



March 4, 2021

Lindley Campbell
Maryland Department of the Environment
Oil Control Program
1800 Washington Boulevard
Suite 620
Baltimore, MD 21230-1719

Re: **NOTICE OF NON-COMPLIANCE NNC-OCP-2021-007**
REQUEST FOR HALF-MILE WELL SURVEY
Case No. 2021-0202-CE
355 Telegraph Road, Rising Sun
Cecil County, Maryland
Facility I.D. No. 2823

Dear Ms. Campbell:

EnviroTrac Ltd. (EnviroTrac), on behalf of Sunoco LP (Sunoco), is pleased to present this updated half-mile potable well survey for the above referenced site.

On February 10, 2021, MDE issued a Non-Compliance NNC-OCP-2021-007 letter in response to elevated benzene and MTBE concentrations in two monitoring wells, MW-1 and MW-3, located at 355 Telegraph Road, Rising Sun, Maryland (Site). Results from annual sampling events conducted in August and November of 2020 exceeded the 5 parts per billion standard for benzene. Benzene concentrations in the monitoring well MW-3 were reported at 546 ppb and 315 ppb, respectively. Sampling results for MW-3 also exceeded the standard for methyl tertiary-butyl ether (MTBE). Based on the elevated benzene and MTBE concentrations, MDE requested that Sunoco implement enhanced monitoring of the monitoring well network and that a half-mile well survey be conducted at the Site.

On February 17, 2021, EnviroTrac submitted a freedom of information act (FOIA) request to the Cecil County Health Department requesting information pertaining to any potable wells within a half-mile radius of the Site. Ms. Angie Scramlin, Well and Zoonotic Disease Program Supervisor, responded via email on February 24, 2021, with 44 well permits and well completion reports Cecil County had on-file for the given radius. These sites were then cross-referenced with the municipal water data available on the Cecil County GIS website to determine which wells were potentially inactive or currently in use.



On March 2, 2021, EnviroTrac mobilized to the Site to verify the presence, or absence, of potable wells within the search radius. In addition to verifying the presence of the 42 wells documented by Cecil County, 13 parcels with residences were identified outside of the municipal water limits and within the ½ mile search radius. To ensure the thoroughness of this assessment, these residences are included as having undocumented wells. On March 3, 2021, EnviroTrac spoke via phone with Ms. Judy Melton, office manager and town clerk for the Town of Rising Sun, who verified the connection of public water to the residences located towards the south at Stone Run Drive and Maple Ridge Way (**Figure 3**).

Potable well total depths, casing intervals, and screen intervals were collected from the well completion reports provided by Cecil County's Health Department and compiled with geographic location and ownership data. The well permits and completion reports are available in **Appendix A** and the compiled data is provided as **Table 1**. The well locations were then plotted on **Figure 1**, a USGS Topographic Map, to determine their proximity to the Site and their respective risk for groundwater contamination. An aerial image depicting well locations is provided as **Figure 2** for additional reference. Overall, 42 documented potable wells were determined to be within ½ mile of the Site, with an additional 13 residences located outside of the municipal water range but lacking well information. An image illustrating the extent of the Town of Rising Sun's municipal water is attached as **Figure 3**.

Groundwater beneath the Site was determined to flow towards the southwest at a gradient of approximately 0.56% in 2020 and 0.24% in 2019. The 25 wells located on Telegraph Road (the Site well is excluded), Maple Heights Ln, and Stevens Road are located upgradient to the east or north of the Site. Ten wells on Pierce Road and one well on Knutsen Ln are located to the south and southeast of the Site, cross-gradient to the groundwater flow. The 13 unconfirmed potable wells located on Telegraph Road, Pierce Road, and Stevens Road were determined to be upgradient or cross gradient from the Site. Of the 42 potable wells and 13 undocumented potable wells, 49 are considered to be upgradient or cross gradient of the Site. The nearest cross gradient well is located on Pierce Road approximately 750 feet to the south-southeast of the Site.

The wells located at 133, 141, and 145 Pierce Road, along with the two wells located at 0 East Main Street, are the closest to being considered down gradient from the Site. The Pierce Road wells are located approximately 1,550 feet to the south-southwest, and the East Main Street wells are located approximately 1,850 feet to the west-southwest of the Site. The wells located at 0 East Main Street are the source of the municipal water for the Town of Rising Sun.

Given the direction and expected rate of groundwater flow, and the distance and geographic location of the potable wells, petroleum impact to down gradient wells is considered unlikely. However, EnviroTrac does recommend installing a sentry well southwest of MW-3 to facilitate monitoring of dissolved petroleum hydrocarbon concentrations in the downgradient direction. The proposed location of the fourth monitoring well is depicted along with the calculated groundwater gradient on **Figure 4**.

EnviroTrac and Sunoco appreciate MDE's time and attention to this project. Should you have any questions or would like to discuss this correspondence in greater detail, please call Eric Shertzer at (434) 202-7808 or email at erics@envirotrac.com.

Sincerely,

EnviroTrac Ltd



Eli Connell
Environmental Scientist



Eric Shertzer, P.G.
Regional Operations Manager

CC: Amanda Kistler (Sunoco)

Attachments:

Table 1 – Potable Wells – Half Mile Buffer Data

Figure 1 – Well Location Map

Figure 2 – Aerial Well Location Map

Figure 3 – Rising Sun Municipal Water Map

Figure 4 – Potentiometric Surface Map

Appendix A – Well Permits & Completion Reports

TABLE

**TABLE 1
POTABLE WELLS - HALF MILE BUFFER DATA**

**Sunoco Duns #0651-9128
355 Telegraph Road
Rising Sun, MD 21911
Facility ID No. 2823**

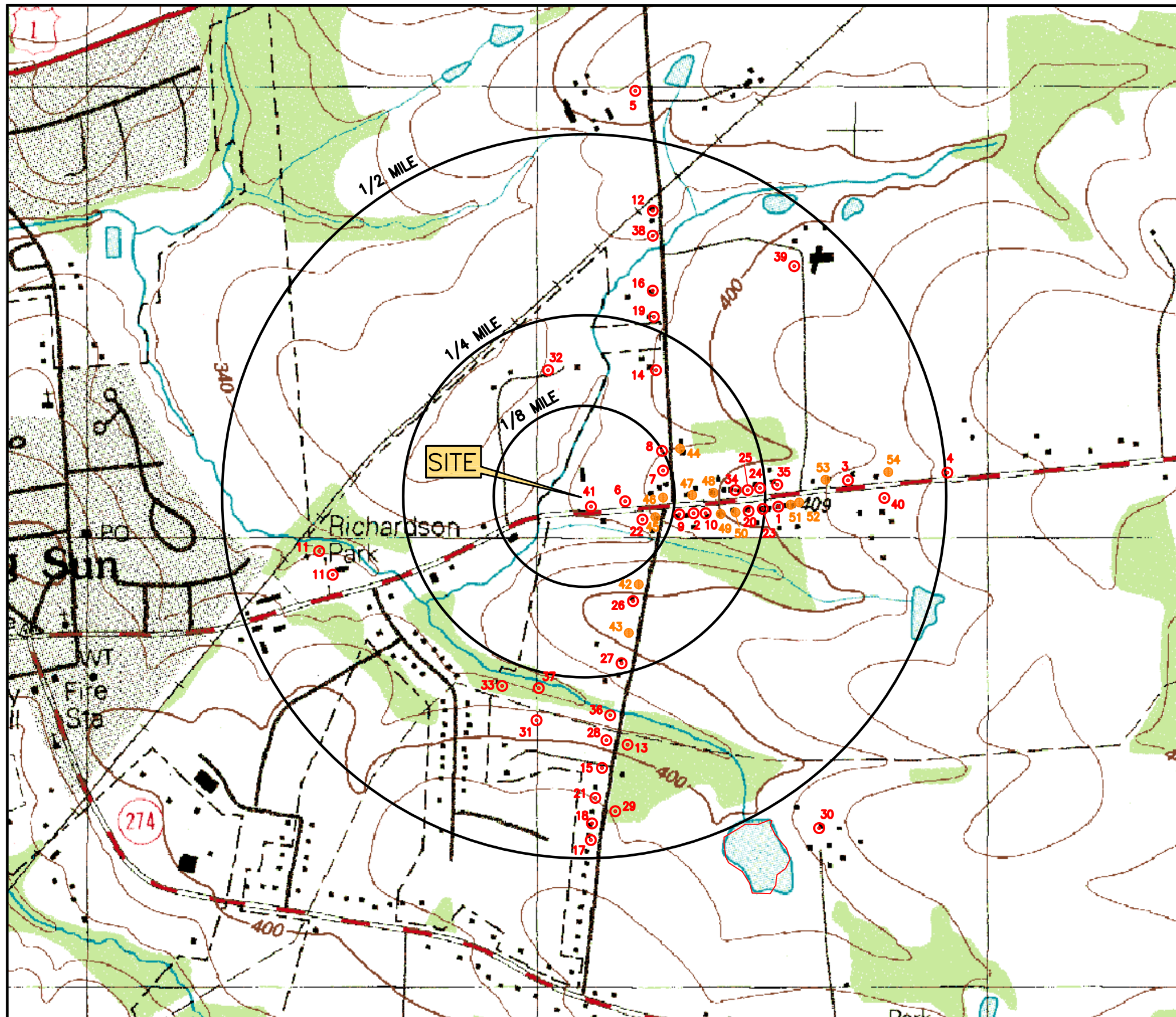
ACCTID	Premises Address	Owner Name	Map	Parcel	Well Tag ID	Current Status	Casing Depth (ft)	Screen Depth (ft)	Total Depth (ft)
0806050611	100 PIERCE RD	KNUTSEN ERIC L &	010F	807	CE-88-1247	Active	6-149	149-168	165
0806019293	101 PIERCE RD	WILLIAMS KENNETH R	010F	594	CE-73-0671	Active	0-61	61-82	82
0806017096	109 STEVENS RD	EHRHART JOHN A	010C	806	CE-73-1006	Active	6-50	50-90	90
0806006418	113 PIERCE RD	ROBINSON EARL T & JANICE	010F	596	CE-73-1125	Active	0-40	40-71	71
0806016847	121 STEVENS RD	KIRCHNER MICHAEL B	010C	469	CE-72-0251	Active	0-75	75-82	82
0806004903	125 PIERCE RD	MCMILLAN JESSE J	010F	498	CE-72-0057	Active	0-63	63-73	75
0806009921	130 KNUTSEN LN	KNUTSEN ROBERT L ETAL	011D	14	CE-88-1247	Active	0-149	149-165	165
0806040640	131 PIERCE RD	BAKER FRANKLIN M JR & ROBIN I	010F	740	CE-88-1166	Active	0-42	42-80	80
0806006272	132 PIERCE RD	CURRY HERREL JR & NANCY	010F	70	CE-69-0065	Active	0-41	41-71	71
0806040659	133 PIERCE RD	BERNERO PATRICIA B	010F	740	CE-88-1248	Active	0-55	55-98	98
0806001602	141 PIERCE RD	PECK ROBIN L & MARY K	010F	439	CE-93-0125	Active	0-60	60-240	240
0806040764	145 PIERCE RD	GROVE DAVID D & JOANN	010F	741	CE-94-2467	Active	0-79	79-160	160
0806040756	147 PIERCE RD	CURRY HERREL JR & NANCY A	010F	739	CE-94-2046	Active	0-63	63-140	140
0806007562	147 STEVENS RD	LAMB ROGER D & RHONDA L	010C	336	CE-94-3564	Active	0-121	121-170	170
0806019854	165 STEVENS RD	GRANT RUSSELL	010C	28	CE-66-0113	Abandoned	0-42.5	42.5-50	50
0806019854	165 STEVENS RD	GRANT RUSSELL	010C	28	CE-69-0077	Active	0-56	56-57	57
0806049605	187 PIERCE RD	GIBNEY GEORGE L	010C	798	CE-88-0309	Active	0-83	83-270	270
0806006698	21 STEVENS RD	TREMBLER ROSS P	010C	209	CE-15-0016	Active	0-97	85-205	205
0806026729	221 PIERCE RD	PHILLIPS RONALD A &	010C	621	CE-81-3905	Active	0-78	78-81	81
0806018297	247 STEVENS RD	VANDYKE BILLY JACK SR	003I	11	CE-055630	Active	0-34	34-78	78
0806006671	31 STEVENS RD	MILLINER ALFRED B SR	010C	804	CE-15-0018	Active	0-115	115-150	150
0806023761	321 MAPLE HEIGHTS	THOMPSON KENNETH & JOYCE A	010C	622	CE-88-2503	Active	0-60	60-120	120
0806014402	355 TELEGRAPH RD	SUNOCO LLC	010C	478	CE-73-0817	Active	0-127	127-187	187
0806006906	376 TELEGRAPH RD	MAROUSEK THOMAS J & DIANE R	010C	275	CE-73-2537	Active	0-62	62-100	100
0806006701	401 TELEGRAPH RD	401 TELEGRAPH LLC	010C	479	CE-11-0146	Active	0-82	82-140	300
0806003419	430 TELEGRAPH RD	VEIGER ANTHONY J	010C	287	CE-15-0384	Active	0-165	165-180	180
0806002269	432 TELEGRAPH RD	MILLER MARK R & LYNDA S	010C	285	CE-010583	Active	0-66	66-75	75
0806019307	434 TELEGRAPH RD	MILLER DAVID L & DONNA L	010C	284	CE-16-0068	Active	0-100	1-160	160
0806006728	441 TELEGRAPH RD	BELEW JOHN W & ELIZABETH A	010C	293	CE-94-0648	Active	0-75	75-105	105
0806005438	450 TELEGRAPH RD	BAKER ROBERT R & SHIRLEY A	010C	800	CE-73-1016	Active	0-85	85-105	105
0806000614	451 TELEGRAPH RD	BELEW JOHN & ELIZABETH	010C	212	CE-81-1094	Active	0-83	83-100	100
0806002951	454 TELEGRAPH RD	MABE CHARLES M JR & MARY A	010C	801	CE-73-3262	Active	6-80	80-99	99
0806000622	455 TELEGRAPH RD	BELEW JOHN W & ELIZABETH A	010C	302	CE-81-0653	Active	0-104	104-107	107
0806018300	458 TELEGRAPH RD	MULLIGAN MARTIN P & ANNE M	010C	182	CE-005101	Active	Illegible	Illegible	105
0806007023	463 TELEGRAPH RD	PELL GREGORY L & NICKI M &	010C	11	CE-94-1216	Standby Well	0-106	106-150	173
0806007023	463 TELEGRAPH RD	PELL GREGORY L & NICKI M &	010C	11	CE-94-5765	Active	0-107	107-170	170
0806011632	477 TELEGRAPH RD	MEADOWS J HARVEY JR LIFE EST	010C	13	CE-94-5638	Active	0-96	96-260	260
0806000789	497 TELEGRAPH RD	STEFANICK JAMIE R	010C	296	CE-010889	Active	0-72	72-85	85
0806011691	524 TELEGRAPH RD	MEADOWS RICHARD C & BRENDA J	0011	51	CE-66-0113	Active	0-141	141-400	400
0806011640	567 TELEGRAPH RD	MEADOWS RICHARD CLIFFTON &	0011	12	CE-050936	Active	0-20	20-60	60
0806003168	77 STEVENS RD	CATHER WILLIAM I JR & GRACE A	010C	519	CE-71-0031	Active	0-60	60-80	80

**TABLE 1
POTABLE WELLS - HALF MILE BUFFER DATA**

**Sunoco Duns #0651-9128
355 Telegraph Road
Rising Sun, MD 21911
Facility ID No. 2823**

ACCTID	Premises Address	Owner Name	Map	Parcel	Well Tag ID	Current Status	Casing Depth (ft)	Screen Depth (ft)	Total Depth (ft)
0806018734	97 PIERCE RD	PARKER JAMES L JR	010F	589	CE-73-0670	Active	0-42	42-85	85
0806026176	E MAIN ST	COMMISSIONERS OF RISING SUN	010C	458	CE-66-0034	Active	0-68	68-86	86
0806026176	E MAIN ST	COMMISSIONERS OF RISING SUN	010C	458	CE-81-3649	Active	0-84	84-210	210
0806006302	235 PIERCE RD	RAGAN DENNIS W & JEAN W	010C	492	Undocumented	Active	--	--	--
0806049613	PIERCE RD	GIBNEY JAMES W & EMILY M	010C	799	Undocumented	Active	--	--	--
0806016081	32 STEVENS RD	KELLY KELLY	010C	291	Undocumented	Active	--	--	--
0806004202	384 TELEGRAPH RD	ERICKSON KRISTY	010C	228	Undocumented	Active	--	--	--
0806013317	425 TELEGRAPH RD	MCNEILL THOMAS E & RUTH G	010C	288	Undocumented	Active	--	--	--
0806003044	431 TELEGRAPH RD	CARTER CORTLEY C & GEORGE R	010C	154	Undocumented	Active	--	--	--
0806019781	437 TELEGRAPH RD	DICKENS DANIEL L & MARION C	010C	292	Undocumented	Active	--	--	--
0806007546	438 TELEGRAPH RD	NACE DAVID A	010C	286	Undocumented	Active	--	--	--
0806001394	442 TELEGRAPH RD	KESEE JENNIFER	010C	15	Undocumented	Active	--	--	--
0806006051	464 TELEGRAPH RD	STEWART BRANDON J	010C	802	Undocumented	Active	--	--	--
0806009743	470 TELEGRAPH RD	KESTER ARNO & RUTH N	010C	184	Undocumented	Active	--	--	--
0806011632	491 TELEGRAPH RD	MEADOWS J HARVEY JR LIFE EST	010C	13	Undocumented	Active	--	--	--
0806019641	507 TELEGRAPH RD	LECLAIR JARED DAVID	010C	13	Undocumented	Active	--	--	--

FIGURES



Map ID	Premesis Address	Well Tag Number
1	458 TELEGRAPH RD	CE-005101
2	432 TELEGRAPH RD	CE-010583
3	497 TELEGRAPH RD	CE-010889
4	567 TELEGRAPH RD	CE-050936
5	247 STEVENS RD	CE-055630
6	401 TELEGRAPH RD	CE-11-0146
7	21 STEVENS RD	CE-15-0016
8	31 STEVENS RD	CE-15-0018
9	430 TELEGRAPH RD	CE-15-0384
10	434 TELEGRAPH RD	CE-16-0068
11	E MAIN ST	CE-66-0034/CE-81-3649
12	165 STEVENS RD	CE-66-0113/CE-69-0077
13	132 PIERCE RD	CE-69-0065
14	77 STEVENS RD	CE-71-0031
15	125 PIERCE RD	CE-72-0057
16	121 STEVENS RD	CE-72-0251
17	97 PIERCE RD	CE-73-0670
18	101 PIERCE RD	CE-73-0671
19	109 STEVENS RD	CE-73-1006
20	450 TELEGRAPH RD	CE-73-1016
21	113 PIERCE RD	CE-73-1125
22	376 TELEGRAPH RD	CE-73-2537
23	454 TELEGRAPH RD	CE-73-3262
24	455 TELEGRAPH RD	CE-81-0653
25	451 TELEGRAPH RD	CE-81-1094
26	221 PIERCE RD	CE-81-3905
27	187 PIERCE RD	CE-88-0309
28	131 PIERCE RD	CE-88-1166
29	100 PIERCE RD	CE-88-1247
30	0 KNUTSEN LN	CE-88-1247
31	133 PIERCE RD	CE-88-1248
32	321 MAPLE HEIGHTS LN	CE-88-2503
33	141 PIERCE RD	CE-93-0125
34	441 TELEGRAPH RD	CE-94-0648
35	463 TELEGRAPH RD	CE-94-1216/CE-94-5765
36	147 PIERCE RD	CE-94-2046
37	145 PIERCE RD	CE-94-2467
38	147 STEVENS RD	CE-94-3564
39	477 TELEGRAPH RD	CE-94-5638
40	524 TELEGRAPH RD	CE-94-5687
41	355 TELEGRAPH RD	CE-95-1020
42	235 PIERCE RD	Undocumented
43	PIERCE RD	Undocumented
44	32 STEVENS RD	Undocumented
45	384 TELEGRAPH RD	Undocumented
46	425 TELEGRAPH RD	Undocumented
47	431 TELEGRAPH RD	Undocumented
48	437 TELEGRAPH RD	Undocumented
49	438 TELEGRAPH RD	Undocumented
50	442 TELEGRAPH RD	Undocumented
51	464 TELEGRAPH RD	Undocumented
52	470 TELEGRAPH RD	Undocumented
53	491 TELEGRAPH RD	Undocumented
54	507 TELEGRAPH RD	Undocumented

LEGEND:

- ⊙ WELL LOCATION
- WELL LOCATION (UNDOCUMENTED WELL)

SOURCE:
USGS TOPOGRAPHIC MAP, "RISING SUN"
QUADRANGLE, LAST REVISED - 1992.

FIGURE #
1

SUNOCO STATION #0651-9128
355 TELEGRAPH ROAD
RISING SUN, MARYLAND

WELL LOCATION MAP

DRAWN BY: B.S.

REVISION DATE: 3/3/2021



EnviroTrac
ENVIRONMENTAL SERVICES
155 RIVERBEND DRIVE, SUITE A, CHARLOTTESVILLE, VA 22911
PHONE: (434)202-7808



FIGURE #
2

SUNOCO STATION #0651-9128
355 TELEGRAPH ROAD
RISING SUN, MARYLAND

Aerial Well Location Map

DRAWN BY: B.S.

REVISION DATE: 3/3/2021

DRAWING IS
NOT TO SCALE

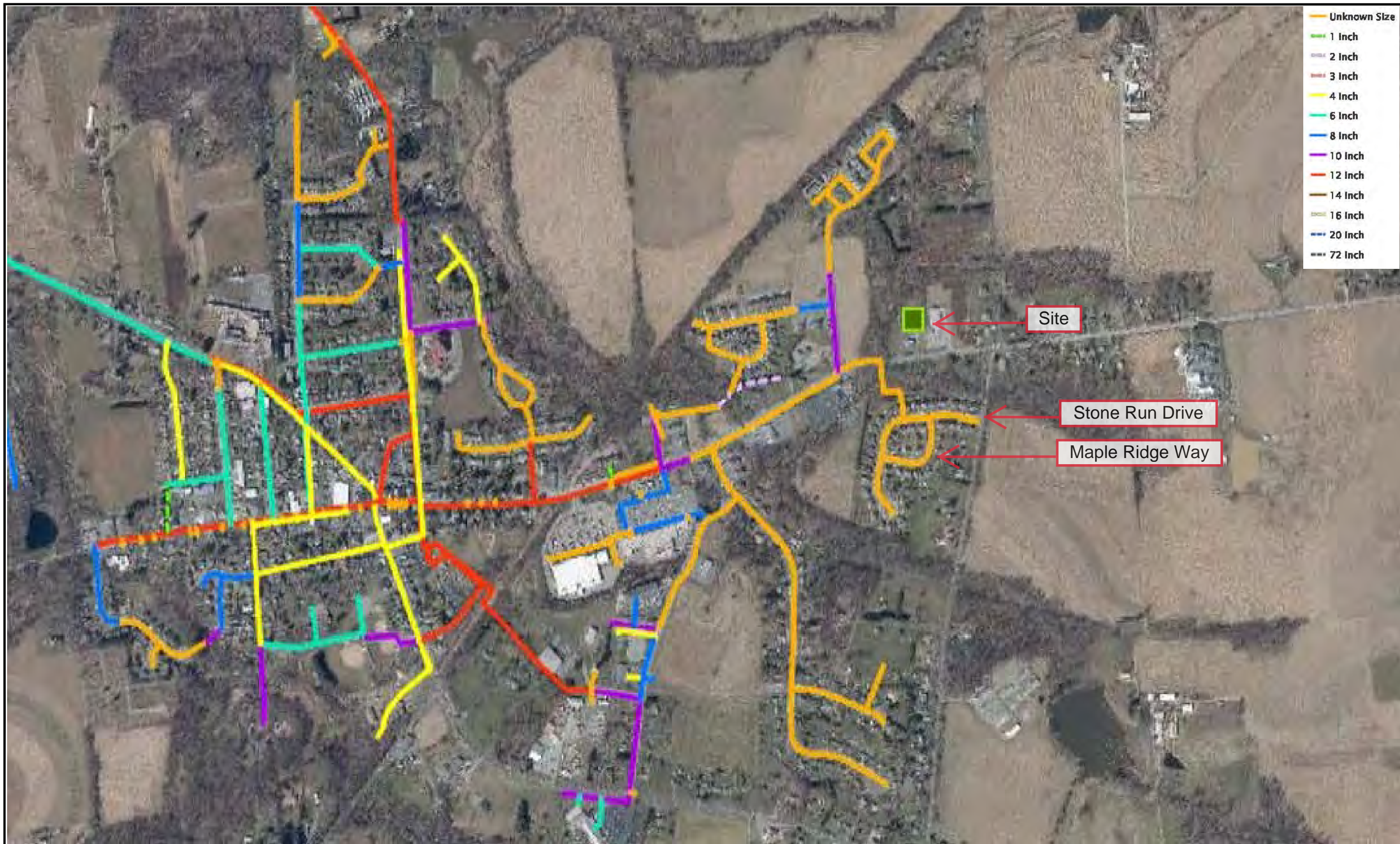

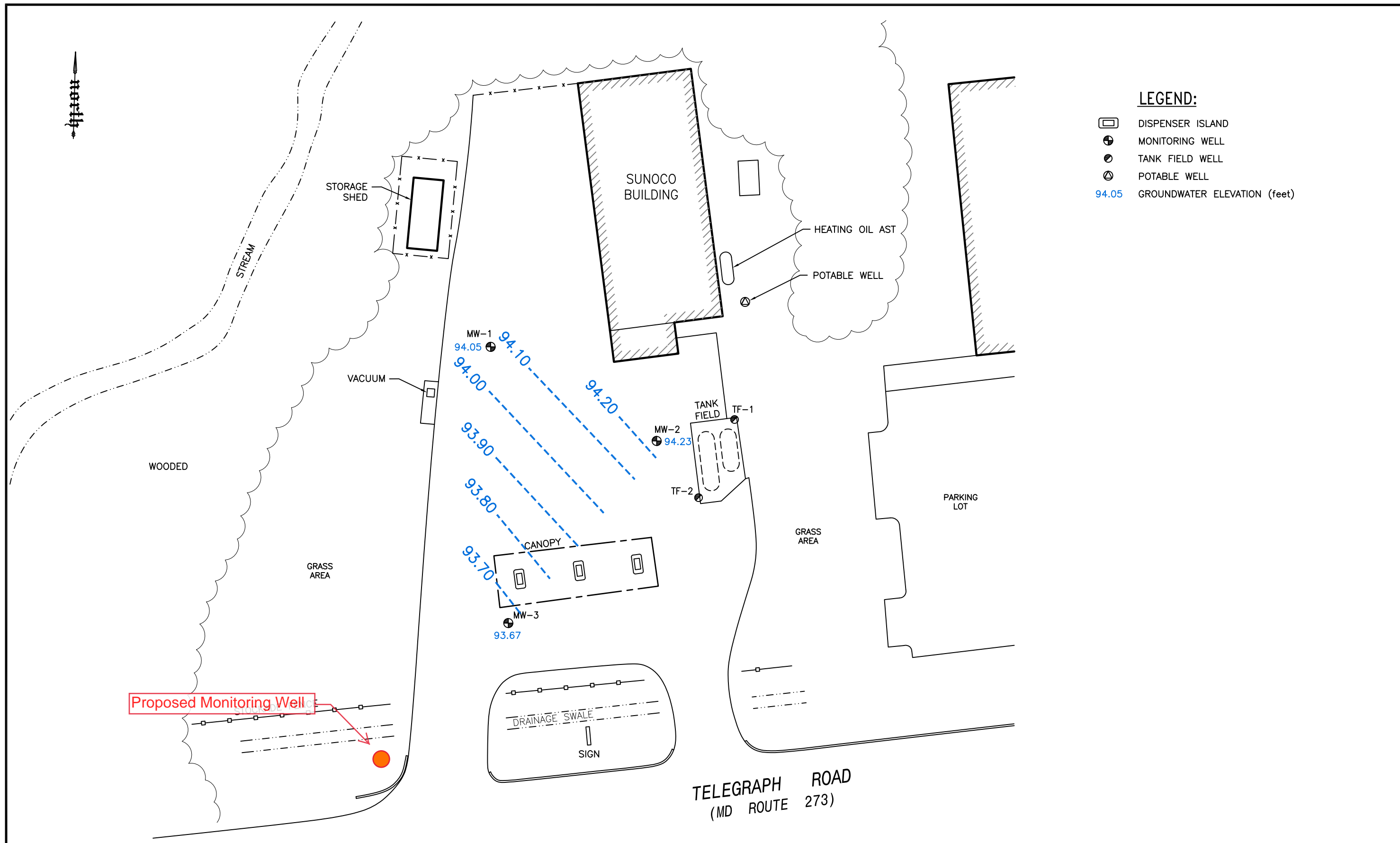


FIGURE # 3	SUNOCO STATION #0651-9128 355 TELEGRAPH ROAD RISING SUN, MARYLAND	Rising Sun - Municipal Water Infrastructure		DRAWING IS NOT TO SCALE	 155 RIVERBEND DRIVE, SUITE A, CHARLOTTESVILLE, VA 22911 PHONE: (434)202-7808
		DRAWN BY: B.S.	REVISION DATE: 2/26/2021		







- LEGEND:**
-  DISPENSER ISLAND
 -  MONITORING WELL
 -  TANK FIELD WELL
 -  POTABLE WELL
 - 94.05 GROUNDWATER ELEVATION (feet)

FIGURE # 4	SUNOCO STATION #0651-9128 355 TELEGRAPH ROAD RISING SUN, MARYLAND	POTENTIOMETRIC SURFACE MAP AUGUST 26, 2020		 SCALE IN FEET	 <small>ENVIRONMENTAL SERVICES</small> 155 RIVERBEND DRIVE, SUITE A, CHARLOTTESVILLE, VA 22911 PHONE: (434)202-7808
		DRAWN BY: B.S.	REVISION DATE: 3/4/2021		

APPENDIX A

Well Permits and Completion Reports

pd. \$160.00 #224241 DLL

EMERGENCY/TEMP NO. IF ANY

B 1	07482	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER CE 11 0146
1 2 3 6				70 fill in this form completely 79

Date Received (APA) 12/3/12
 8 MM DD YY 13
 OWNER INFORMATION
Bill Rich (803) 413 7053
 15 Last Name Owner First Name 34
Capital Development Partners
 36 Street or RFD 55
3101 Devine Street
Columbia SC 29205
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL 201211058
 8 COUNTY Cecil 21
 23 SUBDIVISION N/A 42
 SECTION 44 46 LOT 48 50
Rising Sun
 52 NEAREST TOWN 71

DRILLER INFORMATION
Larry Brown M W D O 38
 Driller's Name 76 License No. 81
Brown Brothers Drilling Inc
 Firm Name
497 Kirks Mill Rd Nottingham PA 19302
 Address
Larry Brown 11/28/12
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. Water well
 2.
 3.
Dollar General
401 Telegraph Rd
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST 32 EAST
 SOUTH
 34 400 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 10 BLK: 6 PARCEL 479

B 2 WELL INFORMATION
 APPROX. PUMPING RATE 10
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 1000
 (GAL. PER DAY) 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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

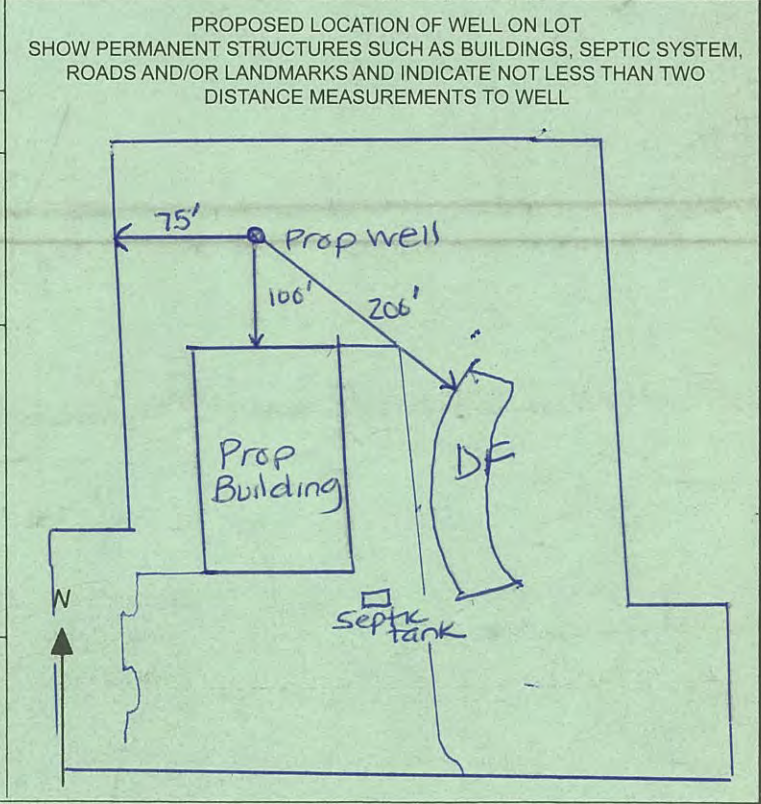
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Cecil 07
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 12/5/12 Angela Sals 12/4/13
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 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 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) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER G
 CE 11 0146
 PERMIT No. 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ORIGINAL

C 1 11489

SEQUENCE NO. (MDE 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 201211058

ST/CO USE ONLY DATE Received MM 1 16 13

DATE WELL COMPLETED MM 12 19 12

Depth of Well 22 140 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE - 11 - 0146

OWNER CAPITAL DEVELOPMENT PARTNERS (DOLLAR GENERAL STORE) WELL SITE ADDRESS 401 TELEGRAPH ROAD TOWN RISING SUN, MD. 21911

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for CLAY, SAND, GRANITE and WATER BEARING ZONES (96, 116, 136).

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (10), NO. OF POUNDS (500), GALLONS OF WATER (200), DEPTH OF GROUT SEAL (0 to 82 ft).

CASING RECORD form with fields for casing types (ST for STEEL, CO for CONCRETE, PL for PLASTIC, OT for OTHER).

MAIN CASING TYPE form with fields for Nominal diameter (6 inch), Total depth (82 feet).

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

SCREEN RECORD form with fields for screen type (ST for STEEL, BR for BRASS, HO for OPEN HOLE, PL for PLASTIC, OT for OTHER).

Table for C 2 DEPTH (nearest ft.) with rows for casing height and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED (4), PUMPING RATE (20), METHOD USED TO MEASURE PUMPING RATE (AIR), WATER LEVEL, BEFORE PUMPING (11 ft), WHEN PUMPING (50 ft), TYPE OF PUMP USED (A air).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (7), PUMP HORSE POWER (.75), PUMP COLUMN LENGTH (100), CASING HEIGHT (+ above, - below).

LATITUDE 39.70180 LONGITUDE 76.04826 (DEFAULT COORD. WGS 84)

NOTES:

pd. #1160.00 #232297 DU

B 1 **35231** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER CE 15 0016

70 fill in this form completely 79

Date Received (APA) 11/5/14
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name Goss-Montgomery Partnership Owner First Name 34
 36 P.O. Box 707 Street or RFD 55
 57 Rising Sun Md. 21911 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Cecil 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50 201211026
 52 NEAREST TOWN Rising Sun 71

DRILLER INFORMATION
 76 Driller's Name GURVIS JONES License No. 81 MW D047
 Firm Name GURVIS JONES WELL DRILLING, INC.
 Address 1220 PROSPECT Mill Rd. BEL AIR Md. 21015
 Signature Marvin Jones 11-1-14 Date 21015

B 4 SOURCES OF DRILLING WATER
 11 POTABLE WELL STREET ADDRESS 30 21 STEVENS Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 20 37 DISTANCE FROM ROAD FT. ENTER FT OR MI 38 39
 TAX MAP: 10 BLK: 6 PARCEL 209

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

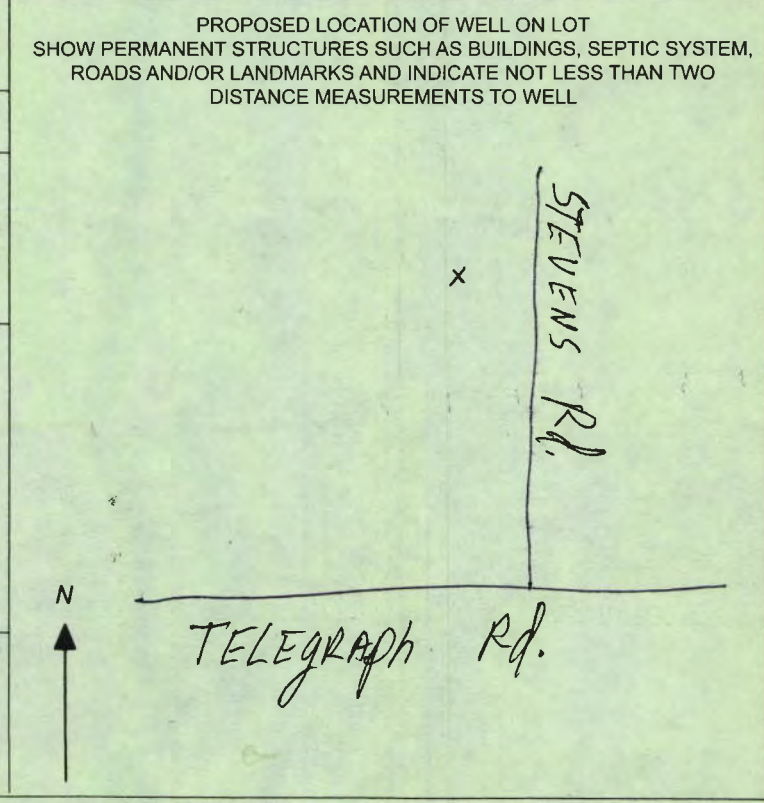
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Cecil 07
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 11/11/14 11/10/15
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 200 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH 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 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 DEEPEN 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)
 APPROX. PERMIT NUMBER G
 PERMIT No. CE 15 0016
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 28150

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 201211026 201518621

ST/CO USE ONLY DATE RECEIVED 04-24-15

DATE WELL COMPLETED 04 15 15

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE - 15 - 0016

OWNER Goss-Montgomery Partnership WELL SITE ADDRESS 21 Stevens Rd TOWN Rising Sun MD 21911

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for CLAY, SAND & GRAVEL, GRANITE, and WATER BEARING ZONES.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M (B) CEMENT BENTONITE CLAY

CASING RECORD MAIN CASING TYPE (S) T (P) L (S) T (C) O (P) L (O) T

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

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T

DEPTH (nearest ft.) 85 205 PL 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Air

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LATITUDE 39.70150 LONGITUDE -76.04647 (DEFAULT COORD. WGS 84)

NOTES:

pd. # 16000 # 232297 DW

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER CE - 15 - 0018
35232			fill in this form completely

Date Received (APA) 11/5/14

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Goss - Montgomery Partnership Owner First Name 34

36 Street or RFD P.O. Box 707 55

57 Town Rising Sun, Md. 70 State 21911 Zip 76

B 3

LOCATION OF WELL

8 COUNTY CECIL 21

23 SUBDIVISION 42

SECTION 44 46 LOT 201417741 48 50

52 NEAREST TOWN Rising Sun 71

DRILLER INFORMATION

Driller's Name GURVIS JONES License No. MWD 047 76 81

Firm Name GURVIS JONES WELL DRILLING, INC.

Address 1220 PROSPECT Mill Rd. BELAIR, Md. 21015

Signature Gurvis Jones Date 11-3-14

B 4

SOURCES OF DRILLING WATER

1. POTABLE WELL

2.

3.

11 STREET ADDRESS STEVENS Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 DISTANCE FROM ROAD 20 37 ENTER FT OR MI FT. 38 39

TAX MAP: 10 BLK: 6 PARCEL 380

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

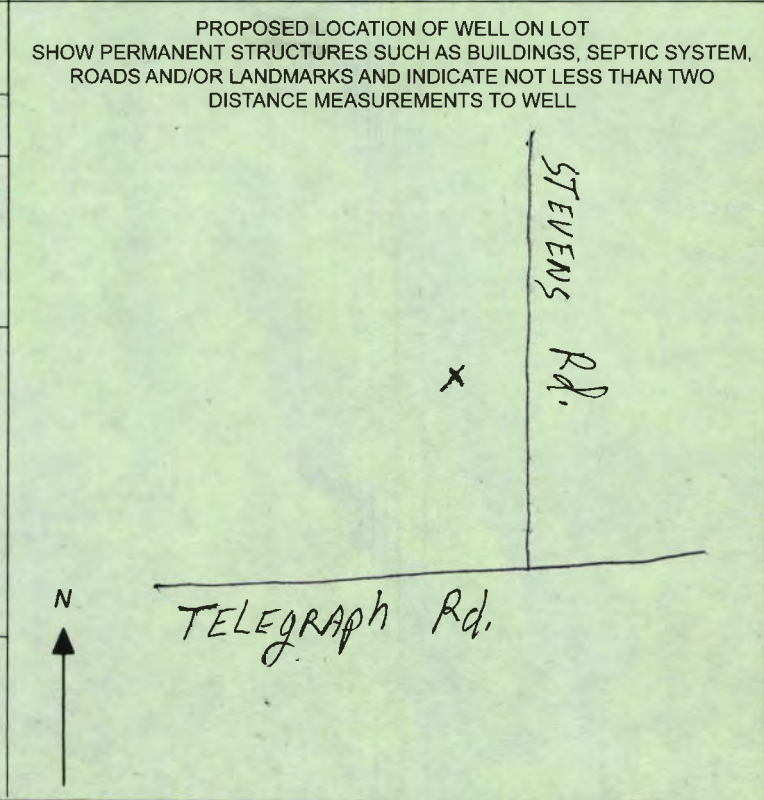
Cecil 07
COUNTY NAME COUNTY NO.

STATE SIGNATURE [Signature] INSERT S → 41

DATE ISSUED 11/13/14 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 11/12/15

APPROXIMATE DEPTH OF WELL 200 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 30 32



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 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)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. CE - 15 - 0018
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 28152

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 201417741

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE - 15 - 0018

DATE RECEIVED MM 2 23 15

MM 02 DD 11 YY 15

22 150 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER GOSS-MONTGOMERY PARTNERSHIP WELL SITE ADDRESS 31 STEVENS ROAD TOWN RISING SUN, MD. 21911

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: CLAY (0-3), SAND (3-108), GRANITE (108-150). WATER BEARING ZONES: 130 To 131 (10 GPM), 147 To 148 (8 GPM).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 15 NO. OF POUNDS 750

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) (P) (L) 6" 5'

OTHER CASING (if used) diameter inch from depth (feet) to (S) (T) 6" 5 115

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

Table with columns: CASING DEPTH (nearest ft.), rows for casing 1 (PL 5 120) and casing 2 (HO 120 150).

SLOT SIZE 1 .125 2 3 DIAMETER OF SCREEN 4 (NEAREST INCH)

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 18 METHOD USED TO MEASURE PUMPING RATE AIR

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

LATITUDE 39.702036 LONGITUDE 76.046548 (DEFAULT COORD. WGS 84)

DRILLERS LIC. NO. 1 M W D 3 4 7 DRILLERS SIGNATURE Mark Brown LIC. NO. 1 M W D 3 4 7 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

EMERGENCY NO WATER

EMERGENCY/TEMP NO. IF ANY

B 1 75652

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

CE - 13 - 0071

fill in this form completely

Date Received (APA)

6/10/13

OWNER INFORMATION

HETRICK RICHARD 46 FARMDALE RD EARLEVILLE MD

B 3

LOCATION OF WELL

Cecil Hacks Point EARLEVILLE

DRILLER INFORMATION

Joseph D. Borzell MWD 547 MIDDLETOWN WELL DRILLING CO

B 4

SOURCES OF DRILLING WATER

POTABLE WELL

46 FARMDALE AVE ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 52 BLK 18 PARCEL 241

B 2

WELL INFORMATION

APPROX. PUMPING RATE 10 AVERAGE DAILY QUANTITY NEEDED 100

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

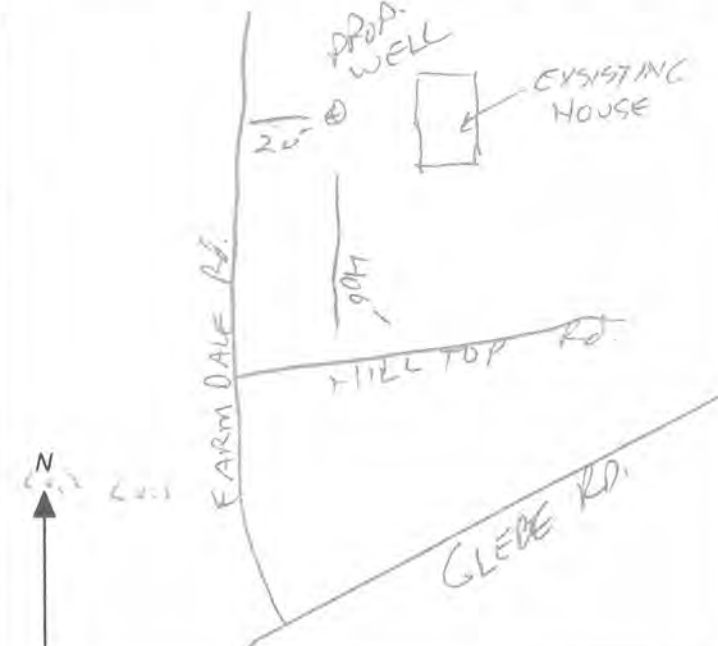
Cecil COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 6/13/13 CO SIGNATURE EXP. DATE 6/13/14

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 4 INCH

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

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

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

APPROX. PERMIT NUMBER PERMIT No. CE - 13 - 0071

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

3079

SEQUENCE NO. (MDE 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. 3-8 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

COUNTY NUMBER

OWNER: Hetrick, Richard; WELL SITE ADDRESS: 46 Farmdale Rd; TOWN: Earleville; SUBDIVISION: Hackspoint; SECTION: ; LOT: 196

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown silty clay, Black clay, Gray Sand w/ Lignite, White Clay, Red-White clay, Red clay w/ Stringers, Tan Fine Sand.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (19), NO. OF POUNDS (450), GALLONS OF WATER (475), DEPTH OF GROUT SEAL (3 to 155 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT); MAIN CASING TYPE (PL), Nominal diameter (4"), Total depth (165 ft).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT); DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES

CIRCLE APPROPRIATE LETTER: A (ABANDONED AND SEALED), 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...

DRILLERS LIC. NO.: MWD 547; DRILLERS SIGNATURE: Joseph D. Borrell / AMU

LIC. NO.: D

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

DEPTH (nearest ft.) table with rows 1-3 and columns 8-11, 15-17, 21-24, 26-28, 30-32, 36-38, 39-41, 45-47, 51-53

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (4") (NEAREST INCH)

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3 PUMPING TEST

PUMPING TEST details: HOURS PUMPED (3), PUMPING RATE (40), METHOD USED TO MEASURE PUMPING RATE (Watch + fall), WATER LEVEL (37 ft), BEFORE PUMPING (17-20 ft), WHEN PUMPING (100 ft), TYPE OF PUMP USED (centrifugal)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (10), PUMP HORSE POWER (1/2), PUMP COLUMN LENGTH (90)

CASING HEIGHT (above/below LAND SURFACE), (nearest foot)

LATITUDE 3 9.463687 LONGITUDE 7 5.834403 (DEFAULT COORD. WGS 84)

NOTES:

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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: 6.19.13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

_____ CE -13 - 0071 _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Joseph D. Borrell

WELL DRILLERS LICENSE NUMBER: 547

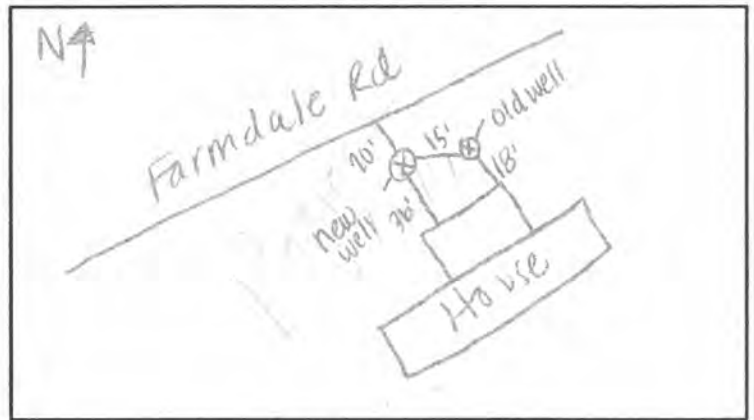
* OWNER'S NAME: Richard Hetrick

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Cecil
 NEAREST TOWN: Earleville
 TAX MAP 0062 BLOCK 0010 PARCEL 0295
 SUBDIVISION: Hackspoint
 SECTION: _____ LOT: 196
 NEAREST ROAD: Farmdale Rd

Latitude: 39.463692
 Longitude: -76.984338

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: 36 INCHES IN DIAMETER

* DEPTH OF WELL: 14 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 31

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Top soil	0	1
concrete plug	1	3
1/2" pea gravel	3	9
drill cuttings/ concrete pieces	9	12
bentonite grout	12	14
VOLUME OF MATERIAL USED		
150 lbs top soil 200 lbs bentonite 150 lbs concrete grout 5 tons 1/2" pea gravel / 175 gallons H ₂ O		

SIGNATURE: Joseph D. Borrell / ASNO LICENSE # 547 CIRCLE ONE MWD/MSD/MGD DATE 6/19/13

B 1	34811	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER CE -16 0068 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 4/10/17
8 MM DD YY 13

Miller David
15 Last Name Owner First Name 34

434 Telegraph Rd
36 Street or RFD 55

Rising Sun MD 21911
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Cecil
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Rising Sun
52 NEAREST TOWN 71

R5047-17

DRILLER INFORMATION

Mark Brown MWD347
76 Driller's Name License No. 81

Brown Brothers Drilling
Firm Name

497 Kirks Mill Rd Nottingham PA 19362
Address

Mark Brown 4/4/17
Signature Date

SOURCES OF DRILLING WATER

1. Water Well

11. 434 Telegraph Rd STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 15 37 DISTANCE FROM ROAD. FT

ENTER FT OR MI 38 39

TAX MAP: 10 BLK: 6 PARCEL 284

WELL INFORMATION

APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 1000
(GAL. PER DAY) 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil 07
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 4/27/2017 4/26/2018
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

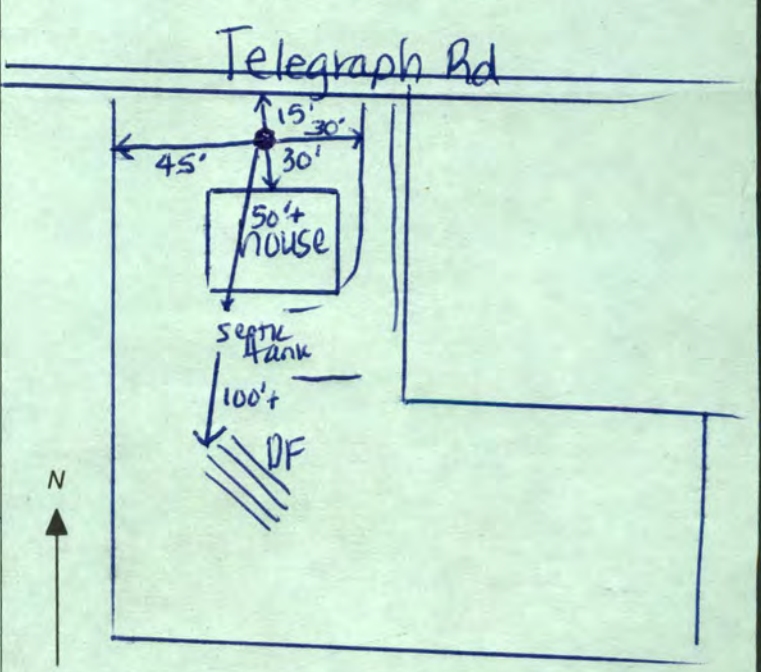
METHOD OF DRILLING (circle one)

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-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)

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. CE -16 - 0068
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 48855

SEQUENCE NO. (MDE 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 R5047-17

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY 09 17 13

05 15 17

100 (TO NEAREST FOOT)

CF 16 0068

OWNER Miller David WELL SITE ADDRESS 434 Telegraph Rd TOWN Pising Sun MD 21911

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: CLAY (0-5), SAND (5-92), GRANITE (92-160). Includes handwritten notes on water bearing zones.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, CO, PL, OT) Nominal diameter, Total depth

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth with columns for slot size, diameter of screen, gravel pack

C 3

PUMPING TEST

HOURS PUMPED (4), PUMPING RATE (40), METHOD USED TO MEASURE PUMPING RATE (Air), WATER LEVEL (20, 30), TYPE OF PUMP USED (A)

PUMP INSTALLED

DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 39.70075, LONGITUDE 76.04583 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

NUMBER OF UNSUCCESSFUL WELLS: 5

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MW D 347, DRILLERS SIGNATURE Mark Brown

LIC. NO. MW D 347, DRILLERS SIGNATURE Mark Brown

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1	4045	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-8 ON ALL CARDS)			please print or type	fill in this form completely

OWNER INFORMATION

Date Received (APA) **658-5427**

012689

GIBNEY BRYAN W

187 Pierce Rd

Rising SUN Md 21911

LOCATION OF WELL

Cecil B1827

Rising SUN

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

DRILLER INFORMATION

LARRY A. BROWN

Brown Bros. Drilling

497 Kirkmill Rd, Nottingham, PA. 19362

Larry A. Brown 1-23-89

Pierce Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

30

DISTANCE FROM ROAD

ENTER FT or MI **FT**

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED **7/30/89**

Charles E. Smyer CO SIGNATURE EXP DATE

NORTH GRID **680000** EAST GRID **1067000**

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)

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

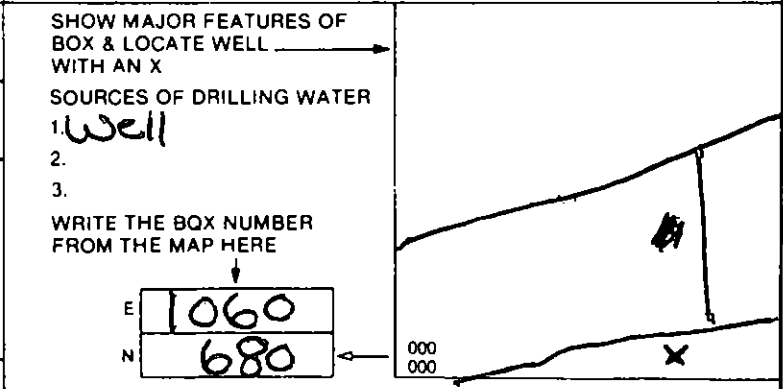
METHOD OF DRILLING (circle one)

AIR-PERCussion

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary Drive-POINT



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

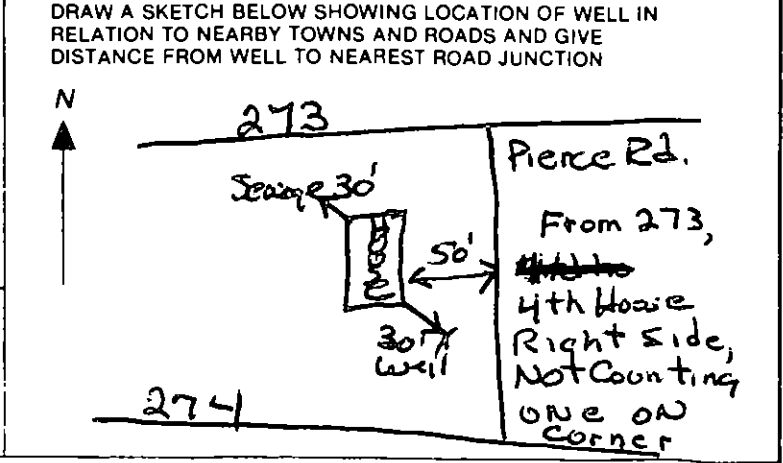
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEM AN EXISTING WELL

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



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

APPROX. PERMIT NUMBER **G A P**

FORCE **CE-88-0309** PERMIT No. **CE-88-0309**

SPECIAL CONDITIONS

C1 3254 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER B1827

DATE RECEIVED 11-10-1989 DATE WELL COMPLETED 228889 Depth of Well 270 (TO NEAREST FOOT) PERMIT NO. CE-88-0309

OWNER GIBNEY BRYAN W. STREET OR RFD 187 Pierce Rd. TOWN Rising Sun, Md 21911

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	13	
Sand	13	73	←
Granite	73	270	←

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 28 NO. OF POUNDS 1760
 GALLONS OF WATER 140
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 83 ft.

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) 6
 Total depth of main casing (nearest foot) 83

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 HOLE PLASTIC OTHER

DEPTH (nearest ft.)
 EACH SCREEN 1 2 3
 1 83 270
 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.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

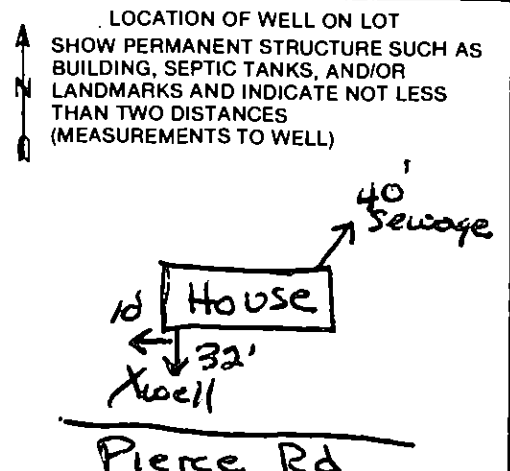
PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Air
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 16
 WHEN PUMPING 60
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe 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 } 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 10.17.13 "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. 38
 Larry A. Brown
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 Larry A. Brown
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



378-4660

EMERGENCY/TEMP NO. IF ANY

Pa. 46.4/5/90 #6444 C-5665

B 1 2029

SEQUENCE NO (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

CE-88-1166

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

fill in this form completely

Date Received (APA)

640590

OWNER INFORMATION

DELD ROGER

131 PIERCE RD.

Rising SUN MD 21911

Town State Zip

B 3

LOCATION OF WELL

CECIL C5665

MINOR

SECTION LOT 1

Rising SUN

MILES FROM TOWN

DRILLER INFORMATION

GURVIS JONES 47

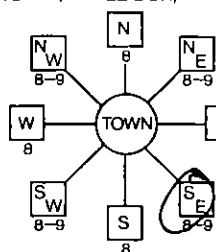
JONES + HAMILTON

1220 PROSPECT MILL RD. BEL AIR MD.

Signature Date 4-4-90 21014

B 4

DIRECTION OF WELL FROM TOWN



PIERCE RD.

ON WHICH SIDE OF ROAD



DISTANCE FROM ROAD

ENTER FT or MI

B 2

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
Public or private water company
Test, observation, monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED

041090 Charles E. Smyser 10/10/90

NORTH GRID EAST GRID

478000 1068000

APPROXIMATE DEPTH OF WELL 125 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 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 GAP

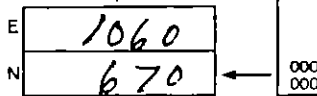
FORCE PERMIT No. CE-88-1166

SPECIAL CONDITIONS

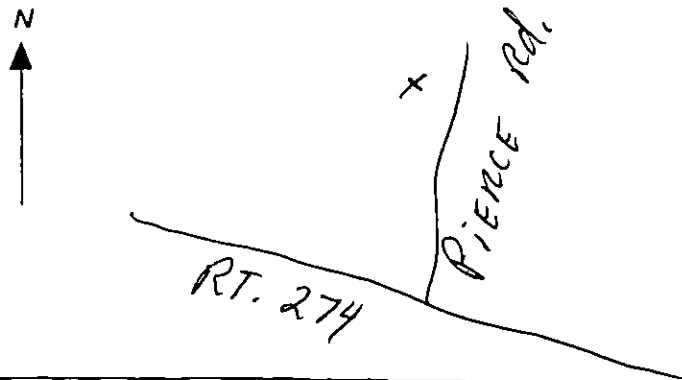
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



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



C1 **1441** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY DATE RECEIVED **APR 19 1990**
 DATE WELL COMPLETED **04/16/90**

STATE OF MARYLAND WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
 Depth of Well **80** (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **C5665**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE-88-1166**

OWNER **DELP ROGER**
 STREET OR RFD last name **131 PIERCE RD.** first name **Rising Sun, Md. 21911**
 SUBDIVISION **MINOR** 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	
BROWN SANDY SOIL	0	20	
BROWN WEATHERED ROCK	20	39	
HARD GRAY GRANITE	39	80	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1222**
 GALLONS OF WATER **65**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **42** 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) **42**

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

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
40 **42** **80**
 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

TELESCOPE CASING
 LOG INDICATOR
 OTHER DATA

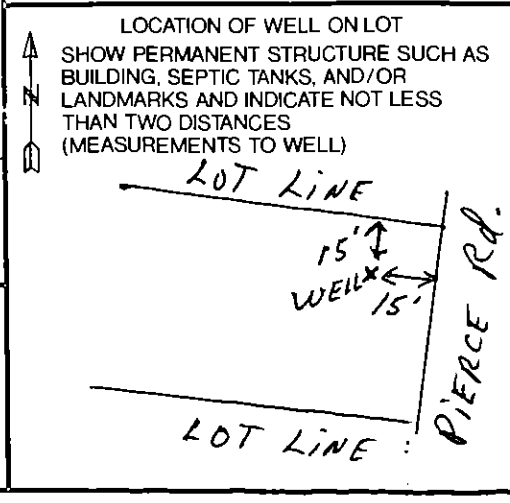
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **20**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET + WATCH**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **20**
 WHEN PUMPING **38**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** 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**
 PUMP HORSE POWER **37**
 PUMP COLUMN LENGTH (nearest ft.) **43**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE **1** (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 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 **Laurin Jones**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 **0972** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

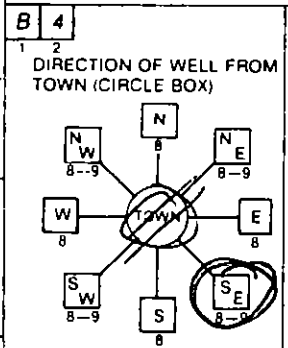
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
CE-88-1247
 fill in this form completely

Date Received (APA) **052990**
OWNER INFORMATION
KNETSON ERIC
 Last Name Owner First Name
130 KNETSCON LANE
 Street or RFD
RISING SUN Md 21911
 Town State Zip

B 3 LOCATION OF WELL
cecil C6184
 COUNTY
 SUBDIVISION
 SECTION LOT
RISING SUN
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION
Constantine DiFilippo 25FD
 Driller Name License No. 80
AQUAPUR INC
 Firm Name
2235 Blueball Rd, Elton Md. 21924
 Address
Constantine DiFilippo 5-29-90
 Signature Date



Pierce Rd
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **30**
 ENTER FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **6**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **8000**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Cecil
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED **12/6/90**
 CO SIGNATURE **Charles E. Smyser** EXP DATE
 NORTH GRID **677000** EAST GRID **1065000**

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)

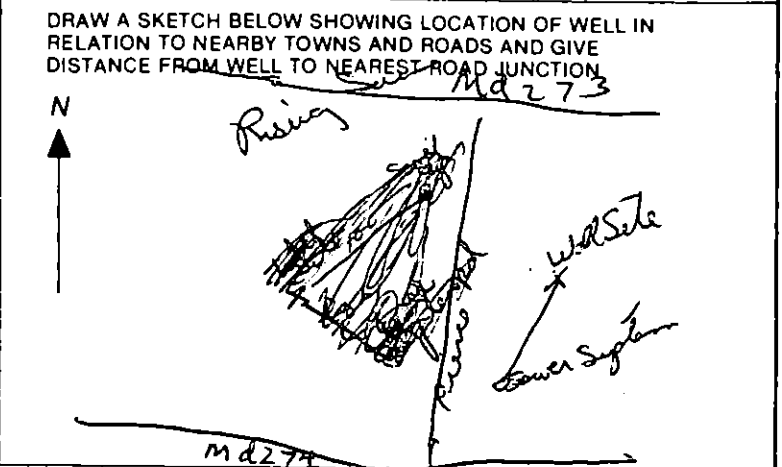
APPROXIMATE DEPTH OF WELL **152** FEET

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 _____

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 **1060**
 N **670**

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)
 APPROP. PERMIT NUMBER **GAP**
 FORCE INITIALS PERMIT NO. **CE-88-1247**

SPECIAL CONDITIONS

C1 **7793** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY NUMBER **C6184**

ST/CO USE ONLY
 DATE RECEIVED
AUG 7 1990

DATE WELL COMPLETED
06/1/90

Depth of Well
 22 **165** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
CE-188-1247

OWNER **KNUTSEN ERIC** first name
 STREET OR RFD **138 Knutsen Lane** TOWN **Rising Sun, Md. 21911**
 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	
<i>Top of</i>	0	10	
<i>Broken soft shale</i>	10	148	
<i>at granite</i>	148	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **25** NO. OF POUNDS **2250**
 GALLONS OF WATER **125**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **149** 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)
ST **6** **149**

OTHER CASING (if used)
 diameter depth (feet) from to
 inch 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.)
 1 **149** **168**
 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 Q
 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.) **7**
 METHOD USED TO MEASURE PUMPING RATE *air/water/Buckley*
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **90**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

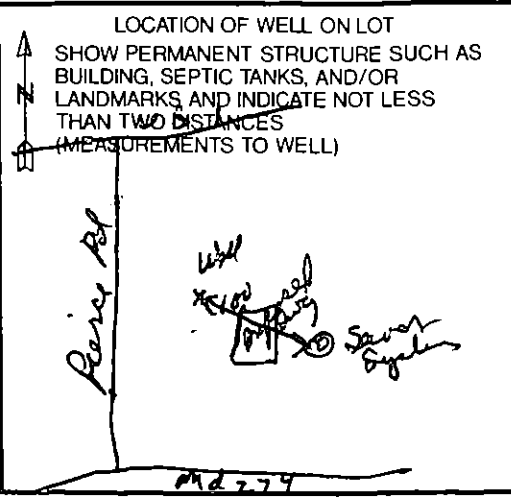
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: _____
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 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**
Constantine DiFilippo
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



B 1 2055 SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(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
C E - 8 8 - 1 2 4 8
70 fill in this form completely 79

Date Received (APA) 05/10/90
OWNER INFORMATION
GARRERA MARK
2507 LONGVIEW RD.
KINGSVILLE MD 21087

B 3 LOCATION OF WELL
CECIL C6038
MINOR - SHIVELY
RISING SUN
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
GURUIS JONES 47
JONES + HAMILTON
1220 PROSPECT MILL RD. BEL AIR MD.
5-9-90

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
PIERCE RD.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 500 FT
ENTER FT or MI

B 2 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 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 060890
CO SIGNATURE EXP. DATE 12/18/90
NORTH GRID 678000 EAST GRID 1067000

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE
1060
670

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

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
PIERCE RD.
RT. 274

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE PERMIT No. C E - 8 8 - 1 2 4 8

SPECIAL CONDITIONS

C1 **7794** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY NUMBER **C6038**

ST/CO USE ONLY
 DATE Received **JUN 18 1990**

DATE WELL COMPLETED **06/29/90**

Depth of Well **98**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
CE-88-1248

OWNER **GORRERA MARK**
 STREET OR RFD last name **2507 LONYVIEW RD.** first name TOWN **KINGSVILLE, MD 21087**
 SUBDIVISION **MINOR-SILVER** SECTION LOT **2**

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	
Brown Sandy mica soil	0	16	
Brown weathered sand rock	16	50	
Hard Gray Granite	50	98	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1316**
 GALLONS OF WATER **70**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **55** 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** **55**

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

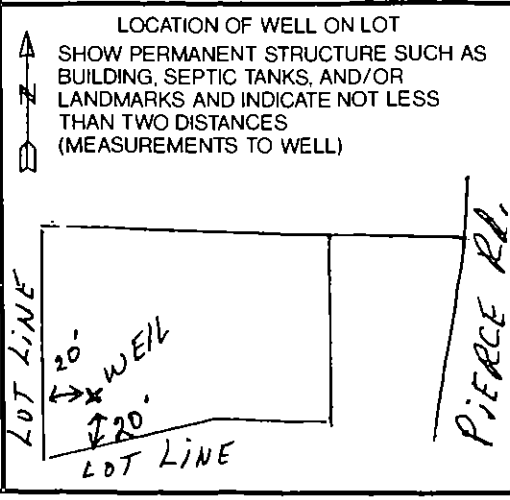
C2
 DEPTH (nearest ft.)
 1 **HO** **55** **98**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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 Q
 70 72 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.) **15**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET + WATCH**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **71**
 WHEN PUMPING **65**
 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)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 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 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.

DRILLERS IDENT. NO. **47**
 DRILLERS SIGNATURE *Shirin Jomer*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **6368** SEQUENCE NO. (DP 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-88-2503
 fill in this form completely

Date Received (APA) **Home-410-658-2341**
06/1/92
 OWNER INFORMATION
Joyce Work #302-366-2147
THOMPSON KENNETH
 Last Name Owner First Name
321 Maple Heights La.
 Street or RFD
Rising SUN Md. 21911
 Town State Zip

B 3 LOCATION OF WELL
Cecil Standby
 COUNTY
 SUBDIVISION
 SECTION LOT
Rising SUN
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **5 MI**

DRILLER INFORMATION
LARRY A. BROWN License No. **38**
 Driller's Name
Brown Bros. Drilling
 Firm Name
497 Kirk Mill Rd, Nottingham, PA. 19362
 Address
Larry A. Brown 6-8-92
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **md. 273**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **500**
 ENTER FT or MI **FT**

B 2 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 DATE ISSUED **12/15/92**
 CO SIGNATURE **Charles E. Smyser** EXP. DATE
 NORTH GRID **683000** EAST GRID **1065000**

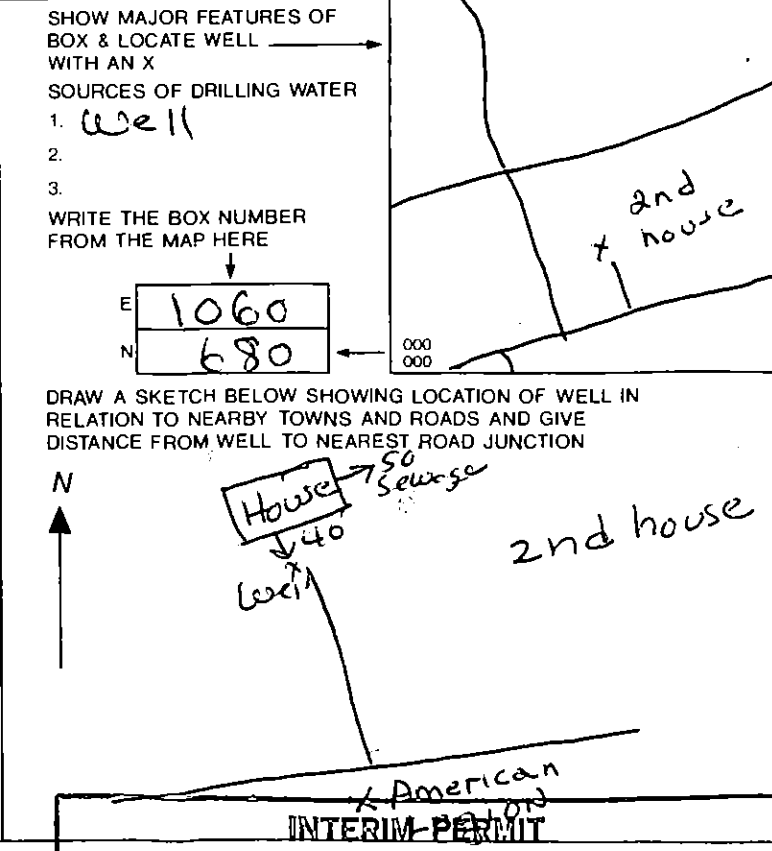
APPROXIMATE DEPTH OF WELL **200** FEET

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)
 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 **CE-88-2503** PERMIT No.
 WRITE INITIALS IN BOX



C1 1358 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

ST/CO USE ONLY
 DATE RECEIVED
 JUL 13 1992

DATE WELL COMPLETED
 062592

Depth of Well
 120 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 CE-88-2503

OWNER THOMPSON KENNETH
 STREET OR RFD 321 last name Maple Heights La. first name TOWN Rising Sun, Md. 21911
 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	
Clay	0	10	
Sand	10	52	
Granite	52	120	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 27 NO. OF POUNDS 1890
 GALLONS OF WATER 135
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 60 ft.

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)
 ST 6 60

OTHER CASING (if used)
 diameter inch depth (feet) from to
 PL 4 7 120

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

DEPTH (nearest ft.)
 40 60 120
 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 Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

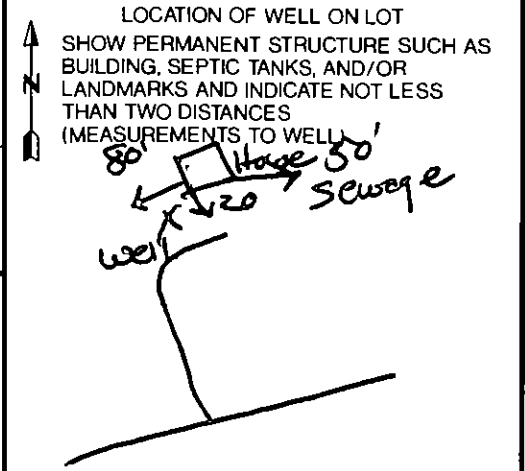
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 100
 METHOD USED TO MEASURE PUMPING RATE Air
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 15
 WHEN PUMPING 20
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (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)
 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 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
 Larry A. Brown
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



PA 86, 1018/93 1020 TRSR

EMERGENCY/TEMP NO IF ANY

B 1 **03825** SEQUENCE NO. (DP 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

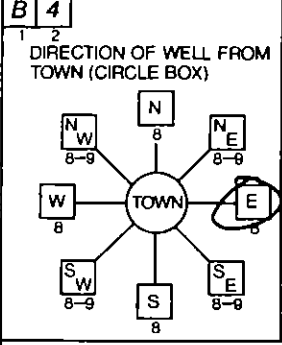
STATE PERMIT NUMBER
CE-93-0125
 fill in this form completely

287-8144

Date Received (APA) **100893**
 OWNER INFORMATION
SHIVERY DAVID
 Last Name Owner First Name
ZZ4 COBBLE DRIVE
 Street or RFD
NEWARK DE 19702
 Town State Zip

B 3 LOCATION OF WELL
CECIL Standby
 COUNTY
 SUBDIVISION
 SECTION **44** LOT **48**
RISING SUN
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **.6** MI

DRILLER INFORMATION
ROBERT K. MUNYAN 510
 Driller's Name License No.
WALTON CORPORATION
 Firm Name
P.O. Box 1097, Newark, DE 19715
 Address
Robert K. Munyan 10/1/93
 Signature Date



141 PIERCE RD
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST SOUTH
 EAST
700
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **1000**

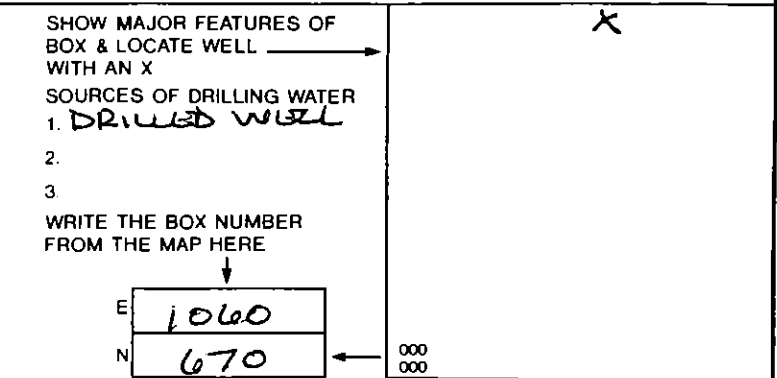
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH 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 **Charles E. Sumpster** INSERT S
 DATE ISSUED **101393** EXP. DATE **10/12/94**
 NORTH GRID **679000** EAST GRID **1067000**
 CO SIGNATURE

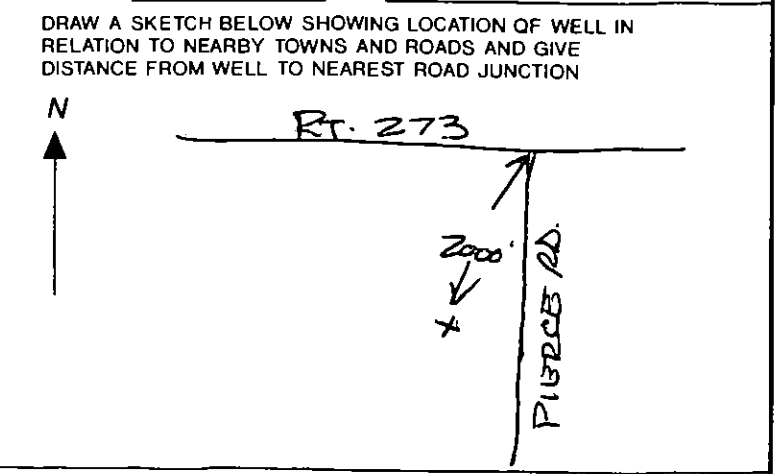
APPROXIMATE DEPTH OF WELL **200** FEET

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 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)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **CE-93-0125** PERMIT No.
 WRITE INITIALS IN BOX

SPECIAL CONDITIONS

ST/CO USE ONLY DATE Received **10/26/93** DATE WELL COMPLETED **10/26/93** Depth of Well **240** PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE-93-0125**

OWNER **SHIVERY DAVID** STREET OR RFD **224 COBBLE DRIVE** TOWN **Newark** 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	
Brn SILT	0	10	
Brn Weathered Rock	10	45	
(M) HARD Gr Rock w/ SOME SOFT PEG LAYERS	45	240	X

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 **1116**
 GALLONS OF WATER **70**
 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** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **DT** 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 OPEN HOLE
 BRONZE HOLE
PL **OT**
 PLASTIC OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 60	240
2		
3		

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

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO **ST WATCH** MEASURE PUMPING RATE **CONTAINER**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **25**
 WHEN PUMPING **200**
 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE **1** (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 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. **510**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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

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

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

pd. 480.3/3/195 #100240-MTR

EMERGENCY/TEMP NO. IF ANY

B 1 **4741** SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER
C E - 9 4 - 0 6 4 8
fill in this form completely

658-2423

OWNER INFORMATION

Date Received (APA) **033195**

BELEW JOHN (Last Name, Owner, First Name)

441 TELEGRAPH RD. (Street or Rte)

Rising Sun MD 21911 (Town, State, Zip)

B 3 **LOCATION OF WELL**

Cecil (County)

Rising Sun (Nearest Town)

1 MI (Miles from town)

DRILLER INFORMATION

GURVIS JONES (Driller's Name)

47 (MSD/MGD/MWD License No.)

GURVIS JONES WELL DRILLING INC. (Firm Name)

1220 PROSPECT MILL RD. BELAIR, MD. 21015 (Address)

Gurvis Jones (Signature) **3-29-95** (Date)

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

TELEGRAPH RD. (Near what road)

15 (Distance from road in feet)

10 **6** **293** (Tax Map, Blk, Parcel)

B 2 **WELL INFORMATION**

5 (Approx. Pumping Rate in gal. per min.)

500 (Average Daily Quantity Needed in gal. per day)

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)

040595 (Date Issued)

Charles E. Smyser (Signature)

4/4/96 (Exp. Date)

682000 (North Grid)

1068000 (East Grid)

APPROXIMATE DEPTH OF WELL **125** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

1060 (Box Number)

680 (Box Number)

METHOD OF DRILLING (circle one)

JETTED (Jetted & **DRIVEN**)

BORED (or Augered)

AIR-ROtary

CABLE

ROTARY (Hydraulic Rotary)

REVERSE-ROtary

DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

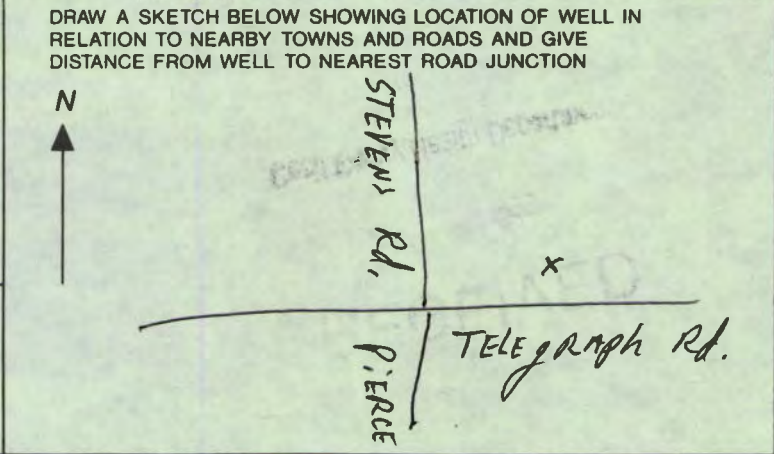
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____



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

APPROP. PERMIT NUMBER _____

FORCE _____ **PERMIT No.** **C E - 9 4 - 0 6 4 8**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C 1 1666 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY NUMBER **Repl. R1130**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED

Depth of Well
 22 **105** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"

CE-94-0648

OWNER **BELEW JOHN**
 STREET OR RFD last name **441 TELEGRAPH Rd.** first name TOWN **Rising Sun, Md. 21911**
 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	
BROWN SANDY SOIL	0	21	
BROWN SANDY CLAY	21	40	
FRACTURED FLINT & BROWN SAND	40	50	✓
SOFT WEATHERED ROCK GREEN & BROWN	50	70	✓
MEDIUM HARD GREEN & GRAY ROCK	75	105	✓

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 **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **75** 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 **ST** Nominal diameter top (main casing) (nearest inch) **6** Total depth of main casing (nearest foot) **75**

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. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET + WATCH**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15**
 WHEN PUMPING **65**
 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)

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

WELL HYDROFRACTURED **Y** **N**

- 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**
Laura Jones

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

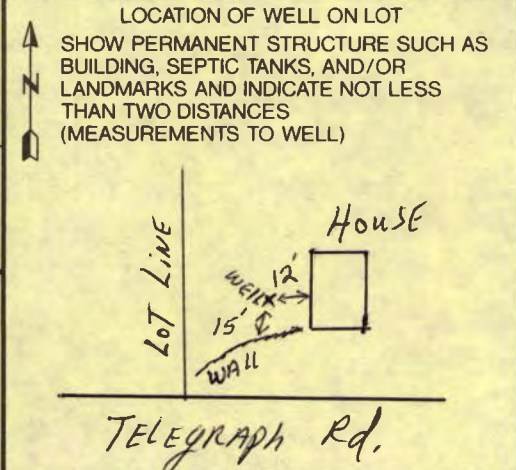
C 2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	40	75	105
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

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



B 1 SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND **F-0074**

APPLICATION FOR PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

fill in this form completely

OWNER INFORMATION

Date Received (APA)

OWNER
Last Name First Name

Street or RFD

Town State Zip

LOCATION OF WELL

COUNTY

F0074

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD

Driller's Name License No.

Firm Name

Address

Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

COUNTY NAME COUNTY NO. _____

STATE SIGNATURE _____ DATE ISSUED EXP. DATE

CO SIGNATURE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL 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)

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)

APPROP. PERMIT NUMBER

FORCE WRITE INITIALS IN BOX PERMIT No.

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

-
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

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

C1 **8749** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **F0074**

ST/CO USE ONLY DATE Received **APR 13 1996** DATE WELL COMPLETED **040196** Depth of Well **150** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE-94-1216**

OWNER **PELL GREG** last name **PELL** first name **GREG** STREET OR RFD **463 TELEGRAPH RD.** TOWN **RISING SUN** 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	
BROWN SANDY CLAY SOIL	0	35	
SOFT BROWN WEATHERED SAND ROCK	35	65	✓
SOFT GREEN WEATHERED ROCK	65	87	✓
FRACTURED BROWN SAND ROCK	87	100	✓
HARD GREEN GRAY GRANITE	100	150	✓

WATER BEARING AT 35 FT., 70 FT., 90 FT. + 140 FT.

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

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.

DRILLERS IDENT. NO. **47**
 DRILLERS SIGNATURE *Steven A. Jones*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (signature of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **29** NO. OF POUNDS **2726**
 GALLONS OF WATER **173**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **106** ft.

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) **106**

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 106	150
2		
3		

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

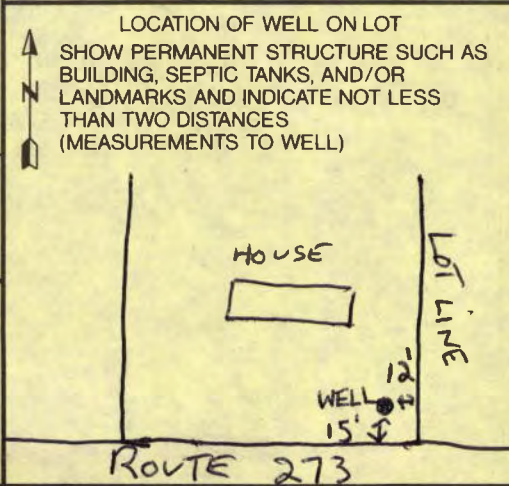
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET & WATCH**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **11**
 WHEN PUMPING **36**
 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE **11** (nearest foot)
 - below }



PD #86. 8/11/97 #116811-MSK

EMERGENCY/TEMP NO. IF ANY

F-1488-96

B 1 **5008** SEQUENCE NO. (MDE 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 - 2046
fill in this form completely

Date Received (APA) **08-11-97** **410-658-6417**
OWNER INFORMATION

CURRY JR. HERREL
Last Name Owner First Name

P.O. Box 305
Street or RFD

Rising Sun md. 21911
Town State Zip

B 3 LOCATION OF WELL

Cecil COUNTY F1488

SUBDIVISION

SECTION LOT

Rising Sun NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** M I

DRILLER INFORMATION

LARRY A. BROWN MWD 038
Driller's Name License No.

Brown Bros. Drilling
Firm Name

497 Kirks Mill Rd, Nottingham, PA. 19362
Address

Larry A. Brown 8-8-97
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

141 Pierce Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: **16** BLK: **12** PARCEL **739**

B 2 WELL INFORMATION

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil COUNTY NAME COUNTY NO.

STATE SIGNATURE **Charles E. Smyser** INSERT S

DATE ISSUED **08-13-97** CO SIGNATURE **08-12-98** EXP. DATE

NORTH GRID **679 000** EAST GRID **1067 000**

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200'** FEET

APPROXIMATE DIAMETER OF WELL **6"** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **1060**

N **670**

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)

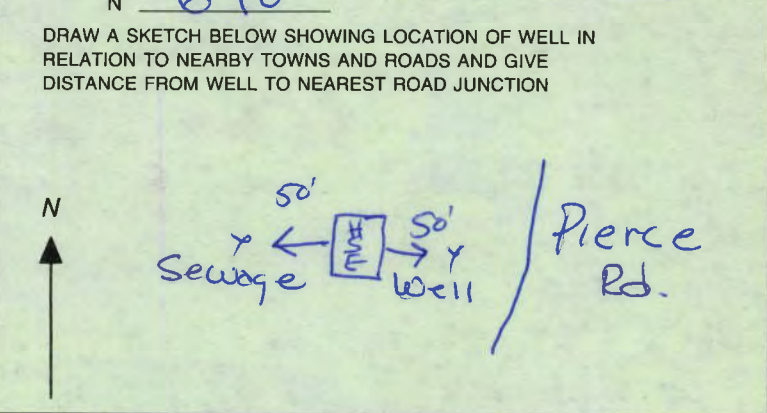
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

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



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

APPROP. PERMIT NUMBER **54** G A P **63**

FORCE **CE-94-2046** PERMIT No. **70 71 72 73 74 75 76 77 78 79**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 7948

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER F1488

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 28 1997

DATE WELL COMPLETED

MM DD YY
08 21 97

Depth of Well

22 140' 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

CE 94 2046

28 29 30 31 32 33 34 35 36 37

OWNER CURRY JR. HERREL
STREET OR RFD P.O. Box 305 TOWN Rising Sun, md. 21911
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	
clay	0	10	
sand	10	53	✓
Granite	53	140	✓
Water Bearing zones			
75-116			
137			

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 15 NO. OF POUNDS 1050
GALLONS OF WATER 75
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 63 ft.
(enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 66 Total depth of main casing (nearest foot) 63

OTHER CASING (if used)

E A C H C A S I N G	diameter		depth (feet)	
	inch	from	to	

SCREEN RECORD

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

C 2 DEPTH (nearest ft.)

	1	2	3
A	8	9	11
C	23	24	26
S	38	39	41
E	45	47	51
N			

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

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

C 3

PUMPING TEST

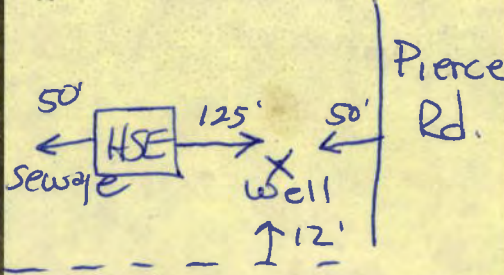
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 22
METHOD USED TO MEASURE PUMPING RATE Air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 ft.
WHEN PUMPING 35 ft.
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL 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
 - below } 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)



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

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.

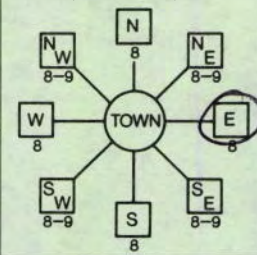

DRILLERS LIC. NO. MWD 038
Larry A. Brown
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 038
Larry A. Brown

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

PD # 80.5/1/98 # 12/018-MSR

EMERGENCY/TEMP NO. IF ANY

B 1 0039 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER CE 94- 2467 <small>fill in this form completely</small>
Date Received (APA) 05-01-98 <small>8 MM DD YY 13</small> OWNER INFORMATION GROVE DAVID <small>15 Last Name Owner First Name 34</small> 145 PIERCE RD. <small>36 Street or RFD 55</small> RISING SUN MD. 21911 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL 8 COUNTY 21 F3651 MS 2172 <small>23 SUBDIVISION 42</small> SECTION 44 46 LOT 48 50 RISING SUN <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) .1 M I <small>73 76 77 78</small>	
DRILLER INFORMATION ROBERT K. MUNYAN MWD 510 <small>Driller's Name 76 License No. 81</small> WALTON CORPORATION <small>Firm Name</small> P.O. Box 1097, Newark, DE. 19715 <small>Address</small> Robert K. Munyan 4/27/98 <small>Signature Date</small>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 PIERCE RD. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 560 37 DISTANCE FROM ROAD FT <small>ENTER FT OR MI 38 39</small> TAX MAP: 10 BLK: 12 PARCEL 741	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 1000 <small>(GAL. PER DAY) 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE INSERT S → 41 DATE ISSUED 05-04-98 June Hill 05-03-99 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 106 000 EAST GRID 688 000 <small>50 55 57 63</small>	
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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 1060 N 680 000 000 X	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION BLDG PERMIT F-3651 N ↑	
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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 G A P 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. CE 94- 2467 <small>70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>	

C 1 5688

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER F3651

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

ST/CO USE ONLY DATE RECEIVED MAY 11 1998

DATE WELL COMPLETED 05 05 98

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE 94 2467

OWNER GROVE DAVID STREET OR RFD 145 PIERCE RD TOWN Rising Sun SUBDIVISION NS 2172 SECTION LOT 4

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Brn Silt w/Gravel (0-15), Brn Weathered Rock (15-30), Gr Weathered Rock (30-65), (M) HARD Gr Rock (65-85), (m) HARD Gr Rock w/Very Fractured weathered peg layers (85-160).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 79 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 79

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

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

DEPTH (nearest ft.) table with rows for casing heights and slot sizes.

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED YES Y NO 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 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. MWD 510 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

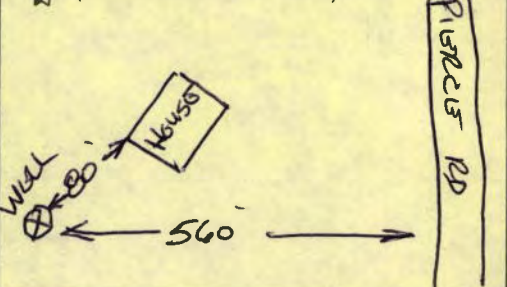
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 50 METHOD USED TO MEASURE PUMPING RATE ST WTCW/CONTAINER WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 150 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 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) 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)



Pa. 9/10/99 # 130331/60M

EMERGENCY/TEMP NO. IF ANY

B 1 8296
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
CE - 94 - 3564
70 fill in this form completely 79

Date Received (APA) 410-658-6068
9-10-99
8 MM DD YY 13

OWNER INFORMATION
LAMB ROGER
15 Last Name Owner First Name 34
147 Stevens Rd.
36 Street or RFD 55
Rising Sun Md. 21911
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
LARRY A. BROWN MWD 038
45 Driller's Name 76 License No. 81
Brown Bros. Drilling
Firm Name
497 Kirk's Mill Rd, Nottingham, PA. 19362
Address
Larry A. Brown 8-9-99
Signature Date

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 10
7 2 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 1000
(GAL. PER DAY) 14 20

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

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

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 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
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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 CE - B 1 - 0 4 2 0 52

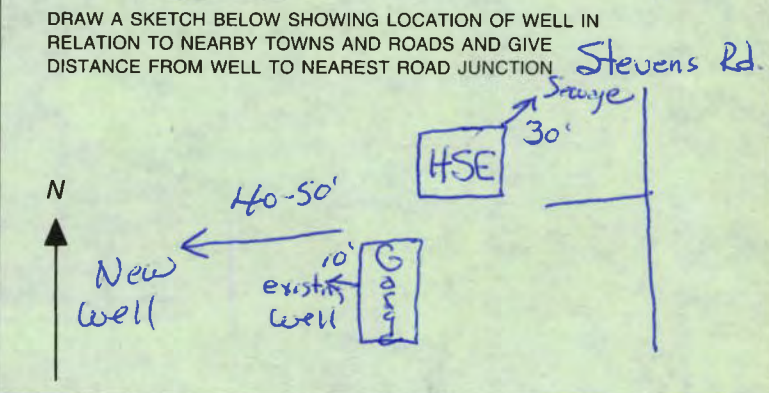
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. CE - 94 - 3564
70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL
Cecil
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Rising Sun
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Stevens Rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 200 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 10 BLK: 6 PARCEL 336

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Cecil
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 9/21/99 June Hill 9/20/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 683 000 55 EAST GRID 57 1068 000 63

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 1060
N 680



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

C 1 01225

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 Replacement

ST/CO USE ONLY
DATE Received
06 19 1999

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"
CE 94 3564

OWNER LAMB Roger
STREET OR RFD 147 Stevens Rd
SUBDIVISION SECTION TOWN Rising Sun, MD.
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	
Clay	0	50	
Sand	50	95	✓
Clay	95	115	
Granite	115	170	✓
Water Bearing Zones 130-161			

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
NO. OF BAGS 27 NO. OF POUNDS 1810
GALLONS OF WATER 135
DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP to 121 BOTTOM

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 121
OTHER CASING (if used) PL diameter inch 4 depth (feet) 5 to 163

SCREEN RECORD

screen type or open hole PL diameter inch 4 (NEAREST INCH) 4
DIALECTER OF SCREEN 4 (NEAREST INCH) 4
from 56 to 60

DEPTH (nearest ft.) 163

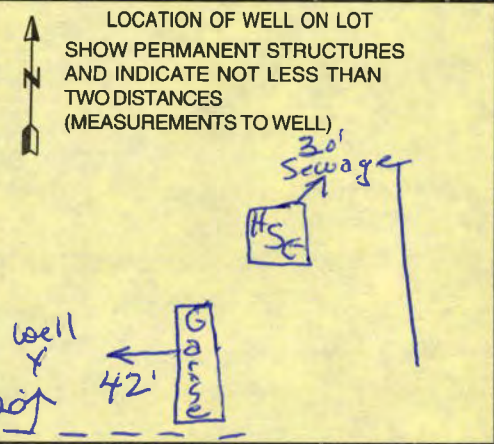
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE Air
WATER LEVEL (distance from land surface) BEFORE PUMPING 9 ft. WHEN PUMPING 15 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 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 - below 1 (nearest foot)



C 2

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.

DRILLERS LIC. NO. 1 MW D 038
Larry A. Brown
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 038
Larry A. Brown
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

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

70 T 72 A 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784



 WATER WELL ABANDONMENT-SEALING REPORT FORM

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: 10-27-99 (month/day/year)

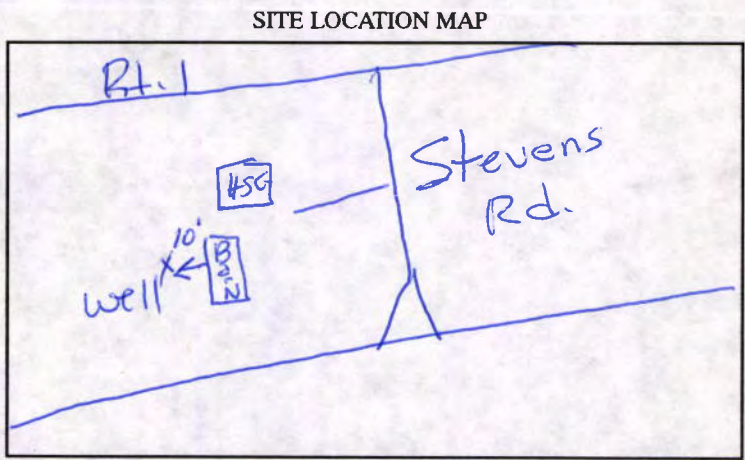
* PERMIT NUMBER OF ABANDONED WELL (if any) CE -81 - 0420

* PERMIT NUMBER OF REPLACEMENT WELL CE - 94 - 3564

* PERSON ABANDONING WELL: Brown Bros. WELL DRILLERS LICENSE NUMBER: 038

* OWNER'S NAME: Roger Lamb CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Cecil
 NEAREST TOWN: Rising Sun
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Stevens Rd.



* 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: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 154 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

Larry A. Brown
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
 DENV 828 JULY 1997 1) MDE

038 LICENSE # MWD/MSD/MGD CIRCLE ONE 10-29-99 DATE

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Sand & GF Bentonite Clay layered	0	154
VOLUME OF MATERIAL USED		
1 ton Sand 27 bags bentonite Clay		

B 1 8873

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

CE - 94 - 5638 fill in this form completely

Date Received (APA) 410-658-4345

OWNER INFORMATION MEADOWS RICHARD 524 Telegraph Rd. Rising Sun, Md. 21911

LOCATION OF WELL Cecil Standby Rising Sun 1 mile from town

DRILLER INFORMATION LARRYA. BROWN MW D 038 Brown Bros. Drilling 497 Kirks Mill Rd, Nottingham, PA. 19362

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) E ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) SOUTH DISTANCE FROM ROAD 1700 FT TAX MAP: 10 BLK: 6 PARCEL: 13

WELL INFORMATION APPROX. PUMPING RATE 10 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 1000 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 8/27/02 CO SIGNATURE Charles E. Smyer 8/26/03

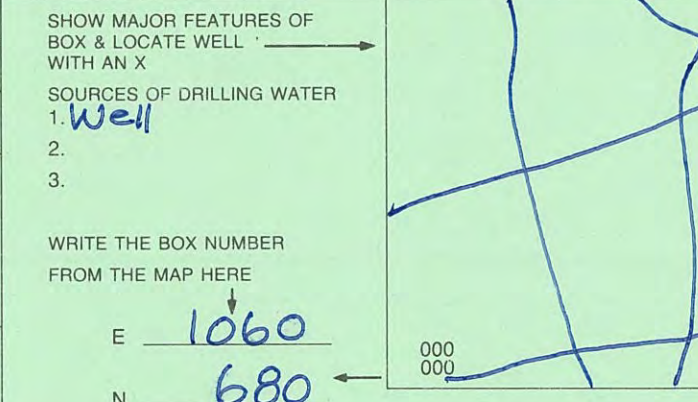
USE FOR WATER (CIRCLE APPROPRIATE BOX) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR-ROTary AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) PERMIT No. CE - 94 - 5638



WRITE THE BOX NUMBER FROM THE MAP HERE E 1060 N 680 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

(443) 553-5662

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

C1 7696

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

PROVIDE THIS REPORT WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER Standby

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED SEP 20 2002

8 29 02

22 260 26 (TO NEAREST FOOT)

CE 94 5638

OWNER Meadows Richard STREET OR RFD 524 Telegraph Rd. SUBDIVISION SECTION TOWN Rising Sun, Md. 21911

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 Clay, Sand, Gravel, Sand, Granite, and Water Bearing Zones.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth of main casing (96 feet).

OTHER CASING (if used)

PL 4 inch diameter, 10 feet depth, 260 feet total depth.

SCREEN RECORD

screen type or open hole (PL), insert appropriate code below.

DEPTH (nearest ft.)

PL 10 260. Slot size 1 125 2 3. Diameter of screen 4 (nearest inch).

C 3

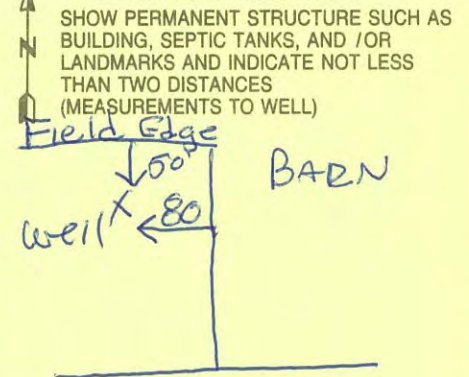
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (35), METHOD USED TO MEASURE PUMPING RATE (Air), WATER LEVEL (30 ft. before, 45 ft. when pumping), TYPE OF PUMP USED (Air).

PUMP INSTALLED

DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).

LOCATION OF WELL ON LOT



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

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...

DRILLERS LIC. NO. 1 MW 038, Harry A. Brown

LIC. NO. 1 MW 038, Harry A. Brown

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

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

70 I 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

Ad # 80 # 151683

EMERGENCY/TEMP NO. IF ANY

B 1 8877

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER CE - 94 - 5687 fill in this form completely

Cell (413) 553-5662

Date Received (APA) 9-3-02 410-658-4345 OWNER INFORMATION MEADOWS RICHARD 524 Telegraph Rd. Rising Sun Md 21911

B 3 Cecil LOCATION OF WELL 8 COUNTY 21 New 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Rising Sun 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION LARRY A. BROWN MW D 038 Driller's Name 76 License No. 81 Brown Bros. Drilling Firm Name 497 Kirks Mill Rd, Nottingham, PA 15362 Address Larry A. Brown 8-28-02 Signature Date

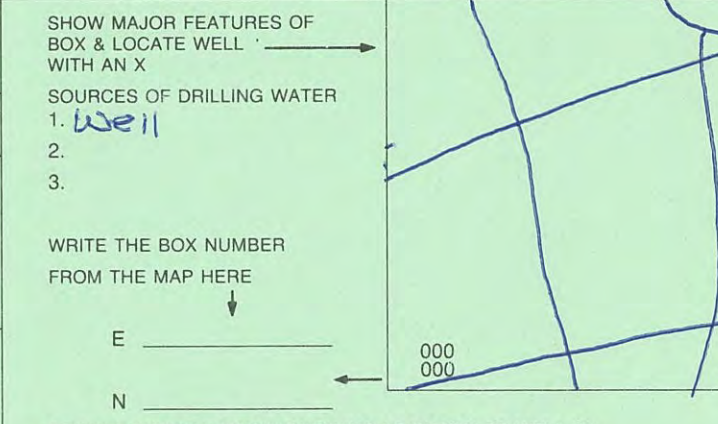
B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Md. 273 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 200' 37 DISTANCE FROM ROAD ft 38 39 ENTER FT OR MI TAX MAP: 10 BLK: 6 PARCEL 013

B 2 WELL INFORMATION APPROX. PUMPING RATE 10 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 1000 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 9/9/02 Charles E. Smyer 9/8/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 682 000 EAST GRID 1068 000 50 55 57 63

- 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 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH



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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-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 DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. CE - 94 - 5687 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 18247 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 New

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

ST/CO USE ONLY DATE RECEIVED NOV 13 2002 DATE WELL COMPLETED 10 04 02 Depth of Well 400 PERMIT NO. CE 94 5687

OWNER MEADOWS RICHARD STREET OR RFD 529 Telegraph Rd. TOWN Rising Sun, md 21911

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for Clay, Sand, Granite and water bearing zones.

GROUTING RECORD form with fields for cement, bentonite clay, bags, gallons, and depth of seal.

CASING RECORD form with fields for casing type, nominal diameter, and total depth.

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

SCREEN RECORD form with fields for screen type and diameter.

WELL HYDROFRACTURED form with yes/no options.

Circle appropriate letter form with options A, E, P.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO. 1 MW D 038 DRILLERS SIGNATURE Larry A. Brown

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

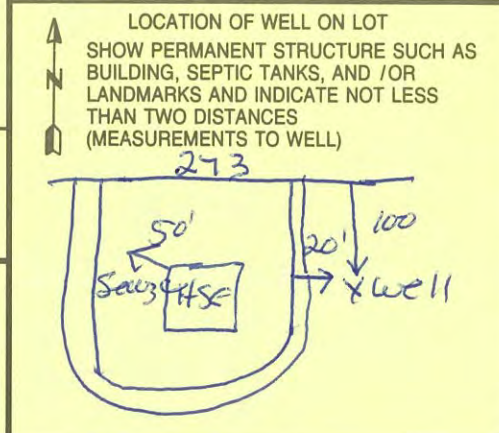
DEPTH (nearest ft.) table with columns 1-21 and handwritten values 141, 400.

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

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

PUMPING TEST form with fields for hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED form with fields for driller installed pump, pump type, capacity, and pump horse power.



#151726 pl. \$80.00 CES

EMERGENCY/TEMP NO. IF ANY

B 1 2505

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

CE - 94 - 5765

fill in this form completely

Date Received (APA) 09-27-02 410-658-4345

OWNER INFORMATION Meadows Richard 524 Telegraph Rd. Rising Sun md. 21911

LOCATION OF WELL Cecil F0074 Rising Sun MILES FROM TOWN 1

DRILLER INFORMATION LARRY A. BROWN MW D 038 Brown Bros. Drilling 497 Kirks Mill Rd, Nottingham, PA. 19362 Larry A. Brown 9-25-02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) E ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 25 50 DISTANCE FROM ROAD ft TAX MAP: 10 BLK: 06 PARCEL 011

WELL INFORMATION APPROX. PUMPING RATE 10 AVERAGE DAILY QUANTITY NEEDED 1000

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME STATE SIGNATURE DATE ISSUED 10/3/02 CO SIGNATURE CHIEF E. SIMPSON 10/2/03

APPROXIMATE DEPTH OF WELL 250' FEET APPROXIMATE DIAMETER OF WELL 6" INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 1060 N 680

METHOD OF DRILLING (circle one) AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. CE - 94 - 5765

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Sewage 50' HSE Well 50' 273

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 17127

SEQUENCE NO. (MDE 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

FO074

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

NOV 25 2002

170 (TO NEAREST FOOT)

CE 94 5765

OWNER MEADOWS RICHARD

STREET OR RFD 524 Telegraph Rd.

TOWN Rising Sun, Md. 21911

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 12 NO. OF POUNDS 600 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 107 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Submersible pump WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft. WHEN PUMPING 45 ft. TYPE OF PUMP USED (for test) S submersible

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: Clay (0-4), Sand (4-100), Granite (100-170), Water Bearing Zones (115-131, 155-168)

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

PL 4 inch diameter 10 from 170 to depth (feet)

SCREEN RECORD

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

DEPTH (nearest ft.)

1 170 107 170 2 10 170 3 125 4 DIAMETER OF SCREEN 4 (NEAREST INCH) from to

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 (-) below 1 (nearest foot)

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

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. MW038 Larry A. Brown DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW038 Larry A. Brown

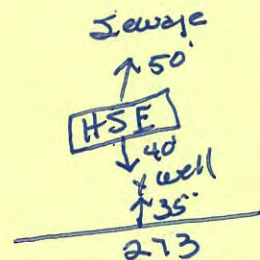
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

70 T 72 TELESCOPE CASING LOG INDICATOR OTHER DATA

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



PA # 177775 \$25.00 (RF)

EMERGENCY/TEMP NO. IF ANY

3

B 1 **9056**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

CE - 95 - 1020
fill in this form completely

Date Received (APA)
6/29/05

OWNER INFORMATION

Sun Company Inc
Last Name Owner First Name
1801 Market Street 10 Penn Center
Street or RFD
Philadelphia PA 19103
Town State Zip

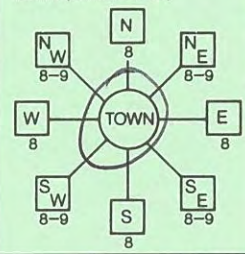
B 3 LOCATION OF WELL

Cecil
COUNTY
PNC file
SUBDIVISION
SECTION 44 46 LOT 48 50
Rising Sun
NEAREST TOWN

DRILLER INFORMATION

Stephen Saul MWD **421**
Driller's Name License No.
P.C. Myers Bros
Firm Name
5112 Pegasus Ct Suite V Frederick MD 21704
Address
St Sl **6-20-05**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



355
Telegraph Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD **25**
ENTER FT OR MI **FT**

TAX MAP: **10** BLK: **6** PARCEL **478**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.)

0
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **0**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Cecil
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED **6/29/05** **Charles E. Smyer** **6/28/06**
CO SIGNATURE EXP. DATE
NORTH GRID **681** 0 0 0 EAST GRID **1067** 0 0 0

APPROXIMATE DEPTH OF WELL **20** FEET

APPROXIMATE DIAMETER OF WELL **2** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

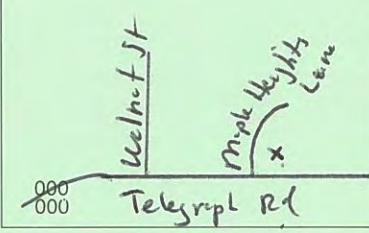
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

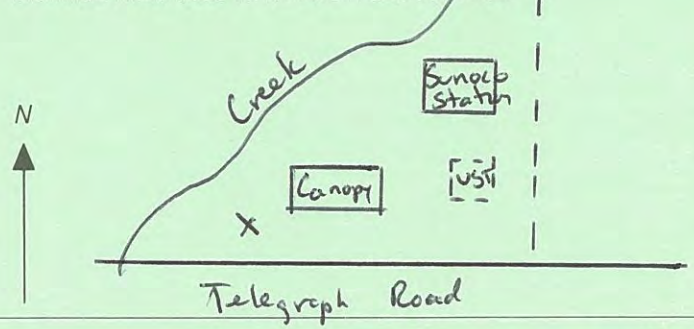
- 1. None
- 2. None
- 3. None

WRITE THE BOX NUMBER FROM THE MAP HERE

E **1067**
N **681**



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)

APPROX. PERMIT NUMBER **G**

PERMIT No. **CE - 95 - 1020**

SPECIAL CONDITIONS

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY **Sunoco A Plus of R.S.** NUMBER **PNC file #1**

ST/CO USE ONLY DATE Received **JUL 21 2005** DATE WELL COMPLETED **MM 7 DD 6 YY 05** Depth of Well **22 20 26** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **CE 95 1020**

OWNER **Sunoco** STREET OR RFD **355 Telegraph Road** TOWN **Rising Sun** 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	
Fill	0	3	
Brown sand and silt	3	10	
Brown clay and sand	10	20	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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

NO. OF BAGS **45 46** NO. OF POUNDS **45 46 50**

GALLONS OF WATER **5**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **2** ft. (enter 0 if from surface)

CASING RECORD

case types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! **2** Total depth of main casing (nearest foot) **3**

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 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.

DRILLERS LIC. NO. **MUD 421**

DRILLERS SIGNATURE *[Signature]*

LIC. NO. **JUD 364**

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

C 2 DEPTH (nearest ft.)

PL **3** **20**

E 1 8 9 11 15 17 21

A C 2 23 24 26 30 32 36

S C 3 38 39 41 45 47 51

R E E SLOT SIZE **1 020** 3

DIAMETER OF SCREEN **2** (NEAREST INCH) from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **3** **20**

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

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **NOT**

PUMPING RATE (gal. per min.) **PUMPED**

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING **17** **20** ft.

WHEN PUMPING **22** **25** 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 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

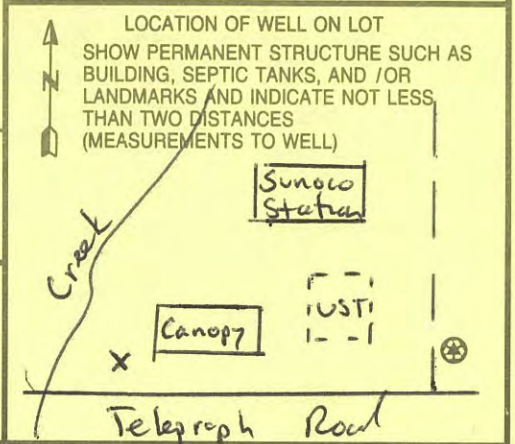
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } **0** (nearest foot)



5101

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES

The Johns Hopkins University
BALTIMORE 18, MARYLAND

CE-005101

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner: William H. Criger
Street or R. F. D. #2
Post Office: Rising Sun, Md.
Driller: Lester H. Brown
Street or R. F. D. #2
Post Office: Mattington, Pa.
Date: Dec 1, 1949

Quantity of Water Needed (G. P. M.) _____
Use for Water: Resident D
Approximate Depth of Well (feet): 80
Method of Drilling to be used: Drilling Machine
Location of Well
County: Cecil
Nearest Town: Rising Sun, Md.
Distance from Town: 1 1/4 miles
Direction from Town: North East

PERMIT TO DRILL WELL

(Permit to be returned to Driller)

NOT TO BE FILLED IN BY DRILLER

Permit No. 5101

Samples of Cuttings Required by Department Yes No

Owner Requires Permit to Appropriate Water Yes No

Owner Has Permit to Appropriate Water Yes No

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Walter H. Criger
Director

Date: December 5, 1949

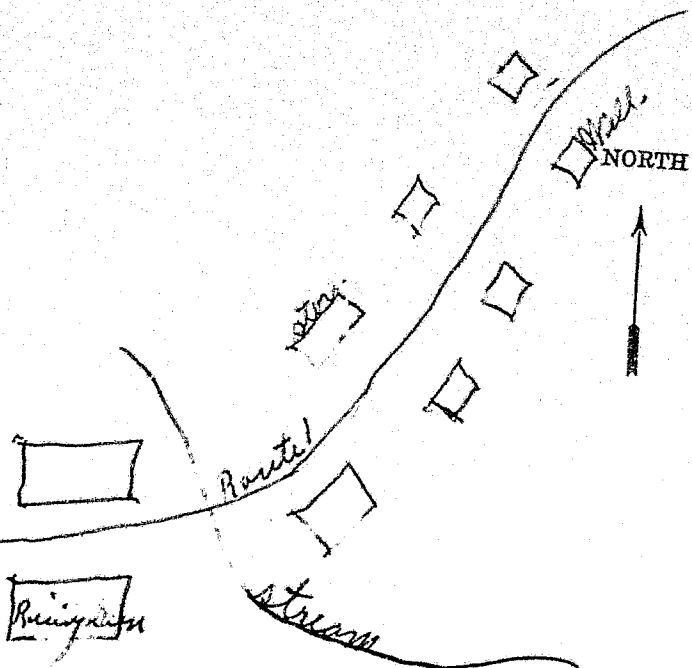
Special conditions that may apply:
120549

Description of Location of Well

(This information should be definite enough to permit locating well on a county map)

Near what road: Route No 1
On which side of road: Right side going East
Distance from road: 200 ft
(North, East, South, West)

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow.



(DUPLICATE)

~~15583~~
10583

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES
The Johns Hopkins University
BALTIMORE 18, MARYLAND

E.S. 84.57

CE-010583

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner HAROLD C. JONES
Street or R. F. D. ROUTE #1
Post Office RISING SUN

Driller FRANCIS H. DOUGHERTY
Street or R. F. D. 210 S.D. SMITH
Post Office C. NOWINGO, MD.
Date JULY 15, 1952

Quantity of Water Needed (G. P. M.) 5
Use for Water DOMESTIC D
Approximate Depth of Well (feet) 60-70
Method of Drilling to be used CABLE TOOL C

Location of Well
County CECIL
Nearest Town RISING SUN
Distance from Town 1/2 MILE
Direction from Town EAST

PERMIT TO DRILL WELL

(Permit to be returned to Driller)

NOT TO BE FILLED IN BY DRILLER

Permit No. ~~15583~~ 10583

Samples of Cuttings Required by Department Yes No

Owner Requires Permit to Appropriate Water Yes No

Owner Has Permit to Appropriate Water Yes No

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Johns Hopkins University
Director

Date July 21, 1952

Special conditions that may apply:
072152

Description of Location of Well

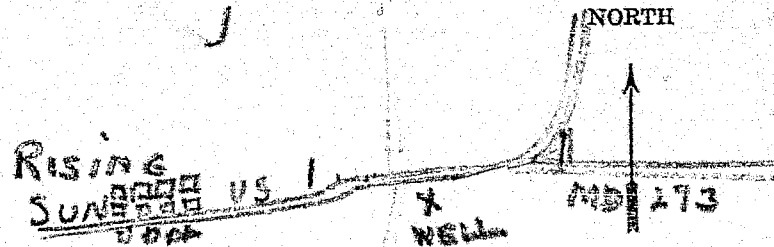
(This information should be definite enough to permit locating well on a county map)

Near what road ON ROUTE #1

On which side of road SOUTH
(North, East, South, West)

Distance from road 25 YARDS

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow.



STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES
The Johns Hopkins University
BALTIMORE 18, MARYLAND

072852

WELL COMPLETION REPORT

This report must be submitted within 30 days after completion of the well

75 10 22

9. 3. 57
W. A.

6 66

WELL DESCRIPTION

WELL LOG		CASING AND SCREEN RECORD	
State the kind of formations penetrated, their depth, their thickness, and if water-bearing		State the kind and size of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well)	
	FEET from... to...		DIAM. (inches)
BROWN CLAY	0 - 7	PIPE - 5" DIA	6
CLAY	7 - 10		
BROWN CLAY	10 - 20		
BROWN WET SILT	20 - 61		
WATER BEARING			
SOFT GRAY SAND	61 - 75		

Permit Number 16583

Name of Owner
Harold S. Jones

PUMPING TEST

Hours Pumped 8
Pumping Rate
Gallons per Minute 3

WATER LEVEL

Distance from land surface to water:
Before Pumping 8 Ft.
When Pumping 70 Ft.

APPEARANCE OF WATER

Clear
Cloudy
Taste Good
Odor None

Height of Casing Above Land Surface 1 Ft.

PUMP

Type RALEE O
Capacity
Gallons per Minute 20
Gallons per Hour 1200
Pump Column Length - Ft.

REMARKS

.....
.....
.....
.....
.....

Well Was Completed
Date
Well Driller
Signature

10 889

STATE OF MARYLAND
 DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES
 The Johns Hopkins University
 BALTIMORE 18, MARYLAND

2.5. 9.4.52
 CE-010889

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner ETHEL REEDY

Street or R. F. D. ROUTE 2

Post Office RISING SUN, MD

Driller FRANCIS H. DAUGHERTY

Street or R. F. D. 610 S.D. SMITH
 Post Office CORNWINGERS, MD

Date AUGUST 22, 1952

Quantity of Water Needed (G.P.M.) 5

Use for Water DOMESTIC D

Approximate Depth of Well (feet) 90-100

Method of Drilling to be used CABLE TOOL C

Location of Well

County CECIL

Nearest Town RISING SUN

Distance from Town 8 MILE (1/10)

Direction from Town EAST

Description of Location of Well

(This information should be definite enough to permit locating well on a county map)

Near what road U.S. ROUTE 1

On which side of road NORTH

Distance from road 25 YARDS.

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow.

PERMIT TO DRILL WELL

(Permit to be returned to Driller)

NOT TO BE FILLED IN BY DRILLER

Permit No. 10 889

Samples of Cuttings Required by Department Yes No

Owner Requires Permit to Appropriate Water Yes No

Owner Has Permit to Appropriate Water Yes No

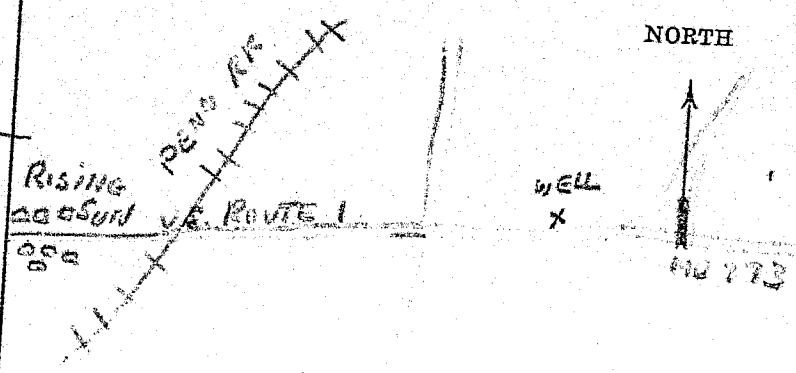
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

John T. Sweeney
 Director

Date August 27, 1952

Special conditions that may apply:

082752



(ORIGINAL)

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES

The Johns Hopkins University
BALTIMORE 18, MARYLAND

E.S.
9-30-52

083052

WELL COMPLETION REPORT

This report must be submitted within 30 days after completion of the well

6 82

85

WELL DESCRIPTION

WELL LOG
State the kind of formations penetrated, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well)

Permit Number 10089

Name of Owner
ETHEL BROWN

	FEEET
from 0 to	to
GRAVEL	0-15
SAND	15-20
CLAY	20-75
SOFT SAND	75-85

BLACK STEEL

DIAM.
(inches)
6

FEEET
from 0 to 85

PUMPING TEST

Hours Pumped 8

Pumping Rate
Gallons per Minute 30

WATER LEVEL

Distance from land surface to water:

Before Pumping 5 Ft.

When Pumping 15 Ft.

APPEARANCE OF WATER

Clear

Cloudy

Taste

Odor

Height of Casing Above Land Surface 1 Ft.

PUMP

Type D

Capacity

Gallons per Minute

Gallons per Hour 1800

Pump Column Length Ft.

REMARKS

Well Was Completed

Date 9/30/52

Well Driller

Signature

50936

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES
The Johns Hopkins University
BALTIMORE 18, MARYLAND

CEW 50936

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner Meadows
Hartley Meadows
Street or R. F. D. _____
Post Office Rising Sun MD

Driller Maurice E. Brown
Street or R. F. D. 2
Post Office Nattingham, Pa
Date 3/25/63

Quantity of Water Needed (G.P.M.) 10
Use for Water FARM F
Approximate Depth of Well (feet) 100'
Method of Drilling to be used CHUCKER

Location of Well
County Cecil
Nearest Town Rising Sun
Distance from Town 1/2 mile
Direction from Town EAST

PERMIT TO DRILL WELL

(Permit to be returned to Driller)

NOT TO BE FILLED IN BY DRILLER

Permit No. 50936

Samples of Cuttings Required by Department Yes No

Owner Requires Permit to Appropriate Water Yes No

Owner Has Permit to Appropriate Water Yes No

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Ernst Class
acting Director PC5

Date March 26, 1963

Special conditions that may apply:

C32663

Description of Location of Well

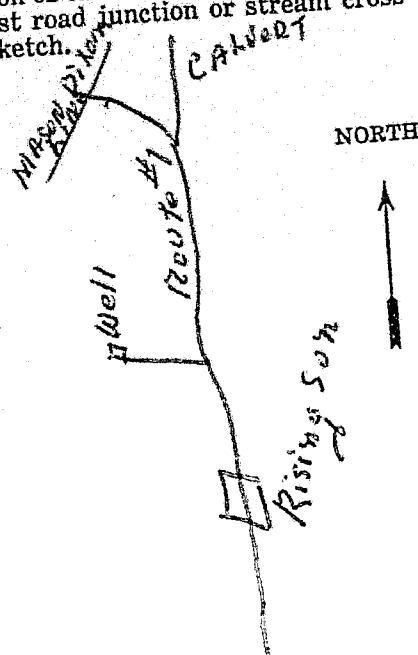
(This information should be definite enough to permit locating well on a county map)

Near what road Route #1

On which side of road Left
(North, East, South, West)

Distance from road 1000 Feet

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



(DUPLICATE)

Copy mailed Cecil Co. Health Dept.
3/25/63

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES

The Johns Hopkins University
BALTIMORE 18, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 30 days after completion of the well

11323

60

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well)

Permit Number 50936

Name of Owner
Harvey Meadows

PUMPING TEST

Hours Pumped 2
Type of Pump Used sub pump
Pumping Rate
Gallons per Minute 20

WATER LEVEL

Distance from land surface to water:

Before Pumping 23 Ft.

When Pumping 29 Ft.

APPEARANCE OF WATER

Clear

Cloudy

Taste

Odor

Height of Casing Above Land

Surface 18" Ft.

PUMP INSTALLED

Type

Capacity

Gallons per Minute.....

Gallons per Hour.....

Pump Column Length.....Ft.

REMARKS

This well drilled to specification of Board of Health of Md. by company 20' drilled 8" 6" casing used & grouted to land surface

Well Was Completed
Date 4/2/63
Well Driller M. A. ...

Signature

Sand & Gravel
Shale & Flint

FEET
fromto.....
0-18
18-60

DIAM.
(inches)
5 5/8"
FEET
fromto.....
0-20

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES

The Johns Hopkins University
BALTIMORE 18, MARYLAND

CE-055630

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

Owner Clyde Vandyke
Street or R. F. D. _____
Post Office RISING SUN, MARYLAND

Driller CONSTANTINE H. Eklipp JR
Street or R. F. D. Lewisville, PA. 19351
Post Office _____
Date 12-14-63

Quantity of Water Needed (G.P.M.) 5-8
Use for Water DOMESTIC + FARM D
Approximate Depth of Well (feet) 70'-80'
Method of Drilling to be used BORING B

Location of Well
County Cecil
Nearest Town RISING SUN Md.
Distance from Town 1/2 MILE
Direction from Town North

PERMIT TO DRILL WELL

(Permit to be returned to Driller)

NOT TO BE FILLED IN BY DRILLER

Permit No. 55630

Samples of Cuttings Yes
Required by Department No

Owner Requires Permit Yes
to Appropriate Water No

Owner Has Permit Yes
to Appropriate Water No

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Kenneth M. McCreary
Director

Date Dec. 14, 1963

Special conditions that may apply:
121663

Description of Location of Well

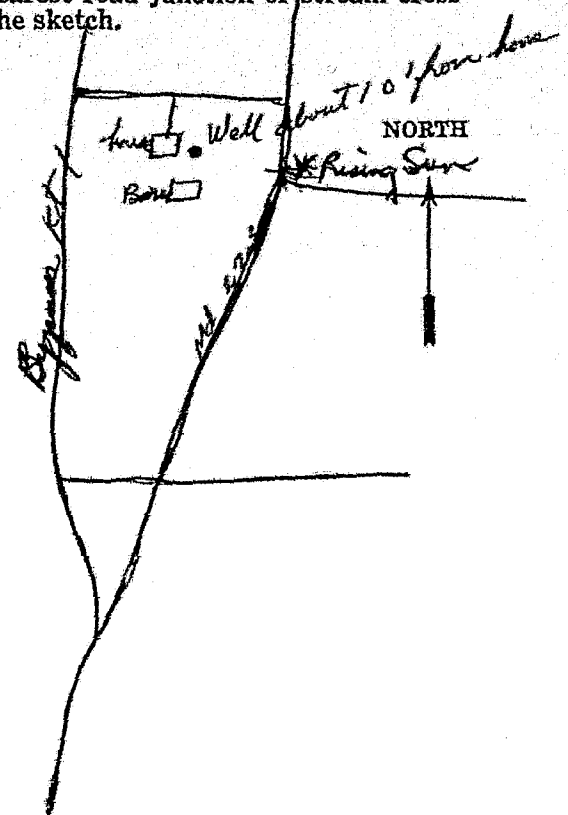
(This information should be definite enough to permit locating well on a county map)

Near what road BYPASS RT 1

On which side of road SOUTH-EAST
(North, East, South, West)

Distance from road 100 yds

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



copy mailed Cecil Co. Health Dept (ORIGINAL)
12/17/63

STATE OF MARYLAND
DEPARTMENT OF GEOLOGY, MINES AND WATER RESOURCES

The Johns Hopkins University
BALTIMORE 18, MARYLAND

021564

WELL COMPLETION REPORT

This report must be submitted within 80 days after completion of the well

178

6 24 WELL DESCRIPTION

WELL LOG State the kind of formations penetrated, their depth, their thickness, and if water-bearing	CASING AND SCREEN RECORD State the kind and size of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well)
--	---

Permit Number 55630
Name of Owner Clyde Vandyke

	FEET		DIAM. (inches)	FEET	
	from.....to.....			from.....to.....	
Caly - Gravel gray granite	0 - 30'		5 5/8"	0 - 34'	
	30' - 78'				

PUMPING TEST
Hours Pumped 2
Type of Pump Used Boiler
Pumping Rate
Gallons per Minute 10

WATER LEVEL
Distance from land surface to water:
Before Pumping 28 Ft.
When Pumping 20 Ft.

APPEARANCE OF WATER
Clear
Cloudy
Taste
Odor

Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED
Type
Capacity
Gallons per Minute.....
Gallons per Hour.....
Pump Column Length.....Ft.

REMARKS
.....
.....
.....
.....

Well Was Completed
Date 2-15-64
Well Driller C Di Filippo

Signature

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

C-6660034

APPLICATION FOR PERMIT TO DRILL WELL

Owner Commissioners of Rising Sun

Street or R. F. D. S. Queen Street

Post Office Rising Sun, Md. 21911

Quantity of Water to be Produced 50 G.P.M.

Total Quantity Needed For Use 72,000 G.P.D.

Use for Water Town Supply

Approximate Depth of Well (feet) 200 ft.

Method of Drilling to be used Rotary

Is this a Replacement Well? Yes - No X

If YES, indicate date abandoned well is to be

sealed:

and by whom:

Driller Maurice E. Brown License Number 62

Street or R. F. D.

Post Office RD #2, Nottingham, Pa.

Date July 23, 1965

Location of Well

Subdivision None

Section None Lot None

County Cecil

Nearest Town Rising Sun

Distance from Town In town

Direction from Town East

Description of Location of Well

(This information should be definite enough to permit locating well on a county map).

Near what road Route 273

On which side of road North

(North, East, South, West)

Distance from road 300 Ft.

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.

PERMIT TO DRILL WELL

(Not To Be Filled In By Driller)

Well Permit No. CE-66-W-34

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. McKee Director July 26, 1965 Date

THIS PERMIT IS NOT TRANSFERABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Cecil County Department of Health

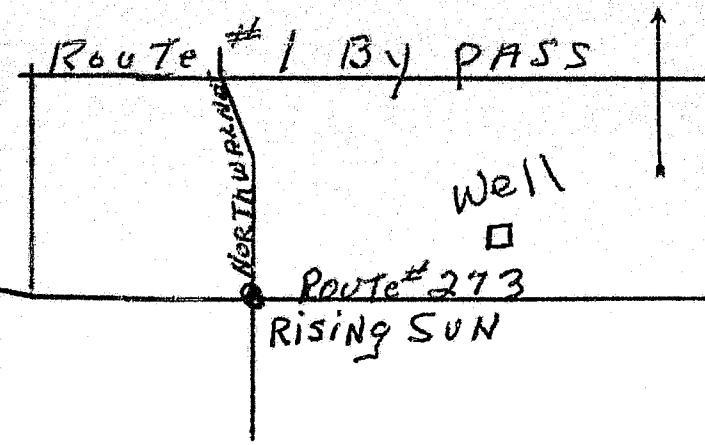
or State Department of Health

Approved by David S. Monaghan

Title Superintendent

Date 7/26/65

NORTH



PERMIT FILE COPY

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

CE660034 WELL COMPLETION REPORT RECEIVED 080265

6 68 WELL DESCRIPTION 80

Permit Number CE 660-34
Owner Commissioner of
Address Picing Sun
Subdivision
Section Lot

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Sand
Granite
Water bearing -

FEET
from to
0-68'
68-86'
70-80'

DIAM.
(Inches)
6" ID
FEET
from to
0-68'

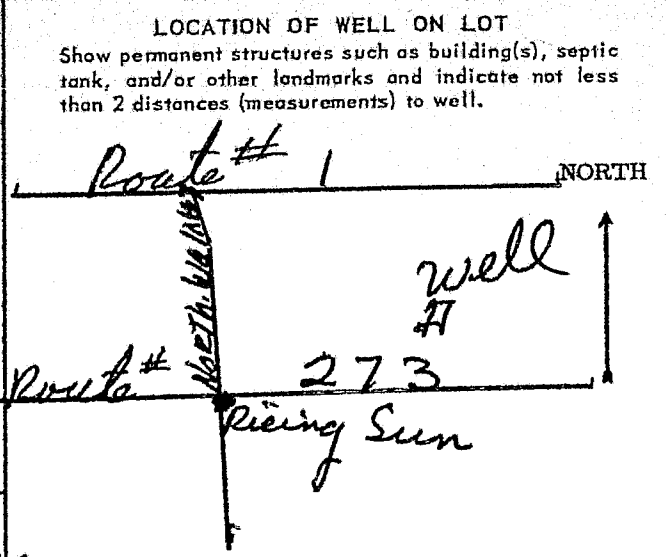
PUMPING TEST
Hours Pumped 36
Type of Pump Use *Submersible*
Pumping Rate
Gallons per Minute 60

WATER LEVEL
Distance from land surface to water:
Before Pumping 30 Ft.
When Pumping 65 Ft.

APPEARANCE OF WATER
Clear Cloudy
Taste
Odor

Height of Casing Above Land Surface 1'-6" 42 Ft.

PUMP INSTALLED
Type
Capacity
Gallons per Minute
Gallons per Hour
Pump Column Length Ft.



Date Well Was Completed Aug 2, 1965

Well Driller Signature *Maurice Elston*

RECEIVED
State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND RECEIVED

DEPARTMENT OF
WATER RESOURCES
SEP 10 8:45

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

SEP 14 1965

CE 660113

APPLICATION FOR PERMIT TO DRILL WELL

NEW

DEPT. OF HEALTH

DEPARTMENT OF
WATER RESOURCES

Owner John J. Wighton (Wighton)

Driller Manning E. Brown License Number 62

Street or R. F. D. _____

Street or R. F. D. 3 Nottingham, Pa

Post Office Rising Sun, Md

Post Office _____
Date Sept 10, 1965

Quantity of Water to be Produced 5 G.P.M.

Location of Well

Total Quantity Needed For Use 250 G.P.D.

Subdivision _____

Use for Water Domestic House D

Section _____ Lot _____

Approximate Depth of Well (feet) 100'

County Cecil

Method of Drilling to be used Rotary R

Nearest Town Rising Sun

Is this a Replacement Well? Yes - No N

Distance from Town 1 mile

If YES, indicate date abandoned well is to be sealed: _____

Direction from Town North

and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).

Near what road Route # 273

On which side of road _____

(North, East, South, West)

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

Well Permit No. CE-66-W-113

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

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

Paul W. McKee 9-16-65
Director Date

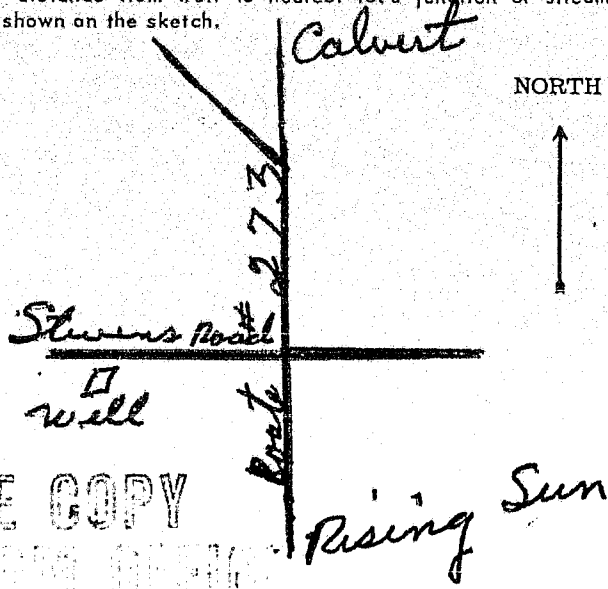
THIS PERMIT IS NOT TRANSFERRABLE WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

PERMANENT FILE COPY
DO NOT REMOVE FROM OFFICE

Health Department Approval of Application
Cecil County Department of Health

or State Department of Health
Approved by David S. Moore
Title Superintendent
Date 9-14-65

Distance from road 300 yds
Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



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

Ce660113

43 WELL 165 SEP 29 PM 1:55

092565

50

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the type and position of casing, size of pipe or accessories. (if casing used, give diameter of well).

Permit Number Ce-66-W-113
Owner John J. Winston
Address Rising Sun, Md
Subdivision _____
Section _____ Lot _____

PUMPING TEST
Hours Pumped 1
Type of Pump Used Rotary air
Pumping Rate _____
Gallons per Minute 18

WATER LEVEL
Distance from land surface to water:
Before Pumping 4 Ft.
When Pumping 24 Ft.

APPEARANCE OF WATER
Clear Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land Surface 6" + 1 Ft.

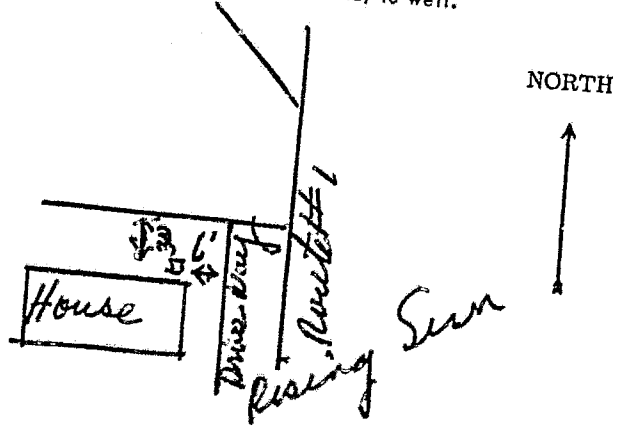
PUMP INSTALLED
Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

Sand Gravel
Granite
Water zone

FEET
from ___ to ___
0-42'
42'-50'
45'

DIAM. (Inches)
1"
5/4" 10
FEET from ___ to ___
0-42'

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Completed Sept 25, 1965

Well Driller
Signature Maurice E. Brown

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

Ce690065

APPLICATION FOR PERMIT TO DRILL WELL

8854

Owner Bryan W. & Grace E. Gibney

Driller Vonley Ray

License Number 100

Street or R. F. D. R. F. D. # 2 Box 5

Street or R. F. D. R. D. # 2 Oxford Pa. 19363
Post Office

Post Office Rising Sun Md. 21911

Date 8-25-68

Quantity of Water to be Produced 5 to 10 G.P.M.

Location of Well

Total Quantity Needed For Use 200 G.P.D.

Subdivision Sixth District

Use for Water Family use **D**

Section _____ Lot _____

County Cecil

Approximate Depth of Well (feet) 100

Nearest Town Rising Sun

Distance from Town One Half Mile

Method of Drilling to be used Cable Tool Machine **C**

Direction from Town East

Description of Location of Well Between Road & House

Is this a Replacement Well? Yes - No **N**

(This information should be definite enough to permit locating well on a county map).

If YES, indicate date abandoned well is to be sealed: _____

Near what road Pierce Road

and by whom: _____

On which side of road East

(North, East, South, West)

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

Distance from road Fifty Ft.

Well Permit No. CE-69-W-65

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.

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

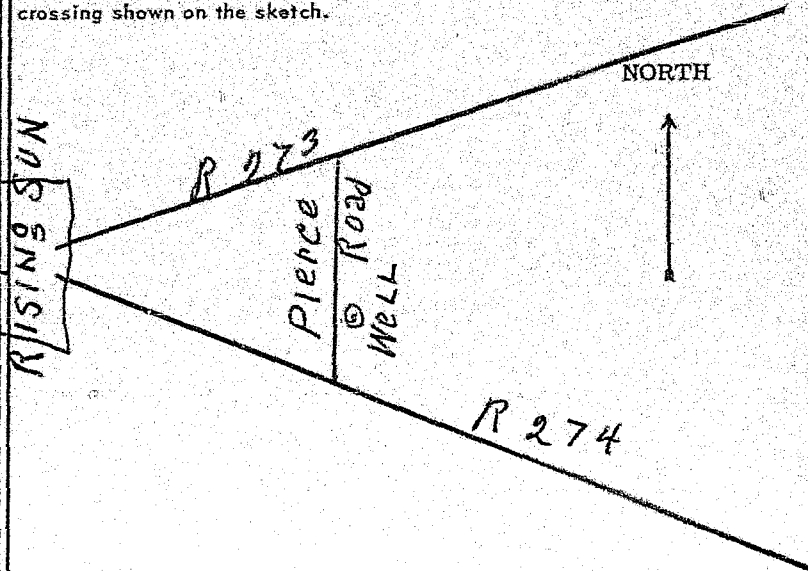
Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

David W. McKee 8-20-68
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed: _____



Health Department Approval of Application

Cecil County Department of Health

or State Department of Health

Approved by David A. ...

Title Supervising Sanitarian

Date August 19, 1968

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

CE690065 WELL COMPLETION REPORT **09/16/68**

5 **41** WELL DESCRIPTION **71**

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from <u>0</u> to <u>38</u>		DIAM. (inches)	FEET from <u>0</u> to <u>41</u>
soil				
shale rock	38 to 41	41 ft	5 5/8	0 to 41
rock (brown granite) water bearing very hard at places, avg of 1.5 to 2.5 ft intervals	41 to 71			

Permit Number CE-69-1065
Owner Bryant No. 1000
Address Rising Sun Rd
Subdivision 10th District
Section _____ Lot _____

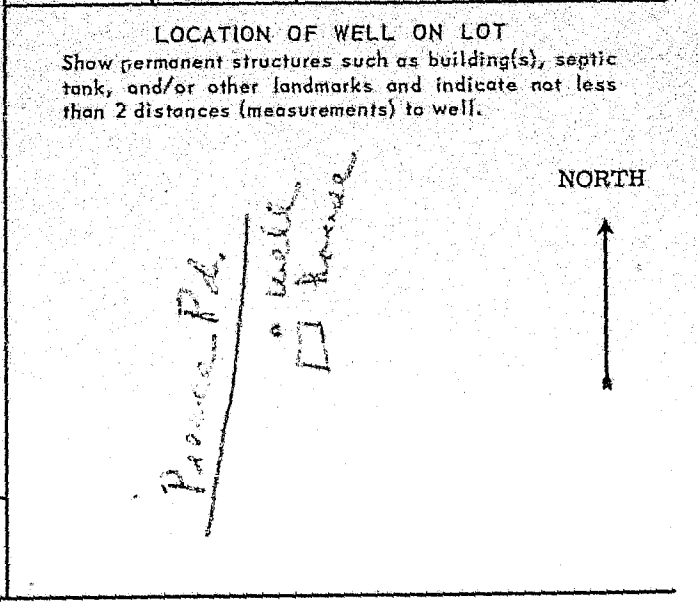
PUMPING TEST
Hours Pumped 2
Type of Pump Used 50x100
Pumping Rate _____
Gallons per Minute 20

WATER LEVEL
Distance from land surface to water:
Before Pumping 26 Ft.
When Pumping 38 Ft.

APPEARANCE OF WATER
Clear Cloudy _____
Taste None
Odor None

Height of Casing Above Land
Surface not installed Ft.

PUMP INSTALLED
Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.



RECEIVED
1968 SEP 23 AM 9:39
DEPARTMENT OF
WATER RESOURCES

Date Well Was Completed 9/16/68
Well Driller Stanley Roy
Signature [Signature]

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

Ce690077

AUG 30 1968

APPLICATION FOR PERMIT TO DRILL WELL

Owner John Wigton
 Street or R. F. D. 2
 Post Office Rising Sun, Md
 Quantity of Water to be Produced 5 Gallons Per Minute
 Total Quantity Needed For Use 300 Gallons Per Day
 Use for Water House **D**
 Approximate Depth of Well (feet) 80'
 Method of Drilling to be used Rotary **R**
 Is this a Replacement Well? Yes - No **Y**
 If YES, indicate date abandoned well is to be sealed: Sept 20, 1968
 and by whom: By owner

Driller Maurice E. Brown License Number 133
 Street or R. F. D. 2
 Post Office Nottingham, Pa.
 Date August 30, 1968
 Location of Well County Cecil
 Subdivision _____
 Section _____ Lot _____
 Nearest Town Rising Sun
 Distance from Town 2 1/2
 Direction from Town North
 Description of Location of Well
 (This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).
 Near what road Stevens
 On which side of road ✓
 (North, East, South, West)
 Distance from road 80'

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

Well Permit No. Ce690077

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

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated:

Paul W. McKee 083068
Director Date

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

County Permit No. _____

Health Department Approval of Application

Cecil County Department of Health

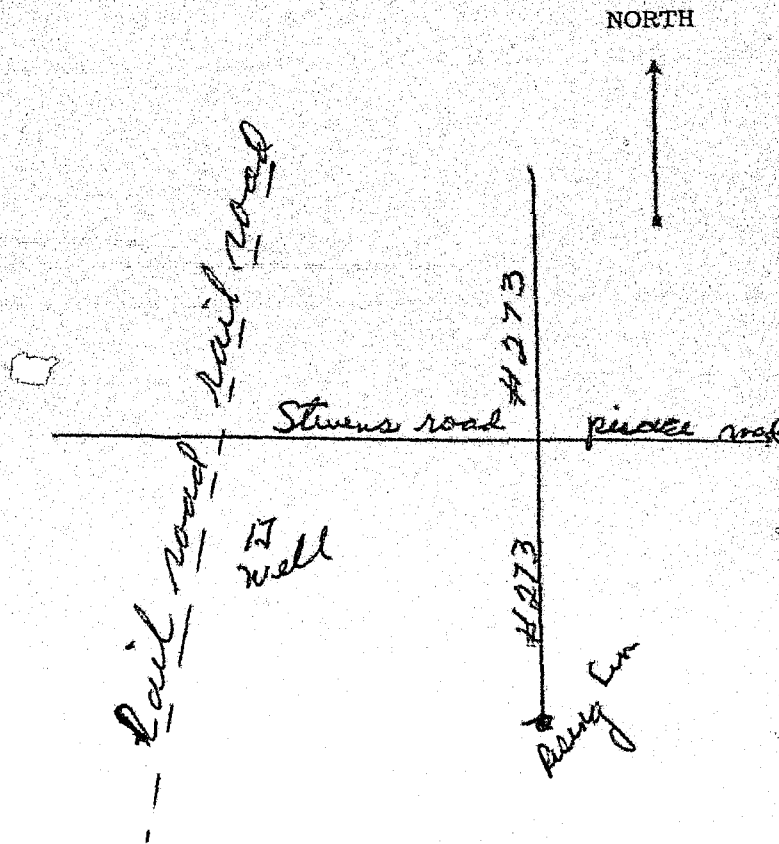
or State Department of Health

Approved by David S. Moore 920

Title Supervising Sanitarian

Date August 30, 1968

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with NORTH in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.



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

CE690077 WELL COMPLETION RECEIVED 100468
RECEIVED

6 56 WELL DESCRIPTION 57
66 OCT 21 AM 10:57

Permit Number CE690077
Owner John Weston
Address 22 Riverside Mall
Subdivision _____
Section _____ Lot _____

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, pipe, pipe caps and other accessories (if no casing used, give diameter of well).

FEET from _____ to _____	FEET from _____ to _____
gray sand & clay mixed with granite boulders	0-56'
granite water bearing	56'-57'

DIAM. (inches)	FEET from _____ to _____
6 1/4" L.D.	0-56'

PUMPING TEST
Hours Pumped 3 1/2 hr
Type of Pump Used Rotary air
Pumping Rate _____
Gallons per Minute 15

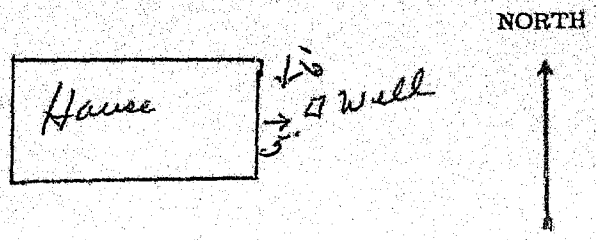
WATER LEVEL
(Distance from land surface to water)
Before Pumping 8" Ft.
When Pumping 14" Ft.

APPEARANCE OF WATER
Clear Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land Surface 1" Ft.

PUMP INSTALLED
Type _____
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED
10/4/68

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
Maurice E. Brown, Well Driller
Well Driller License No.: 133

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

PERMIT TO DRILL WELL

ISSUE DATE- 08/12/70
MO DA YR

* PERMIT NUMBER- CF-71-0031 *

ISSUED TO DRILLER-

MAURICE BROWN
2
NOTTINGHAM PA 19362

DRILLER
ID. NUMBER- 39

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

GILES, RAY
1
RISING SUN MD

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

THIS PERMIT IS SUBJECT TO THE FOLLOWING SPECIAL CONDITIONS-

- 1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THIS PERMIT IS VALID UNTIL
02/12/71. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

PAUL W. MCKEE
DIRECTOR, MARYLAND
DEPARTMENT OF WATER
RESOURCES

B 1 5434

SEQUENCE NO. (DWR USE ONLY)

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

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED. FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 0 THIS NUMBER IS TO BE PUNCHED IN COLD. 3-5 ON ALL CARDS

DATE RECEIVED (DWR USE ONLY)

081270

OWNER GILES RAY COL 15 LASTNAME COL 04 FIRST NAME COL 04 COL 05 COL 06 COL 07 COL 08 COL 09 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40 COL 41 COL 42 COL 43 COL 44 COL 45 COL 46 COL 47 COL 48 COL 49 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55 COL 56 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63 COL 64 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79 COL 80 COL 81 COL 82 COL 83 COL 84 COL 85 COL 86 COL 87 COL 88 COL 89 COL 90 COL 91 COL 92 COL 93 COL 94 COL 95 COL 96 COL 97 COL 98 COL 99 COL 00

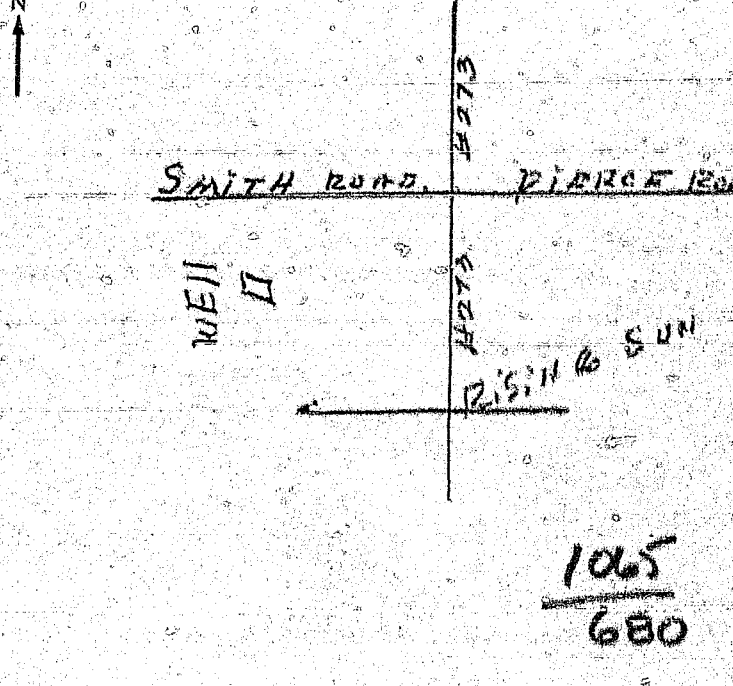
B 2 DRILLER INFORMATION 1 2 3 (SEQ. NO.) 0 MAURICE BROWN 39 2 NOTTINGHAM, PA 19322 8/17/70

B 4 LOCATION OF WELL 1 2 3 (SEQ. NO.) 0 CECIL 23 23 RISING SUN, MD 1

B 3 WELL INFORMATION 1 2 3 (SEQ. NO.) 0 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 400 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 T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL APPROXIMATE DEPTH OF WELL 70 FEET

B 5 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 (CIRCLE APPROPRIATE BOX) SMITH RD. 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) 70

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. DISTANCE MAY BE APPROXIMATE, BUT MUST BE INDICATED.



METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD): BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY OTHER (DESCRIBE) REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE WRITE INITIALS IN BOX CONDITIONS

B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER) LATITUDE 39 47 34.0 Ceoil COUNTY DEPT. OF HEALTH LONGITUDE 0 76 03.70 APPROVED BY David S. Moore (P) TITLE Supervising Sanitarian DATE 081070

B 6 SPECIAL CONDITIONS B-63 (DWR USE ONLY)

C 1 1624
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 2-8 ON ALL REPORTS)

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

THIS REPORT IS TO BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL.
FILL IN THIS FORM COMPLETELY

DATE WELL COMPLETED 11/08/70 DEPTH OF WELL 90 PERMIT NO. FROM PERMIT TO DRILL WELL CE-71-0021
 100970 082570 22 178 (NEAREST FOOT) 28 DRILLER IDENTIFICATION NO. 129

OWNER T. L. LES LAST NAME RAY
 STREET OR RFD 334 E. MAIN ST. DISTRICT OFFICE NEWBERRY, DEL.

WELL LOG

STATE THE KIND OF FORMATION PENETRATED, COLOR, BOUNDARIES, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	TO	CHECK OFF
RED CLAY	0	30	<input checked="" type="checkbox"/>
GRAY SAND	0	0	<input type="checkbox"/>
CLAY	30	58	<input checked="" type="checkbox"/>
GRAY GRANITE	58	80	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GRouted (CIRCLE APPROPRIATE BOX)
 YES NO
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE)

PUMPING TEST

WATER PUMPED (TO NEAREST GALLON) 1
 PUMPING RATE (GALLONS PER MINUTE) (NEAREST GALLON) 50
 METHOD USED TO MEASURE PUMPING RATE ROTARY P.I.P.
 WATER LEVEL (DISTANCE FROM LAND SURFACE) (NEAREST FOOT) 11
 WHEN PUMPING 13 (NEAREST FOOT)

CASING RECORD

CASING TYPE (CIRCLE APPROPRIATE CODE BELOW)

ST STEEL CD CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 60

TYPE OF PUMPS USED (CIRCLE APPROPRIATE BOX)

A AIR R ROTARY T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A
 CAPACITY (GALLONS PER MINUTE) (TO NEAREST GALLON) 50
 PUMP HORSE POWER 0
 PUMP COLUMN LENGTH (NEAREST FOOT) 37

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)

ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE (NEAREST FOOT) 0

EACH CASING

DEPTH (NEAREST WHOLE FOOT) FROM	TO
<u>HO</u> 0	<u>90</u> 21
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

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEWAGE TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

House

CIRCLE APPROPRIATE BOXES

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

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

DRILLER'S NAME MAURICE BROWN
 SIGNATURE Maurice Brown

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) YES NO
 DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR
 OTHER DATA AVAILABLE
 74 75 76

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

72-83

PERMIT TO DRILL WELL

ISSUE DATE- 08/06/71
MD DA YR

* PERMIT NUMBER- CE-72-0057 *

ISSUED TO DRILLER-
DIFILLIPPO, C JR
82 WHITE CLAY CRESCENT
NEWARK DE 19711

DRILLER
ID. NUMBER- 250

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

HALL, WILMER
PIERCE RD
RISING SUN MD

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
SUNRISE ESTS SUBDIVISION, SECTION- , LOT- ,
NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

THIS PERMIT IS SUBJECT TO THE FOLLOWING SPECIAL CONDITIONS-
1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THIS PERMIT IS VALID UNTIL
02/06/72. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

PAUL W. MCKEE
DIRECTOR, MARYLAND
DEPARTMENT OF WATER
RESOURCES

B 1 10672

SEQUENCE NO. (DWR USE ONLY)

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

CE-72-0057 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)

OWNER HALL WILMER A-1256 COL. 34

STREET OR RFD Sunrise Estates A-1256 Parco Rd. COL. 36

POST OFFICE RISING SUN Md. COL. 67

B 1 CONTINUED DRILLER INFORMATION

DATE July 28 1971 LICENSE NUMBER 250 77 80

FIRST NAME CONSTANTINE DRILLER LAST NAME DiFilippo Jr

SIGNATURE Constantine DiFilippo Jr

B 3 LOCATION OF WELL

COUNTY Cecil

SUBDIVISION SUNRISE ESTATE S

SECTION 44 46 LOT 46 48

NEAREST TOWN Rising Sun Md. COL. 52

FEET FROM TOWN (ENTER 0 IF INTOWN) 3 COL. 73

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 COL. 8

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 800 COL. 12

USE FOR WATER DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

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

P PRIVATE WATER COMPANY

T TEST

B 4 DIRECTION FROM TOWN

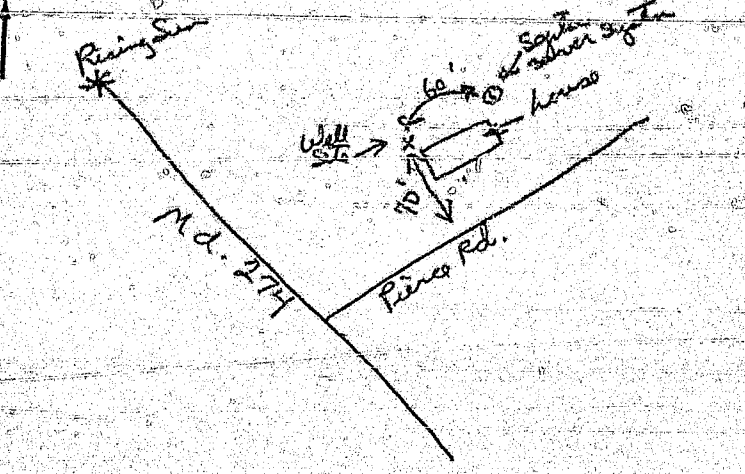
NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST SW SOUTHWEST

NEAR WHAT ROAD Pierre Rd. ON WHICH SIDE OF ROAD NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 70 COL. 34

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



APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE-POINT

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 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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 03 FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U

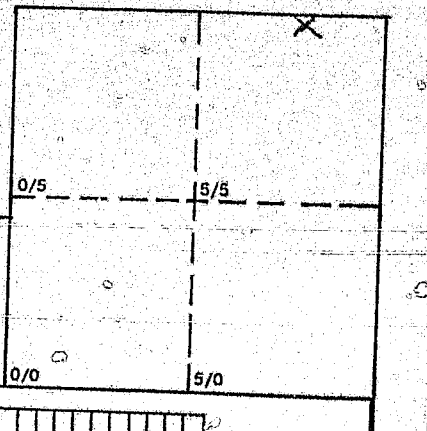
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH COUNTY NAME Cecil COUNTY NO. APPROVED BY David S. Moore

DATE 07 29 71

BOX NUMBER E 1060 N 670

CORDINATE NORTH 675000 EAST 1065000 ELEVATION AT WELL HEAD (FEET)



SEQUENCE NO. (DWR USE ONLY)
2696
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 OR ALL CARDS

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

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

DATE RECEIVED (DWR USE ONLY) **SEPT. 4, 1971** DATE WELL COMPLETED
 DEPTH OF WELL **73'** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **090471**
 DRILLERS IDENTIFICATION NO. **250**

OWNER **HALL** LAST NAME **Wilmer** FIRST NAME
 STREET OR RFD **PIERCE Rd.** POST OFFICE **Rising Sun, Md.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
top soil, shale	0	20	
soft brown	20	65	✓
granite	65	73	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y**

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT **C** M BENTONITE CLAY **B** C

NO. OF BAGS _____ 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 BELOW)
S T C O
 STEEL CONCRETE
P L O T
 PLASTIC OTHER

MAIN CASING TYPE **S** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **4 1/2"** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **63'**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1	2	3	4	5
2	6	7	8	9
3	10	11	12	13

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)
S T B R H O
 STEEL BRASS OPEN HOLE OR BRONZE
P L O T
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	40	63	73	
2				
3				

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** **F**

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.G.)

TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **7A 75 76**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **12**

METHOD USED TO MEASURE PUMPING RATE **Timed**

WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **20'** (NEAREST FOOT)
 WHEN PUMPING **50'** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
A B C J P R S
 AIR CENTRIFUGAL JET PISTON ROTARY SUBMERSIBLE TURBINE OTHER (DESCRIBE BELOW)

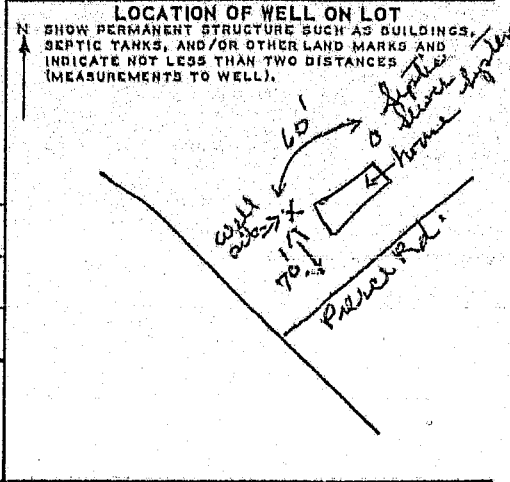
PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **Y**

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 (NEAREST FOOT) _____
- BELOW _____



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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

DRILLERS NAME
 (PLEASE PRINT) **Constantine D. Filipopoulos**

SIGNATURE **Constantine D. Filipopoulos**

105-81

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

PERMIT TO DRILL WELL

ISSUE DATE- 01/10/72
MO DA YR

* PERMIT NUMBER- CE-72-0251 *

ISSUED TO DRILLER-

PRESTON & HAMILTON
RD 1 BOX 230
HAVRE DE GRACE MD 21078

DRILLER
ID. NUMBER- 112

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

SMITH, RONALD
422 9TH ST
UPLAND PA 19015

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

THIS PERMIT IS SUBJECT TO THE FOLLOWING SPECIAL CONDITIONS-

- 1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THIS PERMIT IS VALID UNTIL
07/10/72. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

PAUL W. MCKEE
DIRECTOR, MARYLAND
DEPARTMENT OF WATER
RESOURCES

B 1 07186
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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

DWR PERMIT NUMBER
 CE-72-00751
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
 011072

OWNER: Smith Ronald
 COL 18 LAST NAME COL 34 FIRST NAME
 STREET OR RFD: 422 9th St.
 COL 36 COL 55
 POST OFFICE: Upland, Pa 19015
 COL 57 COL 76

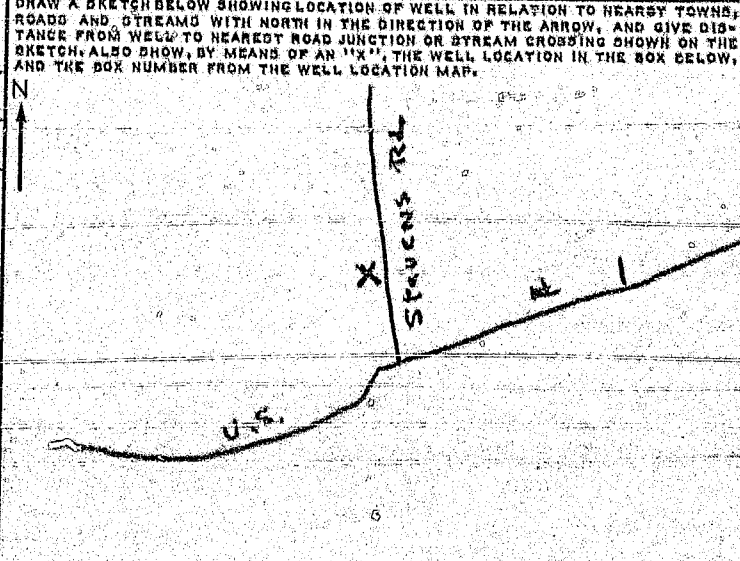
B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
 DATE: 1-4-72 LICENSE NUMBER: 112
 COL 77 COL 80
CHAS. HAMILTON JR
 FIRST NAME DRILLER LAST NAME
 SIGNATURE: Chas H. Hamilton Jr.

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
 COUNTY: Cecil
 COL 81
 SUBDIVISION: 42
 COL 82
 SECTION: 44 LOT: 48
 COL 83 COL 84
 NEAREST TOWN: Rising Sun
 COL 85 COL 86
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2
 COL 87 COL 88

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8
 COL 78 COL 80
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 800
 COL 81 COL 83
 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 } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 **DIRECTION FROM TOWN**
 1 2 3 (SEQ. NO.) 6
 NORTH EAST NORTHWEST SOUTHWEST
 SOUTH WEST
 ROAD WHAT: Stevens Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100
 COL 89 COL 90

APPROXIMATE DEPTH OF WELL: 100 FEET
 COL 24 COL 28
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
 COL 29 COL 33
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 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 SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER: [] ENGINEER REVIEW DISTRICT NO.: []
 FORCE: [] WRITE INITIALS IN BOX: [] CONDITIONS: []
 COL 67 COL 68 COL 69 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79

BOX NUMBER: 1060
680
 NORTH COORDINATE: 680000
 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55
 EAST COORDINATE: 1065000
 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63
 ELEVATION AT WELL HEAD (FEET): []
 COL 65 COL 66 COL 67 COL 68

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 41 **B** STATE HEALTH (CIRCLE BOX)
 COUNTY NAME: Cecil COUNTY NO.:
 DATE: 010672
 COL 49 COL 50
 APPROVED BY: David J. Moore
 COL 43 COL 44

B 5 SPECIAL CONDITIONS (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

10287

C 1 03919 SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 0

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

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

WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY)

052472

8-13

DEPTH OF WELL

1-31-71 DATE WELL COMPLETED

82

22 (TO NEAREST FOOT) 20

012141

PERMIT NO. FROM "PERMIT TO DRILL WELL"

02-72-0257

25 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 1121

OWNER Smith LAST NAME Rough FIRST NAME

STREET OR RFD 422 9th St. POST OFFICE Thermal, Pa.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>yellow clay</i>	0	5	
<i>brown gravel</i>	5	7	
<i>brown clay</i>	7	60	
<i>11 rocks</i>	60	82	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT G M BENTONITE CLAY B C

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM _____ FT. TO _____ FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 7.5

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

SCREENING

1 2 3 (SEQ. NO.) 0

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
11	15
17	21
23	27
29	33
35	39
41	45
47	51

SCREENING 1, 2, 3

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7.5

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE 10 (NEAREST FOOT)

WHEN PUMPING 82.5 (NEAREST FOOT)

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

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (SEE BELOW)

J JET D SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, S, T, O S

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 10

PUMP HORSE POWER 1/2

PUMP COLUMN LENGTH (NEAREST FOOT) 50

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)

- BELOW } 1

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

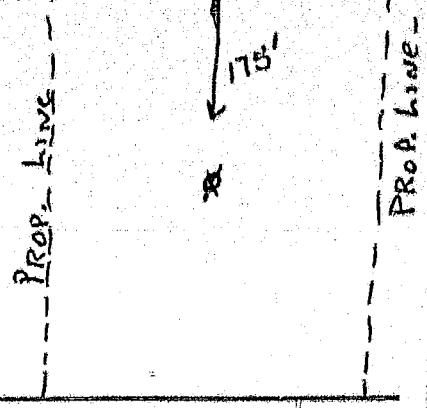
P TEST WELL CONVERTED TO PRODUCTION WELL

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 NAME

(PLEASE PRINT) CHAS. HAMILTON, JR

SIGNATURE Charles Hamilton



STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES
 WATER RESOURCES ADMINISTRATION
 TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 11/21/73
 MD DA YR

PERMIT NUMBER- CE-73-0670

ISSUED TO DRILLER-

DIFILIPPO, C JR
 5 BRINTON WAY, GLEN KYLE
 NEWARK DE 19711

DRILLER
 ID. NUMBER- 250

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
 TO BE OWNED BY-

HOMESTEAD BLDRS INC
 MEADOWOOD SHOP CTR
 NEWARK DE 19711

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
 SUNRISE ESTS SUBDIVISION, SECTION- , LOT- 6 ,
 NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
 05/21/74. A WELL COMPLETION
 REPORT MUST BE SUBMITTED TO
 THE DEPARTMENT WITHIN 30 DAYS
 AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
 DIRECTOR, MARYLAND
 WATER RESOURCES
 ADMINISTRATION

B 1 5051

SEQUENCE NO. (DWR USE ONLY)

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

DWR PERMIT NUMBER

CE 73 0670

FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY)

112178

OWNER COL 15 LAST NAME

Homestead Builders, Inc.

FIRST NAME COL. 34

STREET OR RFD COL 36

Meadowood Shopping Center

COL. 58

POST OFFICE COL 57

Newark, Del. 19711

COL. 78

DRILLER INFORMATION

B 1 CONTINUED

1 2 3 (SEQ. NO.) 6

DATE 11/19/73

LICENSE NUMBER 250

CONSTANTINE D. Filippa DRILLER FIRST NAME LAST NAME

SIGNATURE Constantine D. Filippa

WELL INFORMATION

B 2 CONTINUED

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20 800

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
T TEST

APPROXIMATE DEPTH OF WELL 24 28 FEET 100

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER, FORCE, CONDITIONS, ENGINEER REVIEW DISTRICT NO., SPECIAL CONDITIONS

HEALTH DEPARTMENT APPROVAL

Cecil 1 STATE HEALTH COUNTY NAME COUNTY NO. DATE 11 19 73 APPROVED BY

LOCATION OF WELL

B 3 CONTINUED

1 2 3 (SEQ. NO.) 6

Cecil COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21

Sunrise Estates SUBDIVISION 23 42

SECTION 44 LOT 6 50

Rising Sun NEAREST TOWN 52 71

1 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

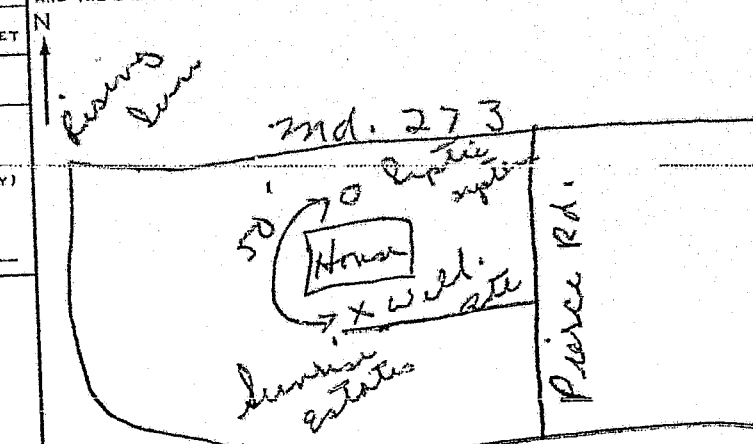
- N NORTH
E EAST
NE NORTHEAST
SE SOUTHEAST
S SOUTH
W WEST
NW NORTHWEST
SW SOUTHWEST

NEAR WHAT ROAD Pierce

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 150

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHDW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 1060 N 670 NORTH COORDINATE 675000 EAST COORDINATE 1065000 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

SPECIAL CONDITIONS (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

INTERID 1 10 '07

C 1 6638

1 2 3 (SEQ. NO.) 0

DATE RECEIVED FOR WELL LOG 40974

DATE WELL COMPLETED 3/11/74

WELL IDENTIFICATION NO. 250

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

THIS REPORT MUST BE SUBMITTED WITHIN 60 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A-4163-73

WELL IDENTIFICATION NO. 250

OWNER: Homestead Builders, Inc. (LAST NAME)

STREET OR RD: Meadowood Shopping Ctr. (FIRST NAME)

POST OFFICE: Newark, Del. 19711

topsoil 0 3
 gravel 3 35
 shale 35 82

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
topsoil	0	3	
gravel	3	35	
shale	35	82	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)

CEMENT CM 45 46

GENTLE CLAY GC 45 46

NO. OF BAGS 6 NO. OF BOUNDS 564

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 4 FT. TO 42 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST

CONCRETE CO

PLASTIC PL

OTHER OT

MAIN CASING TYPE ST

NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST

BRASS OR BRONZE BR

OPEN HOLE HO

PLASTIC PL

OTHER OT

SCREEN TYPE OR OPEN HOLE

DEPTH (NEAREST WHOLE FOOT)

FROM 42 TO 83

MOON SURVEY

1 2 3

23 24 26 30 32 36

38 39 41 45 47 51

PUMPING TEST

HOURE PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE Air/stop watch

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 5 (NEAREST FOOT)

WHEN PUMPING 40 (NEAREST FOOT)

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

A AIR

P PISTON

T TURBINE

C CENTRIFUGAL

R ROTARY

O OTHER (DESCRIBE BELOW)

J JET

S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 35

PUMP HORSE POWER 41

PUMP COLUMN LENGTH (NEAREST FOOT) 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE

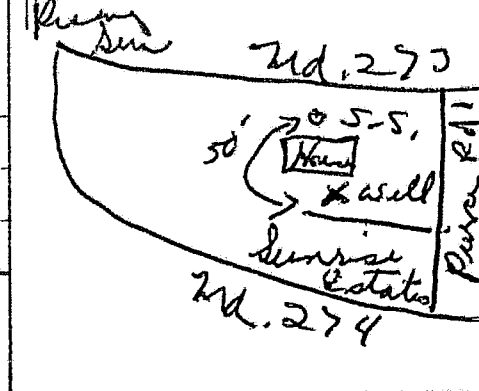
BELOW

LAND SURFACE

49 50 51 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLETED ALL WORK INDICATED ON THE ABOVE AND ONE (OR MORE) TO THIS WELL. ANY INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND RELIABLE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE OF COMPLETION 3/11/74

LOGGERS: CONSTANTINE D. FILIPPOUS

QUALITY CONTROL: Constantine D. Filippous

DIAMETER OF SCREEN (NEAREST INCH)

CRACK REPAIR

IF WELL DRILLED WITH AIR OR OTHER GASES (CIRCLE BOX) G F

WELL IDENTIFICATION NO. 250

WELL DEPTH (NEAREST FOOT) 82

WELL TYPE: C P T R O J S

ENTERED 1 10 07

DNR 137

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 11/21/73
MO DA YR

PERMIT NUMBER- CE-73-0671

ISSUED TO DRILLER-

DIFILIPPO, C JR
5 BRINTON WAY, GLEN KYLE
NEWARK DE 19711

DRILLER
ID. NUMBER- 250

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

HOMESTEAD BLDRS INC
MEADOWOOD SHP CTR
NEWARK DE 19711

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
SUNRISE ESTS SUBDIVISION, SECTION- , LOT- 7 ,
NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
05/21/74. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

DWR-131

EMERGENCY NO. (If any) -

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

A4164-73
DWR PERMIT NUMBER

CE 73 0671
FILL IN THIS FORM COMPLETELY

B 1 5052
SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLO. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY)
12178

OWNER: Homestead Builders, Inc.
STREET OR RFD: Meadowood Shopping Center
POST OFFICE: Newark, Del. 19311
FIRST NAME: Cecil
LAST NAME: [blank]
COL. 34
COL. 58
COL. 76

DRILLER INFORMATION
B 1 CONTINUED
DATE: 11/19/73
LICENSE NUMBER: 250
DRILLER: Constantine DiFilippo
FIRST NAME: Constantine
LAST NAME: DiFilippo

WELL INFORMATION
B 2
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 800
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 } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

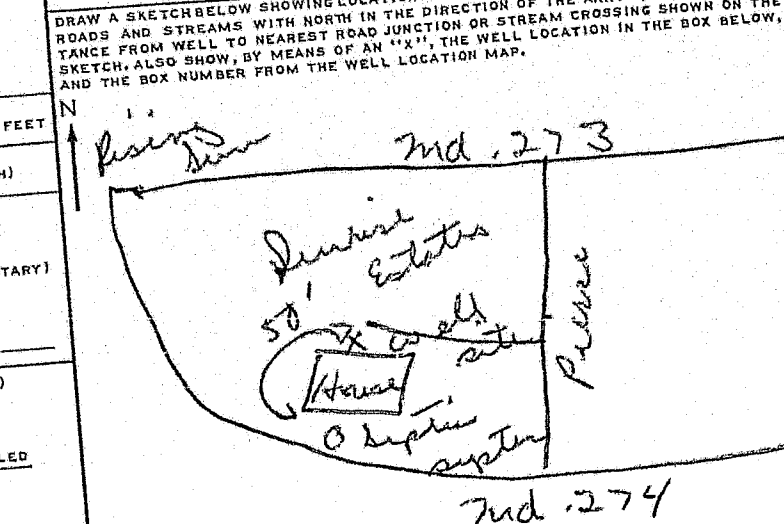
APPROXIMATE DEPTH OF WELL: 100 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD):
 BORED (OR AUGERED) JETTED
 AIR-PERCUSSION
 ROTARY (HYDRAULIC ROTARY)
 DRIVE-POINT
 CABLE
 OTHER (DESCRIBE)

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 (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER: [blank]
ENGINEER REVIEW DISTRICT NO.: [blank]
FORCE: [blank]
WRITE INITIALS IN BOX: [blank]
CONDITIONS: [blank]

HEALTH DEPARTMENT APPROVAL
B 4 CONTINUED
COUNTY NAME: Cecil
DATE: 11/19/73
APPROVED BY: [Signature]
ELEVATION AT WELLS HEAD (FEET): [blank]

LOCATION OF WELL
B 3
COUNTY: Cecil
SUBDIVISION: Sunrise Estates
SECTION: 44
NEAREST TOWN: Rising Sun
MILES FROM TOWN (ENTER 0 IF IN TOWN): 7.3
DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX):
 NORTH
 EAST
 SOUTH
 WEST
NEAR WHAT ROAD: Pierce
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):
 NORTH
 WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 175



BOX NUMBER: 1060
NORTH COORDINATE: 675000
EAST COORDINATE: 1065000
ELEVATION AT WELLS HEAD (FEET): [blank]

SPECIAL CONDITIONS: [blank]
B 5
ORIGINAL

C 1 6639
 SEQUENCE NO. (DWARGE ONLY)
 1 2 3 (SEQ. NO.) 4
 THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3 & 4 IN ALL COLUMNS
 DATE REPORT MADE 40974
 DATE WELL COMPLETED 3/4/74
 B-13

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

FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER A-416473
 DRILLER IDENTIFICATION NO. 250
 0E-73-10671
 28 29 30 31 32 33 34 35 36 37

OWNER: Homestead Builders, Inc.
 STREET OR REF: Meadowood Shopping Center
 POST OFFICE: Newark, Del. 19711
 FIRST NAME: [blank]

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
topsoil	0	4	
shale	4	55	
gray granite	55	82	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT M B BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 4 FT. TO 61 FT.
 (ENTER 0 IF FROM SURFACE)

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE air/stop watch

WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 15 (NEAREST FOOT)
 WHEN PUMPING 60 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR F PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S1 C0 CONCRETE
 PLASTIC PL OT OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 61

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE }
 - BELOW } (NEAREST FOOT) }

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

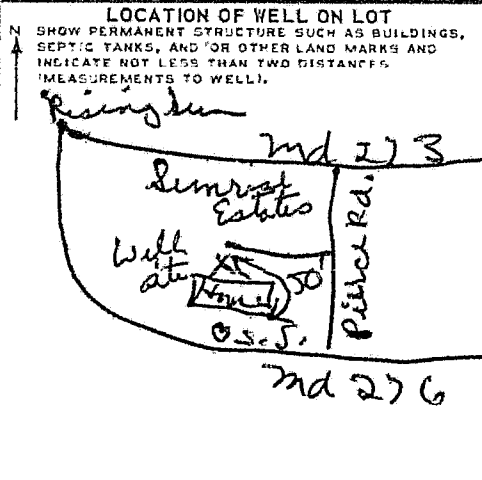
STEEL ST BR BRASS OR BRONZE HO OPEN HOLE
 PLASTIC PL OT OTHER

C 2

DEPTH (NEAREST WHOLE FOOT)
 FROM 61 TO 82

EACH SCREEN

EACH SCREEN	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1	40	61	82	21
2				
3				



CIRCLE APPROPRIATE BOXES

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 COMPLETED THIS 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.

DRILLER NAME: CONSTANTINE DiFilippo
 CONSTANTINE DiFilippo

DIAMETER OF SCREEN (NEAREST INCH)

SCREEN TYPE (CIRCLE APPROPRIATE BOX)

WELL DRILLED WITH A _____ (CIRCLE BOX)

WELL USE ONLY TO BE FILLED BY DRILLER

TELEPHONE NO. _____

C1 7416

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)

COUNTY NUMBER

DATE RECEIVED 02/29/95

DATE WELL COMPLETED 01/12/95

DEPTH OF WELL 187 (TO NEAREST FOOT)

PERMIT NO. CE-73-0817

OWNER LANDHOPE FARMS last name E. Street Rd. first name TOWN Kennett Square, PA. 19348

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 Check if water bearing

Granite 80 187 Water Bearing Zones 150-179 Well was Contaminated Deepened, put Packer At 127', Screen, to 187, Sold from 127' to 5'

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

WELL HYDROFRACTURED YES NO 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 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 Larry A. Brown

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Larry A. Brown

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

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

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

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 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

SLOT SIZE 1/25 2 3

DIAMETER OF SCREEN 4" (NEAREST INCH) from to

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

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

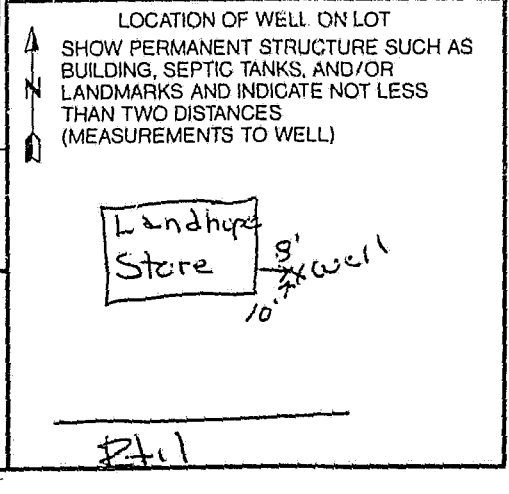
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 6 WHEN PUMPING 30 TYPE OF PUMP USED (for test) 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

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)



STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES
 WATER RESOURCES ADMINISTRATION
 TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 04/23/74
 MO DA YR

PERMIT NUMBER- CE-73-0817

ISSUED TO DRILLER-

BROWN, M E & SONS
 RFD 2
 NOTTINGHAM PA 19362

DRILLER
 ID. NUMBER- 38

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
 TO BE OWNED BY-

MCGLOTHLIN & BENHAM
 RD 2
 RISING SUN MD

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
 NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

1. NOTIFY COUNTY HEALTH DEPT. 24 HOURS BEFORE GRUCUTING WELL.
2. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
 10/23/74. A WELL COMPLETION
 REPORT MUST BE SUBMITTED TO
 THE DEPARTMENT WITHIN 30 DAYS
 AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
 DIRECTOR, MARYLAND
 WATER RESOURCES
 ADMINISTRATION

B 1 206
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.

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

WRA PERMIT NUMBER
 CE-73-0817
FILL IN THIS FORM COMPLETELY

DATE RECEIVED
 (WRA USE ONLY)
 042374

OWNER McGlothlin & Benham Etc. Co. Inc. **A-4450**
 COL 18 LAST NAME FIRST NAME COL. 24
STREET OR RFD R.D. #2 COL. 35 COL. 55
POST OFFICE Rising Sun, Md. COL. 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
DATE Apr. 17, 1974
LICENSE NUMBER 77 73
FIRST NAME MAURICE E. BROWN
LAST NAME Sons
SIGNATURE Larry A. Brown

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
COUNTY Cecil COL. 21
SUBDIVISION COL. 23 COL. 42
SECTION COL. 44 COL. 50
NEAREST TOWN Rising Sun COL. 52 COL. 71
MILES FROM TOWN 1 COL. 73 COL. 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE 5 COL. 12
AVERAGE DAILY QUANTITY NEEDED 400 COL. 14 COL. 20
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 } MUST HAVE STATE HEALTH DEPT. APPROVAL
 T TEST

B 4 DIRECTION FROM TOWN
 1 2 3 (SEQ. NO.) 6
 (CIRCLE APPROPRIATE BOX)
 N NORTH **NE** NORTHEAST **SE** SOUTHEAST
 S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST
NEAR WHAT Md. 273 COL. 11 COL. 30
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) 200 COL. 34 COL. 37 COL. 38 39

APPROXIMATE DEPTH OF WELL 125 FEET COL. 24 COL. 28
APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH) COL. 29 COL. 31

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) **JETTED** **DRIVEN**
 AIR-ROTARY **AIR-PERCUSSION** **ROTARY** (HYDRAULIC ROTARY)
 CABLE **REVERSE-ROTARY** **DRIVE-POINT**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
 COL. 41 COL. 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER COL. 54
ENGINEER REVIEW DISTRICT NO. COL. 63
FORCE COL. 67 68
CONDITIONS COL. 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
STATE HEALTH Cecil
COUNTY NAME Cecil **COUNTY NO.**
DATE 041974
APPROVED BY William A. [Signature]

WELL LOCATION SKETCH
 To Harrisville ← Rising Sun → To Calvert
 Well
 Town of Rising Sun
 BOX NUMBER 1060
680
 NORTH COORDINATE 685000
 EAST COORDINATE 1040000
 ELEVATION AT WELL HEAD (FEET) COL. 65 66 67 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 1940
 1 2 3 (SEQ. NO.) 6
 THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS

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

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

DATE RECEIVED (WRA USE ONLY) 05 28 74
 DATE WELL COMPLETED MAY 17, 1974
 DEPTH OF WELL 80'
 PERMIT NO. FROM "PERMIT TO DRILL WELL" CE-73-CR-17
 DRILLERS IDENTIFICATION NO. 38

OWNER McClothlin & Benham, Elec. Co. INC.
 STREET OR RFD R.D. #2 Rising Sun, Md. POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Clay	0	6	
Sand	6	50	✓
Sand & Gravel	50	68	✓
Granite	68	80	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT DENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS

GALLONS OF WATER 20

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 25 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6"
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70'

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)
 FROM 70 TO 80

DIAMETER OF SCREEN 50 (NEAREST INCH)
 FROM 50 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 40

METHOD USED TO MEASURE PUMPING RATE Rotary Air

WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 6' (NEAREST FOOT)
 WHEN PUMPING 15' (NEAREST FOOT)

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

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (INSCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

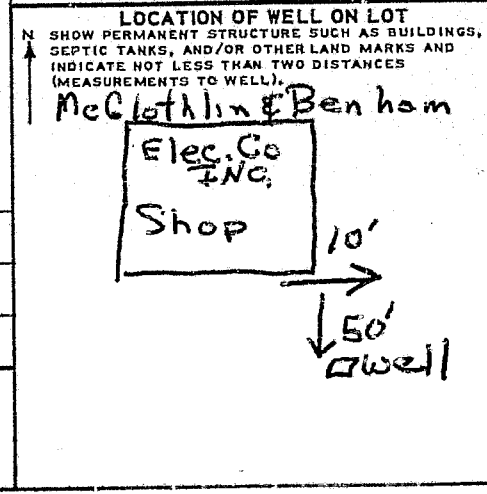
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 49 50 51



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 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 NAME

(BY CASE PRINT) MAURICE E. BROWN & Sons
 SIGNATURE Larry A. Brown

STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES
 WATER RESOURCES ADMINISTRATION
 TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 09/03/74

MD DA YR

PERMIT NUMBER- CE-73-1006

ISSUED TO DRILLER-

PRESTON & HAMILTON
 RD 1 BOX 230
 HAVRE DE GRACE MD 21078

DRILLER

ID. NUMBER- 112

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
 TO BE OWNED BY-

STAMM, CARL

RISING SUN MD 21911

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
 NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
 03/03/75. A WELL COMPLETION
 REPORT MUST BE SUBMITTED TO
 THE DEPARTMENT WITHIN 30 DAYS
 AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
 DIRECTOR, MARYLAND
 WATER RESOURCES
 ADMINISTRATION

B 1 3358 SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER
CE-73-1006
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
090874

OWNER Stevens **Carl O/o Northern Building Corp.**
COL 15 LAST NAME FIRST NAME COL 34

STREET OR RFD Rising Sun, Md. 22915
COL 38 COL 68

POST OFFICE Rising Sun, Md. 22915
COL 57 COL 75

B 1 CONTINUED **DRILLER INFORMATION**

DATE 8-21-74 **LICENSE NUMBER** 112
1 2 3 (SEQ. NO.) 5 77 80

Charles H. Hamilton, Jr.
FIRST NAME DRILLER LAST NAME

SIGNATURE Charles H. Hamilton Jr.

B 3 **LOCATION OF WELL**

COUNTY Cecil
1 2 3 (SEQ. NO.) 6 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23
42

SECTION 44 **LOT** 46
48 50

NEAREST TOWN Rising Sun
32 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1
73 75 77 78 M I

B 2 **WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 10
1 2 3 (SEQ. NO.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 1000
14 20

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 } **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 Stevens

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) 20
34 37 38 39 M I

APPROXIMATE DEPTH OF WELL 100 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) **JETTED** **DRIVEN**

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

CABLE **REVERSE-ROTARY** **DRIVE-POINT**

OTHER (DESCRIBE)

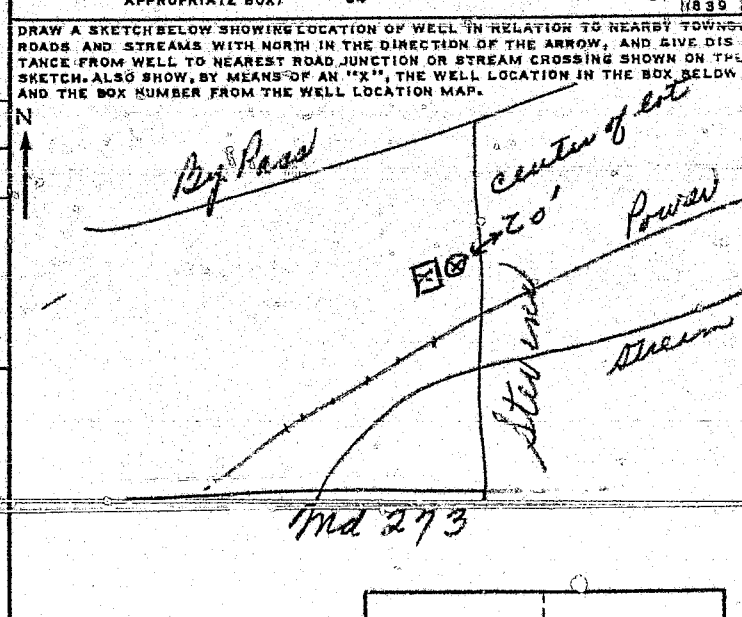
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

X THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPM 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 54 **ENGINEER REVIEW DISTRICT NO.** 65

FORCE 67 **WHITE INITIALS IN BOX** 68 **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 1060
650

NORTH COORDINATE 1885000
80 81 82 83 84 85

EAST COORDINATE 1465000
87 88 89 90 91 92 93

ELEVATION AT WELL HEAD (FEET) 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) 2 **COUNTY NAME** Cecil **COUNTY NO.** 45

DATE 08 29 74 **APPROVED BY** Wm. A. Sumner

B 5 **SPECIAL CONDITIONS** 8-3

C 1 7517
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A-5131**

DATE RECEIVED (WRA USE ONLY)
110874
 9-13

DATE WELL COMPLETED
9-28-74
090274

DEPTH OF WELL
90
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
CE-73-1006
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **112**

OWNER **Stamm** LAST NAME
Carl FIRST NAME
 STREET OR RFD _____ POST OFFICE **Rising Sun**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
clay	0	25	
mica	25	50	
shale	50	90	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT M BENTONITE CLAY B C

NO. OF BAGS **5** NO. OF POUNDS _____
 GALLONS OF WATER **25**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **30** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O
 PLASTIC P L OTHER O T

MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **50**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O
 PLASTIC P L OTHER O T

SCREEN SIZE

SCREEN NO.	DIAMETER (NEAREST WHOLE FOOT)	DEPTH (NEAREST WHOLE FOOT)
1	14	50
2		90
3		

DIAMETER OF SCREEN **55** (NEAREST INCH) FROM _____ TO _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **1**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **10**

METHOD USED TO MEASURE PUMPING RATE **Orjet**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **6** (NEAREST FOOT)
 WHEN PUMPING **90** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

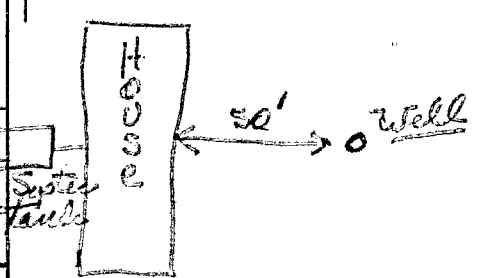
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) **29**

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 35
 PUMP HORSE POWER _____ 41
 PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE LAND SURFACE (NEAREST FOOT) **1**
 - BELOW _____

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

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 NAME
 (PLEASE PRINT) **CHARLES HAMILTON, JR.**
 SIGNATURE **Charles H. Hamilton, Jr.**

GRAVEL PACK _____

IF WELL DRILLED WAS A PRODUCTION WELL, CIRCLE BOX **PS**

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

DATE OF COMPLETION _____

W O _____

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 09/06/74
MO DA YR

PERMIT NUMBER- CE-73-1016

ISSUED TO DRILLER-

PRESTON & HAMILTON
RD 1 BOX 230
HAVRE DE GRACE MD 21078

DRILLER

ID. NUMBER- 112

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

ETTER, C FULTON

RISING SUN MD 21911

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
03/06/75. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

B 1 3357

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND

WRA PERMIT NUMBER

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

CE-73-1016

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: Attor O. Fulton
COL 18 LAST NAME

HAVE BEEN SHARING WELL WITH
NEXT DOOR NEIGHBOR. THIS
WELL IS FOR AN EXISTING
DWELLING.

000674

STREET OR RFD
COL 35

POST OFFICE Rising Sun, Md. 21911
COL 57

COL. 55

COL. 76

B 1 CONTINUED DRILLER INFORMATION

DATE 8-29-74 LICENSE NUMBER 112
77 80
Charles H. Hamilton, Jr.
FIRST NAME DRILLER LAST NAME
SIGNATURE Charles H. Hamilton, Jr.

B 3 LOCATION OF WELL

COUNTY Cecil
(DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION 23
SECTION 44 LOT 48
NEAREST TOWN Rising Sun
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1
71 76 77 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 30
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 1000

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD Rt. 1
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 50
32 32 32 32 32 32

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 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

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

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION 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 (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 64 ENGINEER REVIEW DISTRICT NO. 63
FORCE 67 WRITE INITIALS IN BOX CONDITIONS 68

BOX NUMBER
E 1060
N 680

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
STATE HEALTH (CIRCLE BOX) Cecil COUNTY NAME COUNTY NO.
DATE 090474 APPROVED BY Wm. A. Summers

NORTH COORDINATE 16800000
EAST COORDINATE 10650000
ELEVATION AT WELL HEAD (FEET) 0/0

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

C 1 7688 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER Showing

DATE RECEIVED (WRA USE ONLY) 11087A

DATE WELL COMPLETED 10-2-74

109274

DEPTH OF WELL 105

(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE-73-1016

DRILLERS IDENTIFICATION NO. 112

OWNER E. the LAST NAME Fulton FIRST NAME

STREET OR RFD Rising Sun POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>muca soil</u>	<u>0</u>	<u>85</u>	
<u>brown shale</u>	<u>85</u>	<u>105</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT M BENTONITE CLAY B

NO. OF BAGS 3 NO. OF POUNDS

GALLONS OF WATER 15

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

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE air jet

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 12 (NEAREST FOOT)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 85

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

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE - BELOW

LAND SURFACE (NEAREST FOOT) 1

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

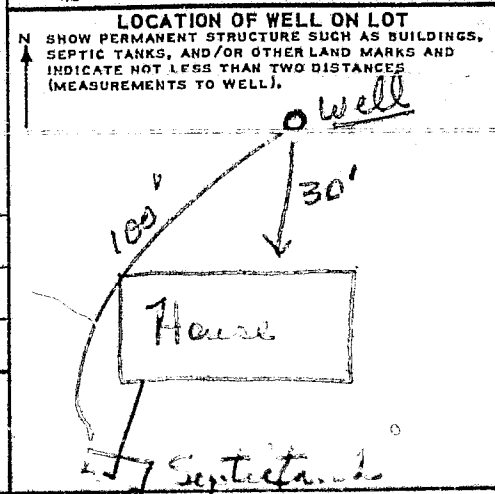
DEPTH (NEAREST WHOLE FOOT) FROM TO

1 85 105

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1. 2. 3.



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 NAME CHAS. HAMILTON

SIGNATURE Charles H. Hamilton

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.W.D.S.)

72 74 75 76

LOG INDICATOR OTHER DATA AVAILABLE

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 02/19/75
MO DA YR

PERMIT NUMBER- CE-73-1125

ISSUED TO DRILLER-

DIFILIPPO, C JR
5 BRINTON WAY, GLEN KYLE
NEWARK DE 19711

DRILLER

ID. NUMBER- 250

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

HOMESTEAD BLDRS INC
BX 209E WRANGLE HILL
BEAR DE 19701

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
SUNRISE ESTS SUBDIVISION, SECTION- 1 , LOT- 8 ,
NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

- 1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
08/19/75. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

B 1 1674
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

WRA PERMIT NUMBER
CE-73-1125
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
02 18 75

OWNER: Homestead Builders, Inc.
 COL 15 LAST NAME
 STREET OR RFD: Box 209 E. Wrange Hill
 COL 36
 POST OFFICE: Bear, Delaware 19701
 COL 57

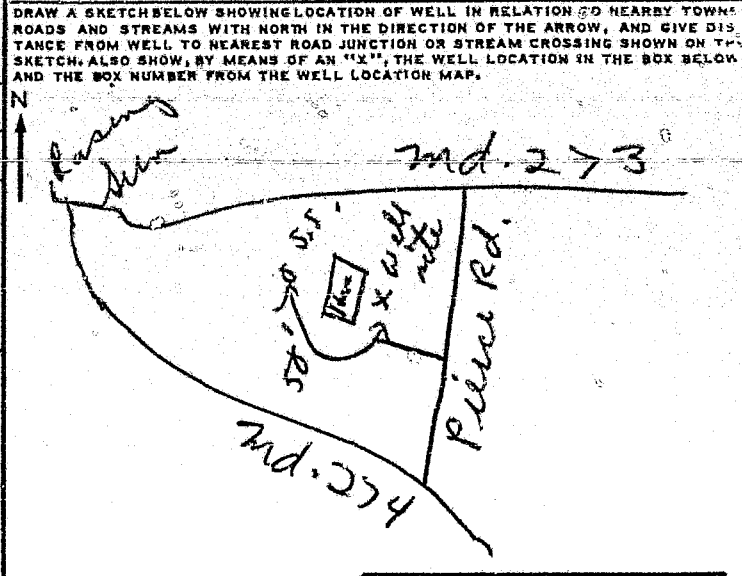
B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
 DATE: Feb. 12, 1975 LICENSE NUMBER: 250
 77 80
 FIRST NAME: Constantine D. Filippis DRILLER LAST NAME
 SIGNATURE: Constantine D. Filippis

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY: Cecil (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: Sumner Estates 42
 SECTION: 1 LOT: 8
 44 45 46 48 50
 NEAREST TOWN: Rising Sun 71
 52
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 800 20
 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD: Pine Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W FT
 32 32 32 37 38 39
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 500 34 37 38 39

APPROXIMATE DEPTH OF WELL: 100 FEET
 24 26
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 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 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 (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: [] ENGINEER REVIEW DISTRICT NO.: []
 FORCE: [] WRITE INITIALS IN BOX: [] CONDITIONS: []
 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

BOX NUMBER: 1860 670
 NORTH COORDINATE: 675000
 80 81 82 83 84 85
 EAST COORDINATE: 1065000
 87 88 89 90 91 92 93
 ELEVATION AT WELL HEAD (FEET): [] 94 95 96 97 98

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX): Cecil COUNTY NAME COUNTY NO.
 MO. DAY YR. APPROVED BY: Wm A. Sumner
 DATE: 02 11 75
 43 46

B 5 SPECIAL CONDITIONS (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 2516
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER A-5472

DATE RECEIVED (WRA USE ONLY)
 060576
 8-13

DATE WELL COMPLETED 3/7/75
 DEPTH OF WELL 71
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 CA-73-1125
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 250

OWNER Homestead Builders, Inc.
 LAST NAME
 STREET OR RFD 209E Wrange Hill POST OFFICE Bear, Del. 19701
 LAST NAME

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Topsoil	0	5	
shale	5	35	
gray granite	35	71	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS 6 NO. OF POUNDS 564
 44 44

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S CO CONCRETE C
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST 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

INSERT APPROPRIATE CODE BELOW

STEEL ST BRASS OR BRONZE BR HO OPEN HOLE H
 PL PLASTIC PL OT OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 40 TO 71

SCREEN

1 HO 40 71

2

3

SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX B F

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

70 72

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE air/stop watch

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 20 (NEAREST FOOT)
 WHEN PUMPING 50 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

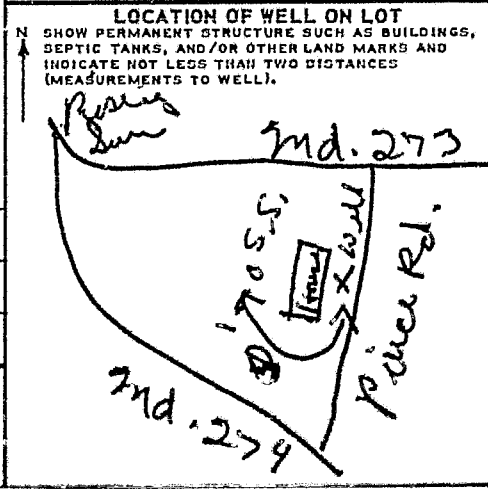
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 49 51



CIRCLE APPROPRIATE BOXES

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.

DRILLER'S NAME
 CONSTANTINE D. Filipin
 CONSTANTINE D. Filipin

STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES
 WATER RESOURCES ADMINISTRATION
 TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 05/22/78
 MO DA YR

PERMIT NUMBER- CE-73-2537

ISSUED TO DRILLER-

DIFILIPPO, C JR
 5 BRINTON WAY, GLEN KYLE
 NEWARK DE 19711

DRILLER
 ID. NUMBER- 250

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
 TO BE OWNED BY-

GRAYBEAL, PAUL E
 US RT 1
 RISING SUN MD 21921

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
 NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID.

1. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
 11/22/78. A WELL COMPLETION
 REPORT MUST BE SUBMITTED TO
 THE ADMINISTRATION WITHIN 30 DAYS
 AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
 DIRECTOR, MARYLAND
 WATER RESOURCES
 ADMINISTRATION

B 1 **8191** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

WRA PERMIT NUMBER
CE-73-2537
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **MAY 22 1978**

OWNER **GRAY BEAL PAUL E. OLD**
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD **U.S. RT #1**
 COL 36 COL. 55

POST OFFICE **RISING SUN, Md. 21921**
 COL 57 COL. 75

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE **5-12-78** LICENSE NUMBER **250**
 77 80

FIRST NAME **Constantine** DRILLER LAST NAME **DeFilippo**

SIGNATURE *Constantine DeFilippo*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY **Cecil** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION **23** 42

SECTION **44** LOT **48** 50

NEAREST TOWN **Rising Sun** 52

MILES FROM TOWN (ENTER 0 IF IN TOWN) **2** (M) 71 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **8** 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **800** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

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

P PRIVATE WATER COMPANY

T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD **Md. 273**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **70** (F) 32 37 38 39

APPROXIMATE DEPTH OF WELL **100** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

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

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

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

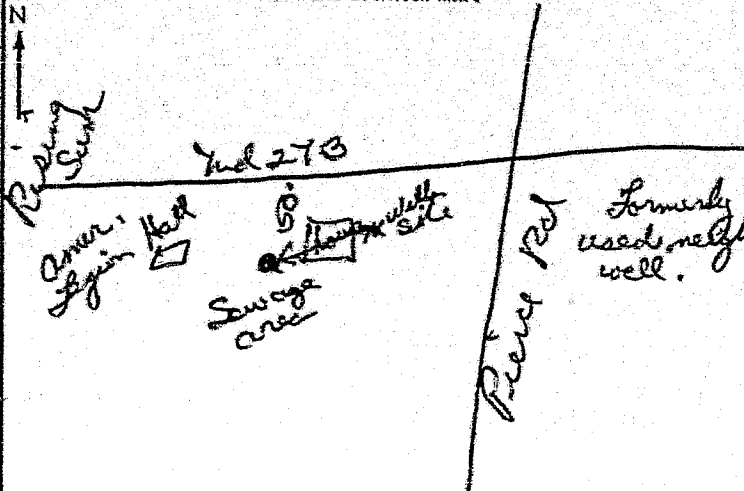
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE **U** WRITE INITIALS IN BOX **U** CONDITIONS **U**

BOX NUMBER **1060**
680

NORTH COORDINATE **6800000**
 50 51 52 53 54 55

EAST COORDINATE **1065000**
 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) **0** 0 5 10

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) **5** COUNTY NAME **Cecil** COUNTY NO.

MO. DAY YR. **05 19 78** APPROVED BY *Wm. A. Sumner*

SEQUENCE NO. (WRA USE ONLY)
C 1 0338

DATE RECEIVED (WRA USE ONLY)
091378

DATE WELL COMPLETED
6/17/78

WELL IDENTIFICATION NO.
091778

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **OLD**

PERMIT NO. FROM "PERMIT TO DRILL WELL"
CA-73-1037

DRILLERS IDENTIFICATION NO. **256**

OWNER **GRAY BEAL** LAST NAME **PAUL E.** FIRST NAME
 STREET OR RFD **OS RT. 1** POST OFFICE **RISING SUN, MD.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
topsoil	0	10	
clay/gravel	10	40	
lt granite	40	80	✓
Quality	80	82	✓
dk gray granite	82	100	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CM BC

CEMENT **10** BENTONITE CLAY **1000**

NO. OF BAGS **10** NO. OF POUNDS **1000**

GALLONS OF WATER **50**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **62** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW ST CO

CONCRETE

PL OT

PLASTIC OTHER

MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **62**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE HO ST BR

STEEL BRASS OR BRONZE OPEN HOLE

PL OT

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH COLUMN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	62	100
2		
3		

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **20**

METHOD USED TO MEASURE PUMPING RATE **AIR/STOPWATCH**

WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **25** (NEAREST FOOT)
 WHEN PUMPING **80** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) A F T

C R O

J S

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

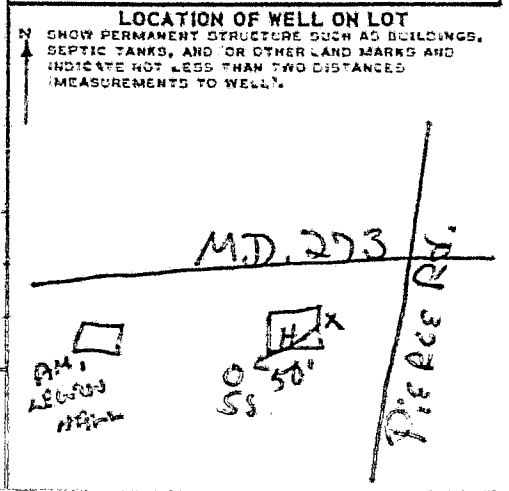
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } **51**



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C 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.

DRILLER'S NAME
CONSTANTINE Di Filippo

DIAMETER OF SCREEN **6** INCHES

GRADE MARK

IF WELL DRILLED WITH A PUMP AND/OR OTHER EQUIPMENT

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

STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES
 WATER RESOURCES ADMINISTRATION
 TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 12/19/79
 MO DA YR

PERMIT NUMBER- CE-73-3262

ISSUED TO DRILLER-

PRESTON & HAMILTON
 115 N PARADISE
 HAVRE DE GRACE MD 21078

DRILLER
 ID. NUMBER- 112

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
 TO BE OWNED BY-

SUNNY SIDE MARKET
 454 TELEGRAPH RD
 RISING SUN MD 21911

THIS WELL IS TO BE LOCATED IN CECIL COUNTY,
 NEAR THE TOWN OF RISING SUN

THE WATER IS TO BE USED FOR A COMMERCIAL/INDUSTRIAL SUPPLY.

THIS WELL WILL REPLACE A WELL WHICH WILL BE ABANDONED & SEALED.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID.

1. PROVIDE OPENING FOR TAPE MEASUREMENT OF WATER LEVELS (MIN. INSIDE DIAM. OF ONE-HALF INCH) SEALED BY REMOVABLE CAP/PLUG.
2. A TAP FOR RAW WATER SAMPLES MUST BE PLACED BEFORE WATER ENTERS A TREATMENT FACILITY, PRESSURE OR STORAGE TANK.
3. LOCATE WELL AT LEAST 50 FT. FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
 06/19/80. A WELL COMPLETION
 REPORT MUST BE SUBMITTED TO
 THE ADMINISTRATION WITHIN 30 DAYS
 AFTER COMPLETION OF THE WELL

GROUNDWATER APPROPRIATION
 PERMIT NUMBER- CE79GAPO25

THOMAS C. ANDREWS
 DIRECTOR, MARYLAND
 WATER RESOURCES
 ADMINISTRATION

1 2 3 (SEQ. NO.) 6
 7305
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-5 ON ALL CARDS)

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

WRA PERMIT NUMBER
 CE-73-3262
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 DEC 17 1979
 DEC 11 1979

OWNER SUNNY SIDE MARKET REPLACEMENT
 COL 13 LAST NAME
Ralph Carpenter FIRST NAME COL. 34
 STREET OR RFD 454 Telegraph Road COL. 36
 COL. 55
 POST OFFICE Rising Sun, MD 21911 COL. 57
 COL. 76

B 1 CONTINUED
 1 2 3 (SEQ. NO.) 6
 DRILLER INFORMATION
 DATE 11-16-79 LICENSE NUMBER 112
 COL. 77 COL. 80
Charles H. Hamilton, Jr.
 FIRST NAME DRILLER LAST NAME
 SIGNATURE Charles H. Hamilton, Jr.

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY Cecil (DO NOT ABBREVIATE COUNTY NAME) COL. 21
 SUBDIVISION 23 COL. 42
 SECTION 44 LOT 36 COL. 50
 NEAREST TOWN Rising Sun COL. 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 COL. 73
 COL. 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 10 COL. 8
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 1000 COL. 12
 COL. 14 COL. 20

B 4 DIRECTION FROM TOWN
 1 2 3 (SEQ. NO.) 6
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD 273
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S 32 E 32 W 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 COL. 34
 COL. 37 COL. 38 39

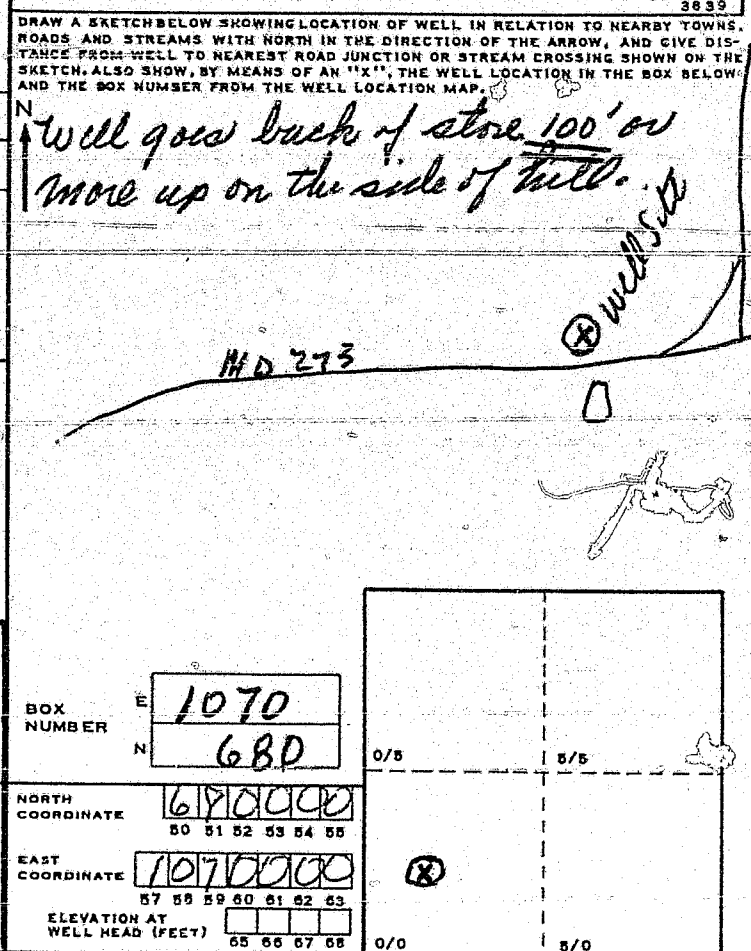
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 (A) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 (F) FARMING, AGRICULTURE, IRRIGATION
 (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 (M) MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 (P) PRIVATE WATER COMPANY
 (T) TEST

APPROXIMATE DEPTH OF WELL 100 FEET
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION 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 (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER CENMGAPD25 ENGINEER REVIEW DISTRICT NO. 65
 FORCE CB WRITE INITIALS IN BOX CONDITIONS NO J
 67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 (S) STATE HEALTH (CIRCLE BOX)
 COUNTY NAME Cecil COUNTY NO.
 DATE 11 26 78
 APPROVED BY Wm. A. Sumner



B 5 SPECIAL CONDITIONS 8-89 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

1 2289
 2 3 (SEQ. NO.)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS

DATE RECEIVED (WRA USE ONLY) 12-28-80
 DATE WELL COMPLETED 12-28-80

JAN 28 1981

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER Princess Anne

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE-73-13262

DRILLERS IDENTIFICATION NO. 112

OWNER Jimmy Lee Tucker (LAST NAME) Jimmy Lee (FIRST NAME)
 STREET OR RFD 454 Telegraph Rd. POST OFFICE Jimmy Lee

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>quick sand</i>		0.75	
<i>granite</i>	75	99	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BC
 BENTONITE CLAY BC BC

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 54 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) 50

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW:
 ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>50</u>	<u>99</u>
2		
3		

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 6 (NEAREST INCH) FROM 60 TO _____

GRAVEL PACK _____

IF FLOWING WELL WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING T W Q
 LOG INDICATOR 70 72 74 75 76
 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE direct

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 10 (NEAREST FOOT) 17 20

WHEN PUMPING 99 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

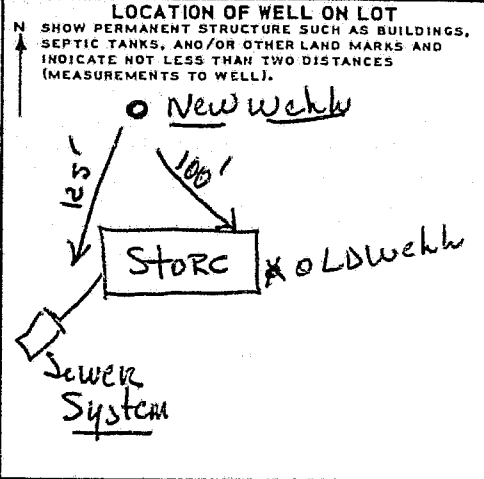
PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35
 PUMP HORSE POWER _____ 37 _____ 41
 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 _____ 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE
 - BELOW } _____ (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LDG 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 NAME CHAS. HAMILTON
 (PLEASE PRINT) Charles H. Hamilton
 SIGNATURE

B 1 1627 SEQUENCE NO. (OEP USE ONLY)

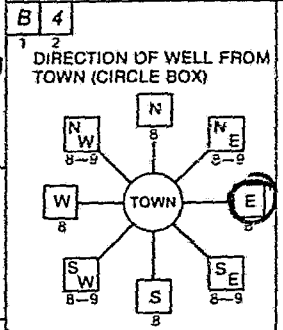
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER CE-81-0653 fill in this form completely

Date Received 062383 OWNER INFORMATION BAKER ALLIE T 455 TELEGRAPH Rd. RISING SUN Md

LOCATION OF WELL Cecil Replacement 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 RISING SUN 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1.0 MI 73 76 77 78

DRILLER INFORMATION CONSTANTINE DiFilippo 250M C. DiFilippo Well Drilling Inc 2235 BLUESAIL Rd. E LITTLE ROCK, MD 21111 Constantine DiFilippo 6-23-83



B 4 Md. 273 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 20 FT ENTER FT or MI FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Cecil COUNTY NAME COUNTY NO. OEP SIGNATURE DATE ISSUED 062383 Charles E. Smyser 12/23/83 NORTH GRID 682000 EAST GRID 1069000

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)

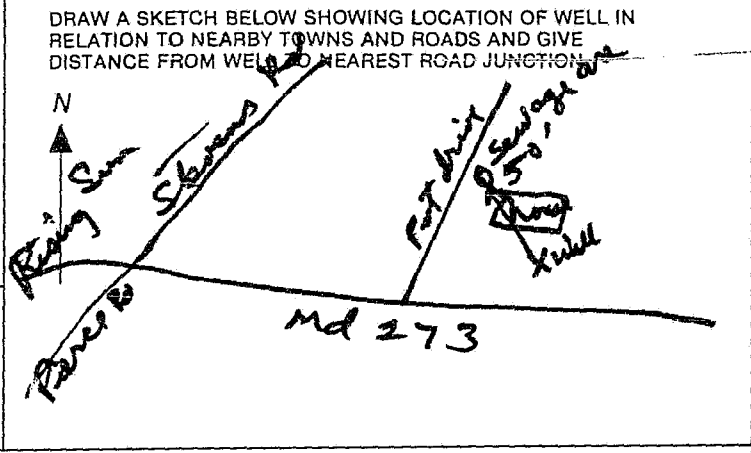
APPROXIMATE DEPTH OF WELL 125 FEET

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 AIR-PER

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE 1060 680

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 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) APPROX. PERMIT NUMBER GAP FORCE WRITE INITIALS IN BOX PERMIT No. CE-81-0653

SPECIAL CONDITIONS

CI 8075 SEQUENCE NO. (OEP USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY **Replacement**
 NUMBER

Date Received (OEP use only)
SEP 15 1983

DATE WELL COMPLETED
062583

Depth of Well
107
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
CE-81-0653

OWNER **Baker** **Allie T.**
 last name first name
 STREET OR RFD **455 TELEGRAPH Rd.** TOWN **Rising Sun, 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	
top dirt + brn dirt	0	10	
Green Soft Shale	10	80	
shist	80	100	
sandstone	100	107	

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY

NO. OF BAGS **20** NO. OF POUNDS **2000**

GALLONS OF WATER **100**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **00** ft.
 (enter 0 if from surface)

CASING RECORD

casings types insert appropriate code below

ST CO
 STEEL CONCRETE

PL OT
 PLASTIC OTHER

MAIN CASING TYPE ST PL

Normal diameter top(main) casing (nearest inch) **6**

Total depth of main casing (nearest foot) **104**

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

SCREEN

DEPTH (nearest ft.)

1 H C **104** **107**

2 _____

3 _____

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 12.17.13 "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. **250**

DRILLERS SIGNATURE **Constantine B. Silyko**

(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 CIRCLE BOX F

OEP 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) **6**

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

METHOD USED TO MEASURE PUMPING RATE **old - stop watch**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **10**

WHEN PUMPING **50**

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 YES NO Y 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))

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 **1**

below _____ (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)

273 telegraph Rd

MONTGOMERY PROS - 2-OLD HOUSE - DNT WELLS

B 1	1037	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>please print or type</i>	OEP PERMIT NUMBER C E - 8 1 - 1 0 9 4 <small>fill in this form completely</small>
-----	------	--------------------------------	--	--

Date Received
0 6 1 2 8 4

OWNER INFORMATION

0 6 1 2 8 4
8
B E L E W J O H N
15 Last Name 34 Owner First Name

4 5 1 T E L E G R A P H R D
36 Street or RFD 55

R I S I N G S U N M D 2 1 9 1 1
57 Town 76 State 72 Zip 76

B 3

LOCATION OF WELL Replacement

1 2
C E C I L
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

R I S I N G S U N
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 1 M I
73 76 77 78

DRILLER INFORMATION

Charles H. Hamilton Jr. 012
Driller's Name 77 License No. 80

JONES & HAMILTON
Firm Name

115 N. PARADISE Rd. 1/26-
Address

Charles H. Hamilton Jr. 6/19/84
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TELEGRAPH Rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W N E S
8-9 8-9 8-9 8-9

34 20 37
DISTANCE FROM ROAD

ENTER FT OR MI FT MI
36 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 1 0
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1 0 0 0
14 20

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.

OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED 0 6 2 5 8 4 Charles E. Simpson 12/25/84
43 48 CO SIGNATURE EXP DATE

NORTH GRID 6 8 4 0 0 0 EAST GRID 1 0 6 8 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 1 5 0 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 _____

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 1060
N 680

000 000

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

39 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) 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

N

MD
PIERCE RD
STUBBS RD
273

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

APPROX. PERMIT NUMBER _____ GAP _____
54 63

FORCE _____ WRITE INITIALS IN BOX PERMIT No. C E - 8 1 - 1 0 9 4
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 1191

SEQUENCE NO. (OEP 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 Replacement

DATE Received JUL 19 1984

DATE WELL COMPLETED 062789

Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CE-81-1094

OWNER BELEW John last name first name STREET OR RFD 451 TELEGRAPH RD. TOWN Rising Sun, Md. 21911 SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check water bearing. Rows include: BROWN SANDY SOIL (0-18), SOFT BROWN SANDY CLAY (18-60), BROWN WEATHERED ROCK (60-80), HARD BROWNISH GREEN SHALE ROCK (80-100).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), 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: 83 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6, Total depth: 83, OTHER CASING: none.

SCREEN RECORD: screen type: ST (STEEL), SLOT SIZE: 2, DIAMETER OF SCREEN: 60.

DEPTH (nearest ft.) table with columns for depth intervals and values: 40, 83, 100.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (A), ELECTRIC LOG OBTAINED (E), TEST WELL CONVERTED TO PRODUCTION WELL (P).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10 17 13 WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 112, DRILLERS SIGNATURE: Charles H. Hamilton Jr.

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 (70), (E.R.O.S.) (72), WQ (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: C3, HOURS PUMPED: 3, PUMPING RATE: 15, METHOD USED: Bucket + Watch, MEASURE PUMPING RATE, WATER LEVEL: 22 before, 100 when pumping, TYPE OF PUMP USED: Air (A).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED: none, CAPACITY: 0 GALLONS PER MINUTE, PUMP HORSE POWER: 0, PUMP COLUMN LENGTH: 0, CASING HEIGHT: above (plus), LAND SURFACE: 2 (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). Diagram shows House and Well X with distances 30' and 20'. RT. 273.

AUG 22 1984

OFFICE OF ENVIRONMENTAL PROGRAMS

Montgomery
Ben (C)

RECEIVED

WELL ABANDONMENT REPORT

Howard County Health Department
115 Hays Street
P.O. Box 191
Sol Air, Maryland 21014
838 6000 x 7245

AUG 1 1984
CFS
GEORGE COUNTY HEALTH DEPT.

DATE 7/27/84

Permit Number of abandoned well (if any)

~~CE-81-1094~~

Permit Number of Replacement well (if any)

~~CE-81-1094~~

Driller's Name

James P. Paster
Last First

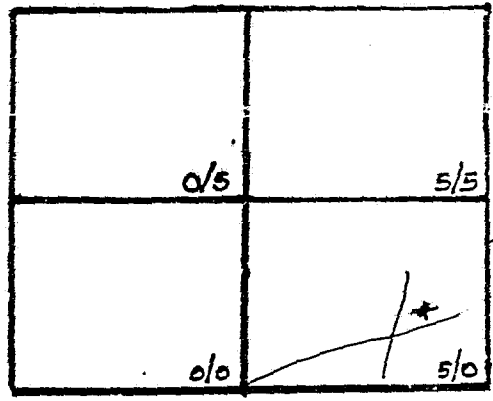
CE-81-0653
ALSO

Owner's Name

Bullock John
Last First

Well Location:

County Cecil
Subdivision _____
Section _____ Lot _____
Nearest Town Perryman
Maryland Grid Location _____



Show well location by (x) within box

Box Number

E	1068
N	680

Type of Well

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

Depth of Well 22 feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify _____

Size of Casing _____ inches

Was any case removed _____ Yes _____ No
if yes amount removed _____ (feet)

Was casing ripped or perforated _____ Yes _____ No

OWNER _____

Health Rep. or Driller

Charles P. Paster License # 112
(Signature)

LOG OF SEALING MATERIAL		
MATERIAL	FEET	
	FROM	TO
<u>Gravel</u>	<u>3</u>	<u>22</u>
<u>Gravel</u>	<u>0</u>	<u>3</u>

B 1 2602 SEQUENCE NO. (DP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
CE-81-3649
fill in this form completely

Date Received (APA) **658-5353**
020888 OWNER INFORMATION
TOWN OF RISING SUN
Last Name Owner First Name
Box 454 Street or RFD
Rising Sun Town **MD 21911** Zip

B 3 LOCATION OF WELL
8 COUNTY **Cecil**
23 SUBDIVISION
SECTION **44** LOT **48**
Rising Sun NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **0.2** MI

DRILLER INFORMATION
LARRYA. BROWN
Driller's Name
Brown Bros. Drilling
Firm Name
497 Kirksmill Rd, Nottingham, PA. 19362
Address
Danny A. Brown 1-6-88
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E W S S E S
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
md. 273 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
N W E S
DISTANCE FROM ROAD **400** FT
ENTER FT or MI

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL PER MIN.) **20**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **10000**

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 **L. Senary** INSERT S
DATE ISSUED **021688** Charles E. Simpson 8/16/88
CO SIGNATURE EXP DATE
NORTH GRID **681000** EAST GRID **1066000**

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTARY Drive-POINT
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)

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
1060
680

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 X
↑ 400'
Rising SUN 273 Bucks

Not to be filled in by driller (GEP USE ONLY)
APPROP PERMIT NUMBER **CE73GAP012**
FORCE **CS** WRITE IN ALL PERMIT NO. **CE 81 3649**

6159 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 38 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **Town of Rising Sun**

DATE Received **081088** DATE WELL COMPLETED **0802 79** Depth of Well **210** (TO NEAREST FOOT)
 PERMIT NO. **DE-81-3649**

OWNER **TOWN OF RISING SUN** (last name first name)
 STREET OR RFD **Box 454** first name **TOWN Rising Sun, md. 21911**
 SUBDIVISION **LOT**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATE (I, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING)

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Clay	0	10	
Gravel	10	20	✓
Sand	20	76	✓
Granite	76	210	✓

Main water is coming in at 156'

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **43** NO. OF POUNDS **3010**
 GALLONS OF WATER **215**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **84** 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 **ST** Nominal diameter **6** Total depth of main casing **84**
 (nearest inch) (nearest foot)

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

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

C 2
 DEPTH (nearest ft.)
 1 **HO** **84** **210**
 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 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

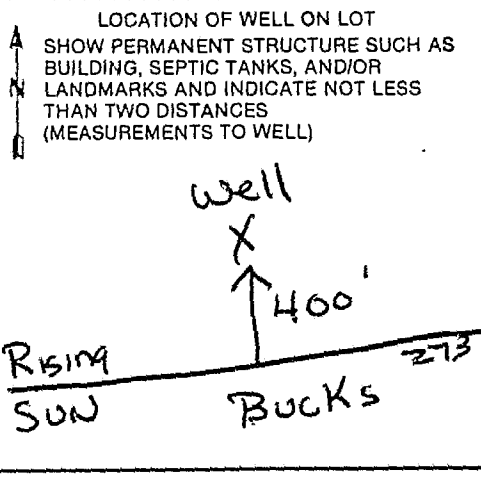
DRILLERS IDENT. NO. **38**
Larry A. Brown
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Larry A. Brown
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **100**
 METHOD USED TO MEASURE PUMPING RATE **Air**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15**
 WHEN PUMPING **80**
 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 } LAND SURFACE (nearest foot)
- below }



B 1 5022 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLD 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
 please print or type

C-2262 STATE PERMIT NUMBER
 CE-813905
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 062088
 Logan Rodney
 221 Pierce Rd
 Rising Sun Md

LOCATION OF WELL
 Cecil
 SECTION 44 45 LOT 48 50
 RISING SUN
 MILES FROM TOWN 5 MI

DRILLER INFORMATION
 CONSTANTINE DiFilippo 250
 AQUAPUR INC.
 2235 Blueball Rd, Elberton Md.
 Constantine DiFilippo
 Date 6-20-88

SECTION OF WELL FROM TOWN (CIRCLE BOX)
 Pierce Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 20 FT

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

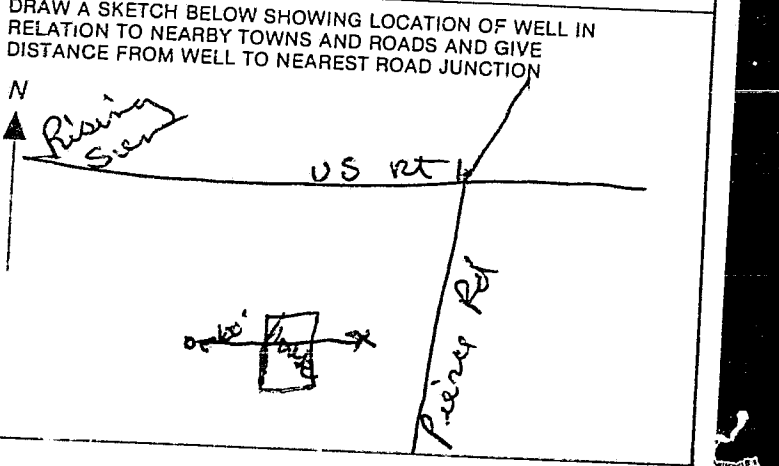
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND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

COUNTY NAME Cecil
STATE SIGNATURE Charles E. Smay
DATE ISSUED 062288
CO SIGNATURE [Signature]
NORTH GRID 680000
EAST GRID 1068000

APPROXIMATE DEPTH OF WELL 100 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED
 AIR-ROTARY ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT

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
 1060
 680

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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE INITIALS PERMIT NO. CE-813905

SPECIAL CONDITIONS

0283

SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE RECEIVED SEP 10 1988

DATE WELL COMPLETED 4-27-88

DEPTH OF WELL 81 (TO NEAREST FOOT)

COUNTY NUMBER C2262

PERMIT NO. CE-81-3905

OWNER LOGAN Rodney, Pierce Rd first name TOWN Rising Sun, Md.

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. Includes handwritten notes: 'top dirt sandstone gray silt granite' and '0 77', '77 81'.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1128

CASING RECORD casing types insert appropriate code below (ST) (C) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 78

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)

Table for screen depth with columns for depth (nearest ft.) and rows for each screen.

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

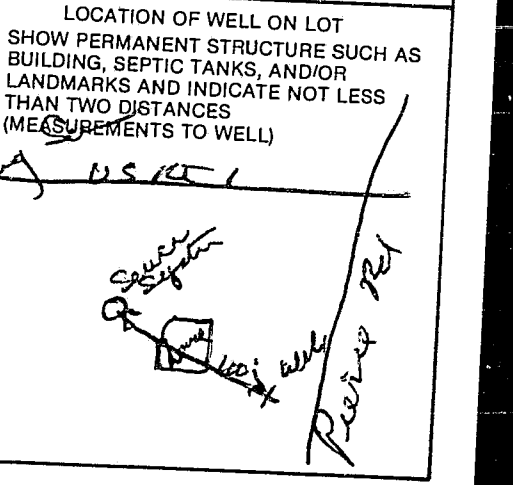
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Gailer/Buckert WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 40 TYPE OF PUMP USED (for test) (S) submersible

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

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

DRILLERS IDENT. NO. 250 DRILLERS SIGNATURE Constantine DeFelipe (MUST MATCH SIGNATURE ON APPLICATION)

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