

8712 SEQUENCE NO. (DENV USE ONLY)
 (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 **A37807**

ST/CO USE ONLY
 DATE RECEIVED **022594**
 DATE WELL COMPLETED **022594**

Depth of Well
400 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-94-0024

OWNER **Scott Development**
 STREET OR RFD **BROADMEADOW LANE** TOWN **CLARKSVILLE**
 SUBDIVISION **CLARKSVILLE ESTATES** SECTION _____ LOT **48**

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	
clay	2	6	
shale	6	35	
fine sand	35	50	
brown shale	50	52	
fine sand	52	59	
shale	59	76	
fine sand	76	96	
shale	96	200	
fine sand	200	202	
shale	202	319	
fine sand	319	320	
fine sand	320	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL:
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **100**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **37** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **31**
 60 61 63 64 66 70

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

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

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 **H** **0** **3** **8** **1** **0** **0**
 8 9 11 15 17 21
 2 _____
 23 24 26 30 32 36
 3 _____
 38 39 41 45 47 51
 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.

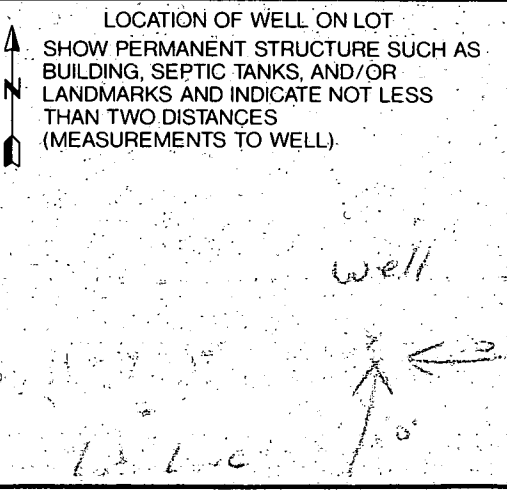
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **26**
 17 20
 WHEN PUMPING **116**
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

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: 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 } _____ (nearest foot)
 49 50 51



05905

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

70 71 72 73 74 75 76 77 78 79 70-94-0024 79 fill in this form completely 79

Date Received (APA)

012394

OWNER INFORMATION

2004 Development 7760 Red Branch Way Columbia MD 21045

DRILLER INFORMATION

George F. Eastaday L. F. Franklin Eastaday INC 265 Brown Church Rd H.H. Md

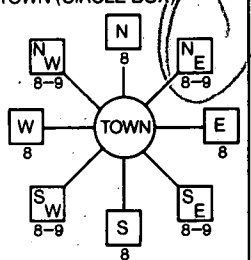
B 3

LOCATION OF WELL

Howard 8 County Clearview Est 48 23 Subdivision Clarksville 52 Nearest Town 2 MI Miles from town

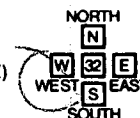
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Broadmeadow Tr 11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25 37 DISTANCE FROM ROAD ENTER FT or MI

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) Farming (livestock watering & agricultural irrigation) Industrial, commercial, state and federal gov. other (requires appropriation permit) Public or private water company (requires appropriation permit and state health department approval) Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County A37807 COUNTY NAME COUNTY NO. DATE ISSUED 010894 A. Mcmullen 01/8/95 CO SIGNATURE EXP. DATE NORTH GRID 507000 EAST GRID 0820000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven Air-Rotary Air-PerCussion Rotary (Hydraulic Rotary) Cable REVerse-ROtary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well This well will replace a well that will be abandoned and sealed This well will replace a well that will be used as a standby This well will deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

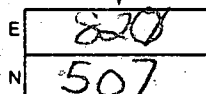
APPROX. PERMIT NUMBER GAP

FORCE 47 INITIALS IN BOX PERMIT No. 70-94-0024

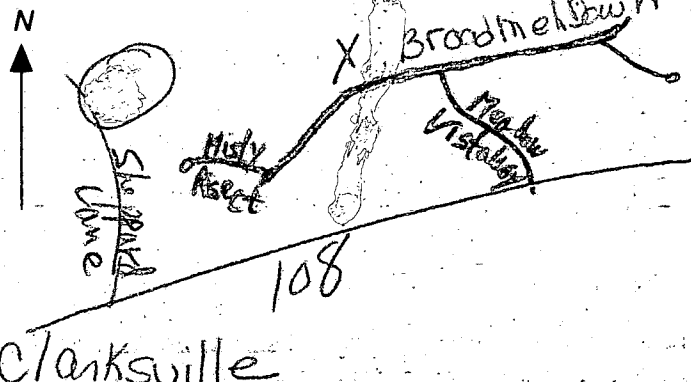
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

6/2/94
 WPI
 10:00
 WPI: OK
 to cover
 pitless adaptor
 well line
 ARM

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 # -0-
 Date 5/6/94
 Name of Installer Krupp & Sons, Inc. Telephone 301-462-1914
 License Number 1034
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Scott Development Telephone _____
 Subdivision CLARVIEW Lot # 48 Well Tag # HO-94-0024
 Site Address 12013 Broadmeadow Lane

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Red Jacket
 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 _____

Motor
 1. Horsepower 1
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make Martinson
 2. Model # 50
 3. Depth 4ft

Tank
 1. Capacity _____
 2. Pressure relief valve?
 4/1/94 - No work done, then 2-3 weeks before under roof

Piping
 1. Type _____
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 480

Well data
 1. Depth 400ft.
 2. Yield 10 GPM
 3. Static water level 25 ft.
 4. Will water supply be disinfected by installer? no

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: Leanne S. Vandy

Date: 5-3-94
 CH 1111 - 2 DHS: 38

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