

C1 6099

SEQUENCE NO. (OEP 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-37042

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 100587

Depth of Well grid: 160

PERMIT NO. grid: #0-81-2284

OWNER

STREET OR RFD

SUBDIVISION

HOWARD ESTATE DEVELOPMENT last name first name

TOWN

SECTION

LOT 44

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 FROM TO

Check if water bearing

Table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include Top Soil, Clay, Shaley, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

Grid for casing dimensions: ST 60 61 63 64 65 66 67 68 69 70

OTHER CASING (if used)

Grid for other casing dimensions: diameter inch, depth (feet) from to

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

Grid for screen depth: H0 33 160

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

Grid for OEP use only: T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 12

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 32

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) 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)

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)

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

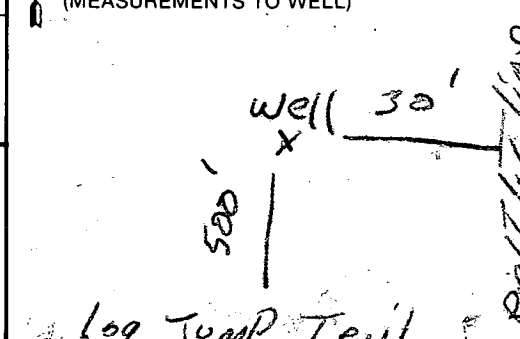
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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. 46

DRILLERS SIGNATURE

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



12/9/88  
4-18-89

4/18/89 See below  
Notes  
everything covered  
C.B.C.

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 # 43168  
Date 12/9/88  
Name of Installer ROBERT L. FEETZ CO., INC. Telephone 781-4655  
License Number 2122  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner JOHNSTON/RILEY GROUP-BUILDERS Telephone 461-6648  
Subdivision THE CHASE Lot # 44 Well Tag # HO-81-2284  
Site Address 11604 LOG JUMP CT.

4/18  
C.B.C.

Pump  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make DAMINA (CRISWOLD)  
3. Model # 3ALA  
4. Capacity 8 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  
2. RPM 3450  
3. Voltage   
a. 110   
b. 220

Pitless Adapter  
1. Make MORRIS  
2. Model # WB-1  
3. Depth 42" +

Tank CAPTIVE AIR  
1. Capacity WELL - 302  
2. Pressure relief valve? YES

Piping  
1. Type POLY  
2. Size 1"  
3. NSF and/or BOCA Code approved YES  
4. Depth of supply line 42" +

Well data  
1. Depth 165 ft.  
2. Yield 12 GPM  
3. Static water level 18 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: Robert L. Feetz R.L.F. Co., Inc.

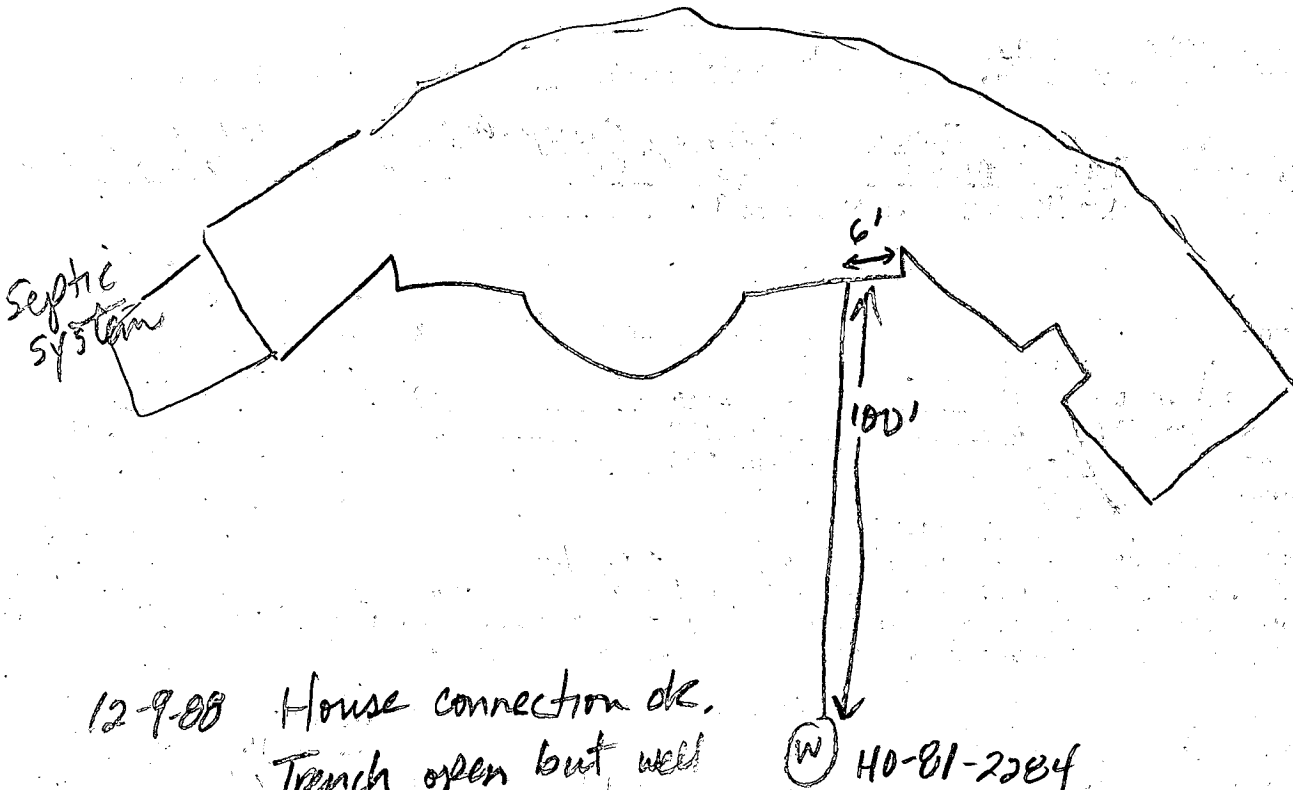
Date: 12/11/88

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

HD-215 4/18/89 No inspection.  
C.B.C.

HEALTH DEPARTMENT  
RECEIVED

# Loop Jump Tract



12-9-88 House connection ok.  
Trench open but well  
line covered. Pitless  
adaptor at 64 inches.  
Ground line connected JENadeau

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT

DEC 2 12 15 PM '88

ENVIRONMENTAL  
HEALTH