

(MDE USE ONLY)

WELL COMPLETION REPORT

... MUST BE SUBMITTED WITHIN ... AFTER WELL IS COMPLETED.

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 *ok*
2-1-02

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
01 03 02
Depth of Well
22 180 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3286
28 29 30 31 32 33 34 35 36 37

OWNER Dale Thompson Builders
STREET OR RFD Preservation Court
SUBDIVISION Pindell Woods SECTION Fulton TOWN LOT 20

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	2	
Sandy	2	40	
Sand Stone	40	45	✓
MICCA	45	75	
Sand Stone	75	80	✓
MICCA	80	180	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 13 NO. OF POUNDS 1300
GALLONS OF WATER 28
DEPTH OF GROUT SEAL (to nearest foot) ~ 47'
from 0 TOP 52 ft. to 30 JET 58 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED **Y** **N**

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 LIC. NO. 1 M SDU
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M D

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

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
											HO		48		180																																																																																				

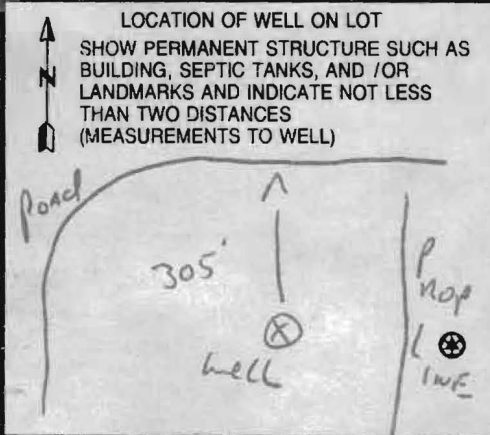
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

MDE 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) 3
PUMPING RATE (gal. per min.) 4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 44 ft.
WHEN PUMPING 20 ft.
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 INSTALLED PUMP YES **NO**
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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
- below 2 (nearest foot)



B 1 8933

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho-94-3286 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Thompson DALE Builders 6700 Wood Side Ct. Columbia MD 21045

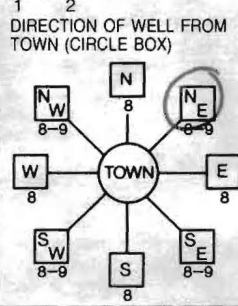
LOCATION OF WELL

Howard 21 Rindell Woods 20 Fulton 3 M I

DRILLER INFORMATION

Ralph E. MAYNE MSD 117 12024 Handy Rd. Mt. Airy MD 21071

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



305 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 41 BLK: 8 PARCEL 275

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. SIGNATURE Brian Baker 12/6/2002 DATE ISSUED 12/6/01 EXP. DATE

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTary JETTED ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

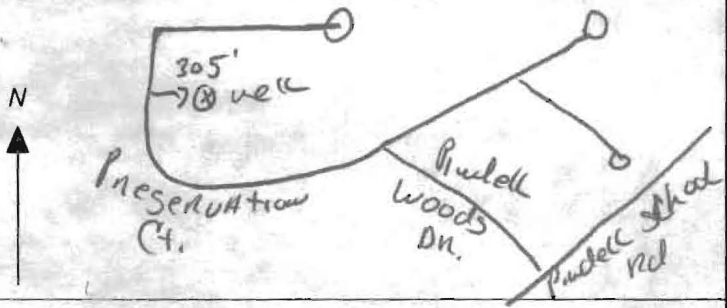
N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 480 823 N 820 480

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND LOCATIONS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO 000012 PERMIT No. Ho-94-3286

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER

HO-94-3286
 70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
 Dale Thompson Builders
 15 Last Name Owner First Name 34
 6300 Woodside Ct
 36 Street or RFD 55
 Columbia MD 21045
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

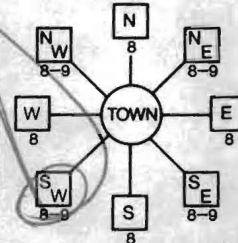
8 COUNTY Howard 21
 23 SUBDIVISION Pindell Woods 42
 SECTION 20 LOT 20
 44 46 48 50
 52 NEAREST TOWN Simpsonville 71
 MILES FROM TOWN (enter 0 if in town) 1 MI
 73 76 77 78

DRILLER INFORMATION

Michael Barlow MW D355
 Driller's Name 76 License No. 81
 Michael Barlow Well Drilling
 Firm Name
 522 Underwood Lane Bel Air Md
 Address
 Signature Date
 Date 12/26/2014

B 4

1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Beaver Pond Ct
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 33 EAST E
 SOUTH S
 34 300 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME _____ COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED _____
 G MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID 50 0 0 0 EAST GRID 57 0 0 0
 55 63

APPROXIMATE DEPTH OF WELL 260' FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
- 37 CABLE REVerse-ROTary Drive-POINT
- other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

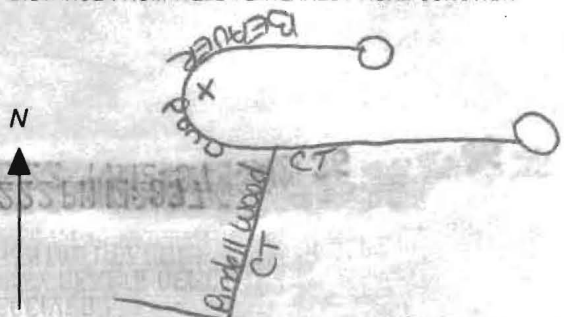
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1.
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
 E 820
 N 490

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 PERMIT No. HO-94-3286
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



Providing Quality Systems for Over 20 Years
Commercial & Residential Water Well Drilling
Test Borings & Consulting • Geothermal Drilling & Systems
NGWA & IGSHPA Certified

June 28, 2001.

Howard County Health Dept
3525 Suite H
Ellicott Mills Drive
Ellicott City, Maryland 21043

Attention: Amy

Re: Pindell Woods Well Permits.

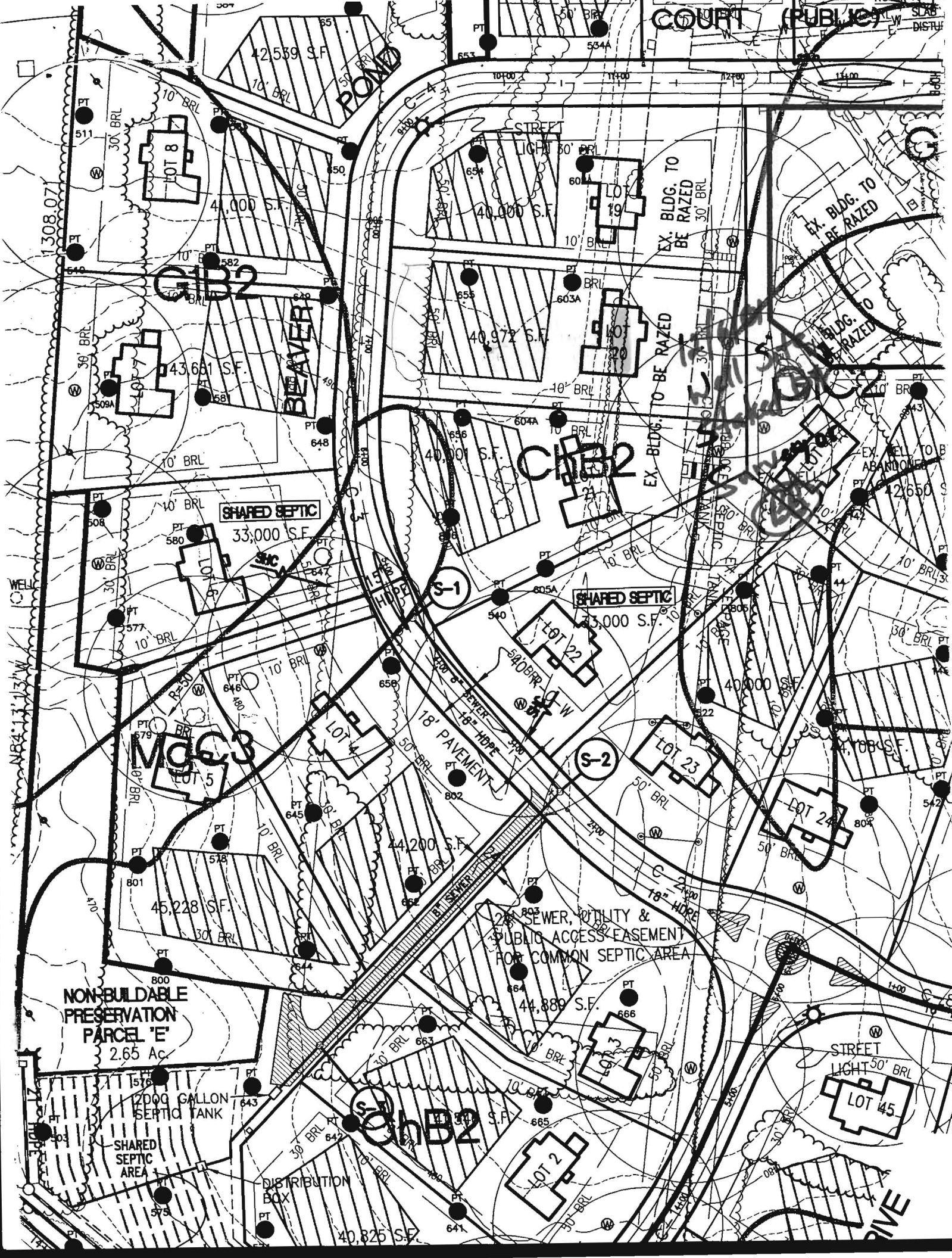
Dear Amy,

Please transfer any well permits that have not been completed and were issued to Michael Barlow Well Drilling for the above referenced subdivision to Ralph Main Well Drilling. If you should have any questions concerning this please give me a call.

Sincerely,

Michael Barlow
President

COURT (PUBLIC) SLAB DISTRI



SHARED SEPTIC
33,000 S.F.

SHARED SEPTIC
33,000 S.F.

NON-BUILDABLE
PRESERVATION
PARCEL 'E'
2.65 Ac

12000 GALLON
SEPTIC TANK

SHARED
SEPTIC
AREA

DISTRIBUTION
BOX

SEWER, UTILITY &
PUBLIC ACCESS EASEMENT
FOR COMMON SEPTIC AREA

STREET
LIGHT 50' BRL

LOT 45

1308.07

N84°13'13"W

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CERTIFICATE OF ANALYSIS



Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 07-2314a
Report Date: September 19, 2006

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Property Sampled: 7216 Preservation Court, Raw Turbidity

County: Howard
Subdivision: Pindell Woods
Lot #: 20
Building Permit #: B00157575
Tax Map #: 41
Parcel #: 274

Date/Time Collected: September 19, 2006 at 12:25 pm
Date/Time Received: September 19, 2006 at 1:34 pm


Sample Location: Pressure Tank Tap
Sampler ID: 7334JB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3286
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

Maryland State Certified
Water Quality Laboratory
No. 318

PARAMETER	RESULT	METHOD	MCL	
Turbidity (Raw)	1.5 NTU	EPA 180.1	10 NTU	Pass



Laura T. Fedor
Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



Requester:
Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

S/O Number: 07-2314
Report Date: September 13, 2006

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Property Sampled: 7216 Preservation Court

County: Howard
Subdivision: Pindell Woods
Lot #: 20
Building Permit #: B00157575
Tax Map #: 41
Parcel #: 274

Date/Time Collected: September 12, 2006 at 11:00 am
Date/Time Received: September 12, 2006 at 2:00 pm

Sample Location: Kitchen Tap
Sampler ID: 4776MH
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3286
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

Maryland State Certified
Water Quality Laboratory
No. 318

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Treated,
Need Test on
Untreated
Sample

Heather R. Beam
Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level
*SMCL=Secondary Maximum Contamination Level
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer
September 21, 2006

Dale Thompson Builders
6300 Woodside Court, Suite A
Columbia, MD 21046

RE: Pindell Woods, Lot 20
7216 Preservation Court
Fulton, MD 20759
BP #: B00157575
Well Permit # HO-94-3286

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/05/2006. Final approval of the well line connection to the dwelling was approved on 09/14/2006.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3286. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 09/12/2006 & 09/19/2006
Date of Well Completion: 01/03/2002

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: WILLOUGHBY PLUMB Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SUKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARIS WILLOUGHBY License# 6992

*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: Walt Thompson Telephone #: 410-995-1075
Subdivision: PUDELL WOODS Lot #: 20 Well Tag #: HO 94-3280
Site Address: 7016 PRESERVATION CT
FREDD, MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity 0 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield 0 GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
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: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1/2 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: (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.

Chris Willoughby 7-7-06
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: (KW) 9/14/06
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