

C1 3547

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49275

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 03 24 95

22 26 3 65

28 37 10 94 03 53

OWNER SDC Group STREET OR RFD Cortina Drive TOWN Highland SUBDIVISION Cortina Highlands SECTION LOT 12

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY MICA ROCK.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 25, NO. OF POUNDS 2350, GALLONS OF WATER 150, DEPTH OF GROUT SEAL from 0 to 69 ft.

CASING RECORD: casing types insert appropriate code below. Includes codes for STEEL, CONCRETE, PLASTIC, OTHER.

MAIN CASING TYPE: SH, Nominal diameter top (main) casing 6 inch, Total depth of main casing 81 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes for STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y).

DEPTH (nearest ft.) table with rows for EACH CASING and SCREEN. Includes slot size and diameter of screen information.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 24, DRILLERS SIGNATURE (Randy Mayne), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 2 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 54, WHEN PUMPING 298, TYPE OF PUMP USED (for test) 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.

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). See attached well location.

2/28/96 10:00

No insp.
JW

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 # _____
Date _____

Name of Installer Willoughby Plumbing

Telephone 410-781-7051

License Number 6992
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner DALE THOMPSON Bldg Telephone 995-6711

Subdivision CORTINA HIGHLANDS Lot # 412 Well Tag # 10-94-0323

Site Address 13418 GREEN HILL CRT
HIGHLAND, MD

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- 2. Make JACUZZI
- 3. Model # _____
- 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 TAPE

- Motor
 - 1. Horsepower 3/4 HP
 - 2. RPM _____
 - 3. Voltage _____
 - a. 110 _____
 - b. 220

- Pitless Adapter
 - 1. Make HARVARD
 - 2. Model # _____
 - 3. Depth 4 FT

- Tank
 - 1. Capacity 40 GAL
 - 2. Pressure relief valve? YES

- Piping CREST LINE
 - 1. Type CREST LINE
 - 2. Size 1"
 - 3. NSF and/or BOCA Code approved YES
 - 4. Depth of supply line 4 FT

- Well data
 - 1. Depth 365 ft.
 - 2. Yield 2 GPM
 - 3. Static water level _____ ft.
 - 4. Will water 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: Chris J. Willoughby

Date: 2/13/96

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



JACOBSEN HOMES

HOWARD COUNTY
HEALTH DEPARTMENT
PROPERTY DEPT.

95 JUL 20 PM 2:52

July 20, 1995

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544
Attention: Ms. Amy McMillen

Dear Amy,

As per our telephone conversation yesterday, I am requesting you to convert the wells at Lot #'s 6,8,9,10,11 and 12 at Cortina Highlands for use on single family dwellings.

If there is anything else that you need, please feel free to call me at any time.

Sincerely,



Carl K. Jacobsen

cc: Dale Thompson