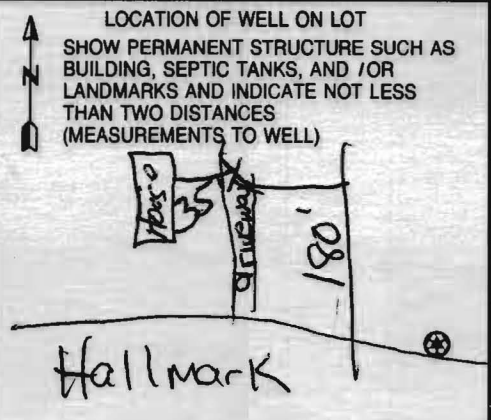


C1 1111	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM 12 DD 03 YY 10	DATE WELL COMPLETED MM 11 DD 08 YY 10	Depth of Well 22 420 26 12/15/10 (TO NEAREST FOOT) O.K. (BB)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 2008
OWNER <u>Eaton, HARRY</u> STREET OR RFD <u>Hallmark Ct</u> SUBDIVISION <u>HALLMARK</u>		first name	TOWN <u>FULTON</u> SECTION <u>1</u> LOT <u>34</u> lot 2
WELL LOG Not required for driven wells		GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle appropriate box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1000</u>	C 3 1 2 PUMPING TEST
Topsoil 0 1		GALLONS OF WATER <u>460</u>	HOURS PUMPED (nearest hour) 8 9
brown Mica 1 49		DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 420 BOTTOM 58 ft. (enter 0 if from surface)	PUMPING RATE (gal. per min.) 11 15
Sandstone 49 420		CASING RECORD	METHOD USED TO MEASURE PUMPING RATE
Installed loop and back-filled with Bentonite Slurry		CASES types insert appropriate code below	
		<input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
MAIN CASING TYPE <u>PL</u> 60 61		Nominal diameter top (main) casing (nearest inch) <u>6</u> 63 64	Total depth of main casing (nearest foot) <u>20</u> 66 70
EACH CASING		OTHER CASING (if used) diameter inch depth (feet) from to	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		SCREEN RECORD	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		screen type or open hole <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
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		DEPTH (nearest ft.) T 2 HO 18 420 E 8 9 11 15 17 21 A 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N	
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.		SLOT SIZE 1 _____ 2 _____ 3 _____	
DRILLERS LIC. NO. <u>MW0040</u> <u>George Bastonday</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to	
LIC. NO. <u>JUD727</u> <u>Paul Ch...</u> 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 _____ 68	
MDE 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	
		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,Q) IN BOX 29 <u>A</u>	
		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
		PUMP HORSE POWER 37 41	
		PUMP COLUMN LENGTH (nearest ft.) 43 47	
		CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>2</u> (nearest foot) 49 50 51	
		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) 	

B 1 4810

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-95-2008 fill in this form completely

Date Received (APA) 09 08 10

OWNER INFORMATION

EATON HARRY Last Name Owner First Name 6697 BUTTONHOLE CT Street or RFD COLUMBIA, MD 21044 Town State Zip

LOCATION OF WELL Howard COUNTY 21 Hallmark SUBDIVISION SECTION 1 LOT 34 Fulton NEAREST TOWN MILES FROM TOWN 1

DRILLER INFORMATION

George F. Easterday MW D 040 Driller's Name License No. L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature Date 8/17/2010

(7343) Hall Mark Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 2667 Ft. TAX MAP: 41 BLK: 10 PARCEL 422

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500-0 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) P533322 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/21/2010 EXP. DATE 9/21/2011 NORTH GRID 488 EAST GRID 828

APPROXIMATE DEPTH OF WELL 420 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

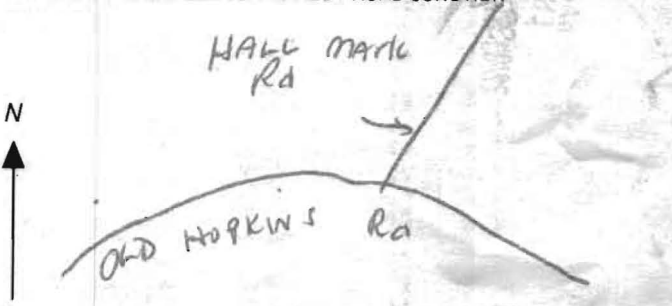
THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE 8208 4808

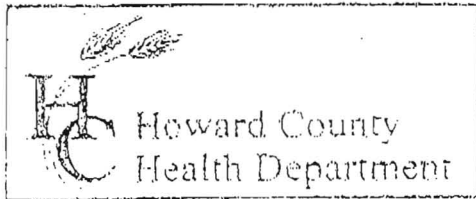
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 19A1



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. HO-95-2008

SPECIAL CONDITIONS Try to keep Boreholes within 10' From Property Line



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by driller
 (professional land surveyor or company employing professional land surveyors)
 on 5/27/00 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

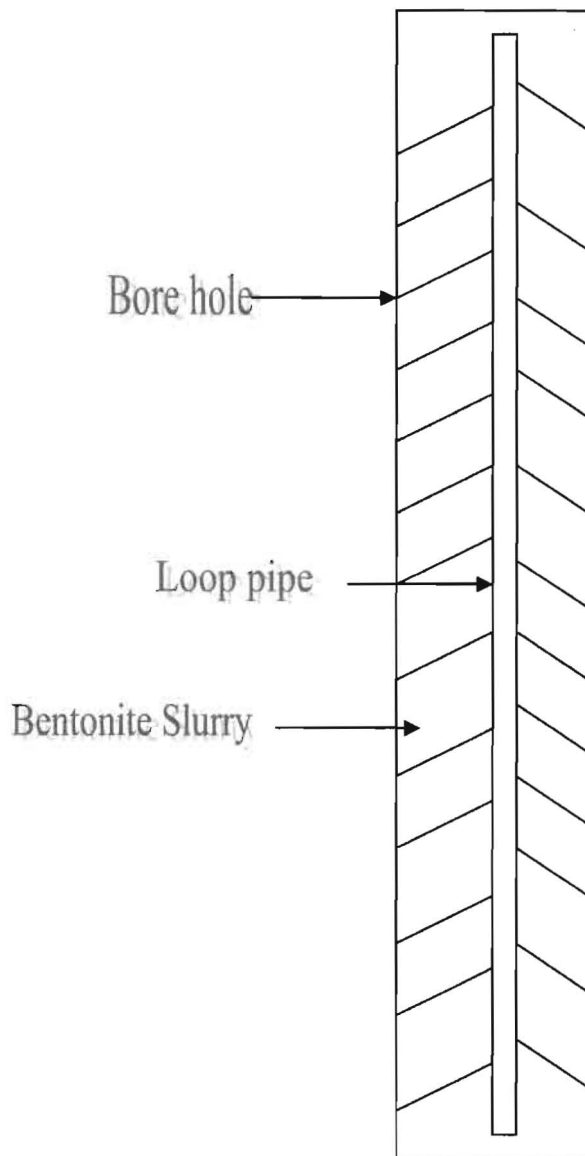
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

7343 Hall mark Rd

GEOHERMAL WELL DESIGN

L. FRANKLIN EASTERDAY, INC



Owner HARRY EATON

Location 7343 HALL MARK Rd

Number of wells 2-

Depth 420 Loop Size 1/4

Grout Material-----Bentonite Slurry from bottom to G.L.

10/14/07