

C1 14252

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.

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

COUNTY NUMBER A515226

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM/DD/YY 3/26/03

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3500

OWNER Mitch Sala STREET OR RFD Braeburn Road TOWN Simpsonville SUBDIVISION Braeburn SECTION LOT 27

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. Includes entries for top soil, shale, blue slate, brown mica, and drag mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.) table with rows for casing sections and columns for depth intervals.

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

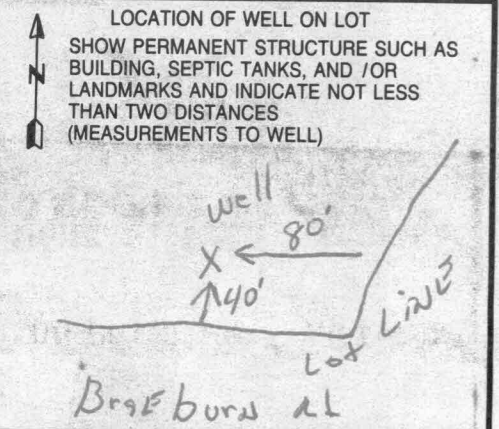
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 6, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 17/20 ft, WHEN PUMPING 22/25 ft

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), 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/below LAND SURFACE 2 (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...

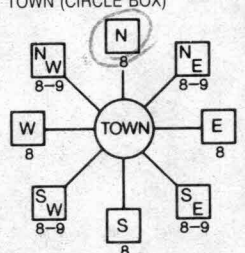
DRILLERS LIC. NO. 1 MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 481

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

Date Received (APA) **09/03/02** 9207
 8 MM DD YY 13
SALA MITCH
 15 Last Name Owner First Name 34
9427 OLD MAN COURT
 36 Street or RFD 55
COLUMBIA, MD 21045-4418
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL CC#
 8 COUNTY **Braeburn** 21
 23 SUBDIVISION **27** 42
 SECTION **44** LOT **46** 50
Simpsonville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M W D **040**
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday **8/29/2002**
 Signature Date

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

Braeburn Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 50 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: **34** BLK: _____ PARCEL **228**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

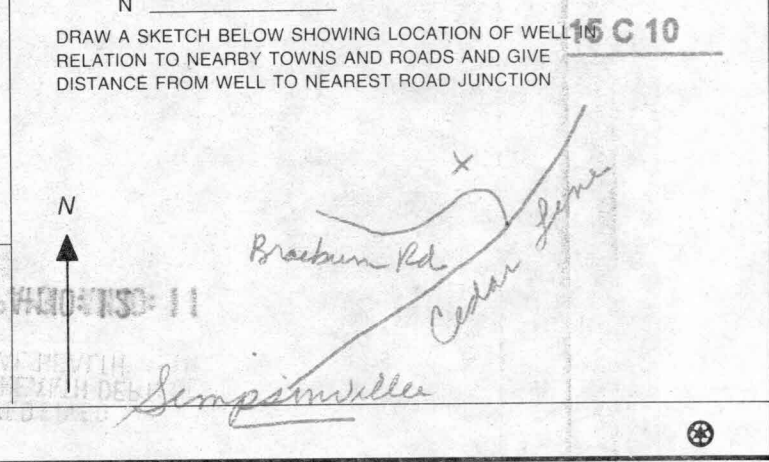
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A515226**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → _____ 41
 DATE ISSUED **9/3/02** **Ronda Wilby** **9/3/03**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **495 0 0 0** EAST GRID **0831 0 0 0**
 50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/17/03 12:00 grant NO WSP
 SOURCES OF DRILLING WATER
 1. **wells**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
830.1
 E **490.5** ← 000 000
 N

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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G
 PERMIT No. **HO-94-3500**
 70 71 72 73 74 75 76 77 78 79

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT CITY, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6" O.D. Well casing 78 ft.
2. Total depth of well 91 ft.
3. Type, diameter and length of strainer none Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 188 lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 43 ft.
7. Yield of well in gallons per minute 10; elevation of water surface when pumped at the designated rate 76.
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance none
10. Log of materials encountered during drilling 4 ft. Clay 74 Sand + Gravel 17 ft. Granite Rock
11. Physical appearance of water at end of final pumping test clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth x
13. Disinfected by 2 ounces of Quarts % Chlorine (Brand name Clorox)

Property Owner Tattie + Levey - Builders Address _____

Location of property Braeburn Sub. Leader Lane

Health Department Number _____ Dept. of Water Resources Permit No. _____

Date: 10/20/64, 1964. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.