

C1 60284 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Chon WELL SITE ADDRESS: 7154 GUILFORD ROAD TOWN: Clarksv. Hk SUBDIVISION: Clarksv. Hk Meadows SECTION: LOT: 8

WELL LOG: Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED... Med Gral Rock 125 400. Cleared out the well to its original depth of 125 feet then deepened it to a depth of 400 feet. Developer abandoned well accidentally. Well recommissioned.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 45. NO. OF POUNDS: 45. GALLONS OF WATER: DEPTH OF GROUT SEAL: 325 ft.

CASING RECORD: MAIN CASING TYPE: 60 61 63 64 66 70. OTHER CASING: diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.): 1 2 400

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.

PUMPING TEST: HOURS PUMPED: 6. PUMPING RATE: 2.0 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Wash/Bucket. WATER LEVEL: 45 ft. BEFORE PUMPING. WHEN PUMPING: 238 ft. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO). 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, - below. LAND SURFACE (nearest foot) 1.

LATITUDE 39.17888 LONGITUDE 76.91131 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y (yes), N (no).

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 W D 355. DRILLERS SIGNATURE: Marty Duns. SUPERVISOR (sign. of driller or journeyman for sitework if different from permittee).



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:		October 7, 2021	
Well Depth:		400	feet
Customer	Peter Chon	Permit #	HO-73-1424
Road	7154 Guilford Road	Subdivision	Clarksville Meadows
City	Clarksville	Section	
State	MD	Lot #	

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	45	4	15.00
9:45 AM	119	4	15.00
10:00 AM	237	20	3.00
10:15 AM	240	30	2.00
10:30 AM	240	30	2.00
10:45 AM	240	30	2.00
11:00 AM	240	30	2.00
11:15 AM	240	30	2.00
11:30 AM	240	30	2.00
11:45 AM	239	30	2.00
12:00 PM	239	30	2.00
12:15 PM	239	30	2.00
12:30 PM	239	30	2.00
12:45 PM	239	30	2.00
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2:15 PM	239	30	2.00
2:30 PM	239	30	2.00
2:45 PM	238	30	2.00
3:00 PM	238	30	2.00
3:15 PM	238	30	2.00
3:30 PM	238	30	2.00
3:45 PM	238	30	2.00
4:00 PM	238	30	2.00
4:15 PM	238	30	2.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

Maura J. Rossman, M.D., Health Officer

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: KET Plumbing Inc Telephone #: 717-524-9530
Address: PO BOX 2151
Westminster, Md 21158

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Thomas A. DiMaggio Jr License# 21451

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Walker Benjamin E Grace Telephone #: 410-977-2188
Subdivision: Clarksville Meadows Lot #: --- Well Tag #: HO-73-1424
Site Address: 7154 Guilford Road
Clarksville, MD

Submersible Pump Data

Make: STA-RITE
Model #: SSPH50721-02
Pump Capacity: 5 GPM
Well Yield: 2 GPM
Depth of well encountered at time of pump installation: 400 (feet)

Pitless Adapter

Make: SIMMONS +
Model #: 1922 SB
GPM Depth: 38" (36" min)
GPM NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
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

Must circle one: Torque arrestors Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" Poly
PSI: 200 (160 psi min)
Depth of supply line: 38" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation):
Sleeve 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.

Thomas A. DiMaggio
Signature of company representative responsible for installation

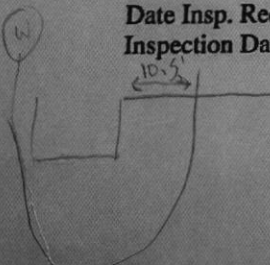
6/28/22
date

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

Date Insp. Requested: 6/29/22 Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

39"
37"
14" no tag
7"



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – FEBRUARY 2, 2023

August 2, 2022

Homeowner
7154 Guilford Road
Clarksville, MD 21029

RE: Clarksville Meadows, Lot 8
7154 Guilford Road
Building Permit: B21002645
Well Permit: HO-73-1424

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/30/2022**. Final approval of the well line connection to the dwelling was granted on **6/29/2022**. The well construction was completed on **10/7/2021**. Water samples were collected on **7/20/2022, 7/25/2022**.

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. 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-73-1424. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 153518 Account #: 4226
Reference: Viking Development Corporation Client: Viking Development Corporation
Location: 7154 Guilford Road Requested By: Cary Cumberland
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 7/25/2022 1226 Site: Pressure Tank
Date/Time Rec'd: 7/25/2022 1522 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: R. Ott 0266RO Well #: HO-73-1424

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/26/2022 / 1000 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/26/2022 / 1000 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH & Chlorine level tested on site
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 **Sample collected Prior to Spindown Separator

Reason for Test : Use & Occupancy

Building Permit # : B21002645

Date Reported: 7/26/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 153430 Account #: 4226
Reference: Viking Development Corporation Client: Viking Development Corporation
Location: 7154 Guilford Road Requested By: Cary Cumberland
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 7/20/2022 1125 Site: Pressure Tank
Date/Time Rec'd: 7/20/2022 1440 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Yeager 0819JY Well #: HO-73-1424

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	22.2	MPN/ 100 ml	<1.0	SM20 9223B	7/21/2022 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/21/2022 / 0900 / TSD
Nitrate.	0.80	mg/L	10	EPA 300.0	7/20/2022 / 1745 / TSD
Turbidity	1.06	NTU	<10	SM2130B	7/20/2022 / 1550 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	7/20/2022 / 1505 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 pH & Chlorine level tested on site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 **Sample collected Prior to Spindown Separator

Reason for Test : Use & Occupancy

Building Permit # : B21002645

Date Reported: 7/21/2022

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Aug 10, 2021 (month/day/year)

Approved 08/20/2021

WELL RE DRILLED AND RE COMMISSIONED 10/07/2021
 HO - 73 - 1424

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Michael Bartow

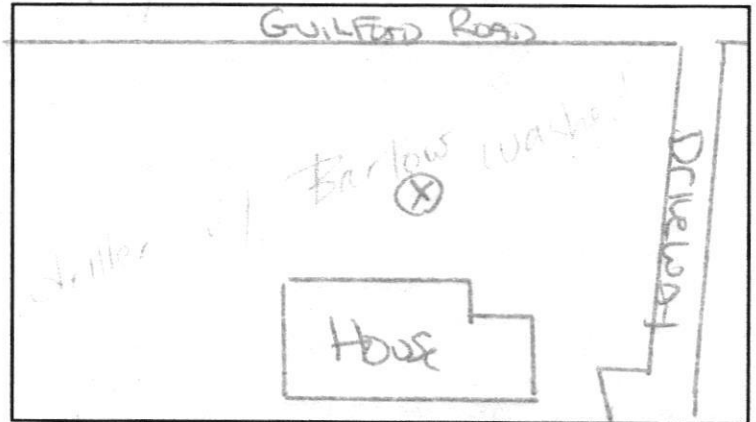
WELL DRILLERS LICENSE NUMBER: 355

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Peter Chon

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: CLARKSVILLE
 TAX MAP 35 BLOCK 21 PARCEL 296
 SUBDIVISION: CLARKSVILLE MEAD
 SECTION: _____ LOT: 8
 NEAREST ROAD: 7154 GUILFORD ROAD



39.18967
 76.91150

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 125 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement Grout	125	0
VOLUME OF MATERIAL USED		
2025 lbs Cement		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

355
 MWD/MSD/MGD
 CIRCLE ONE

8/11/2021
 DATE

FILE INQUIRY NOTES

7154 Guilford Rd

RESULTS OF REVIEW FOR FILE

DATE

9/22/21

Marty, driller w/ Barlow, washed old abandoned well (HO-73-1424) with air pressure and water. Washed it out to 125'. Marty says well is dry. (SR)

10/7/21

2 GPM

static 45'

pump 300'

level 241'

total depth : 400' (SR)

Barlows drilled well deeper.

Michael Barlow Well Drilling Service. Inc.
 522 UNDERWOOD LANE
 BEL AIR, MD 21014
 (410) 838-6910
 www.michaelbarlowwelldrilling.com



INVOICE

BILL TO
 Viking Custom Homes
 815 Windriver Drive
 Sykesville, MD 21784

INVOICE # 097075	DATE 08/11/2021	TERMS Due on receipt	DUE DATE 08/11/2021
P.O. NUMBER JW	PERMIT NUMBER HO-73-1424		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
08/10/2021	Removal of well pump and abandonment of the existing 125' well at 7154 Guilford Road, Clarksville	1	1,000.00	1,000.00

We appreciate your business **BALANCE DUE \$1,000.00**

\$35.00 fee for returned checks
 A 3% processing fee applies to credit card payments
 PayPal secure payments are accepted.
 Please send payment to katie@mbwd.us
 Past due balances are subject to 2% per month late fee.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Aug 10, 2021 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -73 -1424

* PERMIT NUMBER OF REPLACEMENT WELL

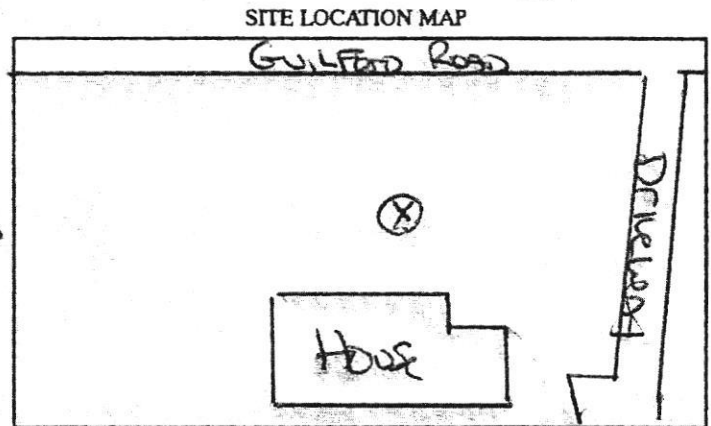
* PERSON ABANDONING WELL: Michael Bartow

WELL DRILLERS LICENSE NUMBER: 355

* OWNER'S NAME: Peter Chan

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: CLARKSVILLE
 TAX MAP 35 BLOCK 21 PARCEL 296
 SUBDIVISION: CLARKSVILLE MEAD
 SECTION: _____ LOT: 8
 NEAREST ROAD: 7154 GUILFORD ROAD



39.18967
76.91150

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 125 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement Grout	125	0
VOLUME OF MATERIAL USED		
2025 lbs Cement		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

355
 LICENSE #

MWD/MSD/MGD
 CIRCLE ONE

8/11/2021
 DATE

C 1 5279
SEQUENCE NO. (PMA USE ONLY)
1-2-3 (SEQ. NO.)
(THIS NUMBER IS A D.S.E. NUMBER, IN COLS. 3-5 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 22536

DATE RECEIVED (PMA USE ONLY)
DATE WELL COMPLETED 5-17-76
8-13

DEPTH OF WELL 125
22 (TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL"
47-73-7424
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 217

OWNER
LAST NAME Ryan
FIRST NAME Edward
STREET OR RFD 7154 RT 321
POST OFFICE Clarksville Md

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
SAND	0	45	
GRAY SAND	45	125	
STONE			

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY
NO. OF BAGS 13 NO. OF POUNDS 1222
GALLONS OF WATER 80
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 59 FT.

CASING RECORD

CASING TYPES: STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE: ST
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 60

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: STEEL BRASS OR BRONZE PLASTIC OTHER
DEPTH (NEAREST WHOLE FOOT) FROM 0 TO 125

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8
METHOD USED TO MEASURE PUMPING RATE ROTARY
WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 35 (NEAREST FOOT) WHEN PUMPING 120 (NEAREST FOOT)
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) P PISTON T TURBINE C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, S, T, O
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) PUMP HORSE POWER PUMP COLUMN LENGTH (NEAREST FOOT) CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW LAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

- 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) C.A. Cromwell & Son
SIGNATURE C.A. Cromwell & Son

DIAMETER OF SCREEN 55 (NEAREST INCH) FROM 50 TO
GRAVEL PACK
IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX F
WHA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) TELESCOPE CASING LOG INDICATOR

Clarksville
M.D. 321 well