

1 2 3 4 5 6  
0995  
SEQUENCE NO.  
(DENV USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
28 29 30 31 32 33 34 35 36 37

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED

Depth of Well  
(TO NEAREST FOOT)

OWNER last name first name TOWN  
STREET OR RFD  
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

Topsoil 0 2  
Br. mica 2 28  
Tan mica 28 40  
Granite 40 57  
Br. mica 57 59  
Gravel 59 73  
Br. mica 73 78  
Gravel 78 240

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT BENTONITE CLAY  
45 46 45 46

NO. OF BAGS NO. OF POUNDS  
GALLONS OF WATER  
DEPTH OF GROUT SEAL (to nearest foot)

from ft. to 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)

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

screen type or open hole insert appropriate code below

SCREEN RECORD

STEEL BRASS BRONZE OPEN HOLE  
PLASTIC OTHER

DEPTH (nearest ft.)  
EACH SCREEN

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 (CIRCLE) (YES or 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)

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 26.04.04 "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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Handwritten notes: "House", "175'", "Wood start", "Old Fred. Rd."

REPLACEMENT WELL SITE INSPECTION

OWNER

Merkle

DATE REQUESTED

12/3/90

ADDRESS

1970 Woodstock Rd

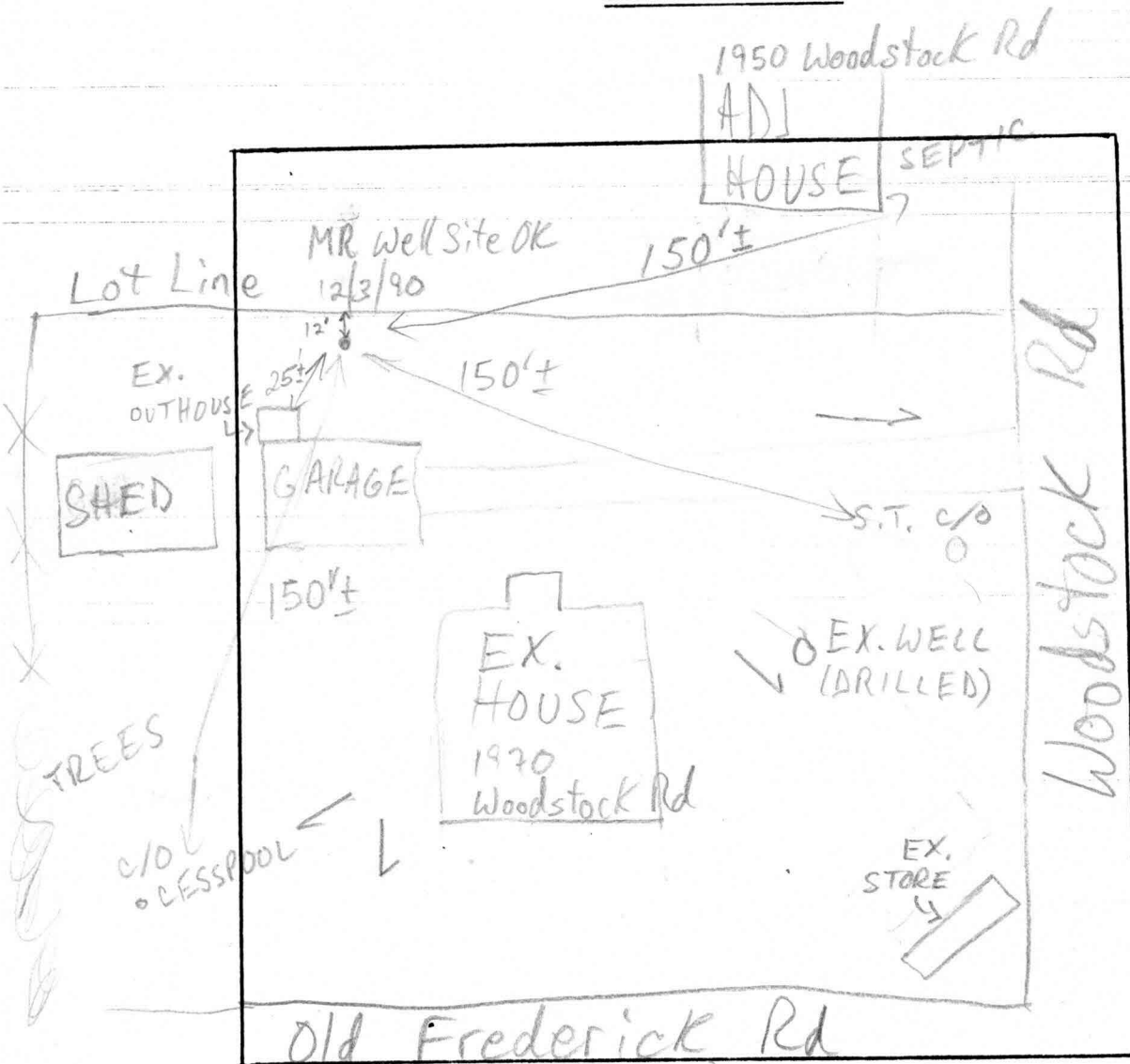
DRILLER

Easterday

WELL TAG#

COUNTY#

LOCATION DIAGRAM



COMMENTS:

Replacement Well Requested

12/3/90 LOW FLOW IN EX. WELL (SERVES STORE & HOUSE); 5 PEOPLE PETITIONING TO MOVE INTO HOUSE, SEPTIC NEEDS LARGE REPAIR (NO EX. FAILURE AT EITHER SEPTIC); OUTHOUSE SHOULD BE ABANDONED MR

2/8/91 - NOON

2/8/91 OK  
Final C.B.

Their paperwork  
is in the  
mail.  
Sent 2/5/91 C.B.

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

Mailed in

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_

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

Name of Installer \_\_\_\_\_

Telephone \_\_\_\_\_

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

Name of Property Owner Shirley Merkle Telephone \_\_\_\_\_

Subdivision 1970 Woods Fork Rd Lot # \_\_\_\_\_ Well Tag # HD-88-1653

Site Address 1970 Woods Fork Rd

Pump

1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

2. Make \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

Piping

1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

Well data

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

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: \_\_\_\_\_

Date: \_\_\_\_\_

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

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 # 46806  
Date 2-5-91  
Name of Installer Lester C Simmons Telephone 301-831-5170  
License Number 307  
Certified Well Pump Installer ☐ Well Driller ☒ Registered Plumber ☐  
Name of Property Owner Shirley Mockle Telephone 465-6930  
Subdivision                      Lot #              Well Tag # 40-88-1653  
Site Address 1970 Woodstock Rd

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 1/2 1. Make Martinson B-10X  
a. Deep well jet 2. RPM 34-50 2. Model #               
b. Shallow well jet 3. Voltage              3. Depth 4  
c. Submersible ☒ a. 110               
2. Make Goulds b. 220               
3. Model # SES05422  
4. Capacity 5 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 ☐

Tank Piping Well data  
1. Capacity 32 1. Type              1. Depth 240 ft.  
2. Pressure relief 2. Size 160/16 2. Yield 9 GPM  
valve? yes 3. NSF and/or BOCA 3. Static water  
Code approved yes level              ft.  
4. Depth of supply 4. Will water supply  
line 42 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.

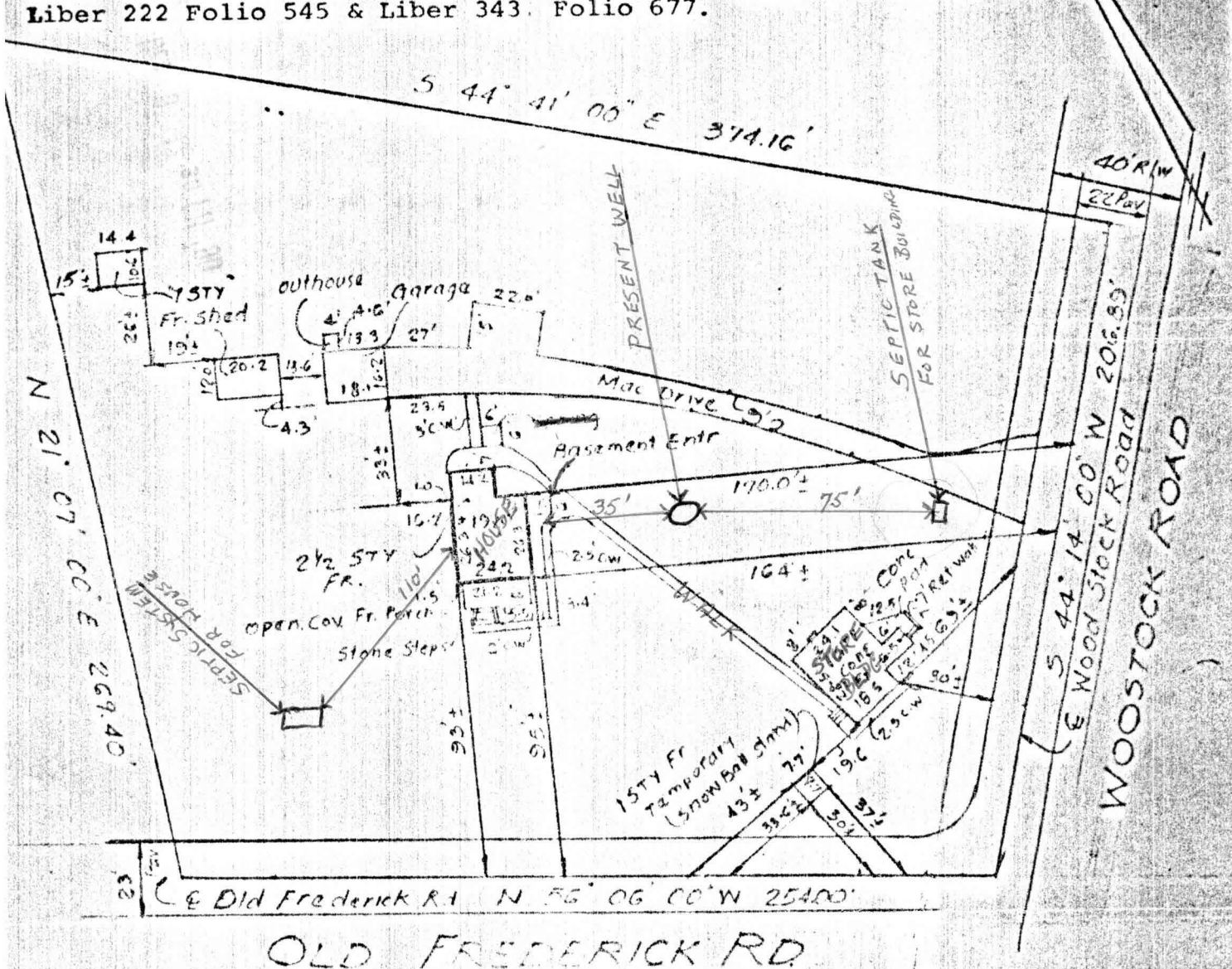
Signature of Applicant: Lester C Simmons

Date: 2-5-91

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

31 FEB 11 AM 11:50  
HEALTH DEPT  
HOWARD COUNTY  
RECEIVED

Survey of property known as #1970 Woodstock Road Being the residue of a 10 Acre tract of land recorded among the land records of Howard County in Liber 137 Folio 25. Saving & Excepting from the said 10 Acres those parcels of land recorded in Liber 199 Folio 410 Liber 207 Folio 354 Liber 597 Folio 731 Liber 222 Folio 545 & Liber 343. Folio 677.



WE HAVE SURVEYED THE LOT SHOWN ON THIS PLAT AND THE IMPROVEMENTS ARE LOCATED AS SHOWN.

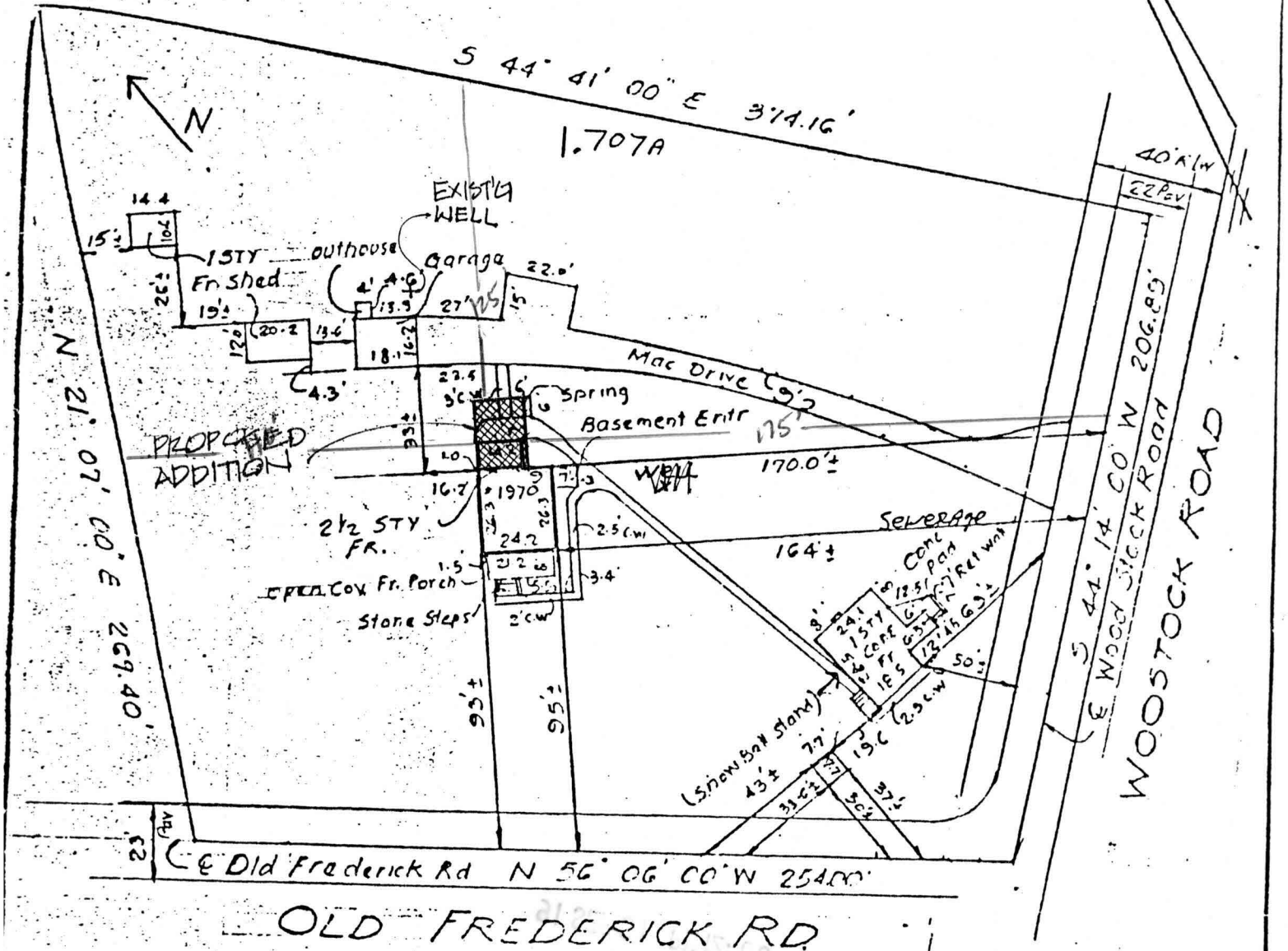
*David E. Wilder*

THIS PLAT IS NOT INTENDED FOR THE USE IN THE ESTABLISHMENT OF PROPERTY LINES

**DON LYNCH ASSOC., INC.**  
4907 HARFORD ROAD  
BALTIMORE, MD. 21214

Scale: 1" = 50' Date: 8-25-79

Survey of property known as #1970 Woodstock Road Being the residue of a 10 Acre tract of land recorded among the land records of Howard County in Liber 137 Folio 25. Saving & Excepting from the said 10 Acres those parcels of land recorded in Liber 199 Folio 410. Liber 207. Folio 354 Liber 597 Folio 731 Liber 222 Folio 545 & Liber 343. Folio 677.



WE HAVE SURVEYED THE LOT SHOWN ON THIS PLAT AND THE IMPROVEMENTS ARE LOCATED AS SHOWN.

*David E. Wilder*

10/3/91  
PLANS OK TO SIGN  
RH BP 39858  
THIS PLAT IS NOT INTENDED FOR THE USE  
IN THE ESTABLISHMENT OF PROPERTY LINES

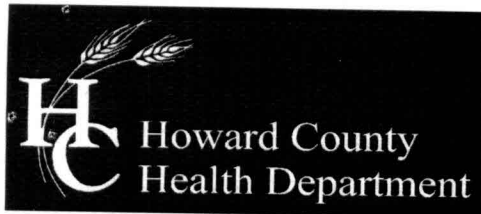
DON LYNCH ASSOC., INC.

4907 HARFORD ROAD

BALTIMORE, MD. 21214

Scale: 1"= 50'

Date: 8-25-79



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer

April 6, 2007

Linda Luber  
1970 Woodstock Rd  
Woodstock, MD 21163

Re: The facility THE SNOWBALL STAND  
1970 Woodstock Rd  
Woodstock, MD 21163

Dear Mrs. Luber,

I have no objections to the request for a building permit for the installation of a three-compartment sink and a hand-washing sink. If you have any further questions regarding this matter, please contact me at 410-313-2651.

Sincerely,

Mike J. Davis, Program Supervisor  
Well and Septic Program

April 4, 2007

Mike:

The facility THE SNOWBALL STAND with address: 1970 Woodstock Road, Woodstock, MD 21163 IS ON WELL AND SEPTIC.

The owner Linda Luber spoke with you and you told her that she could install the three compartment sink and hand sink without any further alterations to her well and septic system.

When her plumber went to the Howard County Building permit office to get a permit to install these sinks, they are requesting a letter from the well and septic program stating that you are aware that they are on well and septic and that they are ok to proceed with the installation of the three compartment sink and hand washing sink

Enclosed is a drawing of the three compartment sink (A) and the hand washing sink (D) to be added.

A handwritten signature in black ink, appearing to read 'Juan Gutierrez', with a stylized, flowing script.

Juan Gutierrez  
Plan Review  
Food Protection Program  
410-313-1780

A = proposed NSF

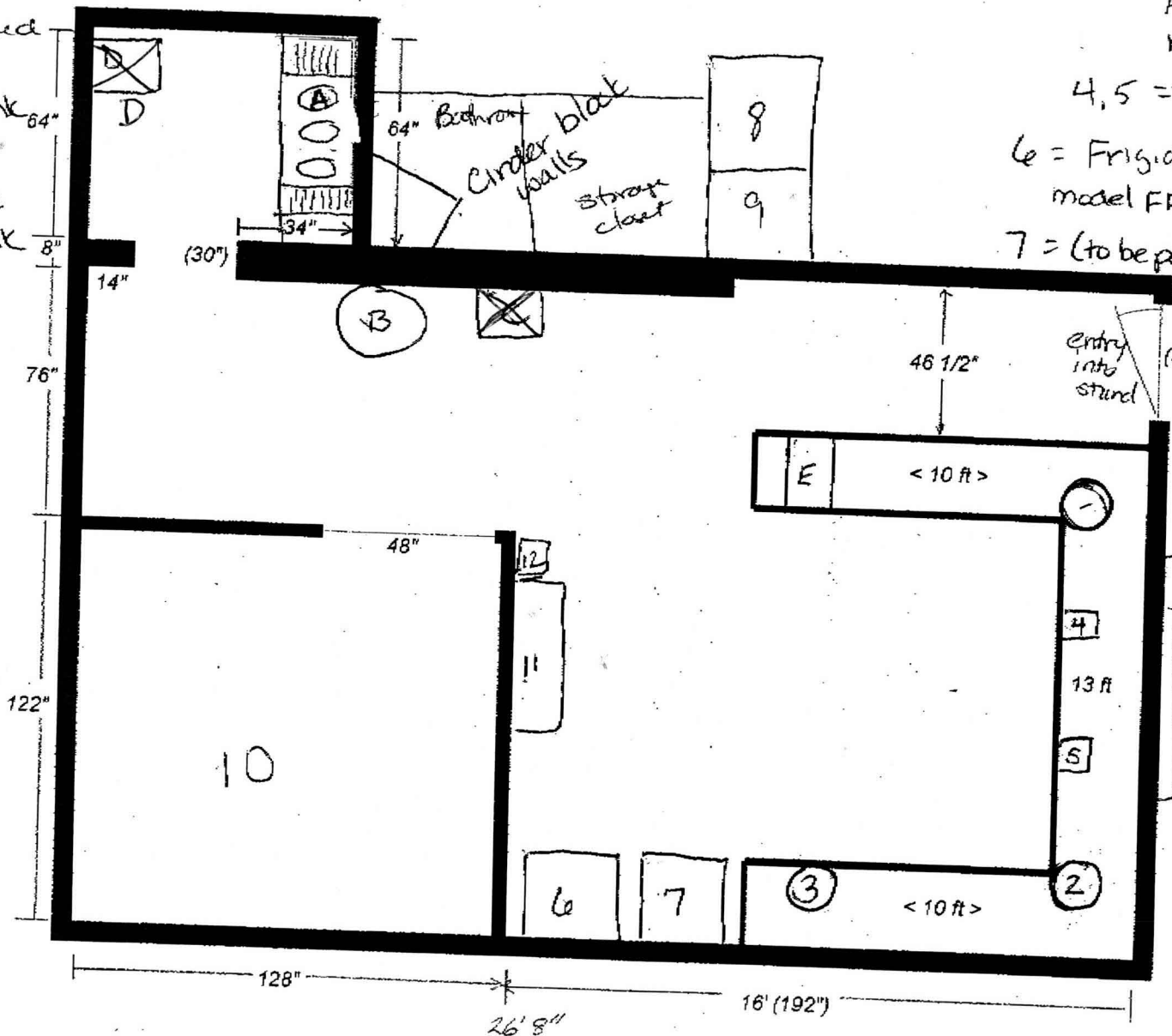
3-compartment sink

B = proposed new 50 gallon water heater

C = proposed  
employee  
hand sink

D 2nd  
employee  
hand sink

E proposed  
soft-serve  
machine



1, 2, 3 = Koldhiss

Automatic ice-shavers  
no model #

4, 5 = Royal 587 cash regis

6 = Frigidaire Upright Freezer  
model FFU20F3AWZ

7 = (to be purchased NSF  
refrigerator)

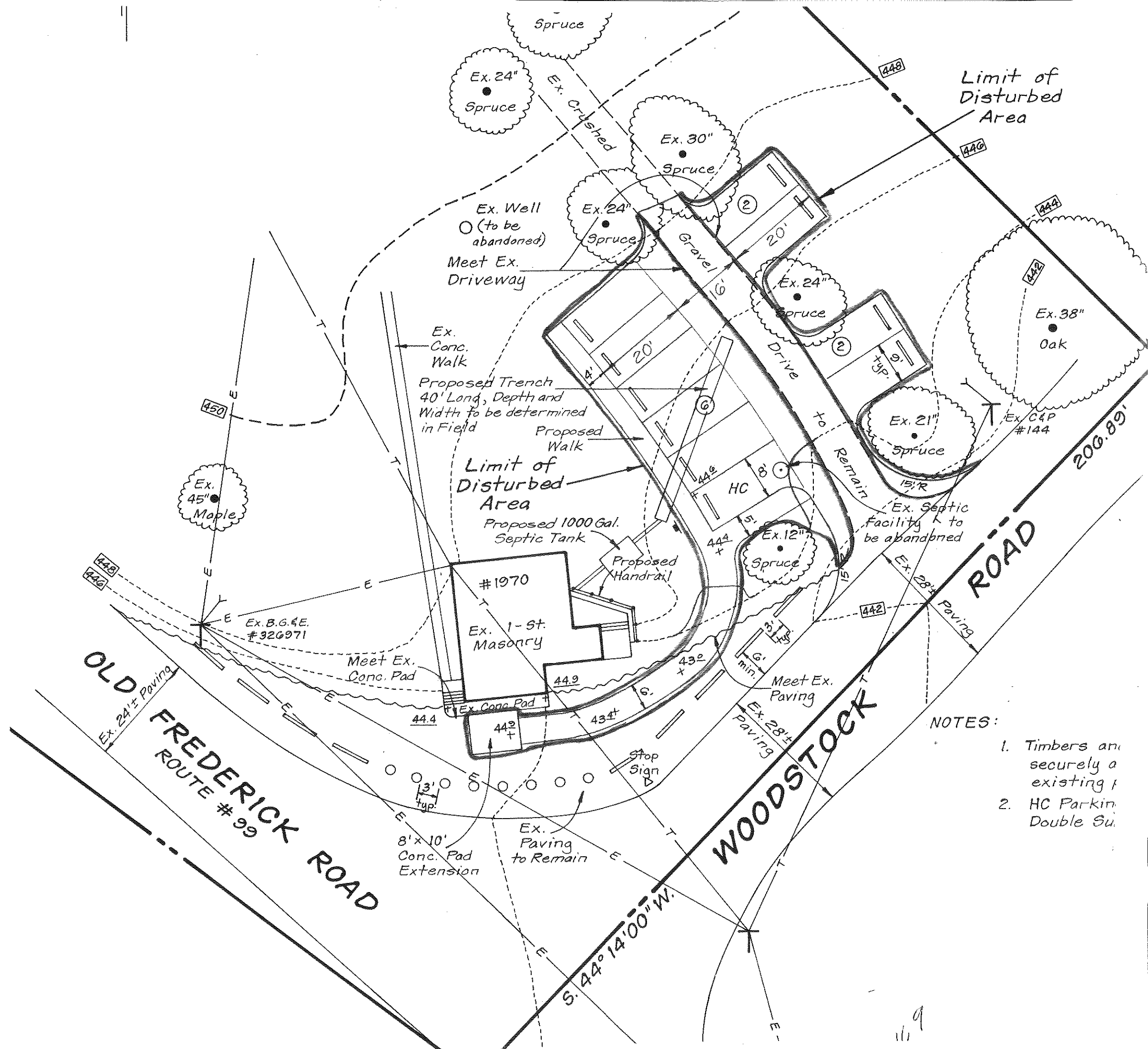
8, 9 Outdoor  
Commercial Box  
Freezers near manuf.  
model # M600CW  
10 = Storage room

window  
serve  
customers here

11 = chest freezer  
to hold ice for  
immediate use

12 = Sanyo Small  
refrigerator  
model # SR 360X

The Snowball Stand 410 978-1763



NOTES:

1. Timbers are securely a existing p
2. HC Parking Double Su