

C1 8549 SEQUENCE NO. (OEP USE ONLY)

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 33204

DATE RECEIVED

DATE WELL COMPLETED 04/01/89

DEPTH OF WELL 22 215 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MC-81-2039

OWNER DURHAM DEN first name TOWN CLARKSVILLE STREET OR RFD HENWOOD ROAD SUBDIVISION FAR SIDE SECTION LOT 5

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Entries: SAND 0-60, GRAY Mica rock 60-245.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE S7 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 67

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 1 H0 65 245 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

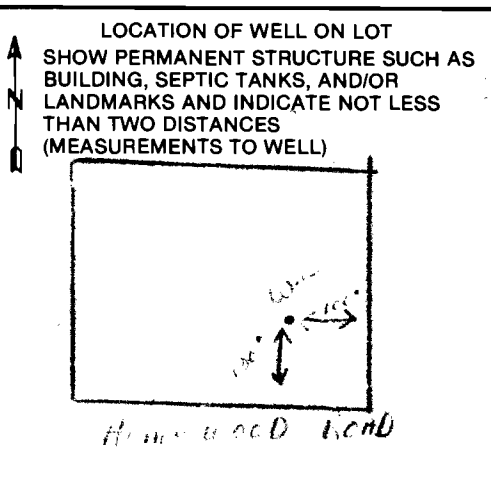
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to 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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 73 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 38 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) 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) LAND SURFACE (nearest foot)



1/13/89

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 # 43470
Date 1/12/89

Name of Installer Timothy C. Kraus

Telephone 747-2293

License Number 3104
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner EARL WORTHAM Telephone 730-6198
Subdivision FAR SIDE Lot # 5 Well Tag # HD-81-2639
Site Address 11697 Cedar line cr.

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ✓

2. Make Red Jacket

3. Model # 50cns-cn13#0

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 Electrical Tape

Motor

1. Horsepower 1/2

2. RPM _____

3. Voltage _____
a. 110 _____
b. 230 _____

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth 6'

Tank

1. Capacity _____

2. Pressure relief valve? ✓

Piping

1. Type Plas Blue

2. Size 1"

3. NSF and/or BOCA Code approved ✓

4. Depth of supply line 42'

Well data

1. Depth 245 ft.

2. Yield 7.5 GPM

3. Static water level 86' ft.

4. Will water supply be disinfected by installer? yes

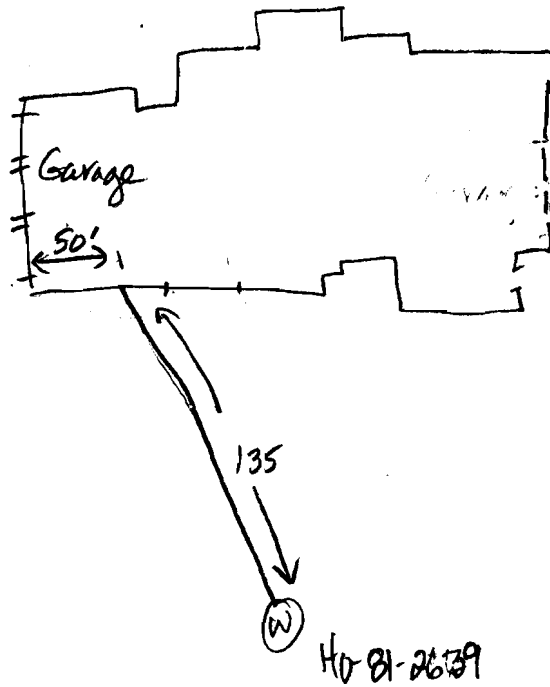
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Timothy C. Kraus
Date: 12, 1989

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

Cedarline Ct

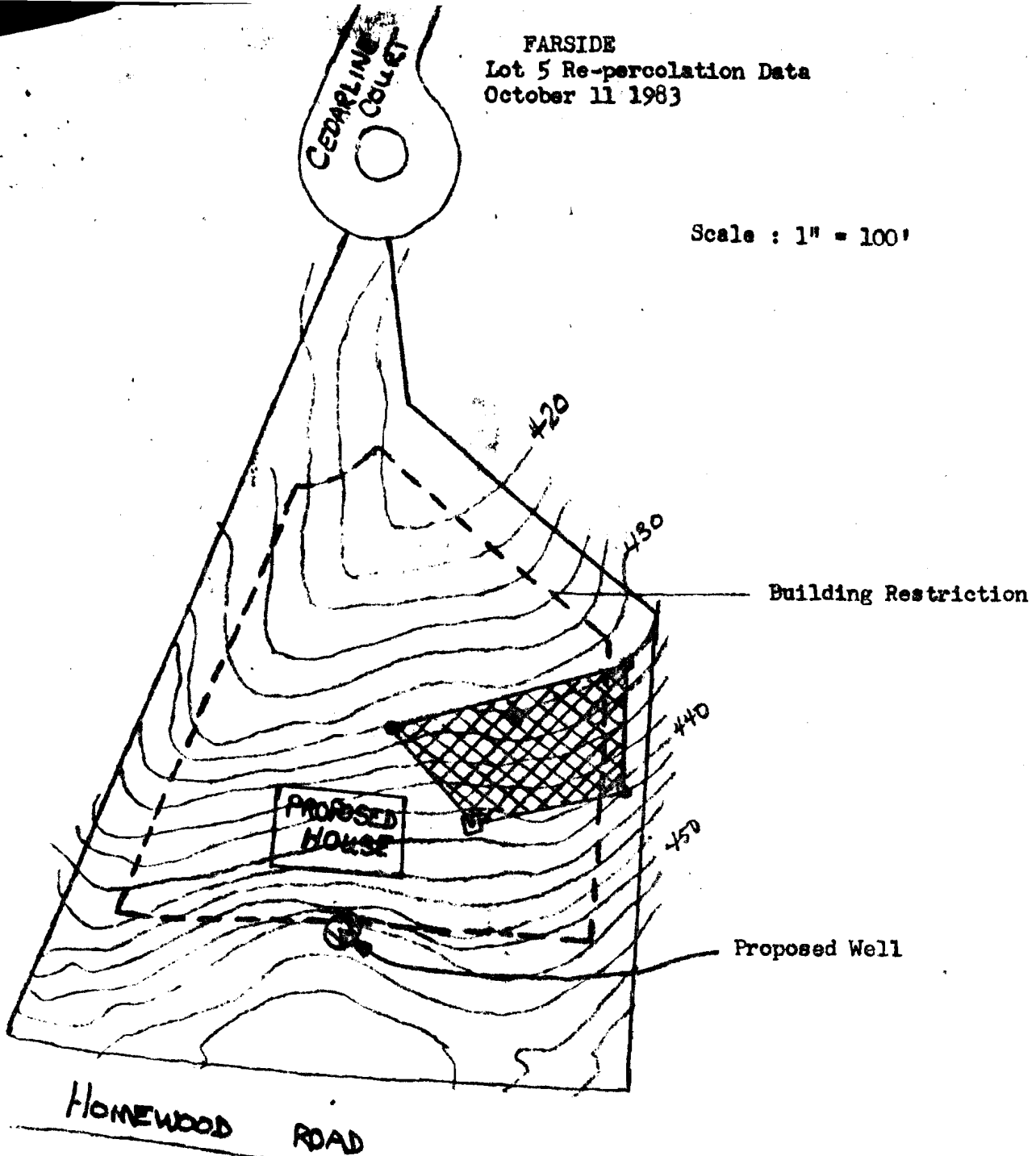


20
24
20
46
55
24
230
10
132

1-13-89 Well line in trench at 42 inches Pitless adaptor at 48 inches. House connection covered. Ground line attached, JE Noolean

FAR SIDE
Lot 5 Re-percolation Data
October 11 1983

Scale : 1" = 100'



XXXX This area indicates a private sewage easement. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structure constructed on this site. This easement shall become null and void upon connection to a public sewage system.

APPROVED : For Private Water and Private Sewage System,
Howard County Health Department

James M. Boyd M.D. F.D.
County Health Officer

10/14/83
Date