

B 1	7683	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>please print or type</i>	OEP PERMIT NUMBER TA-81-2009 fill in this form completely
Date Received 07/11/89 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)		OWNER INFORMATION Last Name KING First Name LEAH Street or RFD Rt 4 Box 408 Town EASTON State MD Zip 21601		
DRILLER INFORMATION Driller's Name SHANNAHAN ARTESIAN WELL CO., INC. Firm Name P.O. Box 730, St. Michaels, MD 21663 Address John T. Shannahan Date 7-8-89		LOCATION OF WELL COUNTY TALBOT SUBDIVISION EASTON LOT 1601 MILES FROM TOWN (enter 0 if in town) 2.8 MI		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 10 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐ DISTANCE FROM ROAD 4 ENTER FT or MI MI		
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 TALBOT 42-14-137 COUNTY NAME COUNTY NO. OEP SIGNATURE Shanna Galanes STATE HEALTH INSERT S ☐ DATE ISSUED 07/13/88 CO SIGNATURE Shanna Galanes EXP. DATE 01/13/89 NORTH GRID 328000 EAST GRID 1055000		
APPROXIMATE DEPTH OF WELL 600 FEET APPROXIMATE DIAMETER OF WELL 4 INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Peach blossom Cr. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 1054 N 328		
METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN ☐ AIR-ROTary ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☒ CABLE ☐ REVERSE-ROTary ☐ Drive-POINT ☐ other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR 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 SG WRITE INITIALS IN BOX PERMIT NO. TA-81-2009		
SPECIAL CONDITIONS				

C1 9414 SEQUENCE NO. (OEP 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 42-14-137

DATE Received AUG 29 1988 DATE WELL COMPLETED 080888 Depth of Well 22 600 28 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 7A-81-2009
OWNER Kingsley Archibald J. last name first name STREET OR RFD Box 408 TOWN Easton, MD 21601 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 FROM TO Check if water bearing
5' to 4' clay 0 6
4' sand 6 18
yellow clay 18 32
8' m clay 32 308
Rock 308 309
Bm sand & clay 309 410
f m clay 410 566
Bm sand 566 600 ✓
C-10589

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐
TYPE OF GROUTING MATERIAL CEMENT ☒ BENTONITE CLAY ☒
CEMENT 45 46 BENTONITE CLAY 45 46
NO. OF BAGS 7 NO. OF POUNDS 100
GALLONS OF WATER 56
DEPTH OF GROUT SEAL (to nearest foot) from 4 ft. to 40 ft. (enter 0 if from surface)
CASING RECORD
casing types insert appropriate code below
STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
AL 4 220
OTHER CASING (if used) diameter inch depth (feet) from to
AL 2 220 580
SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ☒ BRASS ☐ OPEN HOLE ☐
BRONZE ☐ PLASTIC ☐ OTHER ☐
C2
DEPTH (nearest ft.)
AL 380 600
EACH SCREEN
1 AL 380 600
2
3
SLOT SIZE 20
DIAMETER OF SCREEN 2 (NEAREST INCH)

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 80
WHEN PUMPING 118
TYPE OF PUMP USED (for test) Air ☒ piston ☐ turbine ☐
centrifugal ☐ rotary ☐ other (describe below) ☐
jet ☐ 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: 3
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 12
PUMP HORSE POWER 17
PUMP COLUMN LENGTH (nearest ft.) 148
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE (nearest foot) 7
- below }

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. 22
DRILLERS SIGNATURE John T. Rameyer
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Jane

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

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)
home 30 12