C 1 2991 SEQUENCE NO	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(MDE USE ONLY); (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 49237
ST/CO USE ONLY DATE Received DATE WELL COMPLIE O 6 / 9 9		PERMIT NO. FROM "PERMIT TO DRILL WELL" 0 9 4 7 8 28 29 30 31 32 33 34 35 36 37
OWNERJacobsen Homes		
STREET OR RFD Rest Rest 97 Inway Greek CC SECTION LOT 49		
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3 PUMPING TEST
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one). CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS 5 NO. OF POUNDS 45 46 ACCORDANCE NO. OF WATER 30	PUMPING RATE (gal. per min.) 20 • 11
SAND 0 16	DERTH OF GROUT SEAL (to nearest foot) from from TOP 52 54 BOTTOM 58 (enter 0 if from surface)	METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)
SAND 0 16 GRAYMICH 16 185 To ROCK	casing types types Insert ST CO	BEFORE PUMPING 27 tt. WHEN PUMPING 27 tt.
ROCK	appropriate STEEL CONCRETE CODE Delow	TYPE OF PUMP USED (for test)
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air piston 7 turbine 27 cother
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
	5 6 61 63 64 66 70 E OTHER CASING (if used)	J. jet Submersible
	C diameter depth (feet) inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (1 NO)
	80 N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED.
	or open note ST BR HO insert appropriate STEEL BRASS OPEN BRONZE HOLE	PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY:
NUMBER OF UNSUCCESSFUL WELLS:	code below PL OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
WELL HYDROFRACTURED YES	C 2	PUMP COLUMN LENGTH (nearest ft.)
CIRCLE APPROPRIATE LETTER. A WELL WAS ABANDONED AND SEALED	1 2 V DEPTH (nearest ft.) E 1 H 0 20 /85	CASING HEIGHT (circle appropriate box and enter casing height)
A WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	C 8 9 11 15 17 21 H S 2	LAND SURFACE
P TEST WELL CONVERTED TO PRODUCTION.	C: 23 24 26 30 32 36 R	below (nearest) foot)
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	E 38 39 41 45 47 51. N SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	DIAMETER (NEAREST, OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
TYPE: MWD/MSD/MGD DRILLERS LIC: NO: 24	56 60 from to GRAVEL PACK	(MEASUREMENTS TO WELL)
Joseph L Mayre DRILLERS SIGNATURE	IF WELL DRILLED WAS FLOWING WELL INSERT	
(MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	of the state of th
LIC NO. LAT MAUNE	T (EROS) W Q 74 75 76 70 72	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

2/25/95 (1000) Anythine Course

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933-313-26

2/26/98 to coverde rade WPI 4.0' below grade grade P.A. 4.0' below 22018 cap P.A. 4.0' bos 22018 tog

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

		Corp Si
1		final grade
New Installation		Receipt #
Replacement		Date 2-23-98
Name of Installer Milu	Is Howaw Miller	Telephone 31-898-5/70
License Number <u>7383</u>	A Company	
Certified Well Pump Instal	ler Well Driller	Registered Plumber
Name of Property Owner <u>a</u>	lan Carry	-Telephone 443-7461837
Subdivision Catail Cree	k boldbouse lift # 47 W	ell Tag # 3 40 94-0478
Site Address 3609 odge	anne De	The second secon
Pump	Motor	Pitless Adapter,
1. Type	1. Horsepower 1/2	1. Make CAmpbell
a. Deep well jet	2. RPM	
b. Shallow well jet	3. Voltage	2. Model # <u>B'-/D-X</u> 3. Depth <u>42</u> "
c. Submersible		
2. Make 🦠 Noulds	a. 110 b: 220	
3. Model #	The light was the second of the second of the second of	
4. Capacity 8 G	PM	
5. Pump exceeds well capac	ity Yes No 🔀	
	cutoff switch installed?	
	o protect the pump and elec	
vibrations? Torque ar	restors Cable guard	s Other
		the state of the s
Fank	Piping Van UA	. Well data
1. Capacity	1. Type Soan 160p	
2. Pressure relief	2. Size	2. Yield/5.00 GPM
valve?	3. NSF and/or BOCA	3. Static water
and the board of the second of the	Code approved ye	
为一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	4 Depth of supply	4. Will water supply
representation of the second	line <u>1/2"</u>	be disinfected by
		installer? No Buildors
i understand that it is m	y responsibility to notify	the Howard County Health
Department when the installishments and void).	lation is ready for inspect	ion (otherwise this permit
is null and vold).		
111 information which the		
TIT THIOL MUCTOR SINGUE SPON	e is true to the best of my	knowledge.

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

Signature of Applicant///Www.s

Date: ____/_30-98

