

C1 9973 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 39572

DATE RECEIVED

DATE WELL COMPLETED 07/1/89

DEPTH OF WELL 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0801

OWNER: GOSWAMI LAND CO. last name: GOSWAMI first name: RAMESH TOWN: GREENBELT SUBDIVISION: CRYSTAL CLEAR SECTION: LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top soil (0-1), Shale (1-19), Sand & clay (19-105), M.C.A. (105-260).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY, NO. OF BAGS: 41, NO. OF POUNDS: 410.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: ST, Nominal diameter top (main) casing: 4, Total depth of main casing: 260.

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

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

DEPTH (nearest ft.) table with handwritten entries: 8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) table with handwritten entries: 56, 60.

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).

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 4, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING 12, WHEN PUMPING 105, TYPE OF PUMP USED (for test) 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.

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).

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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.

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

COUNTY

B 1 **9170** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

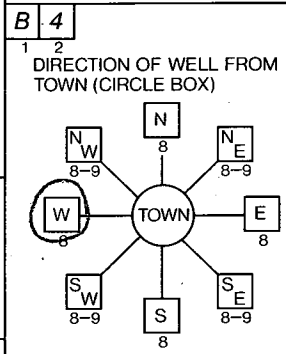
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type.

STATE PERMIT NUMBER  
**HC-88-0801**  
 fill in this form completely

Date Received (APA) **052689**  
 OWNER INFORMATION  
**GOSHEN LAND CO INC**  
 Last Name Owner First Name  
**BRINK CT**  
 Street or RFD  
**GAITHERSBURG MD 20879**  
 Town State Zip

B 3 LOCATION OF WELL **R 44400**  
**HOWARD** COUNTY  
**CRYSTAL CLEAR** SUBDIVISION  
 SECTION **14** LOT  
**GLENELG** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
 George F. Easterday  
 Driller's Name  
**C. Franklin Easterday, Inc.**  
 License No. **40**  
**9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address  
 Signature *George F. Easterday* Date **5-24-89**



**13930 KENNARD DR.**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **30** FT

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  
 COUNTY NAME **HOWARD** COUNTY NO. **A 39572**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED **070389** *Craig Williams* 1/3/90  
 CO SIGNATURE  
 NORTH GRID **522000** EAST GRID **0900000**

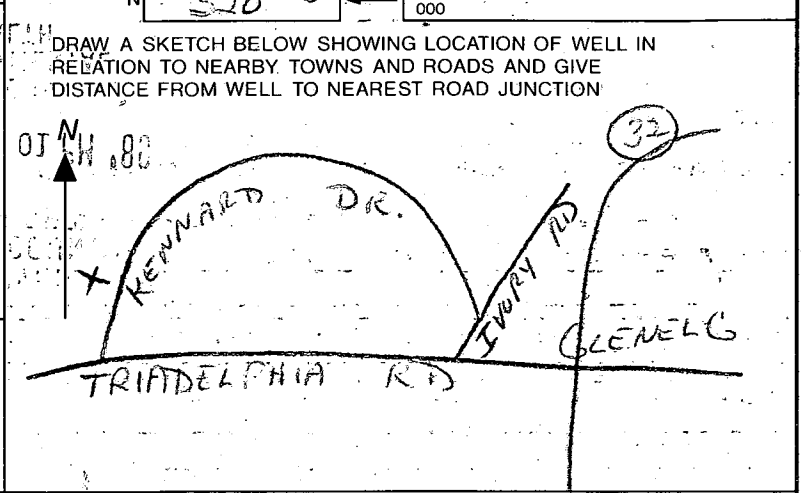
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REverse-ROTARY  Drive-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. *wg*  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **800 0**  
 N **520 2**

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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HC-88-0801**

SPECIAL CONDITIONS

11/2/93  
NOT IMPROVED  
CW

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 10/13/93

Name of Installer WILLOUGHBY PLUMBING

Telephone 781-7051

License Number 6992

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner MARK Schluter

Telephone                     

Subdivision CRYSTAL CLEAR Lot # 14

Well Tag # HO-88-0801

Site Address 13932 Kenwood Dr.

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make SACU 771
- Model #
- Capacity 5 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other TAPE

Motor

- Horsepower
- RPM
- Voltage                     
  - 110
  - 220

Pitless Adapter

- Make HARVARD
- Model #
- Depth 4 FT.

Tank

- Capacity 40 gal.
- Pressure relief valve? YES

Piping

- Type CRESLINE
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 4 FT.

Well data

- Depth 260 ft.
- Yield 6 GPM
- Static water level 60 ft.
- 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: Chris J. Willoughby

Date: 10/13/93

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