

C 1 5129 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A 37823

ST/GO USE ONLY.
 DATE Received

DATE WELL COMPLETED

Depth of Well
 22 460 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-2097
 28 29 30 31 32 33 34 35 36 37

OWNER N V Homes last name first name
 STREET OR RFD Meadow Vista Way TOWN Clarksville
 SUBDIVISION CLEARVIEW EST SECTION _____ LOT 22

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	
<u>OVERBURDEN</u>	<u>0'</u>	<u>30'</u>	
<u>SANDSTONE HIT WATER AT 370' 3 GPM</u>	<u>30'</u>	<u>370'</u>	<input checked="" type="checkbox"/>
<u>SANDSTONE</u>	<u>370'</u>	<u>460'</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 11 NO. OF POUNDS 1839
 GALLONS OF WATER 122.66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 42 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) 41

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

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

C 2
 DEPTH (nearest ft.)
 1 40 91 960
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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. 199
Austin Aron

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Austin Aron

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

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.) 3
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 16
 WHEN PUMPING 129
 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
 (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)
 + above } LAND SURFACE
 - below } _____ (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)



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 X
 Replacement _____

Receipt # WP 4824
 Date 6/9/92

Name of Installer Van Sant Plbg & Htg Telephone 795-6566

License Number 1467
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner NV Homes Telephone 258-0002
 Subdivision ClearView Estates Lot # 22 Well Tag # 40-58-2047
 Site Address 11927 Meadow Vista Way

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1</u>	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>48"</u>
c. Submersible <u>✓</u>	a. 110 _____	
2. Make _____	b. 220 <u>✓</u>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <u>✓</u>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <u>✓</u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <u>✓</u> Other _____		

Tank	Piping	Well data
1. Capacity <u>V-100</u>	1. Type <u>Poly</u>	1. Depth <u>460</u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>4"</u>	2. Yield <u>2</u> GPM
	3. NSF and/or BOCA Code approved <u>✓</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>48"</u>	4. Will water supply be disinfected by installer? <u>No</u>

*PITLESS ADAPTER & WELL LINE
 3 BOCCA GROUP OK 9/30/92 CWL*

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: 6/5/92

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