

C1 64338 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.

COUNTY NUMBER A514193

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 4 15 05

Depth of Well 22 345 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4/20/05 HO-94-4128 28 29 30 31 32 33 34 35 36 37

OWNER Toll Bros last name first name STREET OR RFD Meadow Lake Dr TOWN Chevy Chase SUBDIVISION Triadelphia Crossing SECTION 21/23/92 LOT 9

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Dirt 0-64, Hard Gray 64-120, Med Gray 120-123, Hard Gray 123-134, Med Gray 134-135, Hard Gray 135-320, Med Gray 320-325, Hard Gray 325-345.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 125 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

casings types insert appropriate code below [ST] [CO] [PL] [OT] MAIN CASING TYPE 68 Nominal diameter top (main) casing (nearest inch)! 68 Total depth of main casing (nearest foot) 68

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT] DEPTH (nearest ft.) 68 345

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no [Y] [N]

CIRCLE APPROPRIATE LETTER 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 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.

DRILLERS LIC. NO. MLD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D 553

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.0 METHOD USED TO MEASURE PUMPING RATE Timmerwell WATER LEVEL (distance from land surface) BEFORE PUMPING 21 20 ft. WHEN PUMPING 230 25 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

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,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

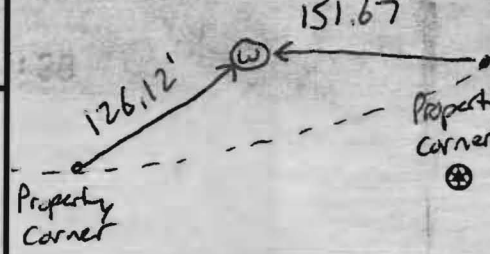
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [+] above } LAND SURFACE [-] below } 2 (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)



B 1 5338

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522003

STATE PERMIT NUMBER

94-4128 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 2164 Columbia Gateway Drive Columbia MD 21046

B 3

LOCATION OF WELL

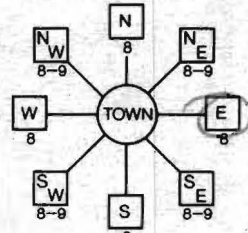
8 COUNTY Howard 21 23 SUBDIVISION Tanadolphus Crossing 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Shesalg 71 MILES FROM TOWN (enter 0 if in town) 1/2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlas MWD 355 License No. 81 Firm Name Michael Barlas Well Drilling Svc Address 522 Woodwood Lane, Bel Air MD Signature Date 2/7/05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Meadows Lane Drive 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 25' 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 97

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A514193 COUNTY NO. STATE SIGNATURE DATE ISSUED 3/0/05 CO SIGNATURE EXP. DATE 3/2/06 NORTH GRID 518 000 EAST GRID 795 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

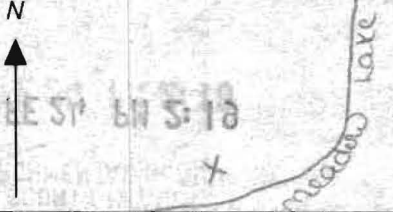
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 795 N 518

68' casing 15 day 345' deep 4/1/05 (DAP)

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



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

APPROP. PERMIT NUMBER H02004G005 PERMIT No. H0-94-4128

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Barlow Well Drilling Telephone #: 410-938-6910
Address: 522 Underwood Ln. D
Belair, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Michael Barlow License# MD 355

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: 410-489-2275
Subdivision: Philadelphia Crossing Lot #: 9 Well Tag #: HO-94-412B
Site Address: _____

Submersible Pump Data

Make: STA RITE
Model #: SP4024L
Pump Capacity: 5 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Campbell
Model #: PA 800
Depth: 42 1/2 (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 34.5 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless to house

Type: Polyethylene
PSI: _____ (100 psi min)
Depth of supply line: 42 1/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at well penetration: yes
Approximate length of sleeve: 4 Ft
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2/16/06

For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 2/16/06 Inspector: BB
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not seen outside of well cap/casing
Correct well tag attached properly and casing 5" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

20' PUBLIC STORM DRAIN AND UTILITY EASEMENT

GnB2

LOT 10
36,696 S.F.
MCE=547.0
CELLAR NOT SERVICED VIA GRAVITY

TRANSITION COUPLING BACK TO SDR-21 PVC

15" PRESSURE SEWER SDR 21 PVC

MEADOW LAKE DRIVE

PUBLIC ROAD

PVMT - 40

1.5" VALVE WITH VALVE BOX C.O. (TYP)

DUPLEX GRINDER PUMP
N 589041.81
E 1307981.92

FIELD LOCATED WELL
DUPLEX GRINDER PUMP
N 579022.99
E 1307938.93

10'x10' PUBLIC SEWER AND UTILITY EASEMENT

10'x10' PUBLIC SEWER AND UTILITY EASEMENT

TERMINAL FLUSHING CONNECTION
C.O. STA. 12+24.86
11.0' LEFT

LOT 2:
37,664 S
MCE=548

ChB2

E 1,307,750
N 579,000

LOT 9
36,492 S.F.
MCE=547.6
CELLAR NOT SERVICED VIA GRAVITY

VALVE BOX W/ CONDUCTING ROD

ChB2

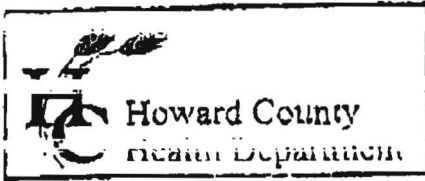
PRIVATE SWM, SWM ACCESS, DRAINAGE AND UTILITY EASEMENT

DEPARTMENT OF PUBLIC WORKS
HOWARD COUNTY, MARYLAND

DEPARTMENT OF PLANNING AND ZONING
HOWARD COUNTY, MARYLAND

9-15-04

[Signature] 10/15/04



3525 H Elliott Mills Drive, Elliott 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:

Eastern States Eng

- The well site has been staked by ESE
(professional land surveyor or company employing professional land surveyors)
on Feb 22, 2005 (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

Post-It® Fax Note	7671	Date	7 mar 05	# of pages	1
To	Stuart	From	Dene Comer		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

(Fax) Triadelphia Crossing

Toll Bros



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

6/8/2006

Toll Brothers Inc.
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-2278

RE: Triadelphia Crossing, Lot 9
14211 Meadow Lake Drive
Glenelg, MD 21737
BP # B00155463
Well Tag # HO-94-4178

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was granted on 2/17/2006 by HCHD for the house connection with approval from the Bureau of Utilities on June 8, 2006. Final approval of the well line connection to the dwelling was approved on 2/16/2006.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

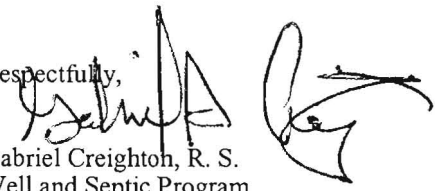
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-4178. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 5/30/2006
Date of Well Completion: 4/15/2005

Respectfully,


Gabriel Creighton, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
Community Hygiene
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	59287	Account #:	1930
Reference:	Toll Brothers	Company:	Fogle's Well Drilling
Location:	14211 Meadow Lake Drive Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	5/30/2006 1240	Source:	Well Water
Date/Time Rec'd:	5/30/2006 1600	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.3
		Well #:	HO-94-4128

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/31/2006 / 1000 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/31/2006 / 1000 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	5/31/2006 / 1020 / GN
Turbidity	0.88	NTU	<10	SM18 2130B	5/31/2006 / 0835 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	5/31/2006 / 0835 / AMD/BCD
Iron	0.03	mg/L	0.3	FR, 45 (126)	5/31/2006 / 0835 / AMD/BCD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L.)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B155463

Date Reported: 5/31/2006

9

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4584 FAX (410) 848-8298

REPORT OF ANALYSIS

Laboratory ID #: 59287 Account #: 1930
 Reference: Toll Brothers Lot 9 Company: Fogle's Well Drilling
 Location: 14211 Meadow Lake Drive Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 5/30/2006 1240 Site: Kitchen Sink Tap
 Date/Time Rec'd: 5/30/2006 1600 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.3
 Collected By: M. Dodd 6244MD Well #: HO-94-4128

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
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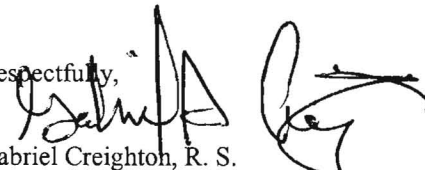
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Date of Water Samples: 5/30/2006
Date of Well Completion: 4/15/2005

Respectfully,


Gabriel Creighton, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
Community Hygiene
File

C1 6433 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A51493

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED

Depth of Well 345 (TO NEAREST FOOT)

PERMIT NO. HO-94-4128

OWNER Fall Bros STREET OR RFD Meadow Lake Dr TOWN Caten ctg SUBDIVISION Tindelphie CROSSING SECTION 17 LOT 9

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include: Dr. Clay (0-64), H. Clay (64-124), M. Clay (124-128), H. Clay (128-134), H. Clay (134-135), H. Clay (135-300), H. Clay (300-320), H. Clay (320-345).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 15 NO. OF POUNDS 1000 GALLONS OF WATER 105 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 68 ft. BOTTOM 68 ft.

CASING RECORD casing types insert appropriate code below (S) T (C) O (P) L (O) T STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 68

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from tank surface) BEFORE PUMPING 21 ft WHEN PUMPING 23 ft TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLER DRILLER INSTALLED PUMP (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,O) IN BOX 28. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 35 PUMP HORSE POWER 5 PUMP COLUMN LENGTH (nearest ft.) 41 CASING HEIGHT (circle appropriate box and enter casing height) (X) above () below LAND SURFACE () (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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

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.

DRILLERS LIC. NO. M 40355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M 40355

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

C 2 DEPTH (nearest ft.) 68 345

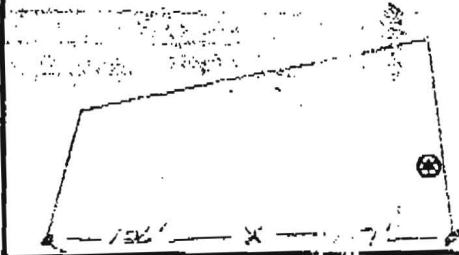
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

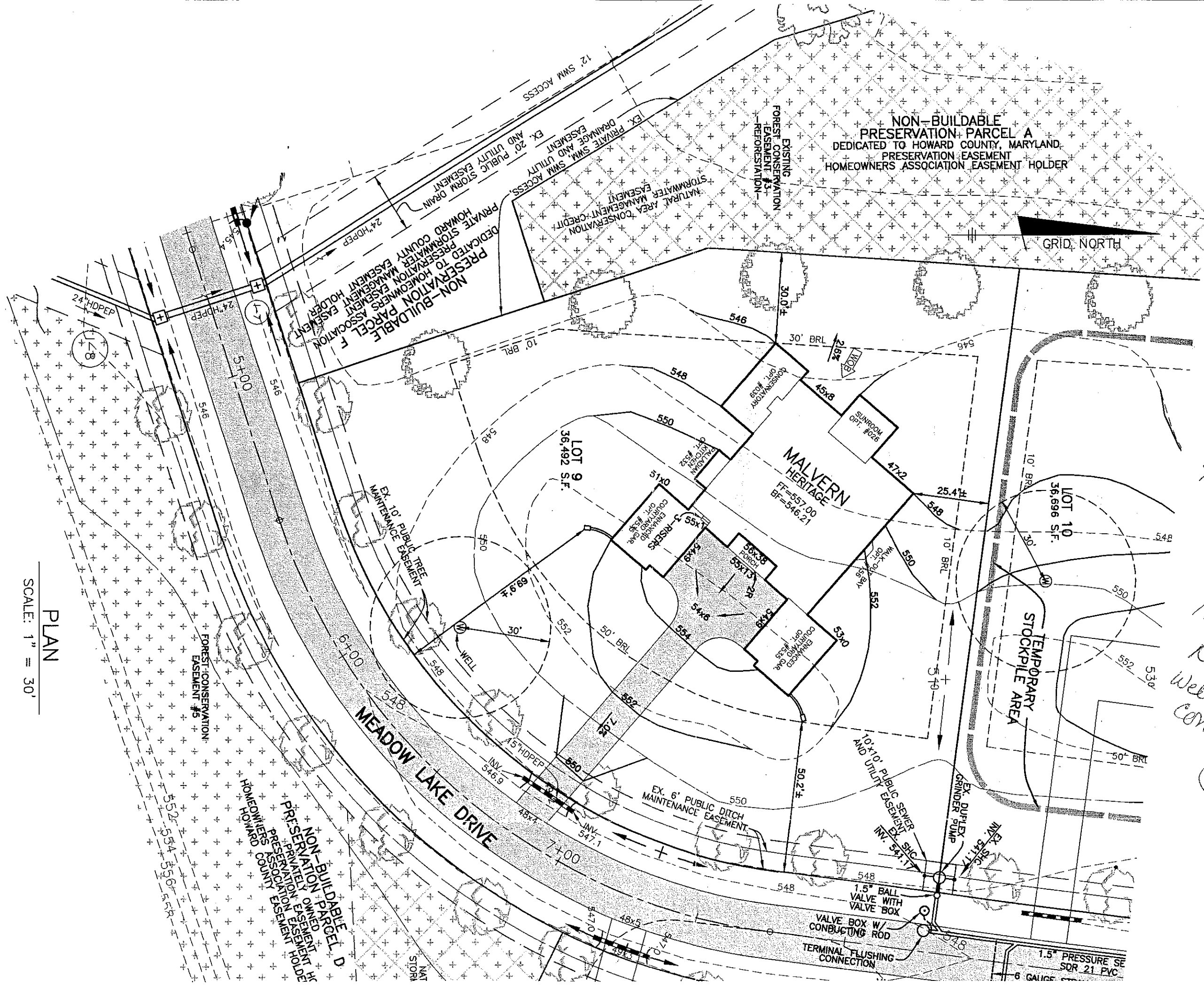
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





4/25/05
 on shared
 system
 HoCo Health
 Needs to ensure
 well & septic
 connections
 (KN)