

C1 3218
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

PERMIT 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 NUMBER A 27969

Date Received (OEP use only)
 DATE WELL COMPLETED 7/2/82

Depth of Well 300
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
10-7-4523

OWNER Hillside Nursery Inc. last name first name
 STREET OR RFD Waterville Road TOWN Poplar Springs
 SUBDIVISION Harry N. Fleming Property SECTION 1 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	
TOP SOIL	0	2	
SHALE	2	5	
BROWN SLATE	5	10	
BLUE SLATE	10	50	
BROWN SLATE	50	55	✓
BLUE SLATE	55	65	
FLINT	65	70	✓
BLUESLATE	70	255	
FLINT	255	265	
BLUE SLATE	265	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 5 NO. OF POUNDS 400
 GALLONS OF WATER 25
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 20 ft.
48 TOP (enter 0 if from surface) 54 BOTTOM 58

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) 21

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

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

DEPTH (nearest ft.)
 EACH SCREEN
 1 HO 19 300
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

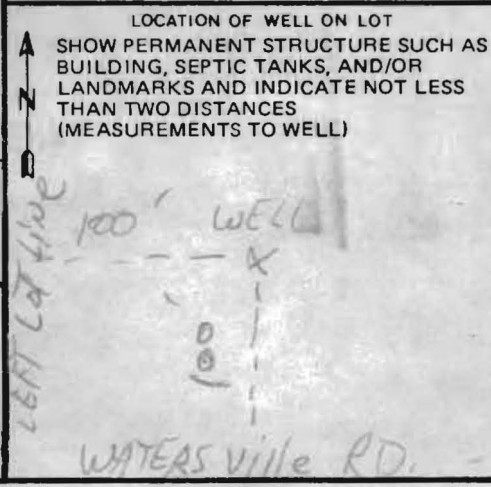
C 3 (Seq. no.)
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 40
 WHEN PUMPING 300
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 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)) 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)
 + above LAND SURFACE
 - below 2 (nearest foot)

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 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. 40
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)



B 1 7261

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4223

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

please print or type

fill in this form completely

Date Received 7/20/82 9:30 A.M. OWNER INFORMATION HILLSIDE NURSERY, INC. 722 EAST WATERVILLE MD 41181

LOCATION OF WELL COUNTY HOWARD SUBDIVISION Harry M. Fleming Prop. SECTION 23 LOT 1 NEAREST TOWN POPLAR SPRINGS

DRILLER INFORMATION GEORGE F. EASTERDAY 40 LE EASTERDAY, INC. 9265 Brown Church Rd. Mt. Airy, Md.

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) TOWN MAP ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 100 DISTANCE FROM ROAD

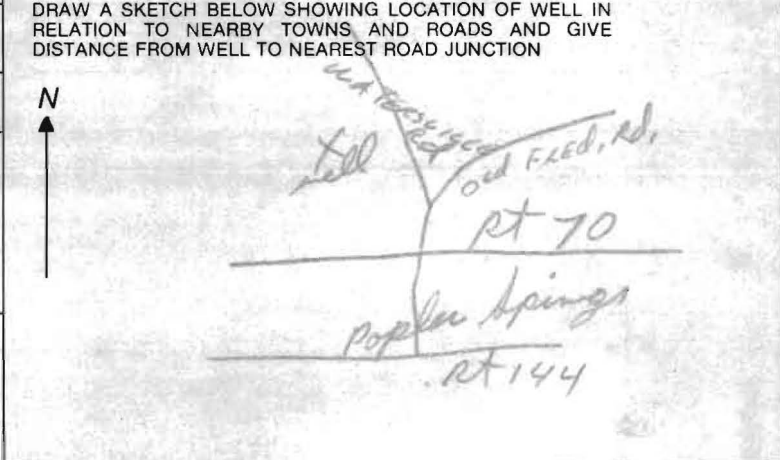
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 570

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

SOURCES OF DRILLING WATER 1. 1 1/2' ABOVE GROUND 2. 7 1/2' OPEN 3. 5 BAGS CEMENT

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE POINT



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A27969 COUNTY NO.

Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER GAP FORCE INITIALS IN BOX PERMIT No. HO-73-4223

OEP SIGNATURE DATE ISSUED CO SIGNATURE STATE HEALTH CIRCLE BOX EXPIRES 010983

SPECIAL CONDITIONS 8-63

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE COUNTY HEALTH DEPARTMENT IN WHICH THE WELL IS TO BE DRILLED.

EMERGENCY/TEMP. NO. IF ANY

B 1 **7261** SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL OEP PERMIT NUMBER

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS) please print or type fill in this form completely

Date Received 061882 (OEP Use Only) John Henry

OWNER INFORMATION

Lot Name HILLSIDE WALKERY INC. Owner John Henry 34 Name

Street or RFD 7221 EAST WALKERSVILLE 55

Town MT AIRY, MD. State MD 76 Zip 21771

B 3 LOCATION OF WELL

COUNTY Howard 21

SUBDIVISION _____ 42

SECTION 44 23 LOT 46 48 50

NEAREST TOWN POPLAR SPRINGS 52

MILES FROM TOWN (enter o if in town) 1 73 M 1 76 77 78

B 7 Continued **DRILLER INFORMATION**

Driller's Name GEORGE F. EASTERDAY 77 License No. 40

Firm Name G.F. EASTERDAY INC.

Address 9265 Brown Creek Rd, Mt. Airy, MD.

Signature George F. Easterday Date 6/16/82

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD 742 Watersville Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST WEST EAST SOUTH NORTH

DISTANCE FROM ROAD 100 (CIRCLE APPROPRIATE BOX) 37 M 1 38 39

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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 770

N 550

000 000

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 HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 30 37

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) _____ 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

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

APPROX. PERMIT NUMBER G A P 34 63

FORCE 64 WRITE INITIALS IN BOX PERMIT 64 68 73 74 75 76 77 78 79

COUNTY NAME _____ COUNTY NO. _____

OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX 41

DATE ISSUED _____

CO SIGNATURE _____

NORTH GRID 50 EAST GRID 000 55 57 63 EXPIRES _____

B 5 SPECIAL CONDITIONS _____ 63