

C 1 1 5159 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

45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A40341**

ST/CO USE ONLY
 DATE RECEIVED
 DATE WELL COMPLETED
070197

Depth of Well
 22 **380** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H10-172-0033

OWNER **N.V. Hines** last name first name
 STREET OR RFD **Evening Court** TOWN **Clarksville**
 SUBDIVISION **Deerview** SECTION **1** LOT **15**

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	
OVERBURDEN	0'	45'	
SANDSTONE SLATE HIT WATER AT 110' 26 GPM	45'	110'	✓
SANDSTONE SLATE HIT WATER AT 210' 10 GPM	110'	210'	✓
SANDSTONE SLATE	210'	380'	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1890**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **60** 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)
ST **6** **59**
 60 61 63 64 66 70

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

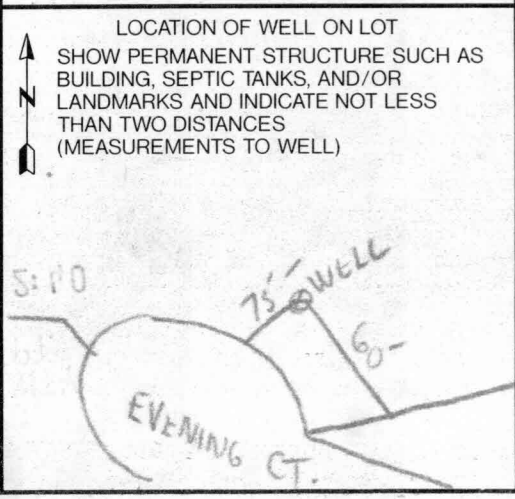
C 2
 DEPTH (nearest ft.)
 1 **40** **57** **380**
 8 9 11 15 17 21
 2 [] [] [] [] [] []
 23 24 26 30 32 36
 3 [] [] [] [] [] []
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60
 from _____ to _____

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 74 75 76
 70 [] 72 [] [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) **17** 15
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **25** 20
 17 20
 WHEN PUMPING **25** 25
 22 25
 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 WILL INSTALL PUMP YES NO
 (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: [] 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] 31 35
 PUMP HORSE POWER [] [] [] [] 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 [+] above } LAND SURFACE (nearest foot)
 [-] below } [] [] 49 50 51



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. **1-11**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Austin Lawer

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

B 1 2029

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0032 fill in this form completely

Date Received (APA)

2-25-92

OWNER INFORMATION

N.V. HOMES

15 Last Name Owner First Name

15215 SHADY GROVE RD

ROCKVILLE MD 20850

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

HOWARD

8 COUNTY

CLEARVIEW

23 SUBDIVISION

SECTION 1 LOT 15

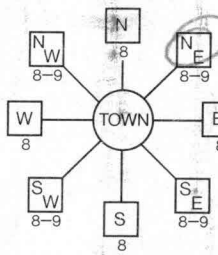
CHARKSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meadow Vista Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

15 60 FT DISTANCE FROM ROAD

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

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 40341

COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S

DATE ISSUED 032492

CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 40 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROtary DRive-POINT

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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

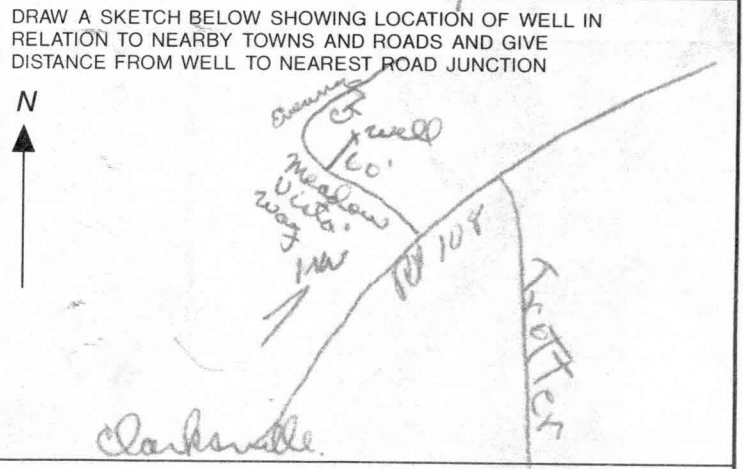
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER G A P

FORCE INITIALS IN BOX PERMIT No. 40-92-0032

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
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



7/21/92

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

REC. WP48248

New Installation Replacement

Receipt # 48248
Date 6/17/92

Name of Installer Van Sant Plog + Hlg

Telephone 829-0444

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Ny Homes Telephone 258-0002
Subdivision Clearview Estate Lot # 15 Well Tag # 40-92-0032
Site Address 11002 Evening Ct. Ellicott City, MD

- | | | |
|---|--|-------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower _____ | 1. Make <u>Campbell</u> |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # <u>B10-X</u> |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>4'</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>Goodyear</u> | b. 220 <input checked="" type="checkbox"/> | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____ | | |

- | | | |
|---|--|---|
| Tank | Piping | Well data |
| 1. Capacity <u>✓-100</u> | 1. Type <u>Poly</u> | 1. Depth _____ ft. |
| 2. Pressure relief valve? <input checked="" type="checkbox"/> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/> | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>4'</u> | 4. Will water supply be disinfected by installer? <u>No</u> |

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.

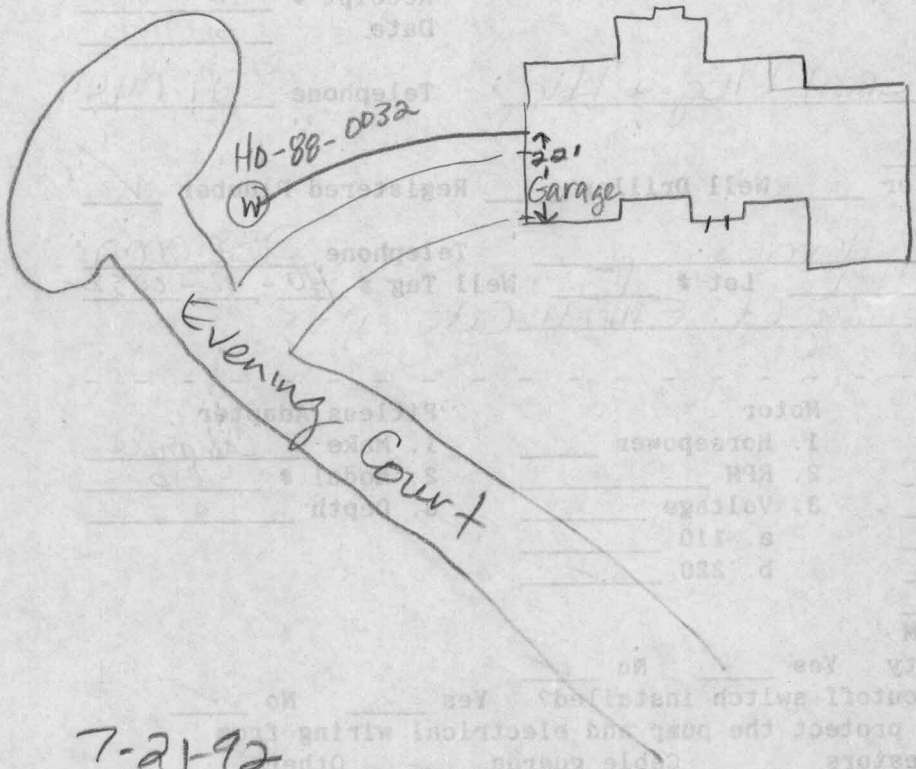
Signature of Applicant: [Signature]

Date: 6/16/92

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 B Elliott Mills Drive
Ellicott City, MD 21043
481-0033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION



63
24
25
126
151

7-21-92

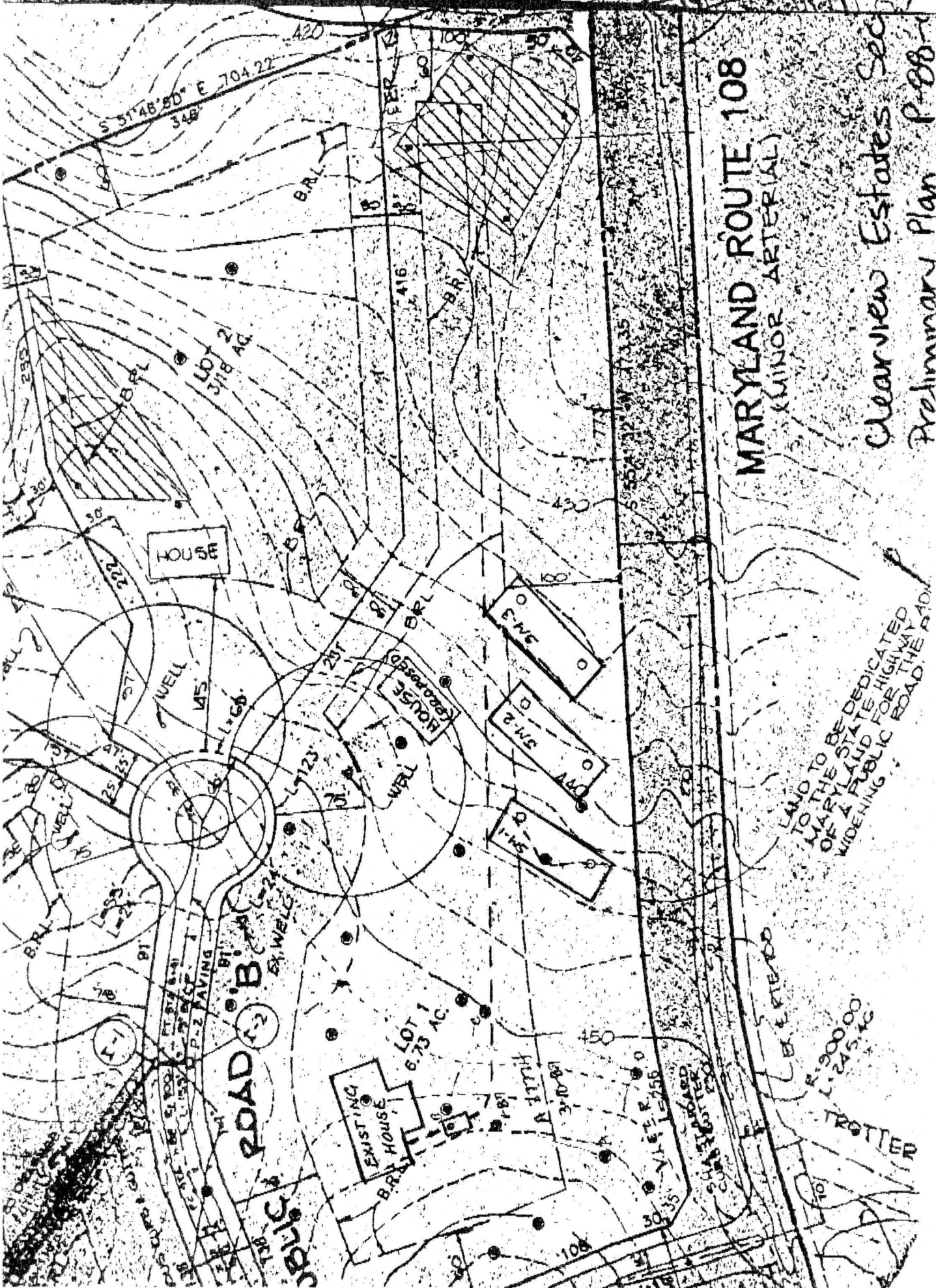
Pitless adaptor at 50 inches below grade.
Well line at 53 inches below grade.
Ground line in place, no connection.
No pump tank in place. House connection
OK. JENadeau

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 void 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.



MARYLAND ROUTE 108
(MINOR ARTERIAL)

Clearview Estates Sec
Preliminary Plan P-88-7

LAND TO BE DEDICATED
TO THE STATE HIGHWAY
OF A PUBLIC ROAD FOR THE ROAD
WIDENING