

C-1 - 1005 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 **A-44380**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
081989

Depth of Well
400
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-0865

OWNER **WJSE** first name **Phillip** TOWN **Highland**
 STREET OR RFD **13214 Highland Road** last name
 SUBDIVISION **Garrett 70 Max Map 34** 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		Check if water bearing
	FROM	TO	
Top Soil	0	1	
Red Clay	1	3	
R.R. Mica	3	50	
TAU Mica	50	60	
Gray Mica	60	170	
Core Mica	170	175	
Gray Mica	175	340	
Core Mica	340	345	
Gray Mica	345	400	

Note 3.5 GPM

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1000**
 GALLONS OF WATER **65**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **47** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **51**
60 **61** **63** **64** **66** **67** **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 **H0** **51** **400**
 2 _____
 3 _____
 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

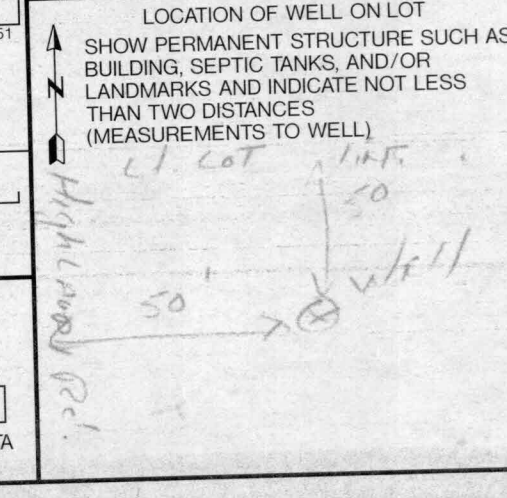
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **57**
 WHEN PUMPING **706**
 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
 below } _____ (nearest foot)

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



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

10/5 Fernal
OK
C. Bo. + JBG

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 46463
Date 10/5/90
Name of Installer L. Franklin Easterday Jr. Telephone 307-831-5170
License Number CWID 269
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Phillip Wise Telephone 301-854-0204
Subdivision _____ Lot # _____ Well Tag # 40-88-0865
Site Address Highland Rd.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make Martinson
a. Deep well jet _____ 2. RPM 310 2. Model # B-10X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 40'
c. Submersible a. 110 _____
2. Make Goulds b. 220
3. Model # 5E507422
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 Piping Well data
1. Capacity 32 1. Type Plastic 1. Depth 400 ft.
2. Pressure relief valve? 2. Size 1" 2. Yield 3 GPM
3. NSF and/or BOCA Code approved 3. Static water level 57 ft.
4. Depth of supply line 40' + 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: L. Franklin Easterday Jr.
Date: 10-5-90

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