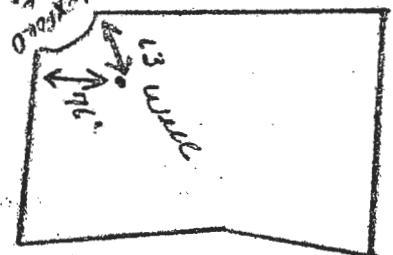
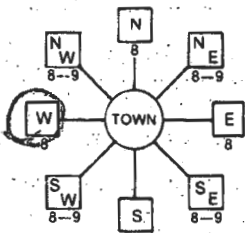



|  |  |   |  |   |  |  |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|--|--|
| <b>C1</b> 7780   |  | SEQUENCE NO.<br>(OEP USE ONLY)  |  | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE   |  |  |  | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED. |  |  |  |
| 1-23<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS)  |  | 6   |  |   |  |  |  | COUNTY<br>NUMBER <b>A 34980</b>  |  |  |  |
| DATE Received,<br>8-13   |  | DATE WELL COMPLETED<br>15/1/22  |  | Depth of Well<br>22 365 26<br>(TO NEAREST FOOT)   |  |  |  | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>A0-81-2699                  |  |  |  |
| OWNER<br>last name <b>ALLAN</b> first name <b>HOLLS</b>  |  | STREET OR RFD<br><b>WEXFORD CT</b>  |  | TOWN<br><b>CHARLESVILLE</b>   |  |  |  | SUBDIVISION<br><b>WATERFORD II</b> SECTION <b>18</b> LOT <b>18</b>       |  |  |  |
| <b>WELL LOG</b><br>Not required for driven wells<br>STATE THE KIND OF FORMATIONS<br>PENETRATED, THEIR COLOR, DEPTH,<br>THICKNESS AND IF WATER BEARING  |  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED<br>(Circle Appropriate Box)<br>TYPE OF GROUTING MATERIAL<br>CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b><br>NO. OF BAGS <b>10</b> NO. OF POUNDS <b>440</b><br>GALLONS OF WATER <b>66</b><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from 0 ft. to 44 ft.<br>(enter 0 if from surface) |  | <b>C 3</b><br>1 2<br><b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <b>6</b><br>PUMPING RATE (gal. per min. to nearest gal.) <b>32</b><br>METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b><br>WATER LEVEL (distance from land surface) BEFORE PUMPING <b>15</b><br>WHEN PUMPING <b>198</b><br>TYPE OF PUMP USED (for test)<br><b>A</b> air <b>P</b> piston <b>T</b> turbine<br><b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)<br><b>J</b> jet <b>S</b> submersible |  | <b>WELL LOG</b><br>DESCRIPTION (Use additional sheets if needed)<br><b>SAND</b><br><b>GRAY MICA ROCK</b><br>FEET<br>FROM TO<br><b>0 46</b><br><b>46 365</b><br>Check if water bearing  |  |  |  |  |  |
| <b>CASING RECORD</b><br>casing types insert appropriate code below<br><b>ST</b> <b>CO</b><br>STEEL CONCRETE<br><b>PL</b> <b>OT</b><br>PLASTIC OTHER<br>MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <b>4</b> Total depth of main casing (nearest foot) <b>52</b> |  | <b>OTHER CASING (if used)</b><br>diameter inch depth (feet) from to   |  | <b>SCREEN RECORD</b><br>screen type or open hole insert appropriate code below<br><b>ST</b> <b>BR</b> <b>HO</b><br>STEEL BRASS OPEN HOLE<br><b>PL</b> <b>OT</b><br>PLASTIC OTHER<br><b>C 2</b><br>1 2<br>DEPTH (nearest ft.)<br><b>10</b> <b>50</b> <b>365</b>  |  | <b>PUMP INSTALLED</b><br>DRILLER WILL INSTALL PUMP YES <b>NO</b><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:<br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>31</b> <b>35</b><br>PUMP HORSE POWER <b>37</b> <b>41</b><br>PUMP COLUMN LENGTH (nearest ft.) <b>43</b> <b>47</b><br>CASING HEIGHT (circle appropriate box and enter casing height)<br><b>+</b> above <b>2</b> (nearest foot)<br><b>-</b> below |  |  |  |  |  |
| <b>CIRCLE APPROPRIATE LETTER</b><br><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><b>E</b> ELECTRIC LOG OBTAINED<br><b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL   |  | <b>SCREEN</b><br>1 2 3<br>SLOT SIZE 1 2 3<br>DIAMETER OF SCREEN <b>56</b> (NEAREST INCH)<br>from to   |  | <b>GRAVEL PACK</b><br>IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68   |  | <b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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. <b>238</b><br><b>Joseph P. May</b>  |  | OEP USE ONLY<br>(NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) WQ<br>70 72 74 75 76<br>TELESCOPE CASING LOG INDICATOR OTHER DATA  |  |   |  |  |  |  |  |
| DRILLERS SIGNATURE<br>(MUST MATCH SIGNATURE ON APPLICATION)  |  | SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)   |  | HEALTH  |  |  |  |  |  |  |  |

|   |                            |  |                                   |
|---|----------------------------|--|-----------------------------------|
| B 1<br>3678<br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)   | SEQUENCE NO. (DP USE ONLY) | STATE OF MARYLAND<br><b>PERMIT TO DRILL WELL</b><br>please print or type   | STATE PERMIT NUMBER<br>40-81-2699 |
| Date Received (APA)<br>8 11 13<br>OWNER INFORMATION<br>15 Last Name 34 Owner First Name<br>36 Street or RFD 55<br>57 Town 70 State 72 Zip 76  |                            | LOCATION OF WELL<br>8 COUNTY 21<br>23 SUBDIVISION 42<br>SECTION 44 48 LOT 48 50<br>52 NEAREST TOWN 71<br>MILES FROM TOWN (enter 0 if in town) 73 76 77 78  |                                   |
| DRILLER INFORMATION<br>Driller's Name 77 License No. 80<br>Firm Name<br>Address<br>Signature Date   |                            | DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br> DISTANCE FROM ROAD ENTER FT or MI |                                   |
| B 2<br>WELL INFORMATION<br>APPROX. PUMPING RATE (GAL. PER MIN.)<br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)   |                            | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL<br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE INSERT S<br>DATE ISSUED<br>CO SIGNATURE EXP. DATE<br>NORTH GRID EAST GRID   |                                   |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)<br><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) |                            | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION                                   |                                   |
| APPROXIMATE DEPTH OF WELL FEET<br>APPROXIMATE DIAMETER OF WELL INCH<br>METHOD OF DRILLING (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)<br>CABLE REVERSE-ROTARY Drive-POINT<br>other   |                            | NOT PRESENT 5/19/88<br>10 BAGS CEMENT<br>44' OPEN HOLE<br>C.W.   |                                   |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY<br><input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)  |                            | Brighton Dan.  |                                   |
| Not to be filled in by driller (OEP USE ONLY)<br>APPROP. PERMIT NUMBER<br>FORCE INITIALS PERMIT No.   |                            | SPECIAL CONDITIONS   |                                   |

10/20/88

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

10/20 W.P.I.  
Partial  
all work  
covered  
C.B.D.  
(House locked)

## APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # 42678  
Date 10/13/88

Name of Installer CLARKE P & H INC

Telephone 489-4029

License Number 3808  
Certified Well Pump Installer ☐

Well Driller ☐ Registered Plumber 3808

Name of Property Owner ALLAN HOMES INC

Telephone 730-5050  
Subdivision Lot # 18 Well Tag # NO - 81 - 2699 10/20

Site Address 12925 Wexford PARK

## Pump

1. Type  
a. Deep well jet ☐  
b. Shallow well jet ☐  
c. Submersible ☒  
2. Make Goulds  
3. Model #             
4. Capacity            GPM

## Motor

1. Horsepower 3/4  
2. RPM             
3. Voltage             
a. 110             
b. 220 ☒

## Pitless Adapter

1. Make             
2. Model #             
3. Depth

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 ☐

## Tank

1. Capacity V-100-665A1  
2. Pressure relief valve? 75 lb

## Piping

1. Type Plastic  
2. Size 1"  
3. NSF and/or BOCA Code approved ☐  
4. Depth of supply line 42"

## Well data

1. Depth 300 ft.  
2. Yield            GPM  
3. Static water level            ft.  
4. Will water supply be disinfected by installer? NO (Builder)

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: Bennett C. Clarke

Date: 9-22-88

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

HD-215

10/20  
① House locked at rear  
② Workman pump not seen. G. typed.  
③ No work approved. C.B.D.  
sidewalks

