

C1
 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 A39753

ST/CO USE ONLY
 DATE Received
 DATE WELL COMPLETED

Depth of Well
 22 205 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
46-28-0750

OWNER Greenbaum Assoc
 STREET OR RFD Castlefield St TOWN Ellicott City
 SUBDIVISION RIDGEMAN MANOR SECTION _____ LOT 707

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	
<u>Sand Stone</u>	<u>0</u>	<u>34</u>	
<u>Gray mica rock</u>	<u>34</u>	<u>205</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 15 NO. OF POUNDS 1910
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 45 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 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 insert appropriate code below
 ST BR HO
 STEEL BRASS OPEN HOLE
 PL OT
 PLASTIC OTHER

DEPTH (nearest ft.)
 E A C H S C R E E N
 1 40 59 205
 2 _____
 3 _____
 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. 737
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

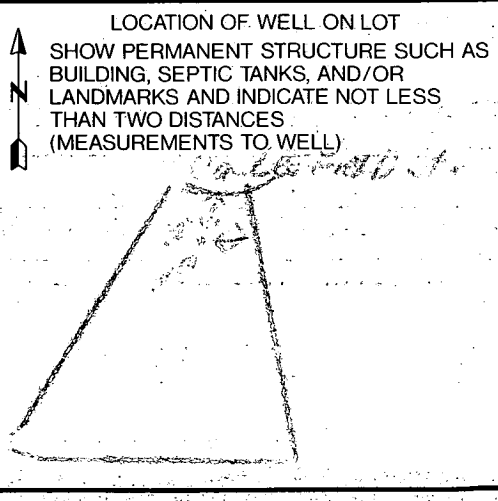
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 66
 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)
 T above } LAND SURFACE (nearest foot) 2
 B below }



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

12/14/95
ANYTIME

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt #
Date

Name of Installer

WILLOUGHBY PLUMB. SER. INC.

Telephone

781-7051

License Number

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

PHOENIX BUILDERS

Telephone

410-715-9879

Subdivision

THE PRESERVES Lot # 707

Well Tag #

HO-88-0750

Site Address

10413 KINGSBRIDGE RD.
ELICOTT CITY, MD - 21042

Pump

1. Type

- a. Deep well jet
- b. Shallow well jet
- c. Submersible

Make

Model # JALUZZI

Capacity 7 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 HP

2. RPM

3. Voltage

a. 110

b. 220

Pitless Adapter

1. Make HARVARD

2. Model #

3. Depth 4 FT

Tank

1. Capacity 40 gal

2. Pressure relief valve? YES

Piping

1. Type CASLINE

2. Size 1"

3. NSF and/or BOCA Code approved YES

4. Depth of supply line 4 FT.

Well data

1. Depth 225 ft.

2. Yield 15 GPM

3. Static water level ft.

4. Will water supply be disinfected by installer? NO

12/14/95 WELL LINE OK 5' ± B.G
SEPTIC LINE OVER WELL LINE
AT HOUSE, BUT WELL LINE SLEEVED FROM HOUSE TO PT

AT LEAST 9' FROM SEPTIC LINE - 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: Chris J. Willoughby

Date: 7/7/95

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