

C1 1920
 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 **A-40218-W**

DATE RECEIVED
 DATE WELL COMPLETED **100787**

INDEXED
 Depth of Well **300**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-811-2311

OWNER **OREM WILMA**
 STREET OR RFD **15007 BUSHY PARK ROAD** TOWN **LISBON Woodbine, Md.**
 SUBDIVISION **MAP 14 R. 159** SECTION **1** LOT **21797**

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 Shale	0	95	
Green Rock	95	300	125 260

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 **2350**
 GALLONS OF WATER **175**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **105** 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) **105**

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

DEPTH (nearest ft.)
 EACH SCREEN
HO **105** **300**

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

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) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **AIR**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **60** WHEN PUMPING **300**
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 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)
Bushy Park Rd.
well

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. **410**
 DRILLERS SIGNATURE **Harry W. Staff**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OK to proceed
REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

MAP 14 Q 1 P.159

LOCATION 15601 BUSHY PARK RD WOODBINE
ZIP _____

OWNER OCCUPANT WILMA OREM ADDRESS _____ PHONE _____

COMPLAINANT MRS GILLIS ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION NEEDS REPLACEMENT WELL. THEY WILL MEET

US AT SITE 10 AM MONDAY AUGUST 31.

ABOTT TO APPLY FOR PERMIT.

CODES _____

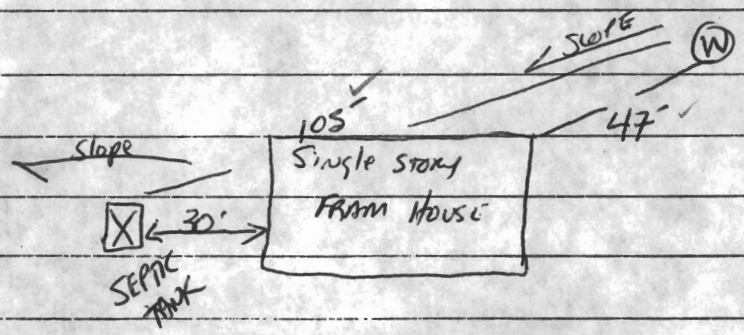
RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT _____

10/14/87 Old well abandoned; filled w/
dirt + cement; capped surface floor
= 1' deep; used additional dry
bag to help plug top of casing
Total 14 bags + 1 dry bag
used

Old well
Abandoned



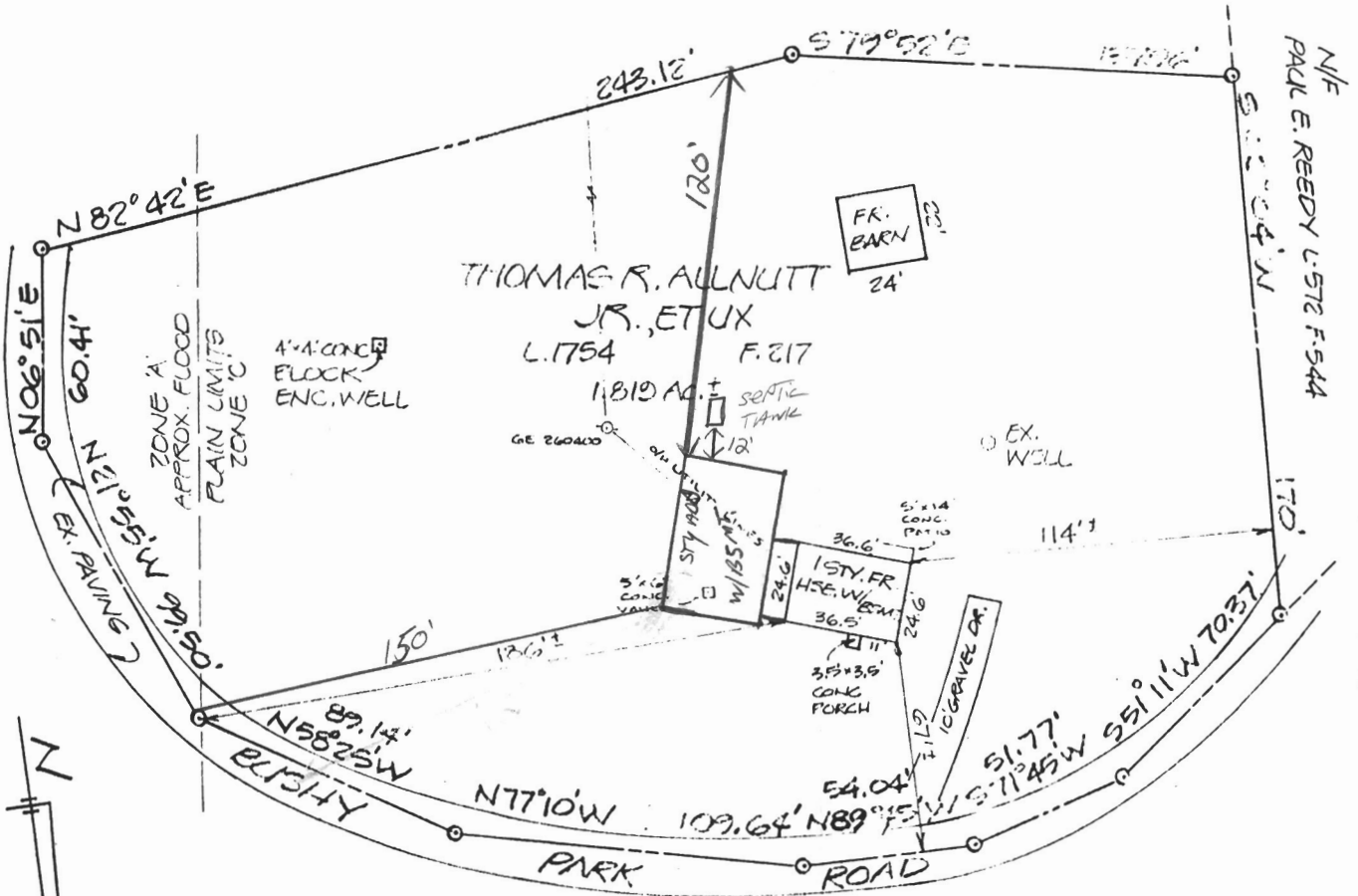
10-7-87 well grouted
at surface. 24 bags of
cement used. Missed actual
grout. Septic tank cover
is broken and should be
repaired/replaced. Heavy growth
around tank. SE Nadeau

Bushy Park Rd.

DATE SUBMITTED _____ SANITARIAN _____

NOTE: FLOOD PLAIN ZONES TAKEN FROM NATIONAL FLOOD INSURANCE PROGRAM, FLOOD INSURANCE RATE MAP, COMMUNITY PANEL # 840014-014E, REVISED DEC. 4, 1986.

N/F
ROBERT A. WALK
L-1143 F-764



HOUSE LOCATION SURVEY
OF LANDS CONVEYED TO
THOMAS R. ALLNUTT, JR

AND
CLAUDIA T. ALLNUTT

LIBER 1754 FOLIO 217
15601 BUSHY PARK ROAD
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 60' MAY, 1993



5-6-93

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 2177
(301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
LIBER 1754 FOLIO 217	87-1644

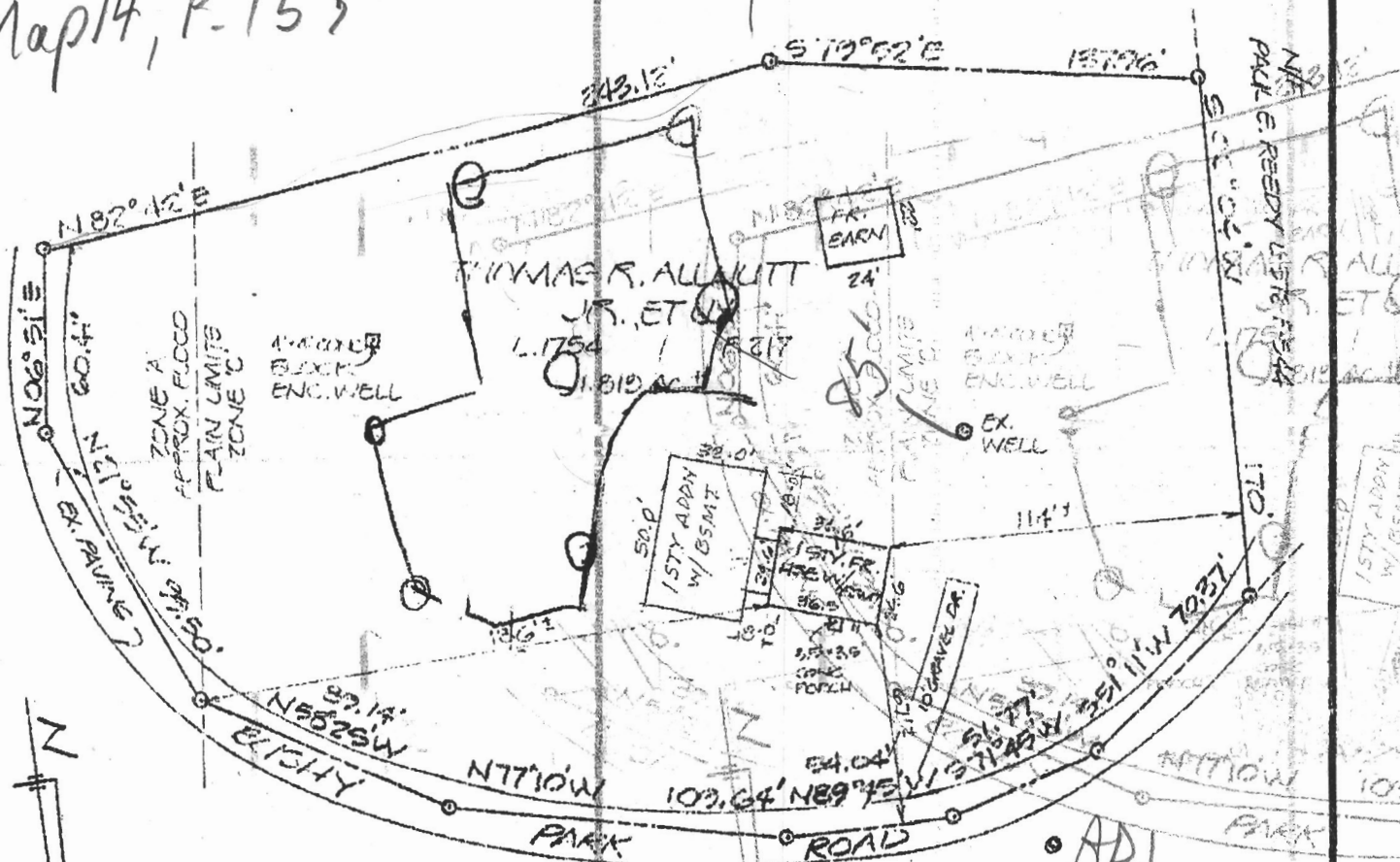
NOTE: FLOOD PLAIN ZONES TAKEN FROM NATIONAL FLOOD INSURANCE PROGRAM MAPS, FLOOD INSURANCE RATE MAP, COMMUNITY PANEL # 840114-0000, DATE REVISED DEC. 4, 1986.

TENT. LAYOUT
 DISC w/ OWNER
 12/26/01
 Map 14, P. 153

ADJ WELL
 400'

N/F
 ROBERT A. WALK
 L-1143 F-764

N/F
 RUFFET, WA
 L-1143 F-764



PROPOSED ADDITION - 4/16/01
 HOUSE LOCATION SURVEY
 OF LANDS CONVEYED TO
 THOMAS R. ALLNUTT, JR



