

**C1** **8426** 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 **A 37527**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **120227** Depth of Well **265** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-1108**

OWNER **UNION TRADING COMPANY** last name first name TOWN **PLANTERSVILLE**  
 STREET OR RFD **Highway 20** SUBDIVISION **1000** SECTION **1** 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		Check if water bearing
	FROM	TO	
SOIL	0	2	
Yellow shale	2	65	✓
Yellow shale	65	90	
Blue shale	90	100	
Yellow shale	100	105	✓
Blue shale	105	210	
Flint rock	210	215	✓
Blue shale	215	265	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **18** NO. OF POUNDS **1800**  
 GALLONS OF WATER **10**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **45** 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**PL** **6** **18**

**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

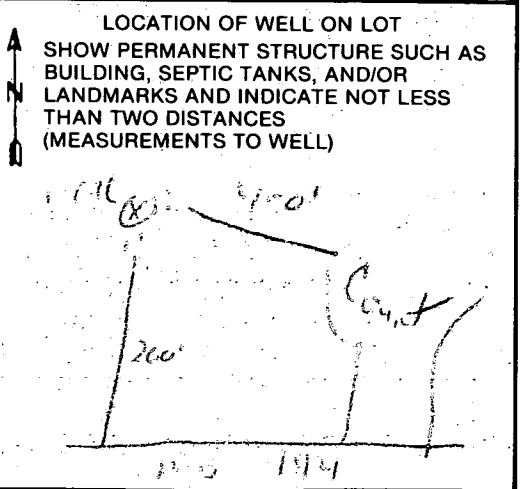
**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN **H0** **76** **265**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

**TELESCOPE CASING** **LOG INDICATOR** **OTHER DATA**  
 T (E.R.O.S.) WQ  
 70 72 74 75 76

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **8**  
 METHOD USED TO MEASURE PUMPING RATE **Line test**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **50**  
 WHEN PUMPING **64**  
 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 } **(2)**



CIRCLE APPROPRIATE LETTER 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
 DRILLERS IDENT. NO. **232**  
 DRILLERS SIGNATURE **Paul H. Maynard**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 5486

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-08-1109

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

please print or type

fill in this form completely

Date Received (APA)

111789

OWNER INFORMATION

VACHNUT MARK

14106 HARRISVILLE RD

MT AIRY MO 21101

B 3

LOCATION OF WELL

HOWARD

NURSERY ACRES

POPULAR SPRINGS

MILES FROM TOWN

DRILLER INFORMATION

Ralph MAYNE 223

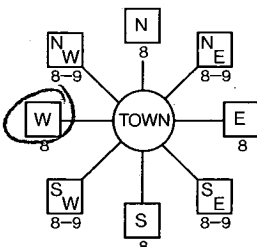
Ralph MAYNE (WELL DRILLING)

9120 Brown Church Rd Mt Airy

Signature Ralph Mayne Date 10/31/89

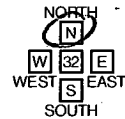
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



144 Nursery Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



450 225 DISTANCE FROM ROAD

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

Howard A 37527 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

112489 Jane Andrew 5-24-90

NORTH GRID 552000 EAST GRID 0765000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 inch 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
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)

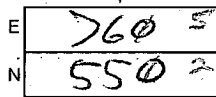
APPROX. PERMIT NUMBER GAP

FORCE JN PERMIT No. 40-08-1109

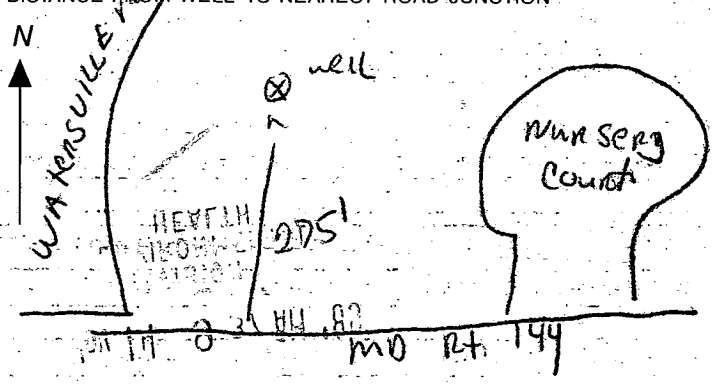
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

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



SPECIAL CONDITIONS





11-24-93  
anytime

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 0  
Date \_\_\_\_\_

Name of Installer P.T. SCHRIEDER Plumbing

Telephone 301-253-6725

License Number 2225

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner HOWARD STITLOW

Telephone 301-417-1028

Subdivision NURSERY ACRES Lot # 7

Well Tag # HQ-882-1108

Site Address 17415 NURSERY CT. MT. AIRY, Md.

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible
- 2. Make STAVRITE
- 3. Model # \_\_\_\_\_
- 4. Capacity 7 GPM
- 5. Pump exceeds well capacity Yes \_\_\_\_\_ No
- 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other \_\_\_\_\_

Motor

- 1. Horsepower 3/4
- 2. RPM 3500
- 3. Voltage 230
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make Campbell
- 2. Model # B-10X
- 3. Depth 4 FT.

Tank

- 1. Capacity 32 gal
- 2. Pressure relief valve? yes

Piping

- 1. Type Polythene
- 2. Size 1" 160 lb.
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 4 FT

Well data

- 1. Depth 265 ft.
- 2. Yield 6.5 GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Philip Schrieder

11/24/93 OK WPI R/H

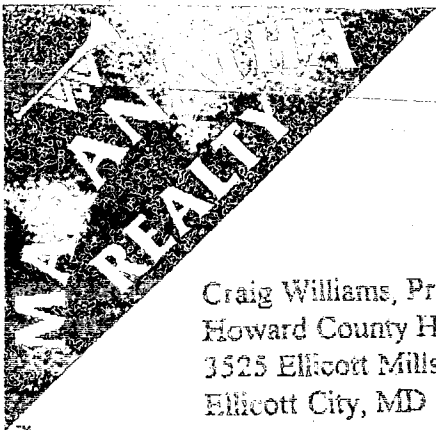
Date: 11-23-93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215 Pressure Tank Not yet installed

TRANSMIT LINE INFORMATION REPORT \*\*

Journal No. : 013  
Receiver : 94136027994  
Transmitter : HOOB ENVHEALTH  
Date : Oct 19.99 16:27  
Time : 01'26  
Mode : NORM  
Document : 02 Pages  
Result : 0 K



10/18/99

Craig Williams, Program Chief  
Howard County Health Dept.  
3525 Ellicott Mills Drive  
Ellicott City, MD 21043

Ron - they need  
this info by  
tomorrow  
10-20-99

Environmental Health (410) 313-2640  
Fax (410) 313-2648

Dear Mr. Williams,

We request information on the property located at:

Street Address: 17415 Nursery Ct., Mt Airy MD 21771

Subdivision Name: Nursery Acres S 2 Lot # 7

Map 2 Parcel # 7

Building Permit # unk

Well Identification Tag # HO 88-1108

Owner's Name (at time application for permits were made)

Howard & Bonnie Titlow (A 37529)

Please provide the following information:

- Well Location
- Yields ~ 8 gpm
- Depth ~ 265'
- Sewage System
- Sewage Location
- Percolation Test Results
- Preliminary Plat Showing Proposed Well and Septic Site.

Thank you for your help in this matter.

Sincerely,  
Maranatha Realty

Stanley Dill, CRB, GRI  
Broker

(Excello Exterminating)  
410-602-7994