

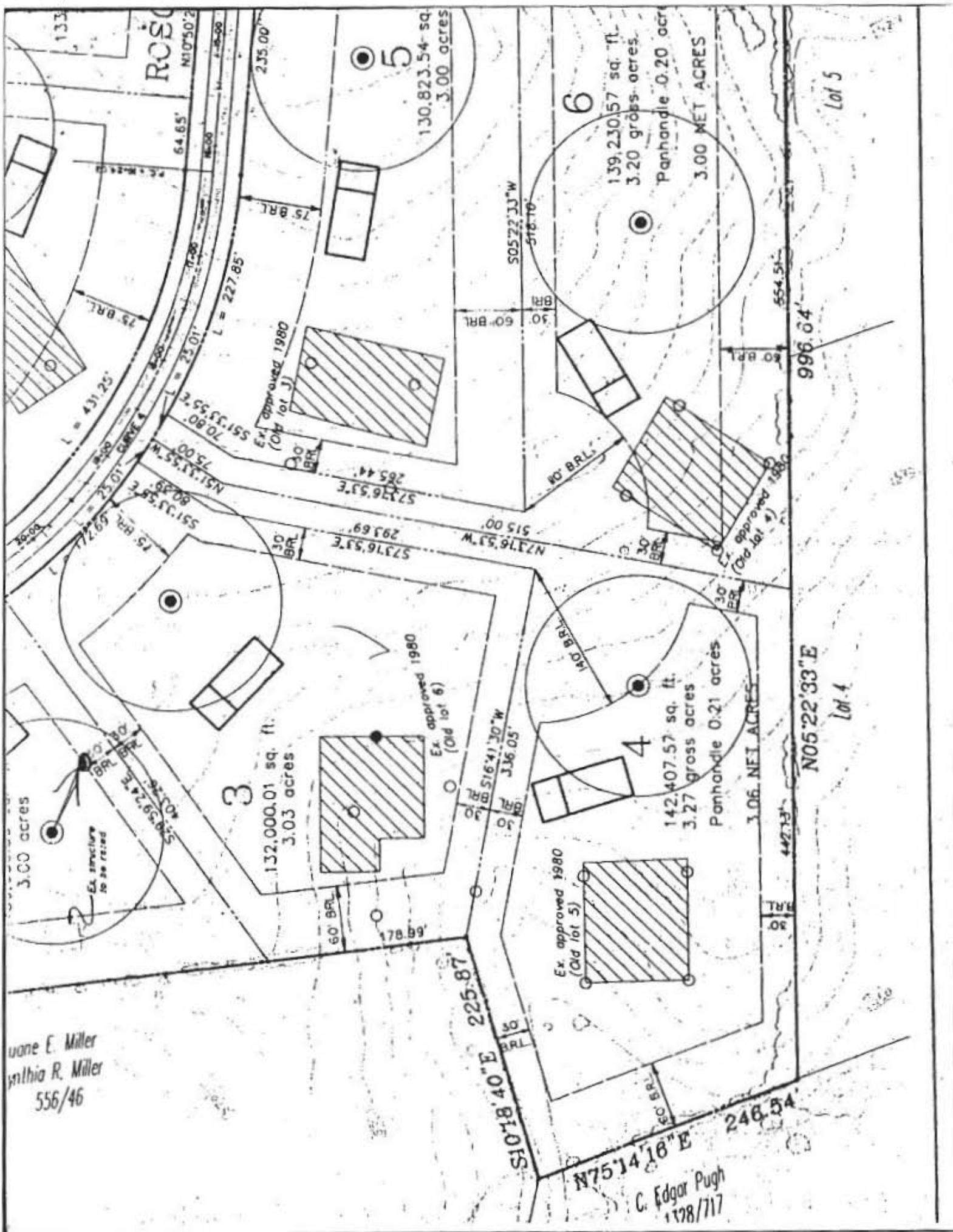
C1	0552	SEQUENCE NO. (DENY USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 36 ON ALL CARDS)			COUNTY NUMBER <u>A 40579</u>		
DATE RECEIVED	DATE WELL COMPLETED	Depth of Well	PERMIT NO.		
8 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15 <u>11</u> <u>15</u> <u>88</u>	22 <u>145</u> 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" <u>H0-88-0236</u>		
OWNER <u>S.F. CONTRACTORS INC.</u>					
STREET OR RFD		last name <u>ROSSCOMMON DR.</u>	first name	TOWN <u>GLENWOOD</u>	
SUBDIVISION <u>ROSSCOMMON EST.</u>		SECTION		LOT <u>3</u>	

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)	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1128</u> GALLONS OF WATER <u>72</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>40</u> ft. (enter 0 if from surface)	PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min. to nearest gal.) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>46</u> WHEN PUMPING <u>46</u> TYPE OF PUMP USED (for test) <u>A</u> air <u>P</u> piston <u>T</u> turbine <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) <u>J</u> jet <u>S</u> submersible												
FEET FROM TO <u>0</u> <u>62</u> <u>62</u> <u>145</u> ✓ SAND GRAY/BLACK SLT	CASING RECORD casing types insert appropriate code below <table style="margin-left: auto; margin-right: auto;"> <tr> <td><u>ST</u></td> <td><u>CO</u></td> </tr> <tr> <td>STEEL</td> <td>CONCRETE</td> </tr> <tr> <td><u>PL</u></td> <td><u>OT</u></td> </tr> <tr> <td>PLASTIC</td> <td>OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>145</u> OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING	<u>ST</u>	<u>CO</u>	STEEL	CONCRETE	<u>PL</u>	<u>OT</u>	PLASTIC	OTHER	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <u>NO</u> 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) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <u>+</u> above } LAND SURFACE <u>1</u> (nearest foot) <u>-</u> below }				
<u>ST</u>	<u>CO</u>													
STEEL	CONCRETE													
<u>PL</u>	<u>OT</u>													
PLASTIC	OTHER													
CIRCLE APPROPRIATE LETTER <u>A</u> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <u>E</u> ELECTRIC LOG OBTAINED <u>P</u> 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. <u>238</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	SCREEN RECORD screen type or open hole insert appropriate code below <table style="margin-left: auto; margin-right: auto;"> <tr> <td><u>ST</u></td> <td><u>BR</u></td> <td><u>HO</u></td> </tr> <tr> <td>STEEL</td> <td>BRASS</td> <td>OPEN HOLE</td> </tr> <tr> <td><u>PL</u></td> <td><u>OT</u></td> <td><u>OT</u></td> </tr> <tr> <td>PLASTIC</td> <td>OTHER</td> <td>OTHER</td> </tr> </table> DEPTH (nearest ft.) EACH SCREEN <u>1</u> <u>40</u> <u>66</u> <u>145</u> SLOT SIZE 1 2 3 DIAMETER OF SCREEN <u>56</u> <u>60</u> (NEAREST INCH) 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.) WO 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	<u>ST</u>	<u>BR</u>	<u>HO</u>	STEEL	BRASS	OPEN HOLE	<u>PL</u>	<u>OT</u>	<u>OT</u>	PLASTIC	OTHER	OTHER	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)
<u>ST</u>	<u>BR</u>	<u>HO</u>												
STEEL	BRASS	OPEN HOLE												
<u>PL</u>	<u>OT</u>	<u>OT</u>												
PLASTIC	OTHER	OTHER												

COUNTY

Wane E. Miller
Synthia R. Miller
556/46

N7514
C. Edgar Pugh
11/28/717



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 # 45055
Date 10/12/89

Name of Installer CLARKE P & H Inc

Telephone 489-4029

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc

Telephone 442-1133

Subdivision Rosecrans Estate Lot # 3

Well Tag # _____

Site Address 3216 Rosecrans Dr.

Pump

1. Type

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

2. Make Bowditch

3. Model # _____

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 _____

Motor

1. Horsepower _____

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make _____

2. Model # PT-800

3. Depth _____

Tank

1. Capacity 66gal

2. Pressure relief valve? 75/6

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line 42"

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? NO

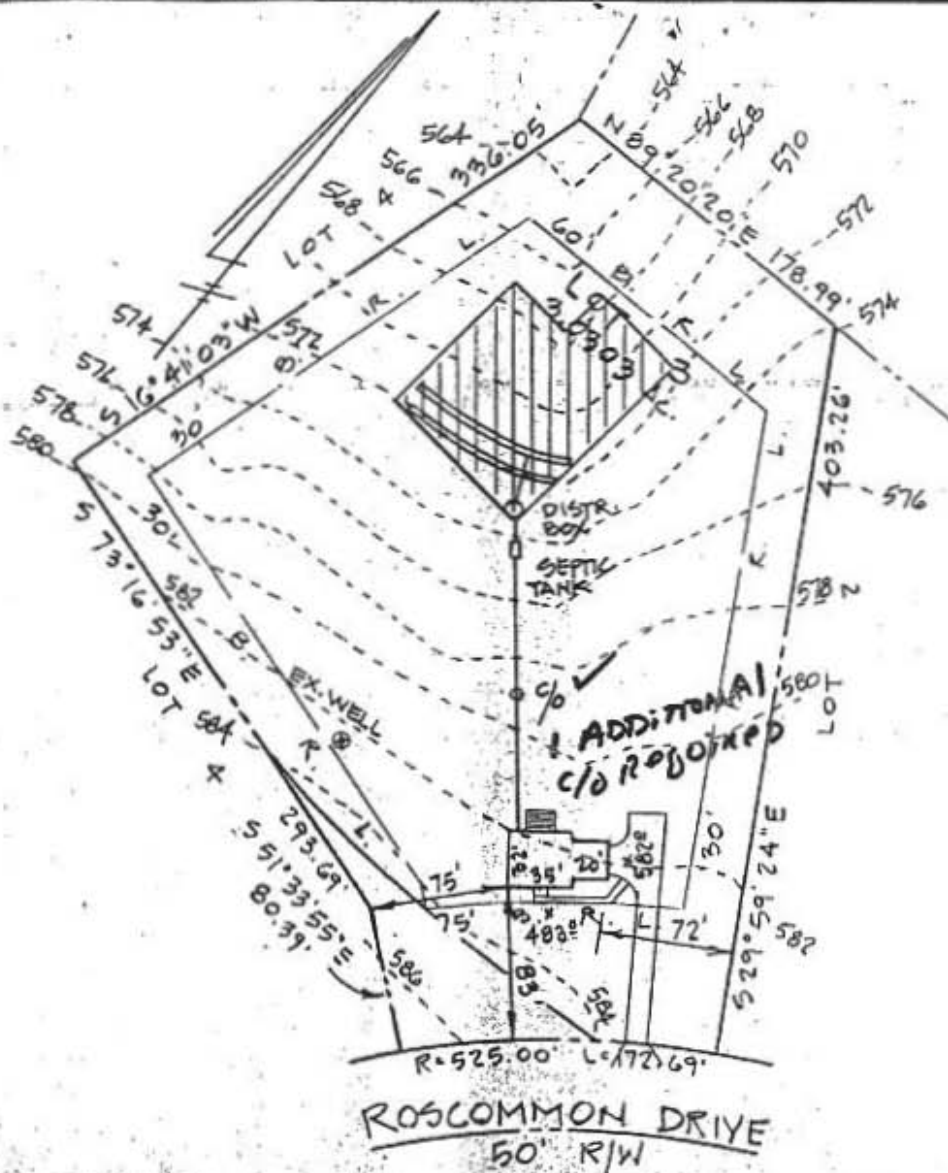
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Kenneth C. Clarke

Date: 9-27-89

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



SEPTIC DATA		
HOUSE	FIN. FL.	585.0 ✓
"	BSM'T	576.0 ✓
"	INV. SEWER	574.0 ✓ + BSM'T
SEPTIC TANK	INV. IN	570.0 ✓
"	" OUT	570.0 ✓
"	FIN. GR.	574.0 ✓
DISTR. BOX	INV. IN	570.0 ✓
"	" OUT	569.0 ✓
"	FIN. GR.	573.0 ✓
WELL	EX. GR.	582.5
"	FIN. "	"

EXISTING TRENCH 572

NOTE:

1. HOUSE TYPE: 2 STORY W/FULL BSM'T.
2. ADDRESS: 3216

BUILDER
S.F. CONTRACTORS, INC.
3368 BRANTLY COURT
GLENWOOD, MD. 21738
301-442-1133

18.2.64
White
H.C. 696

BMG. PERMIT SIGNED
AND RETURNED 6-6-89
BP26691
BA