

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 4726	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 DD YY 8 13	DATE WELL COMPLETED MM DD YY 4 2 09	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-05-1075
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OWNER: Walter Scott
 STREET OR RFD: 7031 Pindel School Rd TOWN: Fulton
 SUBDIVISION: _____ SECTION: _____ LOT: _____

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)	FEET		check if water bearing
	FROM	TO	
Dirt Soft Brown Hard Grey	0 3 40 40	3 40 400	

(3) 300' 600 Holes

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS ^{45 46} 14 NO. OF POUNDS ^{45 46} 350
 GALLONS OF WATER: _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from ⁴⁸ 3 TOP ⁵² ft. to ⁵⁴ 300 BOTTOM ⁵⁸ ft.
 (enter 0 if from surface)

CASING RECORD

(casing types insert appropriate code below)

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE: _____ Nominal diameter top (main) casing (nearest inch): _____ Total depth of main casing (nearest foot): _____

60 61 63 64 66 70

OTHER CASING (if used)

E A C H C A S I N G	diameter		depth (feet)	
	inch	to	from	to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC BZ BRONZE OT OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	8	9	11	15	17	21													
A																			
C	23	24	26	30	32	36													
S																			
R	38	39	41	45	47	51													
E																			
E																			
N																			

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)

T (E.R.O.S.) _____ W Q _____

70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) _____

PUMPING RATE (gal. per min.) _____

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING _____ ft.

WHEN PUMPING _____ 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 (CIRCLE) (YES or NO) YES 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 _____

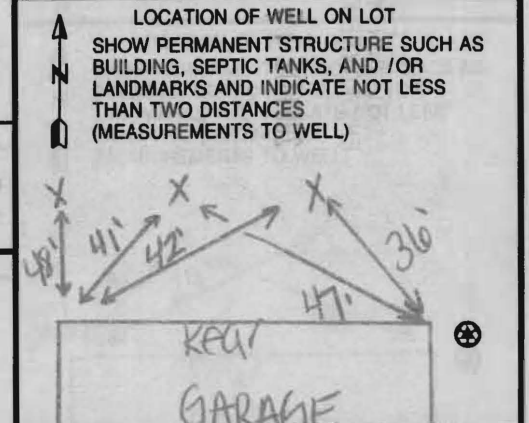
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED YES NO

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 355

DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 559

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

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C1 4727	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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 15 07 04	Depth of Well 22 230 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HW - 45 - 11074
---	---	---	--

OWNER: Wylar, Scott
 STREET OR RFD: 7031 Pindell School Rd TOWN: FULTON
 SUBDIVISION: _____ SECTION: _____ LOT: _____

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)	FEET		check if water bearing
	FROM	TO	
Drift	0	3	
Soft Brown	3	40	
Hard Grey	40	250	

(3) 250' Geo Holes

GROUTING RECORD yes no
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 200
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from 2 ft. to 250 ft.
 (enter 0 if from surface)

CASING RECORD

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE: _____
 Nominal diameter top (main) casing (nearest inch): _____
 Total depth of main casing (nearest foot): _____

OTHER CASING (if used)

E A C H C A S I N G	diameter (inch)		depth (feet)	
	_____	_____	from _____	to _____

SCREEN RECORD

screen type or open hole: ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

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)

T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 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 _____

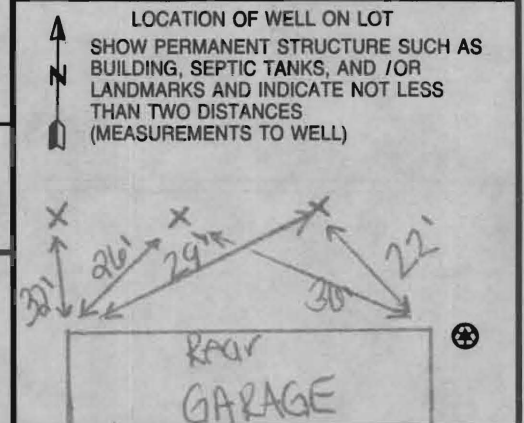
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35

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 } (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M D 355

DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D 559

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

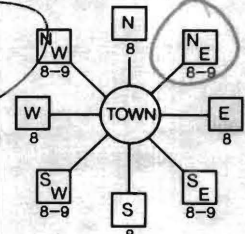
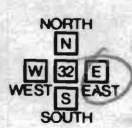
Brotherma

B 1 **0597** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL **HO-95-1675**
529543 please type **70 fill in this form completely 79**

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Kyler, Esmeralda** Owner First Name 34
 36 Street or RFD **7031 Pindell School Rd** 55
 57 Town **Fulton, MD** 70 State 72 Zip 76 **20759**

B 3 **Howard** LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION _____ 42
 SECTION _____ 44 46 LOT **2** 48 50
Fulton
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) _____ M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Michael Barlow** M W D **355** License No. 81
 Firm Name **Barlow Well Drilling Service**
 Address **532 Underwood Ln, Bel Air, MD**
 Signature _____ Date **8/25/08**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **7031 Pindell School Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **W30** 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **41** BLK: **3** PARCEL **147**

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 **0** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **000** 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
3-300'
3-250'

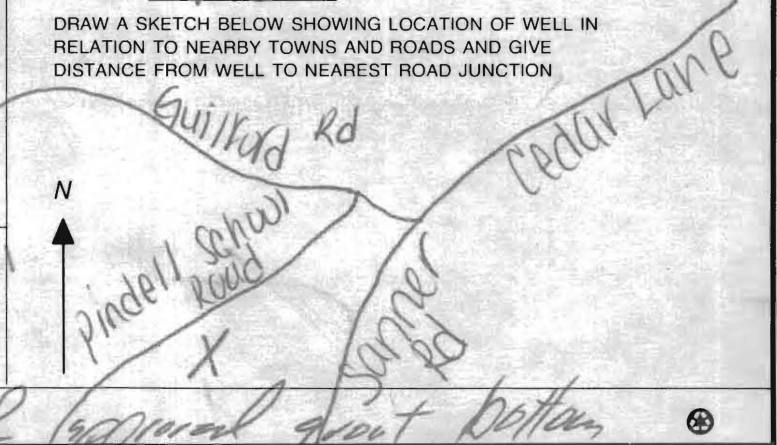
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A519615-B**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **8/25/08** 41
 43 MM DD YY 48 CO SIGNATURE **Steve Barlow** EXP. DATE
 NORTH GRID **490** 0 0 0 EAST GRID **827** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **82027** 000
 N **490** 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 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
 39 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G 58
 PERMIT No. **HO-95-1675**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Use only COMAR approved grout bottom

to top

