EMERGENCY/TEMP NO. IF ANY

B 1 | 6993 | SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: TA-81-0815

fill in this form completely

Date Received: 04 10 85

OWNER INFORMATION

Owner: CODE, WILLIAM H

Street or RFD: E 4 TALBOT ST

Town: EASTON | State: MD | Zip: 21601

DRILLER INFORMATION

Driller's Name: Thomas Shannahan

17 License No: 80

Firm Name: SHANNAHAN ARTESIAN WELL CO., INC.

Address: BOX 730, ST. MICHAELS, MD. 21663

Signature: Thomas Shannahan III Date: 4/5/85

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 4000

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: 510 FEET

APPROXIMATE DIAMETER OF WELL: 4 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | (ROTARY) Hydraulic Rotary) | DRive-POINT

CABLE | REVerse-ROTary

other ROTARY

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: GAP

FORCE: [S] WRITE INITIALS IN BOX | PERMIT No. TA-81-0815

SPECIAL CONDITIONS

LOCATION OF WELL

B 3

COUNTY: TALBOT

SUBDIVISION: WILLOW WALKS

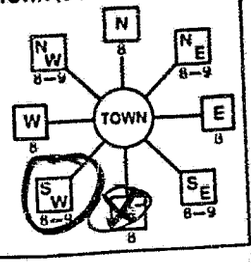
SECTION: — | LOT: 7

NEAREST TOWN: WILLOWWALKS

MILES FROM TOWN (enter 0 if in town): 3.5 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Ingleton

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

DISTANCE FROM ROAD: 400

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: TALBOT | COUNTY NO: 33-2-119, L-17

OEP SIGNATURE: _____ | STATE HEALTH INSERT S

DATE ISSUED: 04 12 85 | Lynn W. Mullins | EXP DATE: 10/13/85

NORTH GRID: 3440000 | EAST GRID: 1039000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

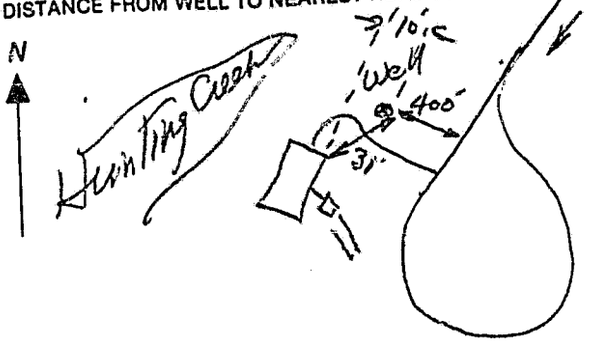
SOURCES OF DRILLING WATER
1. Hunting Creek
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 1037
N 344

000
000

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



ORIGINAL

C 1 | 7763 | SEQUENCE NO (OEP 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 33-2-11 617

DATE Received 10/6/86 | DATE WELL COMPLETED 05/31/86 | Depth of Well 326 (TO NEAREST FOOT) | PERMIT NO FROM "PERMIT TO DRILL WELL" 86-811-0815

OWNER Cooper, Jr. (last name) William (first name)
STREET OR RFD _____ TOWN Unionville
SUBDIVISION Ingleton-On-Miles SECTION _____ LOT 7

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	FEET TO	Check if water bearing
yellow clay	0	4	
Brn Sandy clay	4	20	
Gray Sandy clay	20	64	
Gray clay	64	100	
Gray Sand	100	136	
Rusty	136	137	
Gray Clay	137	217	
Rusty	217	218	
Brn Sand & clay	218	320	
Gray Clay	320	478	
Brn Sand	478	526	

SHANNAHAN ARTESIAN WELL CO., INC.
P.O. BOX 730
ST. MICHAELS, MARYLAND 21663
C-4063

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. 24
W. M. Shannahan III
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (YES) NO
TYPE OF GROUTING MATERIAL
CEMENT CM | BENTONITE CLAY BC
NO. OF BAGS 6 | NO OF POUNDS 600
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 30 ft. (BOTTOM) (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	4	155

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to
PL	2	155	516

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

EACH SCREEN	DEPTH (nearest ft)	
1 PL	516	526
2		
3		

SLOT SIZE 1 20 2 3
DIAMETER OF SCREEN 2 (NEAREST INCH)

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

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

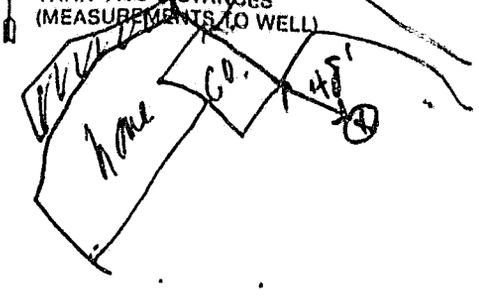
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 4
PUMPING RATE (gal. per min to nearest gal.) 25
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 32
WHEN PUMPING 75

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

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) (YES) NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 12
PUMP HORSE POWER 3/4
PUMP COLUMN LENGTH (nearest ft.) 74
CASING HEIGHT (circle appropriate box and enter casing height) (+) above / (-) below LAND SURFACE (nearest foot) 0

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



ORIGINAL