\_\_\_\_

SCREEN RECORD  
 screen type or description (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

EACH SCREEN  
 DEPTH (nearest ft.)  
**H10 55 165**

- 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 20.17.12 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE MENTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S IDENT NO. **38**  
 DRILLER'S SIGNATURE **Larry C. Brown**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR'S SIGNATURE OF JOURNEYMAN responsible for the work if different from permittee

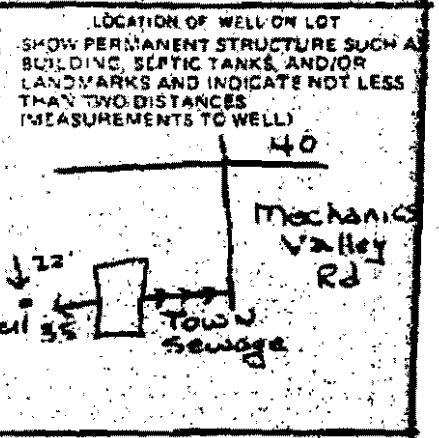
SLOT SIZE \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ IN NEAREST INCH

GRAVEL-PACK  
 IF WELL DRILLED WAS FLOWING WELL, CIRCLE BOX  F

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

PUMP INSTALLED YES  NO   
 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 WEIGHT (circle appropriate box and enter casing height)  
 + above  - below  
 LAND SURFACE (nearest foot) \_\_\_\_\_





**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

COUNTY NUMBER                           NOTES                     

DATE WELL COMPLETED 3-16-82

Depth of Well 150  
 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL  
CE-81-0234

OWNER MD. MANNA MOTEL      TOWN NORTH EAST, Md. 21901

STREET OR RFD RT. 40      SECTION                           LOT                     

WELL LOG

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	
Yellow sand	0	20	
Yellow sandy clay	20	55	
Hard GRAY GRANITE	55	150	

WELL HAS BEEN GROUTED (Circle appropriate box) (Y) (N)

TYPE OF GROUTING MATERIAL  
 CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 at TOP (enter 0 if from surface) to 65 at BOTTOM

CASING RECORD

casing type (insert appropriate code below)

(ST) STEEL      (CO) CONCRETE  
(PL) PLASTIC      (OT) OTHER

MAIN CASING TYPE

Nominal diameter (to nearest inch) 6      Total depth of main casing (to nearest foot) 65

OTHER CASING (if used)

diameter inch      depth, from      to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

(ST) STEEL      (BR) BRASS      (HO) OPEN HOLE  
(PL) PLASTIC      (OT) OTHER

DEPTH (nearest ft.)

(HO) 65      150

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 25

METHOD USED TO MEASURE PUMPING RATE watch

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 150

TYPE OF PUMP USED (for test)

(A) BY      (P) piston      (T) turbine  
(C) centrifugal      (R) rotary      (D) other (specify below)  
(J) jet      (S) submersible

PUMP INSTALLER YES (Y) NO (N)

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))                     

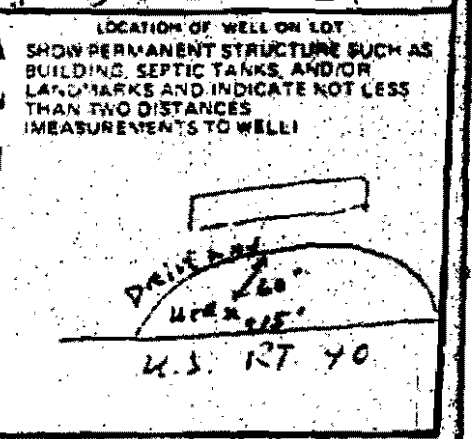
CAPACITY GALLONS PER MINUTE (to nearest gallon)                     

PUMP HORSE POWER                     

PUMP COLUMN LENGTH (nearest ft.)                     

CASING HEIGHT (Circle appropriate box and enter casing height)

(+) above      LAND SURFACE  
(-) below      2 (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

EMERGENCY CERTIFY THAT THIS WELL HAS BEEN COMPLETED 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 112

Charles Hamilton  
 DRILLERS SIGNATURE  
 MUST MATCH SIGNATURE ON APPLICATION

SITE SUPERVISOR: Sign of order of authorization responsible for sitework if different from permittee

SLOT SIZE                     

DIAMETER OF SCREEN                      (NEAREST INCH)

GRAVEL PACK                     

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

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

TELESCOPE CASING                           LOG INDICATOR                           OTHER DATA

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

CE-81-0234  
fill in this form completely

0, 2, 2, 2, 8, 2  
24 1982  
OWNER INFORMATION  
MAMOR MOTEL

114 d  
121 191 d  
DRILLER INFORMATION  
CHARLES HAMILTON  
REGESTON & HAMILTON  
315 N. PARADISE RD. Hdc G.  
Chesapeake Md. Hamilton

WELL INFORMATION  
PUMPING RATE (GAL. PER MIN.) 10  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1500  
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 150 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED OR AUGERED JETTED JETTED & DRIVEN  
AIR ROTARY AIR DISCUSSION ROTARY (HYDRAULIC ROTARY)  
CABLE REVERSE ROTARY DRIVE POINT  
Other AIR-PCR

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) #1

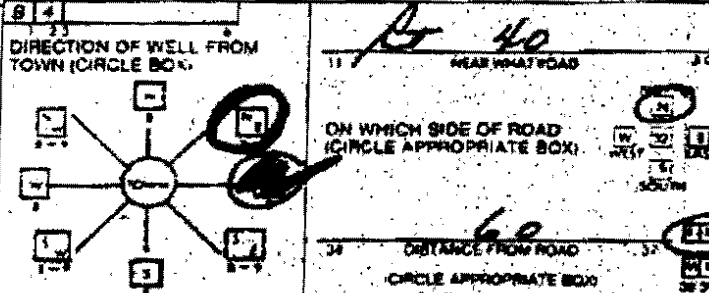
APPROXIMATE DEPTH OF WELL 150 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED OR AUGERED JETTED JETTED & DRIVEN  
AIR ROTARY AIR DISCUSSION ROTARY (HYDRAULIC ROTARY)  
CABLE REVERSE ROTARY DRIVE POINT  
Other AIR-PCR

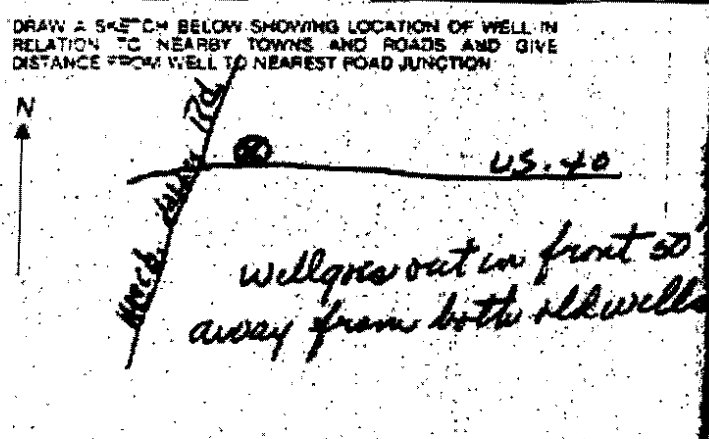
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) #1

APPROXIMATE DEPTH OF WELL 150 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

LOCATION OF WELL HOTEL  
COUNTY Cecil  
SUBDIVISION  
SECTION LOT  
NEAREST TOWN North East  
MILES FROM TOWN (enter dot in space) 1 MI



SHOW MAJOR FEATURES OF BDX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
WRITE THE BOX NUMBER FROM THE MAP HERE  
1100  
640



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Walter A. Summer  
Cecil  
Signature: Robert R. Heston  
DATE ISSUED: 03 11 82  
NORTH GRID: 649 EAST GRID: 1100  
ESWILES: 001182

SPECIAL CONDITIONS # - 43

REFERENCE NO. (CEP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

07-81-0886

THIS NUMBER IS TO BE PUNCHED IN CIRCLES ON ALL CARDS

please print or type

fill in this form completely

Date Received

120783

OWNER INFORMATION

DEAN THOMAS K

ITS MECHANICS VAL RD

NORTHEAST MD 2

DRILLER INFORMATION

CHARLES H. HAMILTON JR

JONES & HAMILTON

115 N PARADISE RD. HOG-

Charles H. Hamilton Jr 12/3/83

B 3

LOCATION OF WELL

0814 Replacement

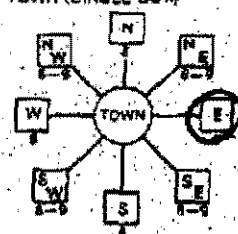
SECTION LOT

NORTH EAST

MILES FROM TOWN

B 4

DIRECTION OF WELL FROM TOWN



MECHANICS VALLEY

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD

DISTANCE FROM ROAD

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 100

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov.
Public or private water company
Test, observation, monitoring

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCHES

METHOD OF DRILLING

- Bored (or Augered)
Air-Rotary
Cable
Jetted
Air-Percussion
Reverse-Rotary
Other: Air-Per

REPLACEMENT OR DEEPEMED WELLS

- 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 deepen an existing well

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

APPROP. PERMIT NUMBER

FORCE PERMIT No. CE-81-0886

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Coall

COUNTY NAME, COUNTY NO., DATE ISSUED, CO SIGNATURE, NORTH GRID, EAST GRID

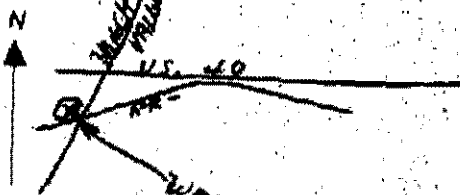
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

Box numbers 1100 and 640

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS



Well goes in right side yard near road (Stake)

ORIGINAL

REPLACES HAND DUG WELL IN BACK YARD

OWNER **DEAN Thomas**  
 STREET OR RFD **475 Mechanics Valley Rd** TOWN **NORTH EAST, 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	
Red Clay	0	30	
Brown sand	30	45	
Red Clay	45	60	
HARD GRAY GRANITE	60	400	

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

TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BEN-ONITE CLAY **BC**

NO. OF BAGS **17** NO. OF POUNDS **1598**

GALLONS OF WATER **85**

DEPTH OF GROUT SEAL (in nearest foot)  
 from **0** to **64**

CASING RECORD  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **64** Total depth of main casing (nearest foot) **400**

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

SCREEN RECORD  
 screen type or open hole **ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
**PL** **OT**  
 PLASTIC OTHER

DEPTH TO BOTTOM OF SCREEN  
**H.O.** **64** **400**

PUMPING TEST  
 HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gpm. per min. to nearest gal.) **3**

METHOD USED TO **Bucket + Watch**

MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **25**  
 WHEN PUMPING **400**

TYPE OF PUMP USED (for test)  
**A** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

PUMP INSTALLED  
 DRILLER WILL INSTALL PUMP YES **C**  
 (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)  
**+** ABOVE } LAND SURFACE (nearest foot)  
**-** BELOW }

CIRCLE APPROPRIATE LETTER  
**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 10.21.13 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

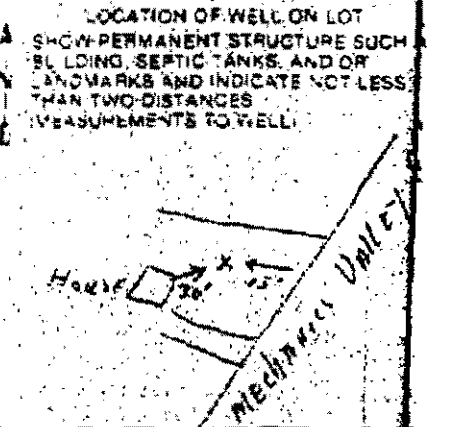
DRILLERS IDENT. NO. **112**  
**Charles H. Hamilton, Jr.**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT  IN BOX 88

TELESCOPE CASING  LOG INDICATOR  OTHER DATA \_\_\_\_\_



DEP PERMIT NUMBER

3-1653

Fill in this form completely

THIS PERMIT IS VALID ONLY IN CONNECTION WITH THE PERMITTING AGENCY'S RECORDS

Date Recd. of

0 1 15

LOCATION OF WELL

Deepening 199-43

APPLICANT'S NAME

Charles L. Jones

ADDRESS

Charles L. Jones  
Jones & Sons  
1111 Park  
Chattanooga, Tenn.

WELL DRIVE

ON WHICH SIDE OF ROAD

ENTER HERE

IF THIS WELL IS TO BE USED FOR THE STORAGE OF LIQUIDS

*Handwritten signature*

← CEISSWANG

WOUND  
5-15-15  
WELL TALKED TO

APPROVE PERMIT NUMBER

YOUR

SPECIAL CONDITIONS

CI 9709

REGULATIONS

STATE OF MARYLAND  
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED  
10 DAYS AFTER WELL IS COMPLETED.

THIS WELL IS BEING DRILLED FOR  
IN CONNECTION WITH A PROJECT

Drilling 3021-63

DATE PERMIT

PERMIT NO  
FORM PERMIT TO DRILL WELL

OWNER

STREET

CITY

21901

STATE OF MARYLAND  
DEPARTMENT OF THE ENVIRONMENT

WELL TEST

DATE TESTED

TESTER

TEST RESULTS

TEST DEPTH

TEST PRESSURE

TEST TEMPERATURE

TEST COMMENTS

TEST SIGNATURE

TEST DATE

TEST TIME

TEST LOCATION

TEST RESULTS

DEPT

STREET

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

WEBSITE

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

WEBSITE

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WEBSITE

ADDRESS

CITY

STATE

ZIP

PHONE

Handwritten notes and stamps in the bottom right corner, including a date stamp and a signature.

Handwritten signature or notes in the bottom left corner.



DEP PERMIT NUMBER

1011-1-1-91-10

(If this item completely)

LOCATION OF WELL

Replacem  
8888

1011-1-1-91-10

WELL IDENTIFICATION

WELL DEPTH

WELL TYPE

WELL STATUS

WELL OWNER

WELL OPERATOR

CHARLES W. HANCOCK

JAMES HANCOCK

11411 DEERFIELD

425 N. H. ST.

1011-1-1-91-10

1011-1-1-91-10

1011-1-1-91-10

1011-1-1-91-10

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1011-1-1-91-10

W 10/00

STATE OF ILLINOIS

THIS REPORT MUST BE SUBMITTED WITHIN 15 DAYS AFTER WELL IS COMPLETED

DEPARTMENT OF REVENUE

Permit No. 36077

DATE OF PERMIT

PERMIT NO. 36077

OWNER

WELL NO.

DATE

WELL TYPE

WELL DEPTH

WELL LOCATION

WELL DIRECTION

WELL DIAMETER

WELL CEMENT

WELL EQUIPMENT

WELL TESTS

WELL RECORD

WELL SIGNATURE

WELL NOTES

WELL PLAN

WELL CROSS SECTION

WELL LOG

WELL PHOTOGRAPHS

WELL DRAWINGS

WELL RECORDS

WELL REPORT

WELL SUMMARY

WELL CONCLUSION

WELL SIGNATURE

347

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

OEP PERMIT NUMBER CB-81-2484

THIS NUMBER IS TO BE PUNCHED ON COLE 348 ON ALL CARDS

All in this form completely

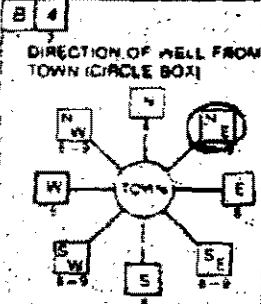
Date Received 8-7-5866-Shop 287-8539 B 3

LOCATION OF WELL

OWNER INFORMATION  
NICHOLS EDITH DAVIS  
Box I  
North East MD 21901

Cecil  
SECTION North East  
MILES FROM TOWN center 0 if in town 1 MI

DRILLER INFORMATION  
LARRY A. BROWN 38  
Brown Bros Drilling  
97 Kirkwood Rd Nottingham PA 19362  
Larry A. Brown 8-26-56



Rt 404 Chatham La  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD ENTER FT or MI 50

WELL INFORMATION  
APPROX. PUMPING RATE (GAL PER MIN) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 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)

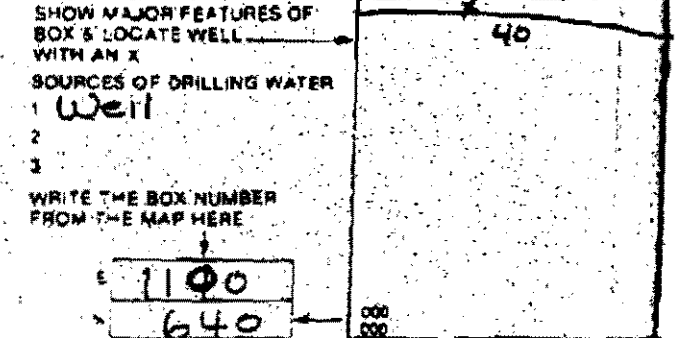
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Cecil  
COUNTY NAME  
OEP SIGNATURE  
DATE ISSUED 091786  
NORTH GRID 649000 EAST GRID 1103000

APPROXIMATE DEPTH OF WELL 200 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
S THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
O 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 DEEPEINED OF AVAILABLE: [ ]



Not to be filled in by driller (OEP USE ONLY)  
APPROX PERMIT NUMBER [ ] GAP [ ]  
FORCE [ ] PERMIT NO CB-81-2484

SPECIAL CONDITIONS

5159

SEQUENCE NO. (DEF USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED

THIS NUMBER IS TO BE PUNCHED IN COLE 38 ON ALL CARDS

COUNTY NUMBER Standy 37057

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM PERMIT TO DRILL

NOV 23 1986

11/16/86

140 (TO NEAREST FOOT)

CB-81-24

OWNER NICHOLS EDITH DAVIS

STREET OR RFD Box 1

TOWN NORTHEAST, Md 2190

SUBDIVISION

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) NO OF BAGS 14 NO OF POUNDS 980 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 65 (enter 0 if from surface)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 17 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 8 WHEN PUMPING 20 TYPE OF PUMP USED (circle best) (A) centrifugal, (P) piston, (T) turbine, (C) centrifugal, (R) rotary, (O) other, (J) jet, (S) submersible

Table with 3 columns: DESCRIPTION (Clay, Gravel, Clay, Granite), FEET (0-20, 20-31, 31-57, 57-140), and other details.

CASING RECORD CASING TYPES (circle appropriate code below) (ST) STEEL CONCRETE, (PL) PLASTIC, (CO) STEEL CONCRETE, (OT) OTHER

MAIN CASING TYPE (ST) NOMINAL DIAMETER (inches) 6 TOTAL DEPTH (feet) 67

OTHER CASINGS USED diameter (inches) depth (feet) from to

SCREEN RECORD screen type (circle appropriate code below) (ST) STEEL, (BR) BRASS, (PL) PLASTIC, (HO) OPEN HOLE, (OT) OTHER

SCREEN DEPTH (feet) H0 67 140

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (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,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) (+) above, (-) below 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

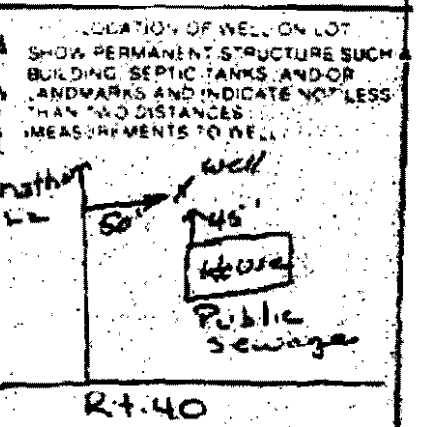
NET SIZE DIAMETER OF SCREEN

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.01.01 WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

GRAVEL PACK IF WELL DRILLED AND PRODUING WELL INSTALLED BY REGISTERED

DRAWER IDENT NO 38 Driller's Signature: Larry A. Brown

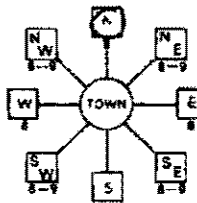

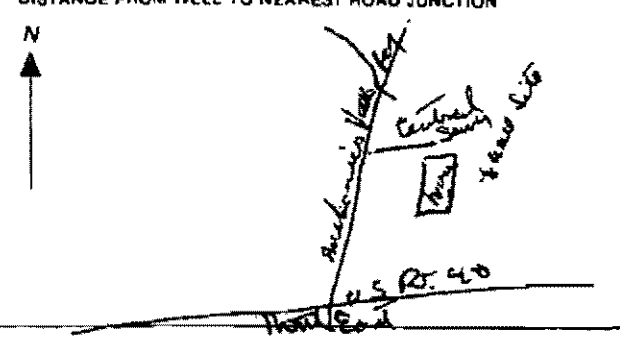
DEF USE ONLY



Emergency Permit

EMERGENCY/TEMP NO. IF ANY

Pd. \$40. 5/5/89 Rec. #59344-MER

B 1 1 2 3 <b>4163</b> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER <b>C E - B B - 0 5 0 8</b> Fill in this form completely			
Date Received (AFA) <b>0 5 0 5 8 9</b>		OWNER INFORMATION phone <b>287-6407</b> Last Name First Name <b>EDWARDS JAMES</b> Street or RFD <b>384 MECHANICS VALLEY RD</b> Town State Zip <b>MURKIN EAST MD</b>		B 3 LOCATION OF WELL COUNTY <b>Cecil</b> Standby 23 SUBDIVISION SECTION LOT <b>NEAR EAST</b> 53 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <b>5 1 1 1 1 1</b>		DRILLER INFORMATION Driller's Name <b>Constantine DeLipp</b> Firm Name <b>ADAPUR INC.</b> Address <b>2235 Bluebell Rd Edith Md. 2192</b> Signature <b>Constantine DeLipp</b> Date <b>5-5-89</b>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>Mechanics Valley Rd</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>1 0 0</b> ENTER FT or MI <b>FT</b>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>6</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>8 0 0</b>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL County Name <b>Cecil</b> COUNTY NO. STATE SIGNATURE <b>Charles E. Smay</b> DATE ISSUED <b>0 5 1 5 8 9</b> CO SIGNATURE <b>Charles E. Smay</b> EXP DATE <b>11/15/89</b> NORTH GRID <b>6 5 0 0 0 0</b> EAST GRID <b>1 1 0 1 0 0 0</b>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>1100</b> N <b>650</b> 000 X 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 <b>2 0 0</b> FEET		APPROXIMATE DIAMETER OF WELL <b>6</b> 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) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____			
Not to be filled in by driller (DEP USE ONLY) APPROP. PERMIT NUMBER <b>G A P</b>		FORCE <b>WRITE INITIALS IN BOX</b>		PERMIT NO. <b>C E - B B - 0 5 0 8</b>		SPECIAL CONDITIONS			

ORIGINAL

<b>C1</b>	<b>2809</b>	SEQUENCE NO. (DENY USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-8 ON ALL CARDS)		COUNTY NUMBER <b>Standby</b>		
ST/CO USE ONLY DATE Received <b>JUL - 7 1989</b>		DATE WELL COMPLETED <b>5/15/89</b>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>CE-88-0508</b>
OWNER <b>Edward Luke &amp; Jane</b>		Depth of Well <b>147</b> (TO NEAREST FOOT)		
STREET OR RFD <b>Mechanics Valley Rd</b>		TOWN <b>North East, Ind.</b>		
SUBDIVISION _____		SECTION _____		LOT _____

<p style="text-align:center;"><b>WELL LOG</b> Not required for driven wells</p> <p style="text-align:center;">STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td><i>top dirt</i></td> <td>0</td> <td>40</td> <td></td> </tr> <tr> <td><i>black gravel</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>gray granite</i></td> <td>40</td> <td>127</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	<i>top dirt</i>	0	40		<i>black gravel</i>				<i>gray granite</i>	40	127		<p style="text-align:center;"><b>GROUTING RECORD</b></p> <p>WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> M BENTONITE CLAY <input type="checkbox"/> BC</p> <p>NO. OF BAGS <b>10</b> NO. OF POUNDS <b>440</b></p> <p>GALLONS OF WATER <b>50</b></p> <p>DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>42</b> ft. (enter 0 if from surface)</p> <p style="text-align:center;"><b>CASING RECORD</b></p> <p>casing types insert appropriate code below</p> <p><input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER</p> <p>MAIN CASING TYPE <b>ST</b> Nominal diameter of main casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>42</b></p> <p>OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____</p> <p style="text-align:center;"><b>SCREEN RECORD</b></p> <p>screen type or open hole insert appropriate code below</p> <p><input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HOP OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER</p> <p style="text-align:center;"><b>C2</b></p> <p>DEPTH (nearest ft.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>SLOT SIZE <b>7</b> - <b>3</b></p> <p>DIAMETER OF SCREEN _____ (NEAREST INCH)</p> <p>GRAVEL PACK _____</p> <p>IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68</p> <p>TELESCOPE CASING <input type="checkbox"/> T LOG INDICATOR <input type="checkbox"/> L OTHER DATA <input type="checkbox"/> O</p>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21																																																																																								
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<p style="text-align:center;"><b>PUMPING TEST</b></p> <p>HOURS PUMPED (nearest hour) <b>4</b></p> <p>PUMPING RATE (gal. per min. to nearest gal.) <b>26</b></p> <p>METHOD USED TO MEASURE PUMPING RATE <i>air/water bucket</i></p> <p>WATER LEVEL (distance from land surface)</p> <p>BEFORE PUMPING <b>15</b></p> <p>WHEN PUMPING <b>80</b></p> <p>TYPE OF PUMP USED (for test)</p> <p><input checked="" type="checkbox"/> A centrifugal <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input type="checkbox"/> S submersible</p> <p style="text-align:center;"><b>PUMP INSTALLED</b></p> <p>DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE</p> <p>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <b>S</b></p> <p>CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>40</b></p> <p>PUMP HORSE POWER <b>5</b></p> <p>PUMP COLUMN LENGTH (nearest ft.) <b>137</b></p> <p>CASING HEIGHT (circle appropriate box and enter casing height)</p> <p><input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <b>1</b> (nearest foot)</p> <p style="text-align:center;"><b>LOCATION OF WELL ON LOT</b></p> <p>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)</p> <p style="text-align:right;"><i>Central Sewer</i> <i>Well</i></p> <p style="text-align:center;"><i>US 40</i></p>
--

<p>CIRCLE APPROPRIATE LETTER</p> <p><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED</p> <p><b>E</b> ELECTRIC LOG OBTAINED</p> <p><b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL</p> <p>I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.</p> <p>DRILLERS IDENT NO. <b>250</b></p> <p><i>Constantine Dichilopoulos</i> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)</p> <p>SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)</p>	<p>ORIGINAL</p>
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No Fee Test Well - 1/18/90 MDR

B 1	0435	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>CE-88-0994</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) **011890**

**GIBSON FRANCIS**  
Last Name Owner First Name

**NORTHEAST Md.**  
Town State

**DRILLER INFORMATION**

**Donald S. Newnam**  
Driller's Name

**Shore Well Drillers**  
Firm Name

**Cecilton, Maryland 21913**  
Address

**Donald S. Newnam** **1/15/90**  
Signature Date

**138**  
License No.

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **50**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **3000**

**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 **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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)**

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) \_\_\_\_\_

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

APPROX. PERMIT NUMBER **CE89GAP067**

FORCE **CS** PERMIT No **CE-88-0994**

SPECIAL CONDITIONS

**LOCATION OF WELL**

**Cecil** test

**CECIL** COUNTY

**NORTHEAST** NEAREST TOWN

**1** MILE FROM TOWN (enter 0 if in town)

**Mechanic Valley Rd** NEAR WHAT ROAD

**3000** DISTANCE FROM ROAD

**AT** ENTER FT or MI

**CECIL** COUNTY NO

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **011990** CO SIGNATURE **Charles E. Smoyer** EXP DATE **7/19/90**

NORTH GRID **649000** EAST GRID **1102000**

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

**Cecil**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

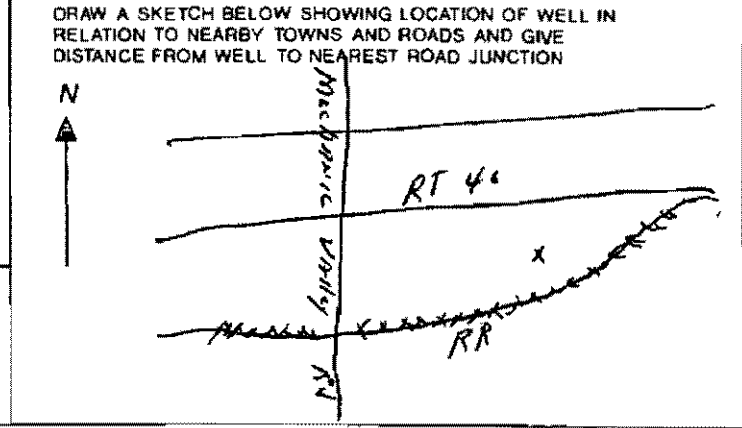
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**1100** (E)  
**640** (N)



ORIGINAL

SEQUENCE NO. (DENY USE ONLY) **7602**  
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)  
 ST/CO USE ONLY DATE Received **AUG 27 1980**  
 DATE WELL COMPLETED **060890**  
 Depth of Well (TO NEAREST FOOT) **360**  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE-88-0994**

OWNER **Gibson** last name **Francis** first name  
 STREET OR RFD. **Northeast** TOWN  
 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	
Br Clay Silt	0	5	
Br Silty Wet Sand	5	30	
Soft - Med Serpentine - Green Gr Rk	30	55	
Gray Mica Hard Schist	55	70	
Fracture w/ 4 GPM	70	71	
Hard Gray Mica Schist	71	350	
Fracture w/ Water 96 GPM	350	360	xx

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **5** NO. OF POUNDS **465**  
 GALLONS OF WATER **2.5**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **60** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER  
 MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **60**

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

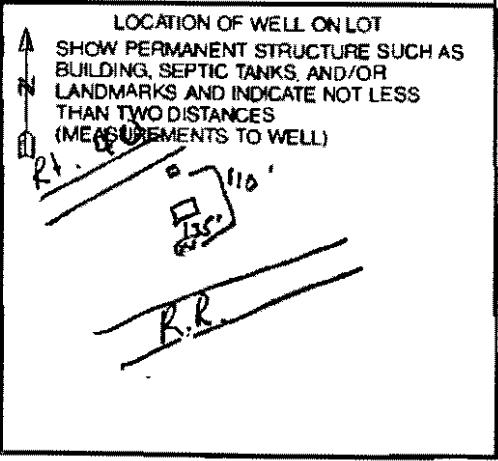
**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST BR HO** STEEL BRASS BRONZE OPEN HOLE  
**PL OT** PLASTIC OTHER  
 DEPTH (nearest ft.)  
 1 **H 0** **60** **360**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **4**  
 PUMPING RATE (gal. per min. to nearest gal.) **100**  
 METHOD USED TO **St Wtch/Cont** MEASURE PUMPING RATE  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **25**  
 WHEN PUMPING **300**  
 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**  
 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) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above **-** below  
 LAND SURFACE **1** (nearest foot)

CIRCLE APPROPRIATE LETTER  
**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 26.04.04 "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. **278**  
**Walton Corporation**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Manuel...**  
 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.) **70**  
 W Q **74 75 76**  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



FOR THE OLD REMODED BARN ON N.W. CORNER OF RT. 40 & MECHANICAL

387-8494

EMERGENCY/TEMP NO IF ANY

PA. #40.3/2/90 764802-MJK

B 1

0815 SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

CE-88-1115

fill in this form completely

Date Received (APA) 030290

OWNER INFORMATION

HARRISON JOHN

2059 PULASKI HWY

NORTH EAST MD 21901

B 3 LOCATION OF WELL

CECIL C5517

23 SUBDIVISION

SECTION 44 46 LOT 48 50

NORTHEAST

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

CHARLES H. HAMILTON JA 1112

JONES & HAMILTON

115 N. PARADISE RD. H.D.G.

Charles H. Hamilton Jr. 2/22/90

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

RT. 40 & MECHANICAL

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 DISTANCE FROM ROAD

ENTER FT or MI FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 032090

Charles E. Smyer 2/20/90

NORTH GRID 649000 EAST GRID 1100000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROtary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 1100

N 640

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

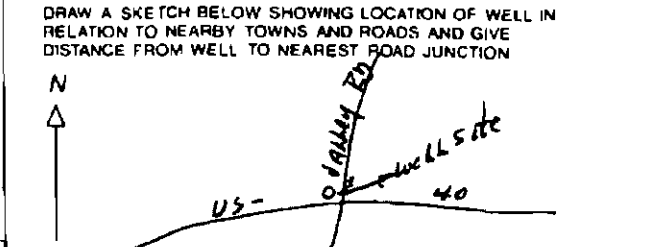
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

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



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

APPROX. PERMIT NUMBER CE86 GAP 002

FORCE CS PERMIT No CE 88-1115

SPECIAL CONDITIONS

ORIGINAL

**C1** 7726 SEQUENCE NO. (DENV USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER **C5517**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

10/15/85 032690 320 320 C5-88-1115

OWNER **HARRISON John** STREET OR RFD last name **2059 Pulaski Hwy.** first name TOWN **NORTH EAST, MD 21901**

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	
Yellow clay	0	15	
COARSE GRAVEL	15	23	
SOFT GREEN WEATHERED ROCK	23	70	
HARD GRAY GRANITE	70	320	✓

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

TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **20** NO. OF POUNDS **1880**  
GALLONS OF WATER **100**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft to **77** ft

**CASING RECORD**  
casing types insert appropriate code below

**ST CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER

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

**PL 6 77**

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below

**ST BR HO** STEEL BRASS OPEN HOLE  
**PL OT** PLASTIC OTHER

**C2**

DEPTH (nearest ft.)

**40 77 320**

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

THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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.

DRILLER'S IDENT. NO. **112**  
**Charles H. Hamilton, Jr.**  
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 7 3  
DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W O  
70 72 74 75 78

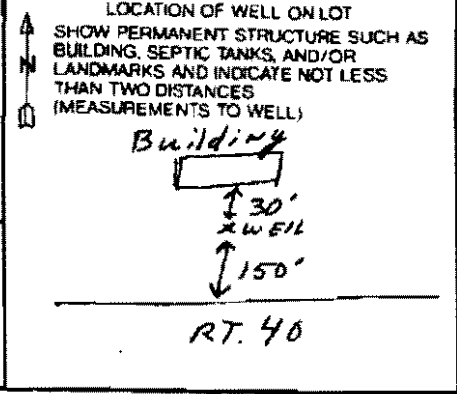
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **4**  
PUMPING RATE (gal per min. to nearest gal) **4**  
METHOD USED TO MEASURE PUMPING RATE **BUCKET & WATCH**  
WATER LEVEL (distance from land surface) BEFORE PUMPING **19** WHEN PUMPING **226**

TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

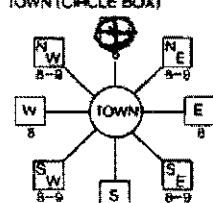
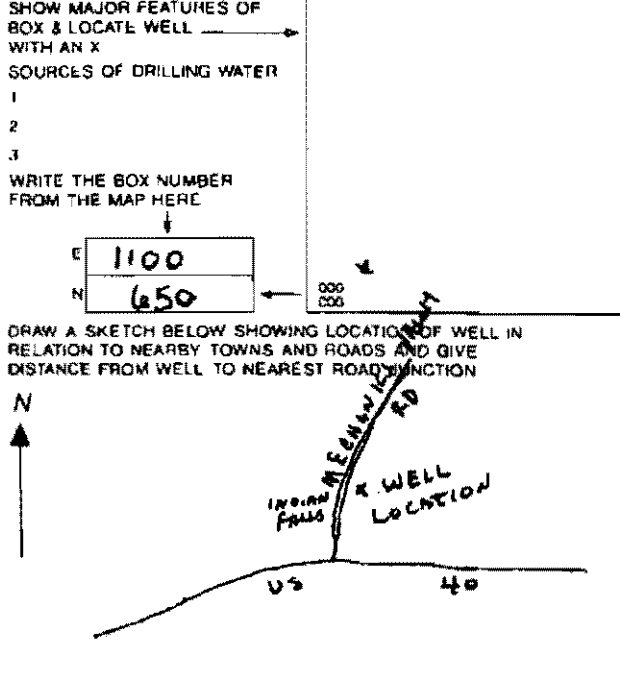
**PUMP INSTALLED**  
DRILLER WILL INSTALL PUMP YES **NO**  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31 35**  
PUMP HORSE POWER **37 41**  
PUMP COLUMN LENGTH (nearest ft.) **37 41**  
CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **1** (nearest foot)  
**-** below }



ORIGINAL

12. #90. 7/25/90 #68568-AJA EMERGENCY/TEMP NO IF ANY

282-5843

B 1	SEQUENCE NO. (DP USE ONLY) <b>0847</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)</small>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>CE-88-1354</b> <small>fill in this form completely</small>
Date Received (APA) <b>072590</b>		<b>B 3</b> LOCATION OF WELL	
<b>OWNER INFORMATION</b> 15 Last Name: <b>WHERRY PAULINE</b> Owner: <b>614 MECHANICS VALLEY</b> Street or RFD: <b>NORTH EAST</b> Town: <b>MDZ1901</b>		8 COUNTY: <b>CECIL</b> Replacement 23 SUBDIVISION: SECTION: <b>NORTH EAST</b> LOT: <b>30</b> 53 NEAREST TOWN: <b>NORTH EAST</b> MILES FROM TOWN (enter 0 if in town): <b>1</b> MI	
<b>DRILLER INFORMATION</b> Driver's Name: <b>CHARLES H. HAMILTON JR.</b> License No: <b>1112</b> Firm Name: <b>JONES &amp; HAMILTON</b> Address: <b>115 N. PARADISE RD - DR 6</b> Signature: <i>Charles H. Hamilton Jr.</i> Date: <b>7/25/90</b>		<b>B 4</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
<b>B 2</b> WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.): <b>10</b> AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): <b>1000</b>		<b>MECHANICS VALLEY</b> NEAR WHAT ROAD: ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> DISTANCE FROM ROAD: <b>20</b> FT	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Cecil</b> COUNTY NAME: <b>Cecil</b> COUNTY NO: STATE SIGNATURE: <i>Charles E. Smyser</i> INSERT 5 DATE ISSUED: <b>080690</b> EXP. DATE: <b>2/5/91</b> NORTH GRID: <b>051000</b> EAST GRID: <b>1101000</b>	
APPROXIMATE DEPTH OF WELL: <b>150</b> FEET APPROXIMATE DIAMETER OF WELL: <b>6</b> INCH		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: E: <b>1100</b> N: <b>650</b>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other: _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): #1: _____		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER: <b>GAP</b> FORCE: <input type="checkbox"/> WRITE INITIALS IN BOX PERMIT No. <b>CE-88-1354</b>	
SPECIAL CONDITIONS			

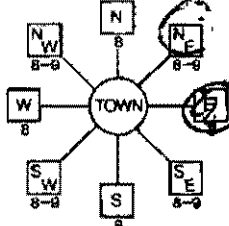

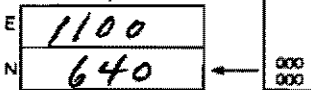
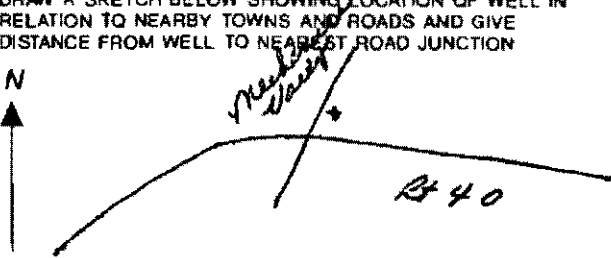
ORIGINAL

<b>C1</b>	<b>2867</b>	SEQUENCE NO. (DENV USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
<small>1 2 3</small> <small>4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER <b>Replacement</b>
ST/CO USE ONLY DATE Received <b>AUG 17 1990</b>		DATE WELL COMPLETED <b>080890</b>	Depth of Well <b>182</b> (TO NEAREST FOOT)	PERMIT NO FROM "PERMIT TO DRILL WELL" <b>CE-88-1354</b>
OWNER <b>Wherry Pauline</b>		STREET OR RFD <b>614 MECHANICS VALLEY RD, NORTH EAST, Md. 21901</b>		
SUBDIVISION		SECTION	LOT	

<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <b>12</b> NO. OF POUNDS <b>1128</b> GALLONS OF WATER <b>60</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>42</b> ft. <small>(enter 0 if from surface)</small>	<b>C3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> PUMPING RATE (gal. per min. to nearest gal.) <b>10</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket &amp; Watch</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>38</b> WHEN PUMPING <b>109</b> TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Brown SANDY CLAY</td> <td>0</td> <td>16</td> <td></td> </tr> <tr> <td>Brown WEATHERED GRANITE</td> <td>16</td> <td>35</td> <td></td> </tr> <tr> <td>Hard GRAY GRANITE</td> <td>35</td> <td>182</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	Brown SANDY CLAY	0	16		Brown WEATHERED GRANITE	16	35		Hard GRAY GRANITE	35	182		<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <input checked="" type="checkbox"/> PL Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>42</b> <small>60 61 63 64 66 67</small>	<b>PUMP INSTALLED</b> DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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: <input type="checkbox"/> 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) <input type="checkbox"/> 31 <input type="checkbox"/> 35 PUMP HORSE POWER <input type="checkbox"/> 37 <input type="checkbox"/> 41 PUMP COLUMN LENGTH (nearest ft.) <input type="checkbox"/> 43 <input type="checkbox"/> 47 CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> (+) above } LAND SURFACE <input type="checkbox"/> (nearest foot) <input type="checkbox"/> (-) below } <input type="checkbox"/> 49 <input type="checkbox"/> 51																																																						
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CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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.	<b>C2</b> screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HO OPEN HOLE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td><td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21																							23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	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) 
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21																																																						
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DRILLERS IDENT. NO. <b>112</b> <b>Charles H. Hamilton</b> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <input type="checkbox"/> 69 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) _____ 70 _____ 72 _____ W O _____ 74 75 78	TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____																																																																								
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	ORIGINAL																																																																									



B 1	<b>8889</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>CE-88-1791</b> <small>fill in this form completely</small>
Date Received (APA) <b>042591</b>		LOCATION OF WELL <b>Cecil</b> N.E. Gallery <small>8 COUNTY 21</small> 23 SUBDIVISION SECTION <b>NORTH EAST</b> LOT <small>44 46 48 50</small> <b>NORTH EAST</b> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <b>1.1 MI</b> <small>73 76 77 78</small>	
OWNER INFORMATION <b>BUAKHEIMER ROBT C</b> <small>15 Last Name 34 Owner First Name</small> <b>PO Box 551</b> <small>36 Street or RFD 55</small> <b>NORTH EAST</b> <b>MD 21901</b> <small>57 Town 70 State 72 Zip 76</small>		DRILLER INFORMATION <b>CHARLES H. HAMILTON JR</b> <b>112</b> <small>Driller's Name 77 License No. 80</small> <b>JONES &amp; HAMILTON</b> <small>Firm Name</small> <b>115 N. PARADISE Rd, Hdc G 21078</b> <small>Address</small> <b>Charles H. Hamilton Jr</b> <b>4/24/91</b> <small>Signature Date</small>	
WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) <b>20</b> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <b>2000</b> <small>14 20</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Cecil</b> <small>COUNTY NAME COUNTY NO.</small> <small>STATE SIGNATURE DATE ISSUED INSERT S 41</small> <b>042691</b> <b>Charles E. Smyser</b> <b>4/26/91</b> <small>43 48 CO SIGNATURE 50 55 57 63</small> <small>NORTH GRID EAST GRID</small> <b>649000</b> <b>1102000</b> <small>50 55 57 63</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>250</b> FT <small>34 37 ENTER FT or MI 38 39</small>	
APPROXIMATE DEPTH OF WELL <b>150</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST</small>		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 	
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <small>30 AIR-ROTARY 37 AIR-PEE Percussion ROTARY (Hydraulic Rotary)</small> <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <b>CE87GAP053</b> <small>54 63</small> FORCE <b>CS</b> WRITE INITIALS IN BOX PERMIT No <b>CE-88-1791</b> <small>57 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS			

C1	7123	SEQUENCE NO. (DENY USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																																																																																																																	
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ST/CO USE ONLY DATE Received <b>MAY 2 1991</b>	DATE WELL COMPLETED <b>050991</b>	Depth of Well <b>275</b> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>CB-88-1791</b>																																																																																																																																		
OWNER <b>BURKHEIMER ROBERT C.</b> last name first name		TOWN <b>NORTH EAST, MD. 21901</b>																																																																																																																																			
STREET OR RFD <b>P.O. Box 551</b>		SUBDIVISION _____ SECTION _____ LOT _____																																																																																																																																			
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DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> PUMPING RATE (gal. per min. to nearest gal.) <b>15</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket + watch</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>26</b> WHEN PUMPING <b>75</b> TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible																																																																																																																																			
<b>BROWN SAND</b> 0 30  <b>YELLOW CLAY</b> 30 45  <b>SOFT GREEN WEATHERED Rock</b> 45 60  <b>HARD GRAY GRANITE</b> 60 275	Check if water bearing	<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <input checked="" type="checkbox"/> PL Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>63</b> OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____																																																																																																																																			
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I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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		<b>GRAVEL PACK</b> IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																																																																																																																																			
DRILLERS IDENT. NO. <b>112</b> <b>Charles H. Hamilton Jr.</b> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W O _____ 70 _____ 72 _____ 74 75 76 _____																																																																																																																																			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____																																																																																																																																			
		<b>PUMP INSTALLED</b> DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (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) <input checked="" type="checkbox"/> + above } LAND SURFACE _____ (nearest foot) <input type="checkbox"/> - below }																																																																																																																																			
		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) 																																																																																																																																			

ORIGINAL

287-89111 EMERGENCY/TEMP NO IF ANY NO. 40. 6/14/91 \*73945-1M7K

B 1	8696	SEQUENCE NO (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER CE-88-1902 fill in this form completely
-----	------	---------------------------	---	---

Date Received (APA) 06/14/91

**OWNER INFORMATION**

RAMBO BEULAH  
Last Name Owner First Name

630 MECH VALLEY RD  
Street or RFD

NORTH EAST MD  
Town RD State Zip

**LOCATION OF WELL**

Cecil Standby

MECH. VALLEY

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

60 DISTANCE FROM ROAD ENTER FT or MI

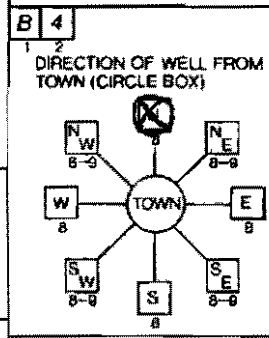
**DRILLER INFORMATION**

CHARLES H. HAMILTON JR  
Driller's Name

SONES & HAMILTON  
Firm Name

15 W. PARADISE RD. WDC  
Address

Charles H. Hamilton Jr 6/14/91  
Signature Date



NECH. VALLEY

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

60 DISTANCE FROM ROAD ENTER FT or MI

**B 2**

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL PER MIN.) 10

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

**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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 06/18/91 Charles E. Smyer 12/18/91

NORTH GRID 652000 EAST GRID 1102000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jettied & DRIVEN

AIR-ROtary AIR-PERCUSSION ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROtary DRIVE-POINT

**REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

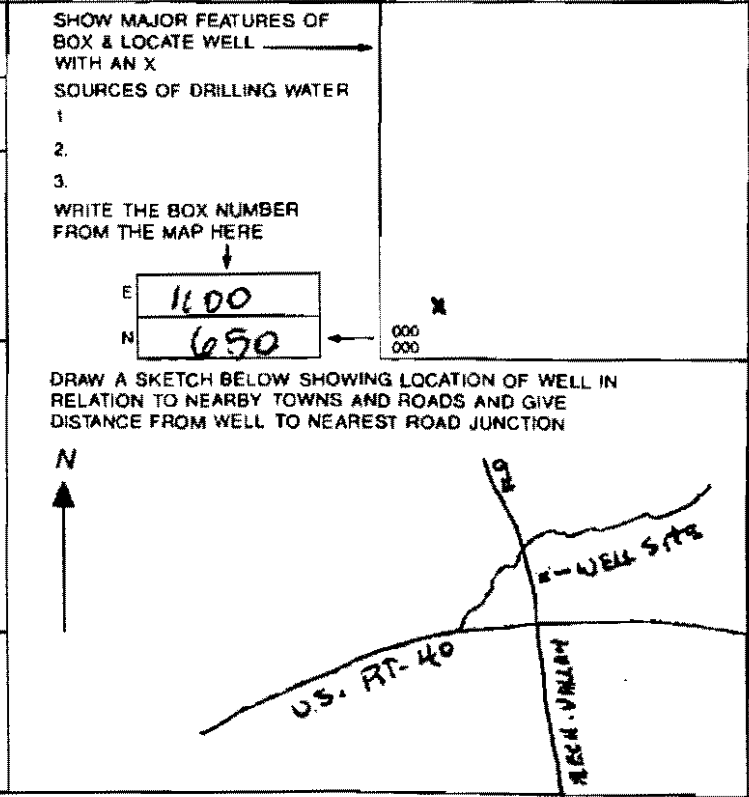
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT No. CE-88-1902

SPECIAL CONDITIONS



HAND DUG WELL

ORIGINAL

<b>C1</b>	<b>7836</b>	SEQUENCE NO. (DENV USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		06/19/91		DE-88-1902
OWNER		Rambo BULLAH		
STREET OR RFD		630 MECHANICS VALLEY RD.		TOWN NORTH EAST, Md. 21901
SUBDIVISION		SECTION		LOT

<p style="text-align: center;"><b>WELL LOG</b> Not required for driven wells</p> <p style="text-align: center;">STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>BROWN SANDY SOIL</td> <td>0</td> <td>10</td> <td></td> </tr> <tr> <td>BROWN WEATHERED SAND ROCK</td> <td>10</td> <td>27</td> <td></td> </tr> <tr> <td>HARD GRAY GRANITE</td> <td>27</td> <td>125</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	BROWN SANDY SOIL	0	10		BROWN WEATHERED SAND ROCK	10	27		HARD GRAY GRANITE	27	125		<p style="text-align: center;"><b>GROUTING RECORD</b></p> <p>WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC</p> <p>NO. OF BAGS 8 NO. OF POUNDS 752</p> <p>GALLONS OF WATER 40</p> <p>DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)</p> <p style="text-align: center;"><b>CASING RECORD</b></p> <p>casing types insert appropriate code below</p> <p><input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER</p> <p>MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)</p> <p><input checked="" type="checkbox"/> PL 6 30</p> <p>OTHER CASING (if used) diameter inch depth (feet) from to</p> <p style="text-align: center;"><b>SCREEN RECORD</b></p> <p>screen type or open hole insert appropriate code below</p> <p><input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER</p> <p style="text-align: center;"><b>C2</b></p> <p>DEPTH (nearest ft.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>40</td> <td>30</td> <td>125</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table> <p>SLOT SIZE 1 2 3</p> <p>DIAMETER OF SCREEN (NEAREST INCH) from to</p> <p>GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68</p> <p>TELESCOPE CASING LOG INDICATOR OTHER DATA</p>	1	40	30	125	2				3				<p style="text-align: center;"><b>C3</b></p> <p style="text-align: center;"><b>PUMPING TEST</b></p> <p>HOURS PUMPED (nearest hour) 3</p> <p>PUMPING RATE (gal. per min. to nearest gal.) 5</p> <p>METHOD USED TO MEASURE PUMPING RATE Bucket + Watch</p> <p>WATER LEVEL (distance from land surface)</p> <p>BEFORE PUMPING 28</p> <p>WHEN PUMPING 85</p> <p>TYPE OF PUMP USED (for test)</p> <p><input checked="" type="checkbox"/> S submersible</p> <p style="text-align: center;"><b>PUMP INSTALLED</b></p> <p>DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO</p> <p>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE</p> <p>TYPE OF PUMP INSTALLED PLACE (A,C,I,P,R,S,T,O) IN BOX - SEE ABOVE.</p> <p>CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35</p> <p>PUMP HORSE POWER 37 41</p> <p>PUMP COLUMN LENGTH (nearest ft.) 43 47</p> <p>CASING HEIGHT (circle appropriate box and enter casing height)</p> <p><input checked="" type="checkbox"/> (+) above } LAND SURFACE 7 (nearest foot)</p> <p><input type="checkbox"/> (-) below }</p> <p style="text-align: center;"><b>LOCATION OF WELL ON LOT</b></p> <p>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)</p> <p>MECHANICS VALLEY RD. HOUSE 32' WELL 60'</p>
DESCRIPTION (Use additional sheets if needed)		FEET			Check if water bearing																											
	FROM	TO																														
BROWN SANDY SOIL	0	10																														
BROWN WEATHERED SAND ROCK	10	27																														
HARD GRAY GRANITE	27	125																														
1	40	30	125																													
2																																
3																																

<p>CIRCLE APPROPRIATE LETTER</p> <p>A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED</p> <p>E ELECTRIC LOG OBTAINED</p> <p>P TEST WELL CONVERTED TO PRODUCTION WELL</p> <p>HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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.</p> <p>DRILLERS IDENT. NO. 112</p> <p>DRILLERS SIGNATURE Charles Hamilton Jr.</p> <p>SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)</p>	<p>OE P USE ONLY (NOT TO BE FILLED IN BY DRILLER)</p> <p>T (E.R.O.S.) 70 72</p> <p>WG 74 75 76</p>
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ORIGINAL

Emergency Permit No.

EMERGENCY/TEMP NO IF ANY

PA# 40.1113191 # 75954-MR

**B 1** 2123 SEQUENCE NO (DP USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
CE-88-2176  
fill in this form completely

Date Received (APA)  
11/13/91 OWNER INFORMATION 287-6215

SHAW ROBERT  
47 CHATHAM PARK  
ELKTON MD 21921

DRILLER INFORMATION  
CONSTANTINE DiFilippo 2150  
AQUAPUR INC.  
2235 Bluebell Rd, ELKTON Md.  
Constantine DiFilippo 11-13-91

**B 2** WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 8100

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 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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

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

APPROP. PERMIT NUMBER GAP

FORCE PERMIT No. CE-88-2176

SPECIAL CONDITIONS

**B 3** LOCATION OF WELL

Replacement

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

MORTH EAST

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 0 MI

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

U.S. RT 40

NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37 DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 11/14/91

CO SIGNATURE EXP. DATE 5/14/92

NORTH GRID 649000 EAST GRID 1102000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

1100

1090

640

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

Sketch showing well location relative to U.S. RT 40 and nearby towns (North East).

ORIGINAL

**C1** 2992 SEQUENCE NO. (DENY USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE COUNTY Replacement NUMBER

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

DEC 14 1981 11/19/91 22 220 26 CE-88-2176

OWNER SHAW ROBERT last name first name STREET OR RFD 47 CHATHAM LANE TOWN ELKTON, Md. 21921 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	10	
gravel & clay	10	55	
lt gray granite	55	100	L
dsignal granite	100	220	L

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

TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 12 NO. OF POUNDS 126  
GALLONS OF WATER 60  
DEPTH OF GROUT SEAL (to nearest foot)  
from 4 ft. to 58 ft.

**CASING RECORD**  
casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 PL 6 58

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO HOLE  
 PL PLASTIC  OT OTHER

**C2**

DEPTH (nearest ft.)  
1 140 58 220  
2  
3

EACH SCREEN

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 55

**OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)**  
T (E.R.O.S.) W O  
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

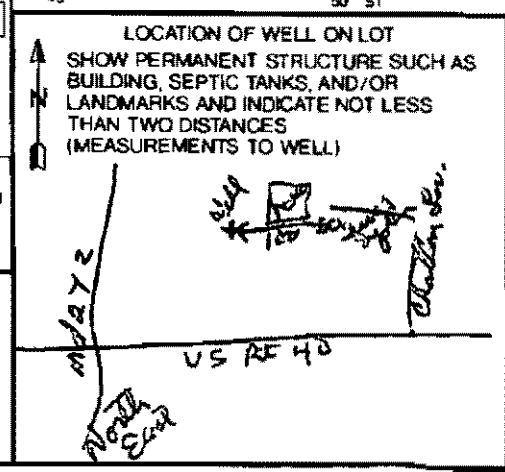
**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min. to nearest gal.) 5  
METHOD USED TO MEASURE PUMPING RATE *air/lift/Buckley*  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 25  
WHEN PUMPING 100

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  
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:  S

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 5  
PUMP HORSE POWER 5  
PUMP COLUMN LENGTH (nearest ft.) 200  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE }  
 - below }  (nearest foot)



CIRCLE APPROPRIATE LETTER  
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 26.04.04 "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. 250  
DRILLERS SIGNATURE *Constantine DiFalco*  
(MUST MATCH SIGNATURE ON APPLICATION)

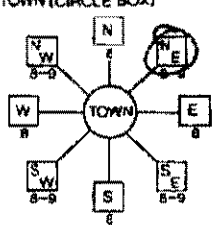

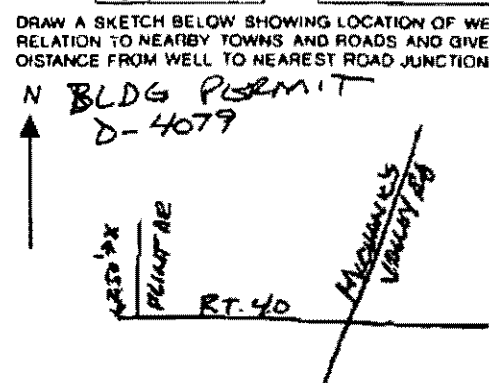
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

ORIGINAL



Pa #40.716192 #79756-125K

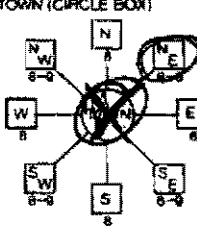
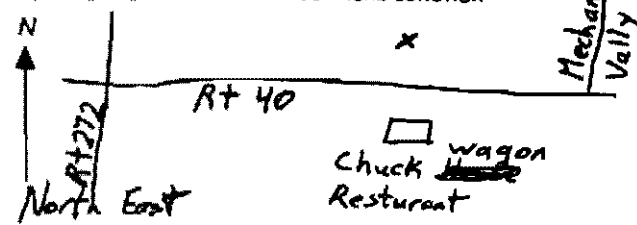
EMERGENCY/TEMP NO IF ANY

B 1 <b>6462</b> SEQUENCE NO (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER <b>CE-88-2578</b> <small>fill in this form completely</small>	
Date Received (APA) <b>JUN 9 1992</b>			B 3 LOCATION OF WELL <b>CECIL</b> D4079 COUNTY <b>S.H. CONSTRUCTION</b> SUBMISSION SECTION <b>3</b> LOT <b>3</b> <b>NORTH EAST</b> NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <b>1</b> MI		
OWNER INFORMATION <b>TRAVERS MIKE + TIWA</b> Last Name Owner First Name <b>3 ELI W T DR</b> Street or RFD <b>NORTH EAST MD 21901</b> Town State Zip			B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>FRONT DR</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>25</b> FT ENTER FT or MI		
DRILLER INFORMATION <b>ROBERT K. MUNYAN</b> <b>510</b> Driller's Name License No BO <b>WALTON CORPORATION</b> Firm Name <b>PO. BOX 1077, NEWARK, DE. 19715</b> Address <b>Robert K. Munyan</b> <b>7/14/92</b> Signature Date			B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <b>1000</b>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> DANCE STUDIO <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED <b>07/16/92</b> Charles E. Simpson 7/16/93 NORTH GRID <b>649000</b> EAST GRID <b>1100000</b> GRID EXP. DATE		
APPROXIMATE DEPTH OF WELL <b>250</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 <b>Drilled Well</b> 2 3 WRITE THE BOX NUMBER FROM THE MAP HERE E <b>1100</b> N <b>640</b> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>N BLDG PERMIT D-4079</b> 		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY <b>JR-PERCUSSION</b> ROTARY (Hydraulic Rotary) CABLE Reverse-ROTARY DRIVE-POINT other			REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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 (OEP USE ONLY) APPROX. PERMIT NUMBER <b>CE92 GAP 049</b> FORCE <b>CS</b> WRITE INITIALS IN BOX PERMIT No <b>CE-88-2578</b> IN BOX			SPECIAL CONDITIONS		

ORIGINAL

<b>C1</b>	<b>1616</b>	SEQUENCE NO. (DENY USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
<small>1 2 3</small> (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)				COUNTY NUMBER <b>D4079</b>
ST/CO USE ONLY DATE RECEIVED <b>AUG 1 5 1992</b>		DATE WELL COMPLETED <b>073092</b>	Depth of Well <small>22 23 24 25 26</small> <b>320</b> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>CE-88-2578</b>
OWNER <b>MIKE TRAVERS</b> <small>last name first name</small> STREET OR RFD <b>37101 DRIVE</b> TOWN <b>NORTH EAST</b> SUBDIVISION _____ SECTION _____ LOT <b>3</b>				
<b>WELL LOG</b> <small>Not required for driven wells</small>		<b>GROUTING RECORD</b>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	TYPE OF GROUTING MATERIAL CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <b>15</b> NO. OF POUNDS <b>395</b> GALLONS OF WATER <b>75</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>54</b> ft. <small>(enter 0 if from surface)</small>		
<b>BRN Clay SILT</b>  <b>BRN SAND + Gravel</b>  <b>SOFT Weathered Derp</b>  <b>HARD Gr Rock</b>	  0 10  10 25  25 49  49 320	CASING RECORD casing types insert appropriate code below <b>ST</b> <b>CO</b> STEEL CONCRETE <b>PL</b> <b>OT</b> PLASTIC OTHER  MAIN CASING TYPE <b>ST</b> <b>16</b> <b>54</b> <small>80 81 83 84 85 86 87 88</small> 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 <b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE <b>PL</b> <b>OT</b> PLASTIC OTHER		
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		<b>C2</b> DEPTH (nearest ft.) <small>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51</small> <b>HO</b> <b>54</b> <b>320</b>		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.		SLOT SIZE _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____		
DRILLER IDENT. NO. <b>510</b> DRILLER'S SIGNATURE <small>(MUST MATCH SIGNATURE ON APPLICATION)</small>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX <b>88</b>		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) <b>T</b> (E.R.O.S.) <b>WO</b> <small>70 71 72 73 74 75 76</small> TELESCOPE LOG OTHER DATA CASING INDICATOR		
		<b>C3</b> PUMPING TEST HOURS PUMPED (nearest hour) <b>6</b> PUMPING RATE (gal. per min. to nearest gal.) <b>210</b> METHOD USED TO MEASURE PUMPING RATE <b>ST WOOD CONTAINER</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>33</b> WHEN PUMPING <b>750</b> TYPE OF PUMP USED (for test) <b>A</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible		
		PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <b>NO</b> (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. <b>76</b> CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> Above <b>-</b> below LAND SURFACE <b>7</b> (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.)  		

ORIGINAL

<b>B 1</b> SEQUENCE NO. (DP USE ONLY) <b>6442</b> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type		STATE PERMIT NUMBER <b>CE-92-0140</b> Fill in this form completely	
Date Received (APA) <b>11/30/92</b>		<b>B 3</b> LOCATION OF WELL 1 <b>Cecil</b> Repl. 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 48 LOT 48 50 <b>North East Md.</b> 52 NEAREST TOWN 73 MILES FROM TOWN (enter 0 if in town) <b>5.5</b> MI 75 76 77 78			
OWNER INFORMATION 15 Last Name <b>Clements</b> Owner First Name <b>Roger</b> 34 2257 W Pulaski Hwy 38 Street or RFD 55 North East Md. 57 Town 70 State 72 2a 76		<b>B 4</b> 11 <b>Rt. 40</b> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST <input checked="" type="checkbox"/> EAST NORTH SOUTH 34 <b>109</b> 37 DISTANCE FROM ROAD ENTER FT or MI <b>FT</b> 38 39			
DRILLER INFORMATION Driller's Name <b>Robert DiFilippo</b> 71 License No. <b>358</b> Cecil County Well Drilling 236 Johnstown Rd. Elkton, MD Address Robert DiFilippo 11-27-92 Signature Date		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 			
<b>B 2</b> WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) <b>10</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <b>1000</b> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL <b>200</b> FEET 24 28		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED <b>11/30/92</b> <b>Charles E. Simpson</b> 11/30/93 43 48 CO SIGNATURE EXP DATE NORTH GRID <b>649000</b> EAST GRID <b>1098000</b> 50 55 57 63			
APPROXIMATE DIAMETER OF WELL <b>6</b> NEAREST WCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 well water 2 3 WRITE THE BOX NUMBER FROM THE MAP HERE E <b>6490</b> N <b>1098</b> 640 000 000			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 31 CABLE REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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) APPROX. PERMIT NUMBER <b>CE92GAP081</b> 54 63 FORCE <b>CS</b> WRITE INITIALS IN BOX PERMIT No. <b>CE-92-0146</b> 67 68 70 71 72 73 74 75 76 77 78 78			
SPECIAL CONDITIONS		they have town sewage 1/4 mile from well to 272 Junction			

ORIGINAL

<b>C1</b> 3175	SEQUENCE NO (DENY USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
ST/CO USE ONLY DATE RECEIVED DEC 22 1982		DATE WELL COMPLETED 12 03 92	PERMIT NO. FROM "PERMIT TO DRILL WELL" CE-92-0140
OWNER <u>Clements</u>		Depth of Well 220 (TO NEAREST FOOT)	COUNTY NUMBER <u>Repl. Food Master Comm.</u>
STREET OR RFD <u>last name 2257 W. Pulaski Hwy</u>		TOWN <u>North East</u>	
SUBDIVISION		SECTION	LOT

<p><b>WELL LOG</b> Not required for driven wells</p> <p>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>dark brown top soil</td> <td>0</td> <td>5</td> <td></td> </tr> <tr> <td>brown clay</td> <td>6</td> <td>15</td> <td></td> </tr> <tr> <td>hard gray rock</td> <td>16</td> <td>28</td> <td></td> </tr> <tr> <td>soft brown rock</td> <td>29</td> <td>31</td> <td></td> </tr> <tr> <td>hard gray rock</td> <td>32</td> <td>200</td> <td>✓</td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	dark brown top soil	0	5		brown clay	6	15		hard gray rock	16	28		soft brown rock	29	31		hard gray rock	32	200	✓	<p><b>GROUTING RECORD</b></p> <p>WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N</p> <p>TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC</p> <p>NO. OF BAGS <u>6</u> NO. OF POUNDS <u>246</u></p> <p>GALLONS OF WATER <u>35</u></p> <p>DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft to <u>43</u> ft (enter 0 if from surface)</p> <p><b>CASING RECORD</b></p> <p>casing types insert appropriate code below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="radio"/> ST STEEL</td> <td><input type="radio"/> CO CONCRETE</td> </tr> <tr> <td><input checked="" type="radio"/> PL PLASTIC</td> <td><input type="radio"/> OT OTHER</td> </tr> </table> <p>MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>22</u></p> <p>OTHER CASING (if used) diameter inch <u>4</u> depth (feet) from <u>9</u> to <u>44</u></p> <p><b>SCREEN RECORD</b></p> <p>screen type or open hole insert appropriate code below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="radio"/> HO OPEN HOLE</td> <td><input type="radio"/> ST STEEL</td> <td><input type="radio"/> BR BRASS</td> <td><input type="radio"/> PL PLASTIC</td> </tr> <tr> <td><input type="radio"/> OT OTHER</td> <td><input type="radio"/> BR BRONZE</td> <td><input type="radio"/> OT OTHER</td> <td></td> </tr> </table> <p><b>C2</b></p> <p>DEPTH (nearest ft.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td><u>HO</u></td> <td><u>45</u></td> <td><u>200</u></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table> <p>SLOT SIZE 1 2 3</p> <p>DIAMETER OF SCREEN (NEAREST INCH): from <u>  </u> to <u>  </u></p> <p>GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <input type="checkbox"/></p>	<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE	<input checked="" type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER	<input checked="" type="radio"/> HO OPEN HOLE	<input type="radio"/> ST STEEL	<input type="radio"/> BR BRASS	<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER	<input type="radio"/> BR BRONZE	<input type="radio"/> OT OTHER		1	<u>HO</u>	<u>45</u>	<u>200</u>	2				3				<p><b>C3</b></p> <p><b>PUMPING TEST</b></p> <p>HOURS PUMPED (nearest hour) <u>6</u></p> <p>PUMPING RATE (gal. per min to nearest gal.) <u>20</u></p> <p>METHOD USED TO MEASURE PUMPING RATE <u>Air, bucket + watch</u></p> <p>WATER LEVEL (distance from land surface)</p> <p>BEFORE PUMPING <u>18</u></p> <p>WHEN PUMPING <u>190</u></p> <p>TYPE OF PUMP USED (for test)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="radio"/> A Air</td> <td><input type="radio"/> P piston</td> <td><input type="radio"/> T turbine</td> </tr> <tr> <td><input type="radio"/> C centrifugal</td> <td><input type="radio"/> R rotary</td> <td><input type="radio"/> O other (describe below)</td> </tr> <tr> <td><input type="radio"/> J jet</td> <td><input type="radio"/> S submersible</td> <td></td> </tr> </table> <p><b>PUMP INSTALLED</b></p> <p>DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE</p> <p>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) <u>S</u></p> <p>IN BOX - SEE ABOVE:</p> <p>CAPACITY, GALLONS PER MINUTE (to nearest gallon) <u>15</u></p> <p>PUMP HORSE POWER <u>375</u></p> <p>PUMP COLUMN LENGTH (nearest ft.) <u>190</u></p> <p>CASING HEIGHT (circle appropriate box and enter casing height)</p> <p><input checked="" type="radio"/> + above } LAND SURFACE</p> <p><input type="radio"/> - below } <u>11</u> (nearest foot)</p>	<input checked="" type="radio"/> A Air	<input type="radio"/> P piston	<input type="radio"/> T turbine	<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)	<input type="radio"/> J jet	<input type="radio"/> S submersible	
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<p>CIRCLE APPROPRIATE LETTER</p> <p><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED</p> <p><b>E</b> ELECTRIC LOG OBTAINED</p> <p><input checked="" type="radio"/> <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL</p> <p>THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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.</p> <p>DRILLERS IDENT NO. <u>358</u></p> <p>DRILLERS SIGNATURE <u>Robert D. Ziliger</u> (MUST MATCH SIGNATURE ON APPLICATION)</p> <p>SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)</p>	<p>TELESCOPE CASING <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/> OTHER DATA <input type="checkbox"/></p> <p>TELESCOPE CASING <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/> OTHER DATA <input type="checkbox"/></p>	<p>LOCATION OF WELL ON LOT</p> <p>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)</p> <p><u>Rt 40 x</u></p> <p><u>272</u></p> <p>they have town sewage, 4 tenths of a mile from 272 and Rt 40 Junction</p>
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ORIGINAL



JAN - 4 1993

Use with CE-92-0140

WELL ABANDONMENT REPORT

Date 12-21-92

*cc Mailed  
12/21/92*

Permit Number of Abandoned Well (If any) None

Driller's Name DiFilippo Robert  
Last First

Owner's Name Clements Rogero  
Last First

RECEIVED  
DEC 21 1992  
CYPRUS COUNTY  
HEALTH DEPT.

Well Location:

County Cecil  
Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Lot \_\_\_\_\_  
Nearest Town North East  
Maryland Grid Location \_\_\_\_\_

Box Number E 1090  
N 640

		X
	0/5	
	0/0	

Show well location by (X) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify

Depth of Well 180 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, Specify

Size of Casing 5 Inches

Was any case removed  Yes ( ) No  
If Yes amount removed 2 Feet

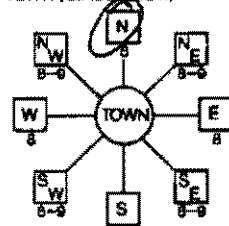

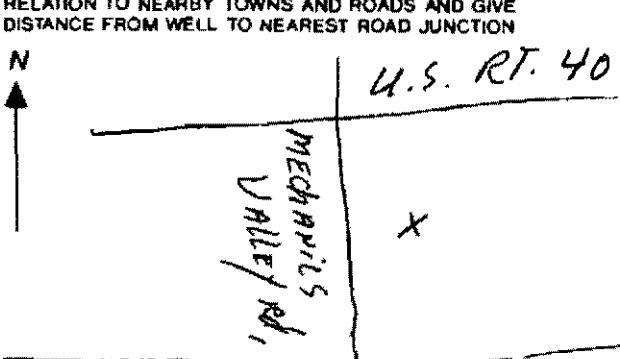
Was casing ripped or perforated  
( ) Yes  No

Log of Sealing Material

Material	Feet	
	From	To
Portland cement + water	0	180

Driller Robert D. Filippa  
(Signature)

License # 358

<b>B 1</b>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	SEQUENCE NO. (DP USE ONLY) <b>8052</b>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>CE-92-0476</b> <small>70 fill in this form completely 78</small>
	Date Received (APA) <b>07/19/93</b>	OWNER INFORMATION 19 Last Name <b>SMITH</b> 20 Owner <b>DOUG</b> 21 First Name 22 Street or RFD <b>310 MECHANICS VALLEY RD</b> 23 24 Town <b>NORTH EAST</b> 25 MD State 26 <b>21961</b> 27 Zip		LOCATION OF WELL 1 Repl. Interim 2 COUNTY <b>CECIL</b> 3 4 SUBDIVISION 5 SECTION <b>NORTH EAST</b> 6 LOT <b>48 20</b> 7 8 NEAREST TOWN 9 MILES FROM TOWN (enter 0 if in town) <b>1</b> 10 MI 11
	DRILLER INFORMATION 12 Driller's Name <b>GURVIS JONES</b> 13 License No. <b>47</b> 14 15 Firm Name <b>JONES &amp; HAMILTON</b> 16 17 Address <b>1220 PROSPECT MILL RD. BEL AIR, MD.</b> 18 19 Signature <b>Gurvis Jones</b> 20 Date <b>7-17-93</b> 21 <b>21015</b> 22		B 3 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
	WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 2 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 4		B 4 11 NEAR WHAT ROAD <b>MECHANICS VALLEY RD.</b> 12 13 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 	
	USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <b>07/19/93</b> Charles E. Smyer 7/18/94 CO SIGNATURE EXP. DATE NORTH GRID <b>648000</b> EAST GRID <b>1101000</b> SOUTH GRID _____ WEST GRID _____	
	APPROXIMATE DEPTH OF WELL <b>125</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		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 E <b>1100</b> N <b>640</b>	
	METHOD OF DRILLING (circle one) 30 BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 31 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 32 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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	SPECIAL CONDITIONS		INFORMATION PERMIT <b>7</b> This permit is available, at which I...	

717-272-5090

ORIGINAL



**C1** 1266 SEQUENCE NO. (DENV USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

DATE RECEIVED **JUL 4 8 1993** DATE WELL COMPLETED **072693** Depth of Well **450** (TO NEAREST FOOT) COUNTY NUMBER **Repl. Interim** PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE-92-0476**

OWNER **Smith Doug** STREET OR RFD **310 MECHANICS VALLEY RD** TOWN **NORTH EAST, Md. 21901** 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	
YELLOW CLAY	0	12	
SANDY YELLOW CLAY	12	20	
SOFT GREEN WEATHERED ROCK	20	40	
HARD <sup>Light</sup> GRAY GRANITE	40	450	✓

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **12** NO. OF POUNDS **1128**  
GALLONS OF WATER **72**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **45** ft.  
(enter 0 if from surface)

**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)  
**PL** **6** **45**

**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 BRONZE PLASTIC OPEN HOLE OTHER

**C2**

ELECTRIC LOG	DEPTH (nearest ft.)		
	1	2	3
1	<b>40</b>	<b>45</b>	<b>450</b>
2			
3			

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH) from to

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

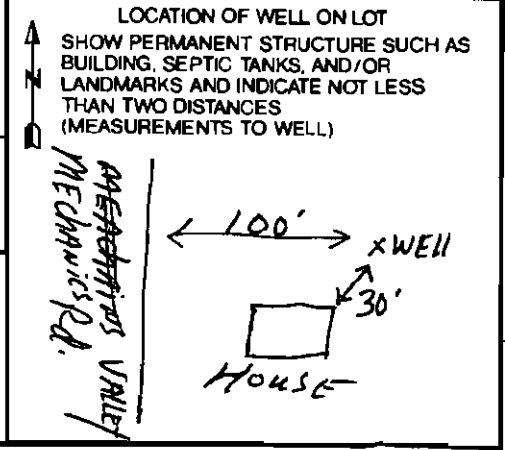
**OEP USE ONLY** (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W O  
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **4**  
PUMPING RATE (gal. per min. to nearest gal.) **4**  
METHOD USED TO MEASURE PUMPING RATE **BUCKET & WATCH**  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING **15**  
WHEN PUMPING **285**  
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) **31** **35**  
PUMP HORSE POWER **37** **41**  
PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above **-** below  
LAND SURFACE **1** (nearest foot)



CIRCLE APPROPRIATE LETTER  
**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 26.04.04 "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.

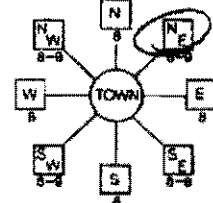

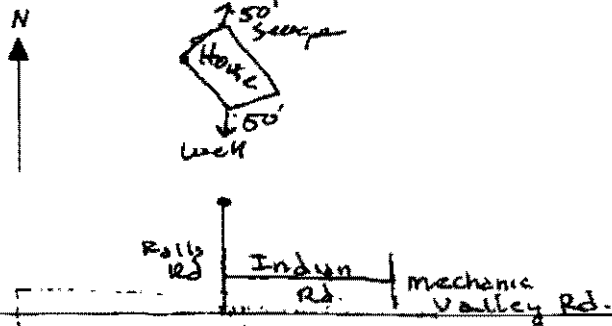
DRILLERS IDENT. NO. **47**  
DRILLERS SIGNATURE **Douglas Smith**  
(MUST MATCH SIGNATURE ON APPLICATION)

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

<p><b>B 1</b> 03741</p> <p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)</p>	<p><b>STATE OF MARYLAND</b></p> <p><b>APPLICATION FOR PERMIT TO DRILL WELL</b></p> <p>please print or type</p>	<p>STATE PERMIT NUMBER</p> <p>08-93-0091</p> <p>Fill in this form completely</p>
<p>Date Received (APA) 287-8994 - Home</p> <p>09/13/93</p> <p><b>OWNER INFORMATION</b></p> <p>392-1634 - Work</p> <p>PAULUS IDONALID</p> <p>665 Mechanics Valley Rd</p> <p>North East</p>	<p><b>B 3</b> LOCATION OF WELL</p> <p>Cecil Replacement</p> <p>23 SUBDIVISION</p> <p>SECTION 44 46 LOT 48 50</p> <p>North East</p> <p>NEAREST TOWN</p> <p>MILES FROM TOWN (enter 0 if in town) 2 MI</p>	<p><b>B 4</b></p> <p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>NEAR WHAT ROAD</p> <p>Mechanics Valley Rd</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>100</p> <p>DISTANCE FROM ROAD</p> <p>ENTER FT or MI 46</p>
<p><b>DRILLER INFORMATION</b></p> <p>LARRY A. BROWN</p> <p>3181</p> <p>Brown Bros. Drilling</p> <p>497 Kwik Mill Rd, Nottingham, PA. 19362</p> <p>Larry A. Brown 9-10-93</p>	<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Cecil</p> <p>COUNTY NAME COUNTY NO</p> <p>STATE SIGNATURE INSERT S</p> <p>DATE ISSUED 092093</p> <p>CO SIGNATURE Charles E. Soper</p> <p>EXP. DATE 9/19/94</p> <p>NORTH GRID 451000 EAST GRID 1101000</p>	
<p><b>B 2</b> WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500</p> <p><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>	<p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1 Well</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>1100</p> <p>650</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p>N Check, if you get a chance approve a location on this one</p> <p>Thank Larry</p> <p>Seawage</p> <p>Mechanics Valley Rd</p>	
<p>APPROXIMATE DEPTH OF WELL 300 FEET</p> <p>APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH</p> <p><b>METHOD OF DRILLING (circle one)</b></p> <p>BORED (or Augered) JETTED Jetted &amp; DRIVEN</p> <p>AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)</p> <p>CABLE Reverse-ROTARY DRIVE-POINT</p> <p>other</p>	<p><b>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)</p> <p>Not to be filled in by driller (OEP USE ONLY)</p> <p>APPROX. PERMIT NUMBER</p> <p>FORCE PERMIT No. 08-93-0091</p>	
<p>SPECIAL CONDITIONS</p>		

<b>C1</b>	<b>1383</b>	SEQUENCE NO. (DENY USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)				
ST/CO USE ONLY DATE Received <b>OCT 23 1993</b>		DATE WELL COMPLETED <b>1011193</b>	Depth of Well <b>300</b> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>CA-93-0091</b>
OWNER <b>Paulis Donald</b>		TOWN <b>North East, Md. 21901</b>		
STREET OR RFD <b>665 Mechanics Valley Rd.</b>		SECTION _____ LOT _____		
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	TYPE OF GROUTING MATERIAL CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>		
Clay	0 7	NO. OF BAGS <b>15</b> NO. OF POUNDS <b>1720</b>		
Sand	7 35	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>47</b> ft.		
Granite	35 38	<b>CASING RECORD</b>		
Sand	38 41	casing types insert appropriate code below <b>ST</b> <b>CO</b> <b>PL</b> <b>OT</b> STEEL CONCRETE PLASTIC OTHER		
Granite	41 300	MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>47</b>		
		OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____		
		<b>SCREEN RECORD</b>		
		screen type or open hole insert appropriate code below <b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER		
		<b>C2</b>		
		DEPTH (nearest ft.) <b>HO</b> <b>47</b> <b>300</b>		
		SLOT SIZE 1 _____ 2 _____ 3 _____		
		Diameter of Screen _____ (NEAREST INCH) from _____ to _____		
		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT <b>F</b> IN BOX <b>68</b>		
		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) _____ W.G. _____ 70 _____ 72 _____ 74 75 76 _____		
		TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____		
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL				
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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. <b>38</b> <b>Barry A. Brown</b> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <b>Barry A. Brown</b> SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)				
		<b>C3</b>		
		PUMPING TEST		
		HOURS PUMPED (nearest hour) <b>3</b>		
		PUMPING RATE (gal per min. to nearest gal.) <b>50</b>		
		METHOD USED TO MEASURE PUMPING RATE <b>Air</b>		
		WATER LEVEL (distance from land surface)		
		BEFORE PUMPING <b>60</b>		
		WHEN PUMPING <b>72</b>		
		TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible		
		<b>PUMP INSTALLED</b>		
		DRILLER WILL INSTALL PUMP (YES or NO) YES <b>NO</b>		
		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) <b>+</b> above } LAND SURFACE _____ (nearest foot) <b>-</b> below }		
		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)		

ORIGINAL

B 1 <b>03706</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) 410-287-2592 <b>10/5/93</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>CE-93-0137</b> <small>fill in this form completely</small>
Date Received (APA) <b>410-287-2592</b> OWNER INFORMATION <b>MOLLIN RICHARD</b> <b>68 Falls Rd</b> <b>North East</b> Md 21901		B 3 LOCATION OF WELL County <b>Cecil</b> Standby-Interim Subdivision <b>Indian Falls</b> SECTION <b>1</b> LOT <b>1</b> NEAREST TOWN <b>North East</b> MILES FROM TOWN (enter 0 if in town) <b>7.5</b> MI	
DRILLER INFORMATION <b>LARRY A. BROWN</b> License No. <b>38</b> <b>Brown Bros. Drilling</b> <b>497 Kink's Mill Rd, Nottingham, PA 19362</b> <b>Larry A. Brown</b> 10-13-93		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>Falls Rd.</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>50</b> FT or MI ENTER FT or MI <b>FT</b>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME _____ COUNTY NO _____ STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <b>10/19/93</b> <b>Charles E. Simpson</b> 10/18/94 NORTH GRID <b>652000</b> EAST GRID <b>1101000</b>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN AIR-ROTARY <input type="checkbox"/> <b>AIR-PERCUSION</b> <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>1100</b> N <b>650</b>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ FORCE _____ WRITE INITIALS IN BOX PERMIT NO <b>CE-93-0137</b>		SPECIAL CONDITIONS	

ORIGINAL

**C1** **0929** SEQUENCE NO. (DENY USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE** COUNTY **Interim - Standby**

ST/CO USE ONLY DATE Received **11/10/93** DATE WELL COMPLETED **11/10/93** Depth of Well **220** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE-93-0137**

OWNER **Mullin Richard** last name **Falls Rd.** first name **TOWN North East md. 21901**

STREET OR RFD **INDIAN FALLS** SECTION **LOT 1**

**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	
clay	0	3	
Shale	3	12	
Granite	12	220	

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

TYPE OF GROUTING MATERIAL  
CEMENT **(CM)** BENTONITE CLAY **(BC)**

NO. OF BAGS **12** NO. OF POUNDS **840**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **40** ft.

**CASING RECORD**  
casing types insert appropriate code below

**(ST) CO**  
STEEL CONCRETE  
**PL OT**  
PLASTIC OTHER

MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below

**(ST) BR (HO)**  
STEEL BRASS OPEN  
BRONZE HOLE  
**PL OT**  
PLASTIC OTHER

**C2**

EACH CASING	DEPTH (nearest ft.)		
	1	2	3
1	<b>40</b>	<b>220</b>	
2			
3			

CIRCLE APPROPRIATE LETTER  
**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 26.04.04 "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. **38**  
**Berry Brown**  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Berry Brown**  
SITE SUPERVISOR (sign of driller or journeyman responsible for stakework if different from permittee)

SLOT SIZE 1. 2. 3.  
DIAMETER OF SCREEN (NEAREST INCH) **4**  
from to

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.)  WO   
74 75 76

TELESCOPE CASING  LOG INDICATOR  OTHER DATA

**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **50**

METHOD USED TO MEASURE PUMPING RATE **Air**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **40**

WHEN PUMPING **52**

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 (CIRCLE) (YES or NO) **(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:

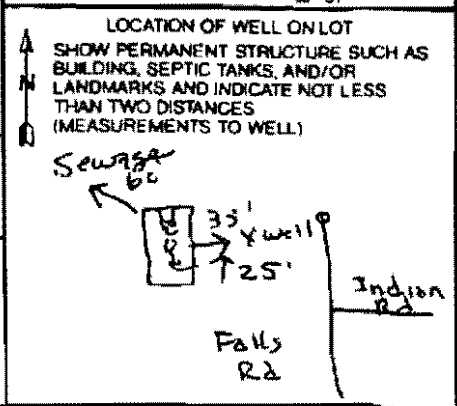
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)  
**(+)** above **(-)** below

LAND SURFACE (nearest foot)



ORIGINAL

**B 1** 08835 SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
CB-94-0008  
fill in this form completely

**B 2** DATE RECEIVED (APA) 04/21/94

**OWNER INFORMATION**

EDWARDS RANDY  
505 MECHANICS VALLEY  
NORTH EAST MD 21901

**B 3** LOCATION OF WELL

1. COUNTY 21  
2. SUBDIVISION 42  
SECTION 44-45 LOT 48-50  
NORTH EAST  
52 NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 1 MI

**DRILLER INFORMATION**

CHARLES HAMILTON JR  
JONES & HAMILTON  
115 W. PARADISE RD. HOBBS 71278-1638  
Signature: Charles H. Hamilton Date: 4/20/94

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

MECHANICS VALLEY RD.  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 75 37 DISTANCE FROM ROAD ENTER FT or MI 57 58 59

**WELL INFORMATION**

APPROX PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil  
COUNTY NAME COUNTY NO  
STATE SIGNATURE INSERT S  
DATE ISSUED 04/25/94  
CO SIGNATURE Charles E. Smyer EXP. DATE 4/25/95  
NORTH GRID 649000 EAST GRID 110000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

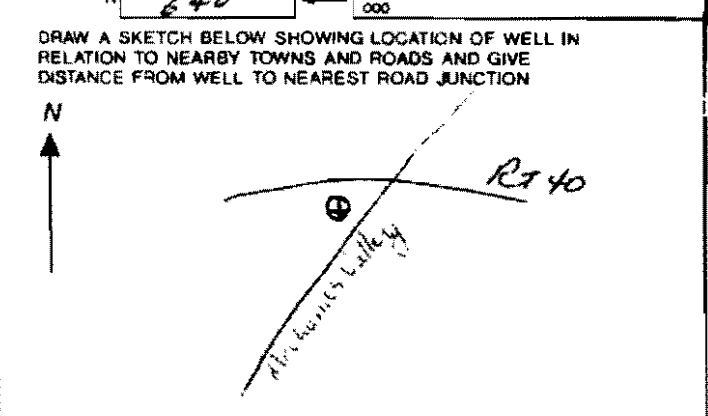
WRITE THE BOX NUMBER FROM THE MAP HERE

E 1100  
N 640

**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) \_\_\_\_\_



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

APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_

FORCE \_\_\_\_\_ PERMIT No. CB-94-0008

SPECIAL CONDITIONS

<b>C1</b>	<b>4981</b>	SEQUENCE NO (DENY USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED
<small>1 2 3</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER <b>Replacement</b>

ST/CO USE ONLY DATE RECEIVED <small>1 2 3 4 5 6 7 8 9 10 11 12</small>	DATE WELL COMPLETED <b>0510394</b> <small>15 20</small>	Depth of Well <b>147</b> <small>20 25 30</small> (TO NEAREST FOOT)	PERMIT NO FROM "PERMIT TO DRILL WELL" <b>CE-94-0008</b> <small>28 29 30 31 32 33 34 35 36 37</small>
OWNER <b>Edwards Randy</b> <small>last name first name</small>		TOWN <b>NORTH EAST MD. 21901</b>	
STREET OR RFD <b>SAS MECHANICS VALLEY RD.</b>		SECTION <b>1</b> LOT <b>1</b>	

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	
	FROM	TO
Brown Clay + Coarse Gravel	0	10
Yellow Clay	10	26
Soft Green Weathered Rock	26	38
Hard Green + Gray Granite	38	147 ✓

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
<input checked="" type="checkbox"/> YES <b>Y</b> <small>43</small>	<input type="checkbox"/> NO <b>N</b> <small>44</small>
TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> <b>CM</b> BENTONITE CLAY <input type="checkbox"/> <b>BC</b>	
NO. OF BAGS <b>11</b> NO. OF POUNDS <b>1034</b>	GALLONS OF WATER <b>66</b>
DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>40</b> ft. <small>38 TOP 42 BOTTOM 58</small> (enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
<input type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <input type="checkbox"/> <b>PL</b>	Nominal diameter top (main) casing (nearest inch) <b>6</b>
	Total depth of main casing (nearest foot) <b>40</b>
OTHER CASING (if used) diameter inch from to	
screen type or open hole insert appropriate code below	
<input type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE

SCREEN RECORD	
screen type or open hole insert appropriate code below	
<input type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
DEPTH (nearest ft.) 1 <b>40</b> 2 <b>40</b> 3 <b>147</b>	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN _____ (NEAREST INCH)	

PUMPING TEST	
HOURS PUMPED (nearest hour) <b>3</b>	
PUMPING RATE (gal. per min. to nearest gal.) <b>1.5</b>	
METHOD USED TO MEASURE PUMPING RATE <b>BUCKET + WATCH</b>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING <b>1.5</b>	
WHEN PUMPING <b>6.5</b>	
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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: <input type="checkbox"/>	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____	
PUMP HORSE POWER _____	
PUMP COLUMN LENGTH (nearest ft.) _____	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	<input type="checkbox"/> - below
LAND SURFACE <b>1</b> (nearest foot)	

CIRCLE APPROPRIATE LETTER

**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 26.04.04 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 **112**

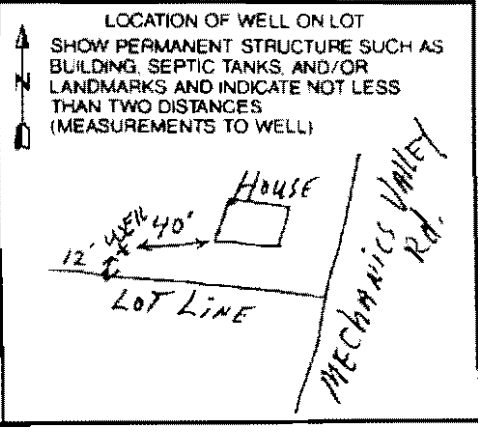
*Charles H. Hamilton Jr.*

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**

TELESCOPE CASING  LOG INDICATOR  OTHER DATA





**B 1** **Q1611** SEQUENCE NO. (OF USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**CE-94-0403**  
 Fill in this form completely

Date Received (APA) **07/22/94**  
 OWNER INFORMATION **287-2924**  
 15 Last Name **Moore** Owner First Name **Jim**  
 35 Street or RFD **1872 W Pulaski Hwy**  
 55 Town **ELKTON** 70 State **MD** 75

**B 3** LOCATION OF WELL  
 8 COUNTY **Cecil** 21 **B9522**  
 30 SUBDIVISION  
 SECTION **44** 45 **48** 50  
 59 NEAREST TOWN **North East** 71  
 MILES FROM TOWN (enter 0 if in town) **2** 75 **MI** 76 77 78

DRILLER INFORMATION **MSD**  
 Driller's Name **Robert DiFilippo** 77 License No. **079**  
 Firm Name **Cecil County Well Drilling**  
 Address **236 Johnstown Rd. Elkton Md.**  
 Signature **Robert D. Filippo** Date **7-22-94**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **RT 40 W**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 **200** 37 DISTANCE FROM ROAD  
 ENTER FT or MI **FT**

**B 2** WELL INFORMATION  
 1 APPROX PUMPING RATE (GAL. PER MIN) **8**  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **400**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Cecil  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE **Ch. C. E. S...** INBERT 3  
 DATE ISSUED **10/10/94** EXP DATE  
 NORTH GRID **649000** EAST GRID **1102000**

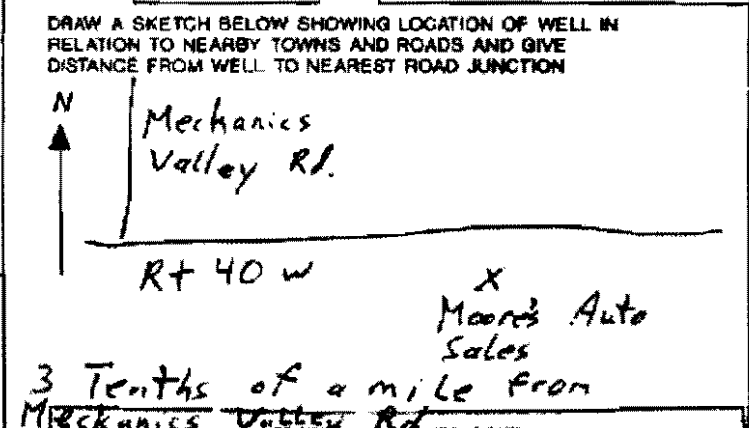
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) **JETTED** Jetted & **DRIVEN**  
 30 AIR-ROTARY **AIR-PERCUSSION** ROTARY (Hydraulic Rotary)  
 37 CABLE **Reverse-ROTARY** OR **WIRE-POINT**  
 other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **well water**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **1100**  
 N **650**

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 (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **CE94GAP046**  
 FORCE **CE** WRITE INITIALS IN BOX PERMIT No **CE-94-0403**

SPECIAL CONDITIONS

This permit is available...  
 ORIGINAL

<b>C1</b> 7411	SEQUENCE NO. (IDENY USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <b>Interim Repl B9522</b>	
ST/CO USE ONLY DATE Received	DATE WELL COMPLETED	Depth of Well (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	112394	142	CE-94-0403
OWNER <u>Maere</u> last name		TOWN <u>ELKton</u>	
STREET OR RFD <u>1872 W. Pulaski Hwy</u>		SECTION _____ LOT _____	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL	
FEET FROM TO		CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>	
brown dirt 1 16		NO. OF BAGS <u>3</u> NO. OF POUNDS <u>752</u>	
brown sand and gravel 17 23		GALLONS OF WATER <u>48</u>	
brown clay 24 31		DEPTH OF GROUT SEAL (to nearest foot)	
gray rock 32 120		from 0 ft to 42 ft	
gray + light brown rock 121 142 ✓		Casing types insert appropriate code below	
Saturated fracture at 130 ft		STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>	
		MAIN CASING TYPE	
		Nominal diameter top (main) casing (nearest inch) 6	
		Total depth of main casing (nearest foot) 42	
		OTHER CASING (if used)	
		diameter inch depth (feet) from to	
		screen type or open hole	
		STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> BRONZE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OPEN HOLE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED		<b>C2</b>	
WELL HYDROFRACTURED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH (nearest ft)	
CIRCLE APPROPRIATE LETTER		HOLE 42 142	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SCREEN	
E ELECTRIC LOG OBTAINED		SLOT SIZE	
<input checked="" type="checkbox"/> TEST WELL CONVERTED TO PRODUCTION WELL		DIAMETER OF SCREEN (NEAREST INCH)	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <input type="checkbox"/>	
DRILLERS IDENT NO. <u>079</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE <u>Robert D. Filger</u>		T (EROS) <input type="checkbox"/> W O (74 76 78) <input type="checkbox"/>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA	
		<b>C3</b>	
		PUMPING TEST	
		HOURS PUMPED (nearest hour) 6	
		PUMPING RATE (gal per min. to nearest gal.) 5	
		METHOD USED TO MEASURE PUMPING RATE <u>Air bucket + watch</u>	
		WATER LEVEL (distance from land surface)	
		BEFORE PUMPING 23	
		WHEN PUMPING 142	
		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 <input checked="" type="checkbox"/> 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 1 (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)	
		X Foundation	
		Town Sewage	
		75 ft from foundation	
		40 ft from side property line	

B 1 07440

SEQUENCE NO (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

CE-94-0593

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

Date Received (APA) 02/19/95

OWNER INFORMATION 287-2040

Owner: Traurig Charles, 1900 Pulaski Hwy, North East, Md 21901

B 3 LOCATION OF WELL

Cecil County, North East, 2 miles from town

DRILLER INFORMATION: Robert Di Filippo, Cecil County Well Drilling, 236 Johnston Rd, Elkton Md.

Direction of well from town (East), near Rt 40 W, distance from road 75 ft.

WELL INFORMATION: APPROX. PUMPING RATE 6 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 800 GAL PER DAY

HEALTH DEPARTMENT APPROVAL: Cecil County, State Signature, Date Issued 3/2/96

- USE FOR WATER: HOME (D), FARMING (F), INDUSTRIAL (I), PUBLIC (P), TEST OBSERVATION (T)

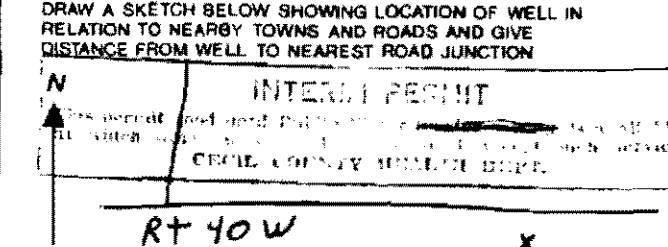
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING: AIR-PERCUSSION

REPLACEMENT OR DEEPEMED WELLS: YES (Y)

SOURCES OF DRILLING WATER: well water



APPROP. PERMIT NUMBER GAP, FORCE PERMIT No. CE-94-0593

SPECIAL CONDITIONS

1610

SEQUENCE NO. (GEN. USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER Repl. Interim

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 03/08/75

Depth of Well 143 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" DE-94-0593

OWNER Tidbury Charles STREET OR RFD 1900 Pulaski Hwy TOWN North East SUBDIVISION SECTION LOT

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

Table with columns: DESCRIPTION (Type), FEET (FROM, TO), and Check if water bearing. Rows include brown dirt clay, gravel + brown clay, gray rock, and gray + brown rock.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. 130 Ft

WELL HYDROFRACTURED YES (Y) NO (N)

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

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 079 Robert D. Flippo DRILLERS SIGNATURE

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 752

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (J) (S)

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (J) (S)

DEPTH (nearest ft) H O 43 143

SLOT SIZE DIAMETER OF SCREEN GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (EROS) W O TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 20

METHOD USED TO MEASURE PUMPING RATE Air bucket + stopwatch

WATER LEVEL (distance from land surface) BEFORE PUMPING 22 WHEN PUMPING 143

TYPE OF PUMP USED (for test) (A) Air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (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

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)

Foundation x Rt 40 30 ft from foundation 50 ft from Rel. Rt 40

00 # 4/11/96 # 107889-MSK EMERGENCY/TEMP NO. IF ANY

**B 1** SEQUENCE NO (MDE USE ONLY) **15138** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **CE-94-1281**

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

**B 2** OWNER INFORMATION

Date Received (APA) **04/11/96**

**SCHUBALGELLO ANTONMY** (Last Name, Owner, First Name)

**21 ELKTON RD.** (Street or RFD)

**NEWARK DE 19711** (Town, State, Zip)

**B 3** DRILLER INFORMATION

**Michael Brown** (Driller's Name) **355** (License No. 80)

**Michael Brown Well Drilling Service** (Firm Name)

**912 Frank St. Joppa, 21085** (Address)

**4-9-94** (Date)

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.) **10**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **1000**

**B 2** USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. **CIRCLE MOTEL**

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 **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

**B 2** METHOD OF DRILLING (circle one)

BORED (or Augered)  JETTED  Jetted & DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (Hydraulic Rotary)

CABLE  REVERSE-ROTARY  DRIVE-POINT

other \_\_\_\_\_

**B 2** 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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **CE97GAP019**

FORCE   WRITE INITIALS IN BOX PERMIT NO. **CE-94-1281**

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF APPLICABLE

**B 3** LOCATION OF WELL

**CECIL** COUNTY **Repl. PNC Circle Motel**

**CIRCLE MO+EL** SUBDIVISION

SECTION   LOT

**NORTH EAST** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**1923 W. Potosi Hwy** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST  EAST  SOUTH

DISTANCE FROM ROAD **50** ENTER FT OR MI **FT**

TAX MAP: **25** BLK: **23** PARCEL **347**

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

**Cecil** COUNTY NAME COUNTY NO. \_\_\_\_\_

STATE SIGNATURE \_\_\_\_\_ INSERT 3

DATE ISSUED **051496** **Charles E. Szymanski** CO SIGNATURE EXP. DATE **5/13/97**

NORTH GRID **649000** EAST GRID **1102000**

**B 4** SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

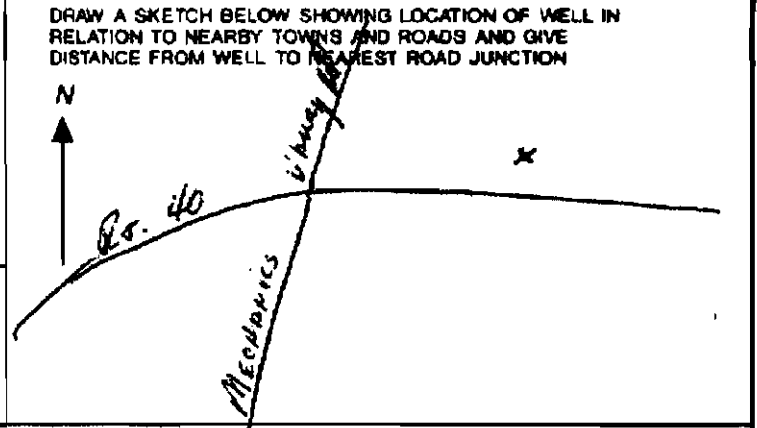
1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

**1100** **1040**



410-838-6990

C 1 4816

SEQUENCE NO (MODE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-8 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER Repl. PNC Circle Note

ST/CO USE ONLY DATE RECEIVED JUN 12 1986

DATE WELL COMPLETED 6/22/86

Depth of Well 162

PERMIT NO FROM PERMIT TO DRILL WELL

CE-94-1281

OWNER ST. FRANCIS ST. FRANCIS TOWN New York Ave. 19711

WELL LOG

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check of water bearing. Includes entries for Brown Sand, Red Clay, etc.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED Y N

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

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 25.04.04

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 333

(Sign of driller or journeymen if different from permittee)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO OF BAGS 19 NO. OF POUNDS 2726 GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD casing type insert appropriate code below ST CO PL OT

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT # IN BOX 58

MODE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 150

METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)

BEFORE PUMPING 15

WHEN PUMPING 90

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

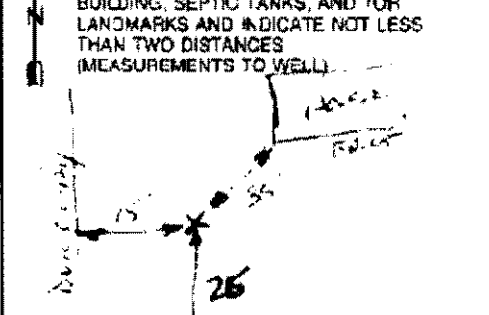
CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT



100-20-111948 12594-1ASK

EMERGENCY/TEMP NO. IF ANY

**B 1** SEQUENCE NO (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER  
 1 2 3 4 5 **CE - 94 - 2940**  
 please type **fill in this form completely**

287-8494

**OWNER INFORMATION**  
 Date Received (APA) **11-19-98**  
 8 MM DO YY 13  
 15 Last Name **HARRISON** Owner First Name **John** 34  
 36 Street or RFD **665 MECHANICS VALLEY RD.** 55  
 57 Town **NORTH EAST** Md. 21901 72 Zip 78

**DRILLER INFORMATION**  
 76 License No. **MLD 047** 81  
 Firm Name **GURVIS JONES WELL DRILLING INC.**  
 Address **1220 PROSPECT MILL RD. BELAIR, MD. 21015**  
 Signature **Gurvis Jones** Date **11-16-98**

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

APPROXIMATE DEPTH OF WELL **150** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)  
 37 CABLE REVERSE-ROTARY DRIVE-POINT  
 other

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL **HOOKED TO HOUSE HEAT PUMP**  
 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 CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER **GAP**  
 PERMIT No **CE - 94 - 2940**

**SPECIAL CONDITIONS**

**LOCATION OF WELL**  
 COUNTY **CECIL**  
 SUBDIVISION  
 SECTION **NORTH EAST** LOT  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **3425** FT.  
 TAX MAP **25** BLK: **17** PARCEL **201**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Cecil** COUNTY NO  
 STATE SIGNATURE INSERT S  
 DATE ISSUED **12-04-98** EXP DATE **12-03-99**  
 CO SIGNATURE **June Hill**  
 NORTH GRID **652** EAST GRID **1101**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **WELL WATER**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **1100**  
 N **650**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**THIS HOUSE IS USING WELL ON ADJACENT PROPERTY IS REASON FOR NEW WELL.**  
**MECHANICS VALLEY RD.**  
**RT-40**



C1 1 2 3 4 5 6

SEQUENCE NO. (MODE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED

COUNTY NUMBER New

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE 94 - 2940

OWNER HARRISON JOHN STREET OR RFD 665 MECHANICS VALLEY RD. TOWN NORTH EAST SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include: BROWN SANDY CLAY, SAND + GRAVEL, BOULDERS + WEATHERED ROCK, HARD GRAY GRANITE.

GROUTING RECORD form with fields: WELLS GROUDED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

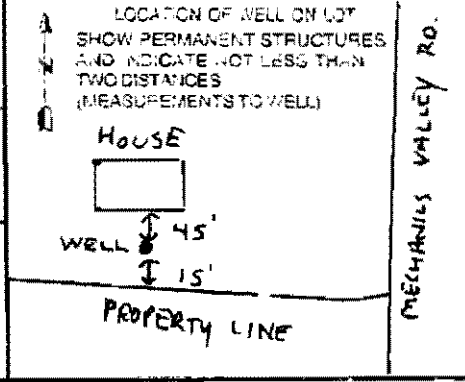
CASING RECORD form with fields: MAIN CASING TYPE (PL), Nominal diameter, Total depth, OTHER CASING (if used).

SCREEN RECORD form with fields: screen type or open hole, SLOT SIZE, DIAMETER OF SCREEN.

DEPTH (nearest ft.) table with columns 1-31 and rows for casing sections.

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE (BUCKET), WATER LEVEL, TYPE OF PUMP USED (SUBMERSIBLE).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH...

DRILLERS LIC. NO. 1 MKD 047, DRILLERS SIGNATURE, LIC. NO. 1 MS 037, SITE SUPERVISOR SIGNATURE.

GRAVEL PACK, MODE USE ONLY (TELESCOPE CASING, LOG INDICATOR, OTHER DATA).

10980.12/1/78 116-00 - 117K

EMERGENCY/TEMP NO. IF ANY

B 1	9238	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER  CE- 94 - 2970 <small>fill in this form completely</small>
Date Received (APA) 12-1-78		OWNER INFORMATION		
SMITH RANDY + RUBIN		408 BAYVIEW AVS. CHARLESTOWN, MD. 21914		
DRILLER INFORMATION		LOCATION OF WELL		
ROBERT K. MUNYAN MWD 510		CECIL		
WALTON CORPORATION		COUNTY 21 F5334		
20. BOX 1097, NEWARK, DE 19715		SECTION 44 46 LOT 48 50		
Signature: Robert K. Munyan		NORTH EAST		
APPROX. PUMPING RATE: 5 GAL. PER MIN.		MILES FROM TOWN (enter 0 if in town) 5 MI.		
AVERAGE DAILY QUANTITY NEEDED: 1000 GAL. PER DAY		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		556 MECHANICS VALLEY RD.		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		34 20 37		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DISTANCE FROM ROAD FT		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		ENTER FT OR MI 38 39		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		TAX MAP 25 BLK. 23 PARCEL 397		
<input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROXIMATE DEPTH OF WELL: 200 FEET		Cecil		
APPROXIMATE DIAMETER OF WELL: 6 INCH		COUNTY NAME COUNTY NO		
METHOD OF DRILLING (Circle one)		STATE SIGNATURE INSERT S →		
<input checked="" type="checkbox"/> JETTED		DATE ISSUED 12-15-98 June Hill 12-14-99		
<input type="checkbox"/> BORED (or Augered)		43 MM DD YY 49 CO SIGNATURE EXP. DATE		
<input type="checkbox"/> AIR-ROTARY		NORTH GRID 650 000 EAST GRID 1101 000		
<input type="checkbox"/> AIR-PERCUSSION		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
<input type="checkbox"/> CABLE		SOURCES OF DRILLING WATER		
<input type="checkbox"/> OTHER		1. DRILLED WELL		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		2.		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		3.		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		E 1100		
<input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL		N 650		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION:		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		BLDG PERMIT F-5334		
APPROP. PERMIT NUMBER 54 _____ G A P _____ 63				
PERMIT No. CE- 94 - 2970				
SPECIAL CONDITIONS				

C1 102

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER P5334

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE 94 2970

OWNER SMITH STREET OR RD 400 Bayview Ave TOWN CHARLESTOWN

SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Tan-Silt Sand-Gravel, (M) Gr Green RK, (M) Gr to Green RK w/ fractures, and HARD Gr Green RK.

GROUTING RECORD form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A, E, P

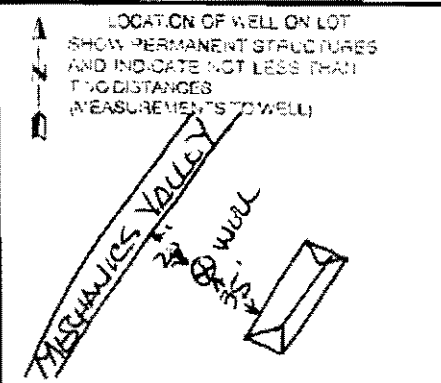
OPERARY CERTIFY THAT THIS WELL WAS PROPERLY CONTROLLED...

DRILLERS LIC. NO. MWD 510, DRILLER'S SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) table with columns 1-10 and rows A-C.

TELESCOPE CASING, LOG INDICATOR, OTHER DATA fields.



SEQUENCE NO (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER  
 APPLICATION FOR PERMIT TO DRILL WELL please type CE-94-3354  
 fill in this form completely

OWNER INFORMATION  
 Date Received (APA) 06-21-99  
 Gibson FRANCIS  
 PO Box 460  
 North East Md 21901

LOCATION OF WELL  
 Cecil County Royal Farm Store  
 SUBDIVISION #96  
 SECTION 44 46 LOT 48 50 P5589  
 NEAREST TOWN NORTH EAST  
 MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION  
 David Kelly MW0304  
 Jones Well Drilling Inc  
 3700 Rush Rd Jarrettsville 21084  
 David Kelly 5-11-99

500 Mechanics Valley Rd  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 APPROX 150 DISTANCE FROM ROAD  
 ENTER FT OR MI  
 TAX MAP 25 BLK 23 PARCEL 207

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL PER MIN) 4  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WASHING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

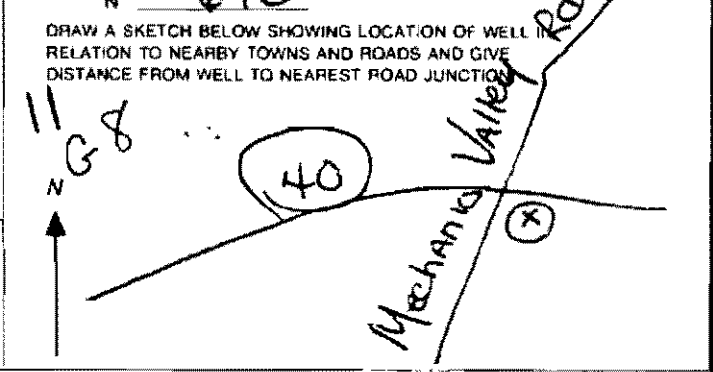
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Cecil  
 COUNTY NAME COUNTY NO  
 STATE SIGNATURE INSERT S 41  
 DATE ISSUED 06-21-99  
 CO SIGNATURE Jane Hill 06-20-2000  
 NORTH GRID 649 000 EAST GRID 1100 000

APPROXIMATE DEPTH OF WELL 300 FEET  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 1100 000  
 N 640 000

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PE 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D 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 (MDE OR COUNTY USE ONLY)  
 APPROP PERMIT NUMBER CE 99 GAP 012  
 PERMIT No. CE-94-3354

SPECIAL CONDITIONS

021

SEQUENCE NO. (MDE USE ONLY)

# STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER **P5589**

DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
6 24 99

DEPTH OF WELL  
22 350 26  
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
CE 94 3354

OWNER Gibson Francis  
STREET OR RFD \_\_\_\_\_ TOWN \_\_\_\_\_  
SUBDIVISION 500 Mechanics Valley Rd. 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	
soft brown dirt	0	10	
red clay	10	15	
brown clay	15	21	
tan clay	21	26	
gravel/sand	26	31	
sand	31	60	X
med hard gray rock	60	63	
hard gray rock	63	74	
med hard gray rock	74	82	
med hard gray rock	82	83	X
hard gray rock	83	123	
med hard gray rock	123	125	X
hard gray rock	125	146	
med hard gray rock	146	148	X
hard gray rock	148	209	
med hard gray rock	209	214	
hard gray rock	214	217	
hard gray rock	217	350	X

**GROUTING RECORD**  YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY

NO. OF BAGS 2600 NO. OF POUNDS 2600

GALLONS OF WATER 156

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP ft. to 59 BOTTOM ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 63

**OTHER CASING (if used)**

EACH CASING diameter depth (feet)  
inch from to

**SCREEN RECORD**

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OTHER  
 PL PLASTIC  OT OTHER

**DEPTH (nearest ft.)**

E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
C 3  
R 38 39 41 45 47 51  
E  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
56 from 60 to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10 00

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 ft.  
WHEN PUMPING 114 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO)  YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

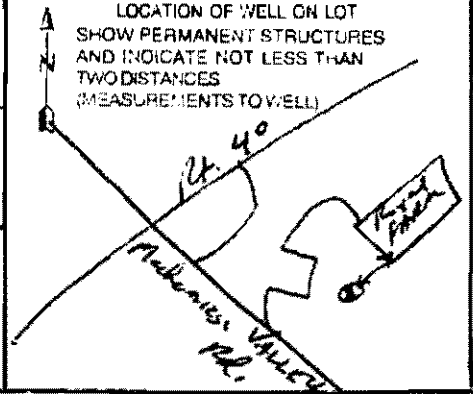
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. S

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7

PUMP HORSE POWER 75

PUMP COLUMN LENGTH (nearest ft.) 330

CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } 1 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

CIRCLE APPROPRIATE LETTER

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 26.04.04 "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

DRILLER'S LIC. NO. MWD 304  
David Kelly  
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. D

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

B 1	8212	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER CE - 94 - 3466 <small>70 All in this form completely 78</small>
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Date Received (APA) 07-29-99 410-620-5747  
8 MO CO TY 13  
 OWNER INFORMATION  
 Last Name McCoy Owner Jack First Name Jack 15 34  
 Street or RFD H Deborah Ct. Apt. 5 36 55  
 Town Elkton State md Zip 21921 57 70 72 76

DRILLER INFORMATION  
 Driller's Name LARRY A. BROWN License No. MW0038 78 81  
 Firm Name Brown Bros Drilling  
 Address 497 Kirkm. U Rd, Nottingham, PA. 19362  
 Signature Larry A. Brown Date 7-26-99 79 80

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 10 9 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH 30 32

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN   
30 AIR-ROTARY  AIR-REPERCUSSION  ROTARY (Hydraulic Rotary)   
37 CABLE  REVERSE-ROTARY  DRIVE-POINT   
 other \_\_\_\_\_

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  
39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP PERMIT NUMBER 54 GAP \_\_\_\_\_ 63  
 PERMIT No. CE - 94 - 3466 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
81 82 83 84 85 86 87 88 89

LOCATION OF WELL  
 COUNTY Cecil 8 21  
 SUBDIVISION John Harrison 23 42  
 SECTION \_\_\_\_\_ LOT 1 44 46 48 50  
 NEAREST TOWN North East 52 71  
 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD Mechanics Walk Rd 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD 200 34 37 38 39  
 ENTER FT OR MI ft  
 TAX MAP: 25 BLK: 17 PARCEL: 201

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Cecil COUNTY NO. \_\_\_\_\_  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
 DATE ISSUED 08/04/99 June Hill 08/03/2000  
43 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID 651 000 EAST GRID 1100 000  
50 55 57 58

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 1100  
 N 650

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

INTERIM PERMIT  
 This permit good until \_\_\_\_\_  
90 91 92 93 94 95 96 97 98 99

B 1 | 15065

SEQUENCE NO  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

CE - 94 - 4087

fill in this form completely

Date Received (APA) 302-454-0190-Jack  
OWNER INFORMATION O'Connell  
HARRISON JOHN  
501 Mechanics Valley Rd  
North East Md. 21901

B 3 | Cecil LOCATION OF WELL  
B COUNTY 21 F8613  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
North East  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 MI 73 75 77 78

DRILLER INFORMATION  
LARRY A. BROWN MWD 038  
Brown Bros Drilling  
497 Kicks Mill Rd, Nottingham, Pa. 19362  
Larry A. Brown 7-18-00

B 4 | 1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
Mechanics Valley Rd  
NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 300' 37  
DISTANCE FROM ROAD  
ENTER FOR MI 38 39  
TAX MAP: 25 BLK: 23 PARCEL 712

B 2 | WELL INFORMATION  
APPROX PUMPING RATE (GAL. PER MIN.) 10  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

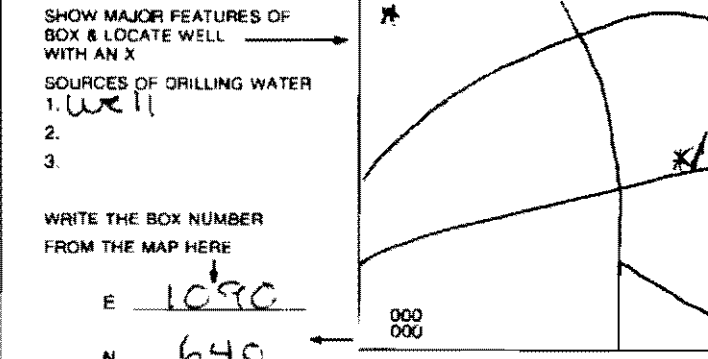
- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
  - F FARMING (LIVESTOCK WASHING & AGRICULTURAL IRRIGATION)
  - 22  I INDUSTRIAL, COMMERCIAL, DEWATERING Warehouse
  - P PUBLIC WATER SUPPLY WELL
  - T TEST, OBSERVATION, MONITORING
  - G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
Cecil  
COUNTY NAME COUNTY NO  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 08-18-00 08-17-01  
CO SIGNATURE EXP. DATE  
NORTH GRID 50 249 000 EAST GRID 57 1090 000

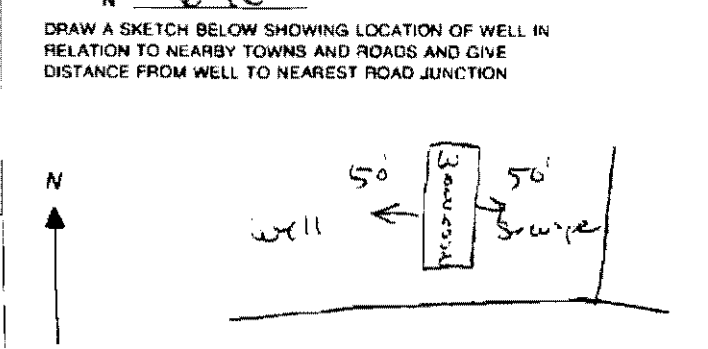
APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)  
37 CABLE REVERSE-ROTARY DRIVE-POINT  
other

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  
39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP PERMIT NUMBER CE 94 4087  
PERMIT No 94 4087



SPECIAL CONDITIONS  
NOTE: APPROVING AUTHORITY REQUIRED FOR STANDBY WELLS



C1 03370

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER F8613

ST/CO USE ONLY DATE RECEIVED SEP 22 2000

DATE WELL COMPLETED 08 31 00

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE 94 4087

OWNER HARRISON JOHN STREET OR RD 501 Mechanics Valley Rd TOWN North East, Md 21901

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Gravel, Clay, Granite, and Water Bearing Zones.

GRROUTING RECORD, CASING RECORD, SCREEN RECORD sections with checkboxes and codes for materials and casing types.

PUMPING TEST section with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES/NO, CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

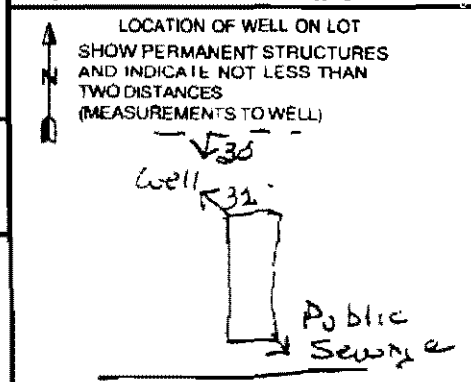
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. MUD038, NAME: Larry A. Brown, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with rows for casing and screen depths.

GRVEL PACK IF WELL DRILLED HAS FLOWING WELL, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



SEQUENCE NO. (PLEASE USE ONLY) **8614** STATE OF MARYLAND STATE PERMIT NUMBER  
**APPLICATION FOR PERMIT TO DRILL WELL** CE - 94 - 5550  
 please type fill in this form completely

Date Received (APA) **7-17-02**  
 OWNER INFORMATION  
 Last Name **COMESYS** Owner **ROBERT** First Name  
 Street or RFD **575 DEANS BANK RD**  
 Town **NORTHEAST** State **MD** Zip **21901**

LOCATION OF WELL  
 COUNTY **Cecil** COUNTY NO. **89176**  
 SUBDIVISION  
 SECTION **44** LOT **48**  
 NEAREST TOWN **NORTHEAST**  
 MILES FROM TOWN (enter 0 if in town) **1/4**

DRILLER INFORMATION  
 Driller's Name **MAX WALTON** License No. **M WD 278**  
 Firm Name **WALTON CORP.**  
 Address **Po Box 1097, Newark DE 19704**  
 Signature **Max Walton** Date **7-11-02**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **65 FT**  
 TAX MAP **31** Bk **5** PARCEL **1226**

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL PER MIN) **6**  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **1000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

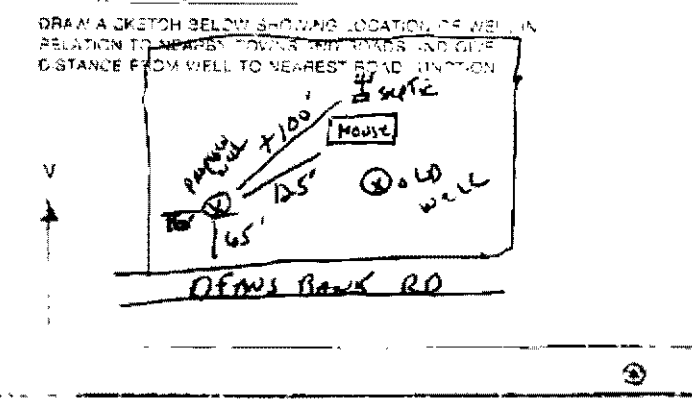
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Cecil**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE **Charles E. Smyer** INSET S  
 DATE ISSUED **7/23/02** EXP. DATE **7/22/03**  
 NORTH GRID **647 000** EAST GRID **1108 000**

APPROXIMATE DEPTH OF WELL **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **Drilled well**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
**E 1100**  
**N 640**

METHOD OF DRILLING (circle one)  
 BORED or Augered **JETTED** Jetted & DRIVEN  
 AIR-ROTOR AIR-PERCUSSION ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTOR Drive POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THE WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLY-ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **CE-81-3005**

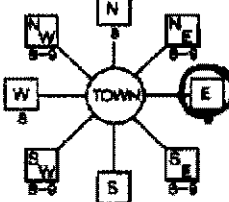
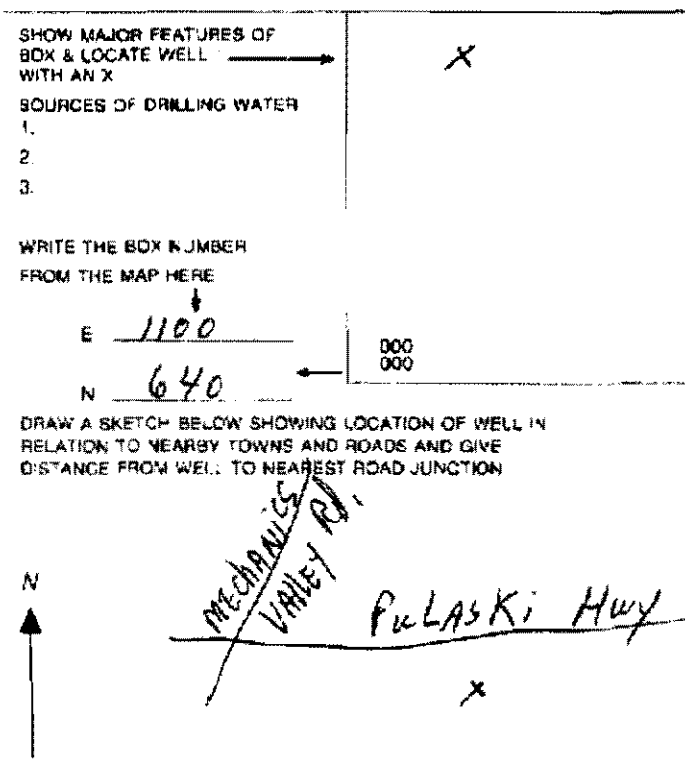


Not to be filled in by driller (STATE OR COUNTY USE ONLY)  
 SPECIAL CONDITIONS

<b>C1</b> 7608	SEQUENCE NO (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)	DATE RECEIVED MAY 15 1972	DATE WELL COMPLETED MAY 20 1972	DEPTH OF WELL 480 (TO NEAREST FOOT)
OWNER <u>Comeays Robert</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" CB - 94 - 5550	
STREET OR RFD <u>575 Deans Bank Rd</u>		COUNTY NUMBER <u>B9176</u>	
SUBDIVISION _____		SECTION _____ TOWN <u>North East</u> LOT _____	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>
Hard Brown SILT	0 10		NO. OF BAGS <u>16</u> NO. OF POUNDS <u>504</u>
Silty Sand w/ layers of clay	10 60		GALLONS OF WATER <u>80</u>
Weathered Rock	60 70		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP h. to <u>-80</u> BOTTOM 38"
Hard Gray Rock	70 480		(enter 0 if from surface)
		<b>CASING RECORD</b>	
		casing types insert appropriate code below	
		<b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER	
		MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <u>6"</u> Total depth of main casing (nearest foot) <u>-80</u>	
		OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____	
		<b>SCREEN RECORD</b>	
		screen type of open hole insert appropriate code below	
		<b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C2</b> DEPTH (nearest ft.)	
WELL HYDROFRACTURED <b>Y</b> <b>N</b>		E <u>70</u> -50' -480'	
CIRCLE APPROPRIATE LETTER		A 8 9 11 15 17 21	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		H 23 24 26 30 32 36	
E ELECTRIC LOG OBTAINED		S _____	
P TEST WELL CONVERTED TO PRODUCTION WELL		C 3 _____	
I HEREBY CERTIFY THAT THIS WELL WAS BEEN CONSTRUCTED IN ACCORDANCE WITH REQUIREMENTS OF 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		R 38 39 41 45 47 51	
DRILLERS LIC. NO. <u>MWD278</u>		E _____	
<u>Max Rutledge</u> DRILLERS SIGNATURE		N _____	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.C.S.)		DIA. OF SCREEN _____ (NEAREST INCH)	
LIC. NO. <u>D</u>		from _____ to _____	
SITE SUPERVISOR (sign. of either of journeyman responsible for sitework if different from permittee)		GRAVEL BACK FILL DRILLED WAS FLOWING WELL INSERT P.F. BOX # _____	
		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.C.S.)	
		TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____	
		<b>C3</b> PUMPING TEST	
		HOURS PUMPED (nearest hour) <u>6</u>	
		PUMPING RATE (gal. per min.) <u>2</u>	
		METHOD USED TO MEASURE PUMPING RATE <u>Bucket + watch</u>	
		WATER LEVEL (distance from land surface)	
		BEFORE PUMPING <u>45</u> ft.	
		WHEN PUMPING <u>400</u> ft.	
		TYPE OF PUMP USED (for test)	
		<b>A</b> AIR <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible	
		<b>PUMP INSTALLED</b>	
		DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b>	
		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u>	
		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
		PUMP HORSE POWER 37 41	
		PUMP COLUMN LENGTH (nearest ft.) 43 47	
		CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above LAND SURFACE <b>-</b> below <u>17</u> (nearest foot)	
		LOCATION OF WELL ON LOT	
		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, ETC. LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	

9/17/02 #152610 DAL

410-287-8663

<b>B 1</b> 3688 SEQUENCE NO (MDE USE ONLY)		STATE OF MARYLAND <b>G-2252</b> APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER <b>CE - 94 - 5817</b> <small>fill in this form completely</small>	
<b>B 2</b> 9-17-02 Date Received (APA)			<b>B 3</b> CECIL LOCATION OF WELL <b>G2252</b>		
<b>OWNER INFORMATION</b> 15 <u>AC AUTO SALES</u> Last Name Owner First Name 34 36 <u>1903 W. PULASKI HWY</u> Street or RFD 55 <u>ELKTON, MD. 21921</u> Town 70 State 72 Zip 75			8 COUNTY _____ 21 23 SUBDIVISION _____ 42 SECTION <u>24</u> <u>46</u> LOT <u>48</u> <u>50</u> <u>NORTH EAST</u> 52 NEAREST TOWN _____ 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> 73 N 1 76 77 78		
<b>DRILLER INFORMATION</b> Driller's Name <u>GURVIS JONES</u> MW D 047 License No. 81 Firm Name <u>GURVIS JONES WELL DRILLING, INC.</u> Address <u>1220 PROSPECT MILL RD. BELAIR, MD. 21015</u> Signature <u>Gurvis Jones</u> Date <u>9-16-02</u>			<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>1856 W. PULASKI HWY</u> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>25</u> BLK <u>23</u> PARCEL <u>260</u>		
<b>B 2</b> WELL INFORMATION APPROX PUMPING RATE (GAL. PER MIN) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Cecil</b> COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>10/23/02</u> <u>Charles E. S...</u> 10/22/03 CO SIGNATURE EXP. DATE NORTH GRID <u>648 000</u> EAST GRID <u>1103 000</u> 50 55 57 63		
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input checked="" type="checkbox"/> INDUSTRIAL COMMERCIAL DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL			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 E <u>1100</u> 000 N <u>640</u> 000 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 <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH			<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTARY AIR PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other: _____		
<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ 52			Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>CE 20020629</b> PERMIT No. <b>CE - 94 - 5817</b>		
SPECIAL CONDITIONS					

C1 7570

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER G2252

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

ST/CD USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" CB - 94 - 5817

DATE RECEIVED NOV 6 1982

NOV 11 19 82

22 250 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER A.C. AUTO SALES STREET OR RFD 1903 W. PULASKI HWY TOWN ELKTON, Md. 21921 SUBDIVISION 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, FEET (FROM, TO), check if water bearing. Rows include: Light Brown Sand (0-18), White Sandy Clay (18-35), Red Clay (35-55), Soft Green Rock (55-65), Hard Green & Gray Granite (65-250) with note 'WATER BEARING AT 206 FT & 245 FT.'

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO OF BAGS 13 NO OF POUNDS 250 GALLONS OF WATER 312 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 70

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70

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

SCREEN RECORD screen type or open hole (S) (B) (H) (P) (L) (O) (T)

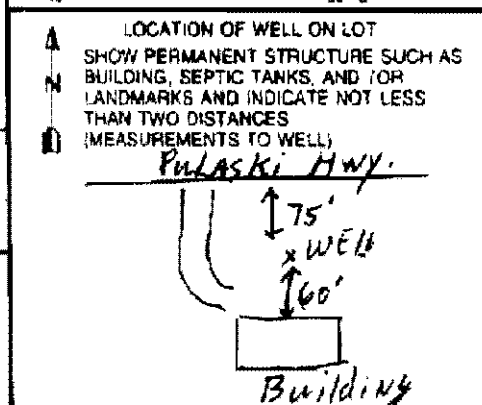
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 50 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) YES

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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 26.04 OF 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 LIC. NO. MW0047 DRILLERS SIGNATURE MUST MATCH SIGNATURE ON APPLICATION LIC. NO. D

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

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N. Rows show casing depths: 70, 250, 21, 23, 24, 26, 30, 32, 30, 35, 39, 41, 45, 47, 51

GRAVEL PACK? WAS FLOWING WELL? INSERT # IN BOX 38

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 7 U5UB

NOT FOR USE ONLY

APPLICATION FOR PERMIT TO DRILL WELL

CE - 94 - 6569

fill in this form completely

Date Received (APA) Tom Dye 410-937-5519 B 3  
10-22-03 OWNER INFORMATION

LOCATION OF WELL  
COUNTY Cecil 21  
G4477 21

RAYMAR LLC

SECTION 46 LOT 50

221 E. Main St.

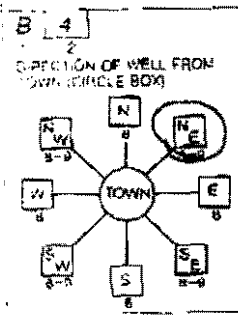
NEAREST TOWN North East 71

Rising Sun, Md 21911

MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

LARRY A. BROWN MUD038

Brown Bros. Drilling



Mechanics Valley Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 50 ENTER FT OR MI 38 39

TAX MAP 25 BLK 23 PARCEL 707

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

APPROX. PUMPING RATE (GAL PER MIN) 10

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 1000

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- A DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
  - B FARMING, LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
  - C INDUSTRIAL, COMMERCIAL DEWATERING
  - D RECREATION, SWIMMING WELL
  - E TEST OBSERVATION, MONITORING
  - F GEOTHERMAL

Cecil COUNTY NAME COUNTY NO. \_\_\_\_\_

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

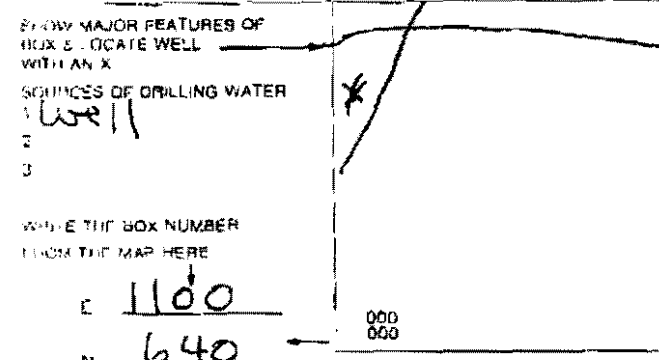
DATE ISSUED 10/29/03 CO SIGNATURE Ch. C. S. S. EXP DATE 10/28/04

NORTH GRID 647 000 EAST GRID 1100 000

APPROXIMATE DEPTH OF WELL 300

APPROXIMATE DIAMETER OF WELL 6"

METHOD OF DRILLING (circle one)  
 ROTARY (includes auger)  
 OTHER

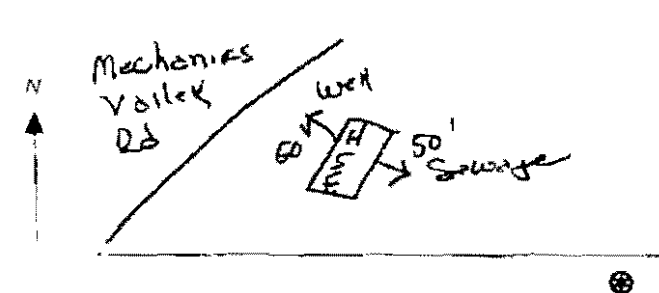


- REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- 1 THE WELL WILL NOT REPLACE AN EXISTING WELL
  - 2 THE WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND REPAID
  - 3 THE WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND REPAID APPROVING AUTHORITY FOR POLY OR STANDED WELLS
  - 4 THE WELL WILL DEEPEN AN EXISTING WELL
- IDENTIFY NUMBER OF WELL TO BE REPLACED OR DEEPENED (if applicable)

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

APPROX. PERMIT NUMBER G

CERTIFICATE NO. CE 94 6569



WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

COUNTY NUMBER 64477

THIS NUMBER IS TO BE PUNCHED IN CODES 3-6 ON ALL CASINGS

ST/CO USE ONLY  
DATE RECEIVED  
JAN 19 2014

DATE WELL COMPLETED  
12 17 03

Depth of Well  
400  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
CE 94 6569

OWNER RAY MAR L.L.C.  
STREET OR RFD 227 E Main St  
SUBDIVISION SECTION TOWN Rising Sun md 21911

WELL LOG  
Not required for driven wells

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

DESCRIPTION (use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Clay	0	10	
Sand & Gravel	10	30	
Clay	30	58	
Granite	58	400	

Water Bearing Zones  
113 - 275  
392

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO OF BAGS 6 NO OF POUNDS 360  
GALLONS OF WATER 120  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 to 60 ft.  
(enter 0 if from surface)

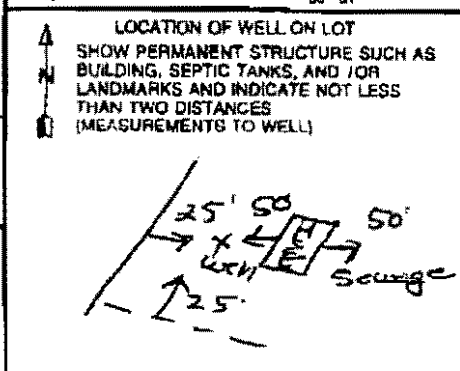
CASING RECORD  
casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 60

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

SCREEN RECORD  
Screen type of open hole  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 5  
METHOD USED TO MEASURE PUMPING RATE Air  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 25 ft.  
WHEN PUMPING 250 ft.  
TYPE OF PUMP USED (for test)  
 A jet  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

PUMP INSTALLED  
DRILLER INSTALLED PUMP (YES or NO) YES  NO   
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below }



NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED  
YES  NO

CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRO LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL

DRILLER'S LIC NO. MWD 038  
M. Brown

DRILLER'S SIGNATURE  
M. Brown

DRILLER'S SIGNATURE  
M. Brown

DEPTH (nearest ft.)  
1 40 60 400  
2  
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GRAVEL PACK  
IF WELL DRILLED WAS FLOWING WELL  
INCHES IN DIA. 48

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (FROM) W O  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	38 5	SEQUENCE NO (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER CE - 95 - 0551 <small>70 Fill in this form completely 79</small>
Date Received (APA) 8-31-04		OWNER INFORMATION		
MOORE HAZEL		CECIL		
578 MECHANICS VALLEY Rd		B0261		
NORTH EAST Md 21901		NORTH EAST		
DRILLER INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
GURVIS JONES MWD 047		578 MECHANICS VALLEY Rd		
GURVIS JONES WELL DRILLING INC		NEAR WHAT ROAD		
1220 PROSPECT MILL Rd. BEL AIR MD 21015		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
Gurvis Jones 8-30-04		DISTANCE FROM ROAD 120		
WELL INFORMATION		TAX MAP 25 BLK 23 PARCEL 540		
APPROX. PUMPING RATE 5		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
AVERAGE DAILY QUANTITY NEEDED 500		Cecil		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		COUNTY NAME COUNTY NO		
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		STATE SIGNATURE INSERT S →		
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		DATE ISSUED 9/9/04		
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING		CO SIGNATURE Charles E. Smyer 9/8/05		
<input type="radio"/> PUBLIC WATER SUPPLY WELL		NORTH GRID 640 000 EAST GRID 1100 000		
<input type="radio"/> TEST, OBSERVATION, MONITORING		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
<input type="radio"/> GEO-THERMAL		SOURCES OF DRILLING WATER		
APPROXIMATE DEPTH OF WELL 300 FEET		WRITE THE BOX NUMBER FROM THE MAP HERE		
APPROXIMATE DIAMETER OF WELL 6 INCH		E 1100		
METHOD OF DRILLING (circle one)		N 640		
<input checked="" type="radio"/> JETTED		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input type="radio"/> AIR-ROTARY		MECHANICS VALLEY Rd. X		
<input type="radio"/> AIR-PERCUSSION		U.S. RT. 40		
<input type="radio"/> ROTARY (Hydraulic Rotary)				
<input type="radio"/> CABLE				
<input type="radio"/> DRIVE-POINT				
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER				
PERMIT No CE - 95 - 0551				
SPECIAL CONDITIONS				

710-501-0271

SEQUENCE NO. (MDE USE ONLY) **09937**  
 DATE RECEIVED **NOV 13 1995**  
 DATE WELL COMPLETED **09 15 94**  
 DEPTH OF WELL **250** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE 95 0551**

OWNER **MOORE HAZEL**  
 STREET OR RFD **578 WESCHLAW VALLEY RD** TOWN **LEATH BRN, MD 21901**  
 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	
Light Brown sandy clay	0	18	
RED CLAY	18	35	
SOFT GREEN (WEATHERED) ROCK	35	46	
HARD GRAY GRANITE	46	250	
WATER BEARING AT 155 FT. + 230 FT.			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one) **CM** **BIC**  
 CEMENT **CM** BENTONITE CLAY **BIC**  
 NO. OF BAGS **16** NO. OF POUNDS **1504**  
 GALLONS OF WATER **76**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** TOP ft. to **50** BOTTOM ft. (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **50**

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

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

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min.) **16**  
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **45** ft.  
 WHEN PUMPING **165** ft.  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 WELL HYDROFRACTURED **Y** **N**

**C 2**  
 DEPTH (nearest ft.)  
**40** **50** **250**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21									
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51

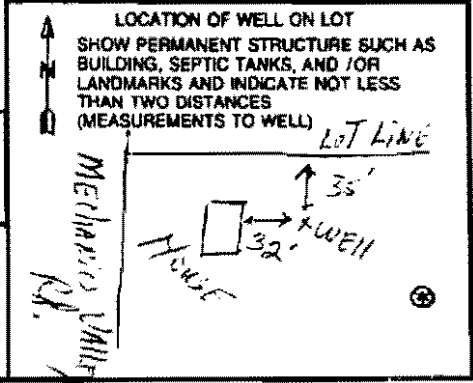
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH) \_\_\_\_\_  
 from \_\_\_\_\_ to \_\_\_\_\_

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,I,P,R,S,T,O) IN BOX 29. **29**  
 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 (nearest foot) **-** below **1**

CIRCLE APPROPRIATE LETTER  
**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 26.04.04 "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 LIC. NO. **MW DQ 47**  
 DRILLERS SIGNATURE \_\_\_\_\_  
 LIC. NO. **D**

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 28 \_\_\_\_\_  
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) **T** **W O**  
 TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_



STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER  
**CE - 95 - 1146**  
fill in this form completely

**B 1** 1740  
SEQUENCE NO (MDE USE ONLY)

**B 3** LOCATION OF WELL  
COUNTY **CECIL** E9503  
SUBDIVISION **M.S. 2679**  
SECTION **44** LOT **2**  
NEAREST TOWN **NORTH EAST**  
MILES FROM TOWN (enter 0 if in town) **1**

**B 2** WELL INFORMATION  
APPROX PUMPING RATE (GAL PER MIN) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **1,000**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD **2235 W. Pulaski Hwy**  
DISTANCE FROM ROAD **100 FT**  
TAX MAP **25** BLK. **22** PARCEL **774**

**OWNER INFORMATION**  
Date Received (APA) **8/24/05**  
Last Name **NARVEL** First Name **CHARLES**  
Street or RFD **2235 W. Pulaski Hwy**  
Town **NORTH EAST** State **MD** Zip **21901**

**DRILLER INFORMATION**  
Driller's Name **CURVIS JONES** License No **MW DC47**  
Firm Name **CURVIS JONES WELL DRILLING INC.**  
Address **1220 PROSPECT Mill Rd. BEL AIR, MD. 21015**  
Signature **[Signature]** Date **8-2-05**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL DEWATERING **GARDEN CENTER**  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 Cecil  
 COUNTY NAME COUNTY I/D  
 STATE SIGNATURE **Charles E. Smyser** INSERT S →  
 DATE ISSUED **8/24/05** EXP. DATE **8/23/06**  
 NORTH GRID **679 000** EAST GRID **1098 000**

APPROXIMATE DEPTH OF WELL **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH 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 DEEPENED 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 CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) **CE - 94 - 4639**

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER **CE 20016008**  
 PERMIT No **CE - 95 - 1146**

**SPECIAL CONDITIONS**

**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  
**E - 1090**  
**N - 640**  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
**INTERIM PERMIT**

410 257-5227

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

COUNTY NUMBER **F9503**

DATE WELL COMPLETED **08 25 05** DEPTH OF WELL **460**

STANDARD USE ONLY DATE **OCT 24 2005**

PERMIT NO. FROM PERMIT TO DRILL WELL **CE - 95 - 1146**

OWNER **NARVEL CHARLES**  
STREET OR RFD **2235 W. PULASKI HWY** TOWN **NORTH EAST MD. 21901**  
SUBDIVISION **MS. 2679** SECTION **1** LOT **2**

**WELL LOG**  
Not required for test 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	
SAND + GRAVEL FILL DIRT	0	6	
Light BROWN SAND CLAY	6	15	
FRACTURED GREEN ROCK	15	25	
SOFT BROWN WEATHERED SAND ROCK	25	42	
HARD GRAY GRANITE WATER BEARING AT 105 FT., 245 FT., & 430 FT.	42	460	✓

**GROUT LOG RECORD**  
Has been grouted (if appropriate)  Y  N

TYPE OF CEMENTING MATERIAL (circle one)  
CEMENT  BEN TONITE CLAY  B C

NO. OF BAGS **18** NO. OF POUNDS **7692**  
GALLONS OF WATER **108**  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** TOP 52 ft. to **45** BOTTOM 58 ft.  
(Enter 0 if from surface)

**CASING RECORD**  
Casing types insert appropriate code below

ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **45**  
60 61 62 64 66 70

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE  
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER  
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL

**C 2** DEPTH (nearest ft.)

45	460
0 9 11 15 17 21	
23 24 26 30 32 36	
36 39 41 45 47 51	

DRILLERS LIC. NO. **MW 0047**  
DRILLERS SIGNATURE *[Signature]*  
MUST MATCH SIGNATURE ON APPLICATION

LIC NO. **D**

DIAMETER OF SCREEN (NEAREST INCH)  
from **0** to **0**

TRAVEL MADE BY DRILLER  
HAS FLOWING WELL  
HAS IT IN BOX 52

MODE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** PUMPING TEST

HOURS PUMPED (nearest hour) **4**

PUMPING RATE (gal. per min.) **6**

METHOD USED TO MEASURE PUMPING RATE **BUCKET**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **10** ft.  
WHEN PUMPING **400** ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

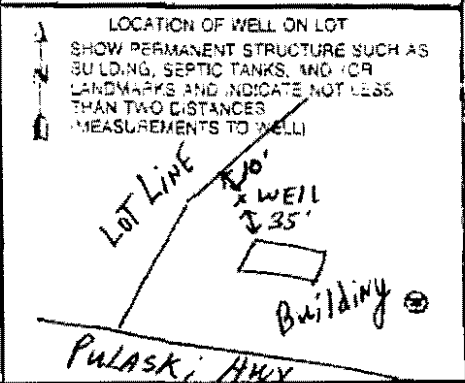
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CRILING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE  
 - below } (nearest foot)



10# 187372 #160.00 (12)

EMERGENCY/TEMP NO IF ANY

B 1	<b>8959</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <small>please type</small>	STATE PERMIT NUMBER <b>CE - 95 - 1611</b> <small>70 thru in this form completely 79</small>
Date Received (ADA) <b>5/30/06</b> 8 MM 00 YY 13		OWNER INFORMATION		
15 Last Name <b>Town &amp; Life Center</b>		21 First Name <b>Cecil</b>		
36 Street or RFD <b>1574 <del>St</del> 1924 Pulaski Hwy.</b>		23 SUBDIVISION <b>PNC file</b>		
57 Town <b>NORTH EAST MD</b>		42 NEAREST TOWN <b>NORTH EAST</b>		
70 State 79 Zip 76 <b>219012</b>		MILES FROM TOWN (enter 0 if in town) <b>1</b> M I 73 76 77 78		
DRILLER INFORMATION		B 3 LOCATION OF WELL		
Driller's Name <b>MAP WILTON</b>		1 COUNTY <b>Cecil</b>		
75 License No. 81 <b>MWD 278</b>		21 PNC file		
Firm Name <b>WILTON Corp</b>		23 SUBDIVISION <b>Just United Pent. CH of N.E.</b>		
Signature <i>[Signature]</i>		SECTION 44 46 LOT 48 50		
Date <b>5/19/06</b>		62 NEAREST TOWN <b>NORTH EAST</b>		
B 2 WELL INFORMATION		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
APPROX. PUMPING RATE (GAL. PER MIN.) <b>6</b>				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>1000</b>				
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		11 NEAR WHAT ROAD <b>1574 St Pulaski Hwy</b> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 200 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <b>25</b> BLK: <b>23</b> PARCEL <b>122</b>		
APPROXIMATE DEPTH OF WELL <b>300</b> FEET		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROXIMATE DIAMETER OF WELL <b>6</b> INCH		COUNTY NAME <b>Cecil</b>		
METHOD OF DRILLING (circle one)		STATE SIGNATURE <b>Charles E. Sings</b>		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> Reverse-ROTARY <input type="checkbox"/> Drive-POINT other _____		DATE ISSUED <b>5/30/06</b>		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		CO SIGNATURE <b>Charles E. Sings</b>		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL		EXP DATE <b>5/29/07</b>		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 <b>CE-73-2474</b>		NORTH GRID <b>648 000</b>		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		EAST GRID <b>1103 000</b>		
APPROP PERMIT NUMBER <b>CE19720003</b>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
PERMIT No. <b>CE - 95 - 1611</b>		SOURCES OF DRILLING WATER 1. <b>Shallow well</b>		
SPECIAL CONDITIONS		WRITE THE BOX NUMBER FROM THE MAP HERE <b>E 1100</b> <b>N 640</b>		
MDE APPROVAL AUTHORITY & DATE (MDE USE ONLY) (IF NEEDED)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		

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

SEQUENCE NO. (MDE USE ONLY)  
**5525**

COUNTY **PNC file**  
 NUMBER **First United Pent. CH**

DATE RECEIVED  
**JUL 21 2009**

DATE WELL COMPLETED  
**5 8 06**

DEPTH OF WELL  
**240**  
 (TO NEAREST FOOT)

OWNER **TRUTH AND LIFE CENTER**  
 STREET OR RD **1924 PULASKI HWY** TOWN **NORTH EAST**  
 SUBDIVISION **1924** SECTION **1924** LOT **1924**

**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	
Clayey Brown silt	0	10	
Medium yellow sand with grey clay stringers	10	40	
Brown & Grey weathered mica schist	40	45	
Grey mica schist	45	218	
Fractured with water	218	240	

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

TYPE OF GROUTING MATERIAL (Circle one)  
 CM CEMENT  BC BENTONITE CLAY

NO. OF BAGS **16** NO. OF POUNDS **1504**  
 GALLONS OF WATER **80**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 3' TOP to 60' BOTTOM

**CASING RECORD**  
 casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> BZ BRONZE	<input type="checkbox"/> OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: \_\_\_\_\_  
 WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER  
**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 DOMESTIC WELL COMPLETION RULES 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.

DRILLER'S U.C. NO. **MWD 218**  
 DRILLER'S SIGNATURE  
 MUST MATCH SIGNATURE ON APPLICATION  
 LIC. NO. **D**

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

**DEPTH (nearest ft.)**  
**60 60 240**

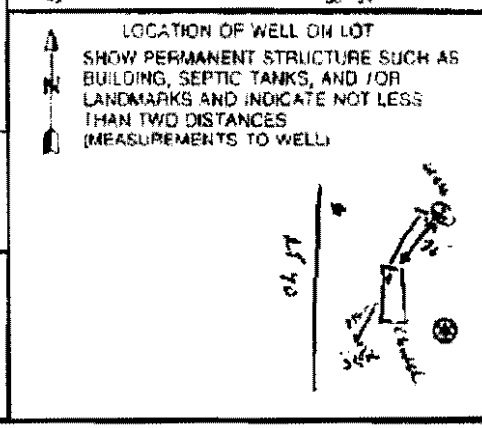
T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
A	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
C	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
G	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87
R	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109
F	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131
E	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153
N	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175

SHAPEL FACE IF WELL CALLED UP FLOWING WELL INSERT IN BOX OR \_\_\_\_\_

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

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min.) **40**  
 METHOD USED TO MEASURE PUMPING RATE **SWITCH CONTROLLED**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **35** ft.  
 WHEN PUMPING **200** ft.  
 TYPE OF PUMP USED (for test):  
 A centrifugal  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. \_\_\_\_\_  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE **1** (nearest foot)  
 - below }



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

RECEIVED

JUL 03 2006

ENVIRONMENTAL HEALTH  
CECIL COUNTY HEALTH DEPT

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/26/06 (month/day/year)

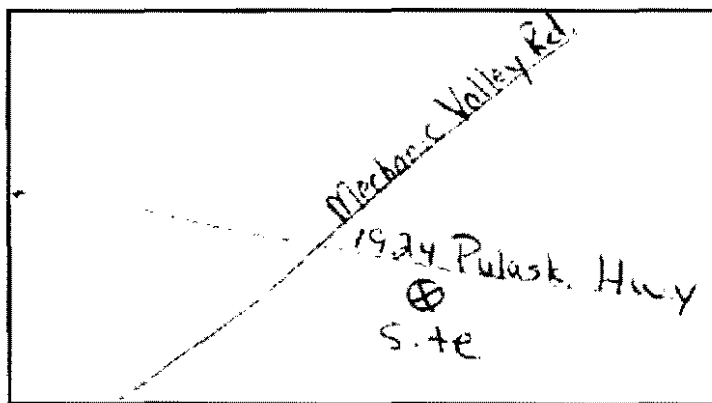
CE - 73 - 2494  
CE - 95 - 1111

- \* PERMIT NUMBER OF ABANDONED WELL (if any)
- \* PERMIT NUMBER OF REPLACEMENT WELL
- \* PERSON ABANDONING WELL: Paul Foley
- \* OWNER'S NAME: Truth & Life Center

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_  
CIRCLE: MWD/MSD/MGD

- \* WELL LOCATION:  
COUNTY: Cecil  
NEAREST TOWN: North East  
TAX MAP 25 BLOCK 23 PARCEL 129  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
NEAREST ROAD: Pulaski Hwy

SITE LOCATION MAP



- \* TYPE OF WELL BEING ABANDONED:  
 DRILLED      \_\_\_\_\_ JETTED  
\_\_\_\_\_ BORED/AUGERED      \_\_\_\_\_ HAND DUG  
\_\_\_\_\_ OTHER (specify) \_\_\_\_\_

- \* USE CODE:  
\_\_\_\_\_ DOMESTIC       MUNICIPAL/PUBLIC  
\_\_\_\_\_ IRRIGATION      \_\_\_\_\_ INDUSTRIAL  
\_\_\_\_\_ TEST/OBSERVATION      \_\_\_\_\_ GEOTHERMAL

- \* TYPE OF CASING:  
 STEEL      \_\_\_\_\_ PLASTIC  
\_\_\_\_\_ CONCRETE      \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 8/6 INCHES IN DIAMETER

DEPTH OF WELL: 190 FEET DEEP

WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO  
If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

DENV 828 JULY 1997

278  
LICENSE #

MWD/MSD/MGD  
CIRCLE ONE

6/27/06  
DATE

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement/ Benonite	0	75
Gravel Cement Benonite	75	190
VOLUME OF MATERIAL USED		
420 CU FT		