

C 08038

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED.COUNTY  
NUMBER

A511437A

ST/CO USE ONLY

DATE Received  
MM DD YY

DATE WELL COMPLETED

11. 9.00  
MM DD YY  
8 13 15 20

Depth of Well

22 580 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"110 - 94 - 2864  
28 29 30 31 32 33 34 35 36 37OWNER Stanton Tom  
last name first name  
STREET OR RFD Simpson Rd TOWN Highland  
SUBDIVISION Cherry Brae SECTION 4 LOT 4

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOcheck  
if water  
bearing

Top Soil 0 2  
Clay 2 20  
Brown Shale 20 50  
Brown Mica 50 90  
Sand Stone 90 115  
Gray Mica 115 580

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
☒ Y ☐ N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BCNO. OF BAGS 38 NO. OF POUNDS 3800GALLONS OF WATER 228

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 98 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below☒ ST ☒ CO  
STEEL CONCRETE  
☒ PL ☒ OT  
PLASTIC OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 6 102  
60 61 63 64 66 70E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)☒ ST ☒ BR ☒ HO  
STEEL BRASS OPEN  
BRONZE HOLE  
☒ PL ☒ OT  
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min.) 5METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.WHEN PUMPING 104 ft.

TYPE OF PUMP USED (for test)

☒ A air ☒ P piston ☒ T turbine  
27 27 27  
☒ C centrifugal ☒ R rotary ☒ O other (describe below)  
27 27 27  
☒ J jet ☒ S submersible  
27 27

## PUMP INSTALLED

DRILLER INSTALLED PUMP YES ☒ NOIF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O) 29  
IN BOX 29.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35PUMP HORSE POWER 37 41PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box  
and enter casing height)  
☒ + above } LAND SURFACE  
49  
☐ - below } 2 (nearest foot)  
49 50 51LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)

see plat

DRILLERS LIC. NO. MWD 040DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. DSITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

B 1 01482		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL W514269 please print or type		STATE PERMIT NUMBER HO-94-2864 fill in this form completely	
Date Received (APA) 9/25/00 8 MM DD YY 13				OWNER INFORMATION 8399		B 3 LOCATION OF WELL	
Stanton Tom 15 Last Name Owner First Name 34 11961 Simpson Rd 36 Street or RFD 55 Clarksville, Md 21029 57 Town 70 State 72 Zip 76						Howard CC# 8 COUNTY 21 Cherry Brae 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
DRILLER INFORMATION						B 4	
George F. Easterday M W D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday 9/22/2000 Signature Date						Simpson Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH W N E WEST S EAST SOUTH 34 50 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: 41 BLK: PARCEL 198	
B 2 WELL INFORMATION						DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20						1 2 N N E 8 8 8 W TOWN E 8 8 8 S W S E 8 8 8 S S S 8 8 8	
USE FOR WATER (CIRCLE APPROPRIATE BOX)						NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL						Howard A51437A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10/13/00 Enold P. [Signature] 10/13/01 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 488 0 0 0 EAST GRID 0820 0 0 0 GRID 50 55 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28						SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH						SOURCES OF DRILLING WATER 1. wells 2. 3.	
METHOD OF DRILLING (circle one)						WRITE THE BOX NUMBER FROM THE MAP HERE	
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary Drive-POINT other						E 820 N 4808 000 000	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)						DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 G 13	
N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52						11/9/00 Grant 8:45 X No INSP (limited staff) and time conflict (SRK)	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)						Hill Shop Rd SIMPSON Rd X	
APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2864 70 71 72 73 74 75 76 77 78 79							
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -							





**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2649 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: K.H. Plumbing Telephone #: 410-857-0255  
Address: 490 Watsie Dr.  
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Keith Hundertmark License #: 8300

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Thomas Stanton Telephone #: 301-490-7627  
Subdivision: Cherry Brge Lot #: PPA Well Tag #: HO-94-2864  
Site Address: 11925 Simpson Rd. old Lot 4  
Clarksville

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Watts</u>	Make: <u>American Gully</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>F134521B52</u>	Model #: <u>PT800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>580</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 7.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

**Piping to house** **House Connection**  
Type: Polyethylene 1" PE3408 PVC sleeved to undisturbed soil at full penetration. ☒  
PSI: 160 (160 psi min) Approximate length of sleeve: 6  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly. ☒

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of Company representative responsible for installation: Keith Hundertmark date: 8-23-01

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 6/5/01 Date Insp. Approved: 6/5/01 **(RJP) SRM**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒  
Two piece cap installed and attached to casing securely ☒  
Elec. conduit extends at least 18" below grade/attached to cap properly ☒  
Safety rope installed inside of well casing ☒  
Correct well tag attached properly and casing 8" above finished grade ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate grout observed below pitless adapter ☒



**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
2500 Broening Highway • Baltimore Maryland 21224  
(410) 631-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

Parris N. Glendening  
Governor

Jane T. Nishida  
Secretary

November 15, 2000

Thomas Stanton  
11961 Simpson Road  
Clarksville MD 21029-1723

Re: Water Appropriation and Use Permit  
Number: HO93G006 (01)

Dear Mr. Stanton:

This letter is in regards to the above referenced permit issued to George J. Simpson effective May 1, 1993, for water to be used for the irrigation of nursery stock at Cherry Brae Nursery. On the 1999 Agricultural Water Withdrawal Report by Gallons, submitted early this year, there was a written comment beside Mr. Simpson's name that stated "Deceased '96 property no longer run as a nursery. Only a residence". Under the changes heading was another written comment "New owner as of 5/31/99 Thomas Stanton".

In accordance with the comment that there is no longer a nursery, it appears that there is no longer a need for this permit. Therefore, the permit has been inactivated.

If in the future your needs should change, a new permit application may be submitted at that time. Should you have any questions concerning this matter, please contact me at 410-631-3627.

Sincerely,

Marianna L. Eberle  
Public Health Engineer  
Water Rights Division

cc: Howard County Health Department