

SEQUENCE NO. WRA USE ONLY  
**1274**  
(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

WRA PERMIT NUMBER  
**H0-73-3774**  
fill in this form completely

DATE RECEIVED **12/24/80**  
12/31/80  
9:30 am  
OWNER INFORMATION  
LAST NAME **Kelly** OWNER FIRST NAME **Leslie**  
1406 Long Corner Rd.  
TOWN **mt. air** STATE **md.** ZIP **21111**

**B 3** LOCATION OF WELL  
COUNTY **Howard**  
SUBDIVISION  
SECTION **44** LOT **46**  
NEAREST TOWN **Long Corner**  
MILES FROM TOWN **0**

**B 1** CONTINUED DRILLER INFORMATION  
DRILLER'S NAME **George F. Pastorek** LICENSE NO. **40**  
SIGNATURE **George F. Pastorek** DATE **12/24/80**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD **Long Corner**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**  
DISTANCE FROM ROAD **100** FT

**B 2** WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **200**

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **750 4**  
N **540 8**

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 3/4** INCH

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
N  
well  
21' casing 1 1/2" dia gal  
18' open hole  
4 bag cement  
g/c 12/31/80

Method of Drilling (circle one)  
 BORED (OR AUGERED)  JETTED  JETTED & DRIVEN  
 AIR ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC)  
 CABLE  REVERSE ROTARY  DRIVE-POINT  ROTARY  
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 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)  
APPROX. PERMIT NUMBER **GAP**  
FORCE INITIALS IN BOX **AE NSGWQCLU**  
CONDITIONS **70 71 72 73 74 75 76 77 78 79**

**B 4** NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME **HOWARD** COUNTY NO.  
EHA SIGNATURE **Frank Skinner, Sanitarian** STATE HEALTH CIRCLE BOX **S**  
MO DAY YR **12 24 80** DATE **12/24/80**  
NORTH GRID **548** EAST GRID **6754** ELEV. (FT.)

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

C1 - 4844

SEQUENCE NO. (WRA 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 COLS. 3-6 ON ALL CARDS)

Date Received (WRA use only)

DATE WELL COMPLETED 12/31/80

Depth of Well

300 (TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-73-3774

OWNER Kelley last name

Lestic first name

STREET OR RFD 1406 Long Corner Road

TOWN Mt. Airy

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: TOP SOIL, SHALEY, BROWN SLATE, MICA, SHALEY, MICA, FLINT, MICA.

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 4 NO. OF POUNDS 400

GALLONS OF WATER 20

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft.

CASING RECORD

Case 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): 21

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

SCREEN RECORD

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

DEPTH (nearest ft.): 19, 300

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 2, PUMPING RATE 1, METHOD USED TO MEASURE PUMPING RATE BUCKET, WATER LEVEL 30, WHEN PUMPING 300, TYPE OF PUMP USED air

PUMP INSTALLED YES NO, DRILLER WILL INSTALL PUMP Y N, TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT above, LAND SURFACE 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). Includes handwritten notes: 251 WELL, LEFT LOTLINE, 150', LONG CORNER RD.

- CIRCLE APPROPRIATE BOX: [A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, [E] ELECTRIC LOG OBTAINED, [P] TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Emergency Well Inspt.

DATE REPORTED

12/24/80

PROPERTY OWNER

Leslie Kelley

P.O. ADDRESS

1406 Long Corner Rd.

TELEPHONE

DIRECTIONS TO PROPERTY

from Penn Shop Rd. 2nd house on right

"Mollineaux" is on mailbox

INFORMANT

George Easterday

12/24/80 T.C. & G. Easterday well permit # is HO-73-3774 F.S.

Checked up on site to left of house.

Spoke to Mr. Leslie Kelly - new well in area acceptable to Health Department. c.B.d.

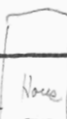
CONDITION FOUND

Neighbors  
HOUSE

50'±

New Well

20'±



Septic

Kelley's

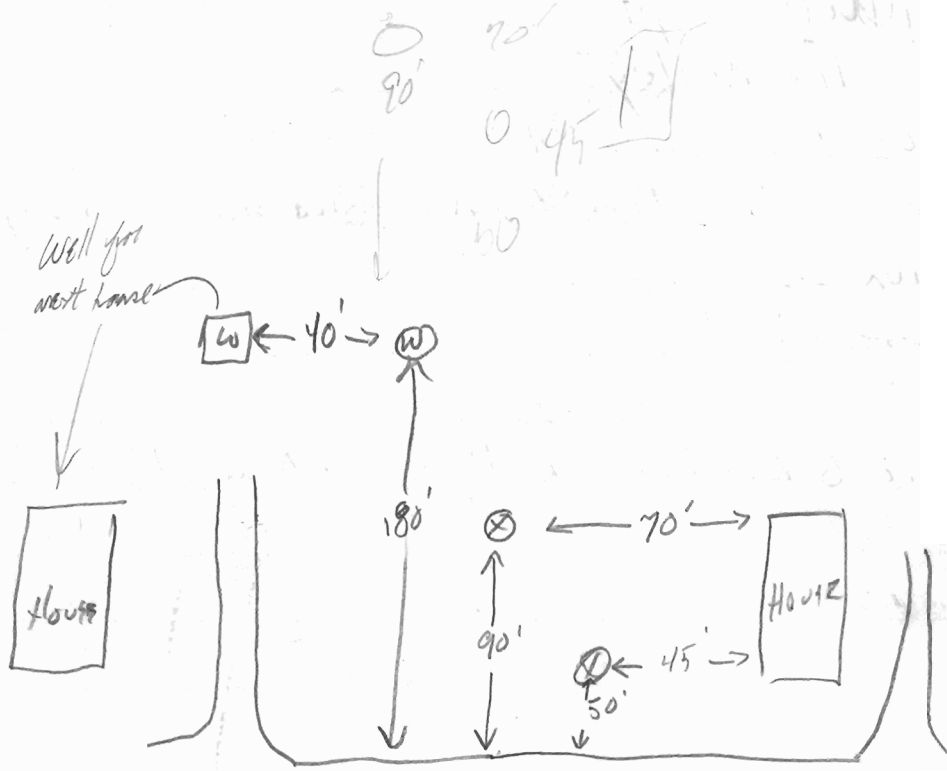
LONG CORNER RD

ACTION TAKEN

2 day holes drilled well moved to rear of lot  
all drawing on back. well grouted and approved  
SK 12/31/80

42646

FINAL DISPOSITION



⊗ Dry hole