

C1 1042 SEQUENCE NO. (DENY 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 32081

ST/CO USE ONLY DATE RECEIVED 050349

DATE WELL COMPLETED 111789

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0894

OWNER: Fall Developers last name: BRYAN first name: LUSHAN TOWN: LUSHAN SUBDIVISION: LUSHAN SECTION: 1 LOT: 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 10, NO. OF POUNDS: 1000, DEPTH OF GROUT SEAL: 40 ft.

CASING RECORD: MAIN CASING TYPE: PL, Nominal diameter: 6 inches, Total depth: 60 feet.

OTHER CASING (if used) section with empty boxes for diameter and depth.

SCREEN RECORD: SCREEN TYPE: HO (OPEN HOLE), DEPTH (nearest ft.): 58, 185.

SCREENING section with empty boxes for slot size and diameter of screen.

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 10 gal. per min., TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT: 2 feet below land surface.

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

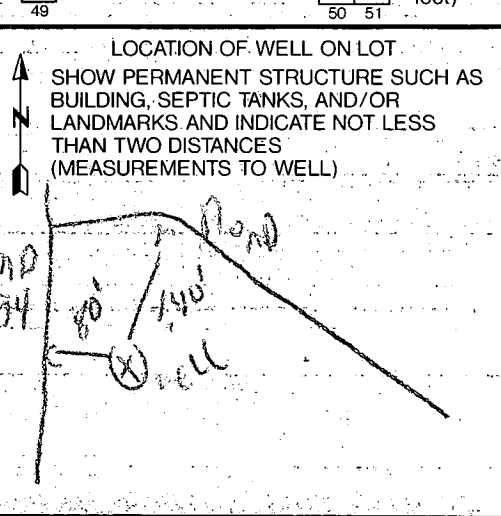
DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE: [Signature]

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 (74, 75, 76).

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



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 Keith Hundertmark Telephone 410-857-0255
License Number 8300
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner _____ Telephone _____
Subdivision Brittlebranch Estates Lot # 7 Well Tag # _____
Site Address 1601 Brittlebranch Way

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make yes
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
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 _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line 42" 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: Keith Hundertmark
Date: 10-2-96

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