

C1 6640 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# 35525

DATE RECEIVED DATE WELL COMPLETED

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0338

OWNER CASSE, JONN last name COUNTRY VIEW DRY first name TOWN MT. AIRY

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 100

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Shale, Br. Slate, Openings, Br. Slate, Tan Slate, Br. Slate, Tan Slate, Gray Slate, Green Slate, Br. Slate, Green Slate.

NO. OF BAGS 20 NO. OF POUNDS 200 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 35

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

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)

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

DEPTH (nearest ft.) H0 11 200

LAND SURFACE 2 (nearest foot)

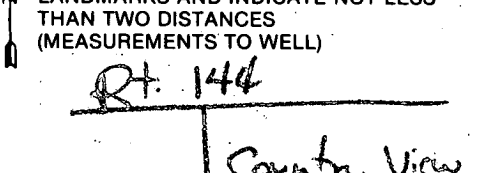
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

DRILLERS IDENT. NO. 40 DRILLERS 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



TELESCOPE CASING LOG INDICATOR OTHER DATA

1/4/90

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 Y Replacement _____
Receipt # 45384
Date 12/29/89
Name of Installer Carroll Wason Systems Inc Telephone 876-6880
License Number 074
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____
Name of Property Owner Bartolow Builders Telephone 795-6930
Subdivision COUNTRY VIEW Lot # 8 Well Tag # HO-88-0338
Site Address 17525 COUNTRY VIEW WAY

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make Martinson
a. Deep well jet _____ 2. RPM 3450 2. Model # R10X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 4'
c. Submersible X a. 110 _____
2. Make Dominic b. 220 X
3. Model # 3ALN
4. Capacity 8 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Tank Piping Well data
1. Capacity 42 1. Type Plastic 1. Depth 200 ft.
2. Pressure relief valve? Yes 2. Size 1" 2. Yield 12 GPM
3. NSF and/or BOCA Code approved Yes 3. Static water level _____ ft.
4. Depth of supply line 170' 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: [Signature]
Date: 12/29/89

1/4/90-OK TO COVER OUTSIDE WORK RIF

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