

C1 3571

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)

COUNTY NUMBER A 49337E

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF BOUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

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

SCREEN RECORD: screen type or open hole, insert appropriate code below, DEPTH (nearest ft)

SLOT SIZE, DIAMETER OF SCREEN, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED: DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED

WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER

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

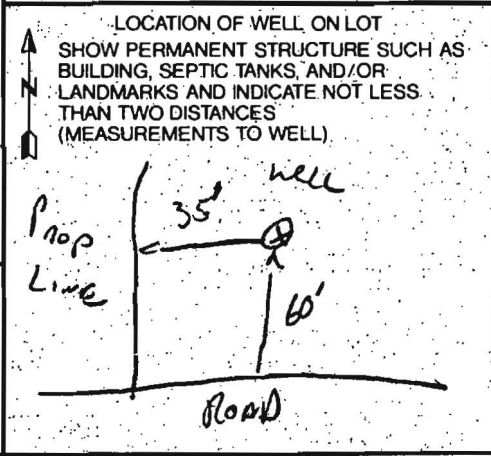
DRILLERS IDENT. NO., DRILLERS SIGNATURE

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

DEPTH (nearest ft), SLOT SIZE, DIAMETER OF SCREEN

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



12/14/95 ANYTIME
12/8/95 ANYTIME NOT DOG MR/GS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N 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 781-7051

License Number 6992 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Gamestown Bldg. Telephone 381-9300
Subdivision FULTON MANOR Lot # 7 Well Tag # HO-94-0356
Site Address 12300 CAROL DR

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JACUZZI
3. Model # _____
4. Capacity 7 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 1/2
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
1. Type CRESLINE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4 FT.

Well data
1. Depth 225 ft.
2. Yield 8 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

12/14/95 WELL LINE
OK TO COVER MR

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: 12/15/95