

C 1 5105

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries like 'Moist stiff Reddish Brown fine sandy micaceous silt'.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 12. NO. OF POUNDS: 600.

CASING RECORD. MAIN CASING TYPE: STEEL (ST). Nominal diameter: 60 inch. Total depth: 70 feet.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD. screen type: BRASS (BR). diameter: 60 inch.

NUMBER OF UNSUCCESSFUL WELLS: 2. WELL HYDROFRACTURED: YES (Y). CIRCLE APPROPRIATE LETTER: A, E, P.

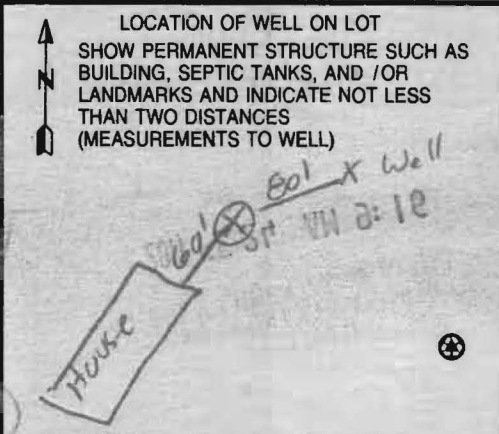
DEPTH (nearest ft.) table with rows for casing and screen diameters and slot sizes.

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

PUMPING TEST. HOURS PUMPED: 8.9. PUMPING RATE: 11.15 gal. per min. TYPE OF PUMP USED: CENTRIFUGAL (C).

PUMP INSTALLED. DRILLER INSTALLED PUMP: YES. TYPE OF PUMP INSTALLED: CENTRIFUGAL (C). CAPACITY: 31.35 GALLONS PER MINUTE.



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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
02 24 11

DATE WELL COMPLETED

MM DD YY
01 30 14

Depth of Well

22 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40 - 95 - 2037

OWNER _____
STREET OR RFD _____ last name first name TOWN _____
SUBDIVISION Broadwater Estates 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 | |
| moist stiff Reddish Brown fine sandy micaceous silt | 0 | 65' | |
| Weathered Rock | 65 | 80' | |
| Schist | 80' | 400' | ✓ |

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. MWD 580
DRILLER'S SIGNATURE _____
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

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 16 NO. OF POUNDS 800

GALLONS OF WATER 400

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 400 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)

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)

| | | | | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| E | A | C | H | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| S | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| R | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| E | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 |
| E | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 |

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

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 29

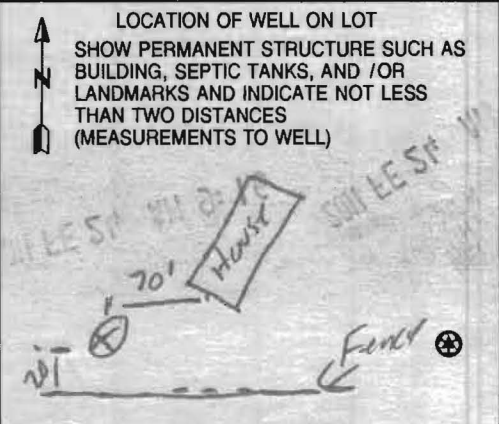
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

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



B 1 8868

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-2037 fill in this form completely

53411

Date Received (APA)

12 08 10

OWNER INFORMATION

Last Name: Dreitsch, Owner: George, First Name: George, Street or RFD: 5600 Chamblis Dr, Town: Clarksville, State: MD, Zip: 21029

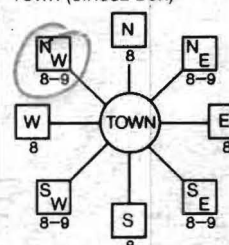
B 3 LOCATION OF WELL

COUNTY: Howard, SUBDIVISION: Glen Mary Estates, SECTION: 44, LOT: 6, NEAREST TOWN: Clarksville, MILES FROM TOWN: 1.3

DRILLER INFORMATION

Driller's Name: Edward Gross, License No.: M U D 580, Firm Name: Long Green Energy (410-409-2260), Address: 7130 Golden Breeze Rd Suite 104 Belt MD 21021, Signature: [Signature], Date: 12/8/10

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Chamblis Dr, ON WHICH SIDE OF ROAD: SOUTH, DISTANCE FROM ROAD: 500 FT, TAX MAP: 34, BLK: 5, PARCEL: 15

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 8, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, GEO-THERMAL (circled)

6 Borings 30' 300' 30' 400'

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard, COUNTY NO.: 13, STATE SIGNATURE: Brian Baber, DATE ISSUED: 1/11/2011, CO SIGNATURE: Brian Baber, EXP. DATE: 1/11/2012, NORTH GRID: 504, EAST GRID: 812

APPROXIMATE DEPTH OF WELL: 400' FEET

APPROXIMATE DIAMETER OF WELL: 1" 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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

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

APPROX. PERMIT NUMBER: G, PERMIT No.: HO-95-2037

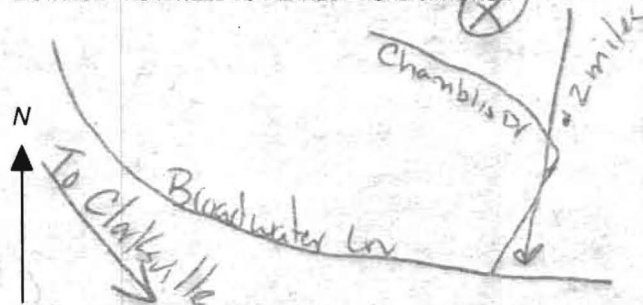
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. None, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8112, N 5064

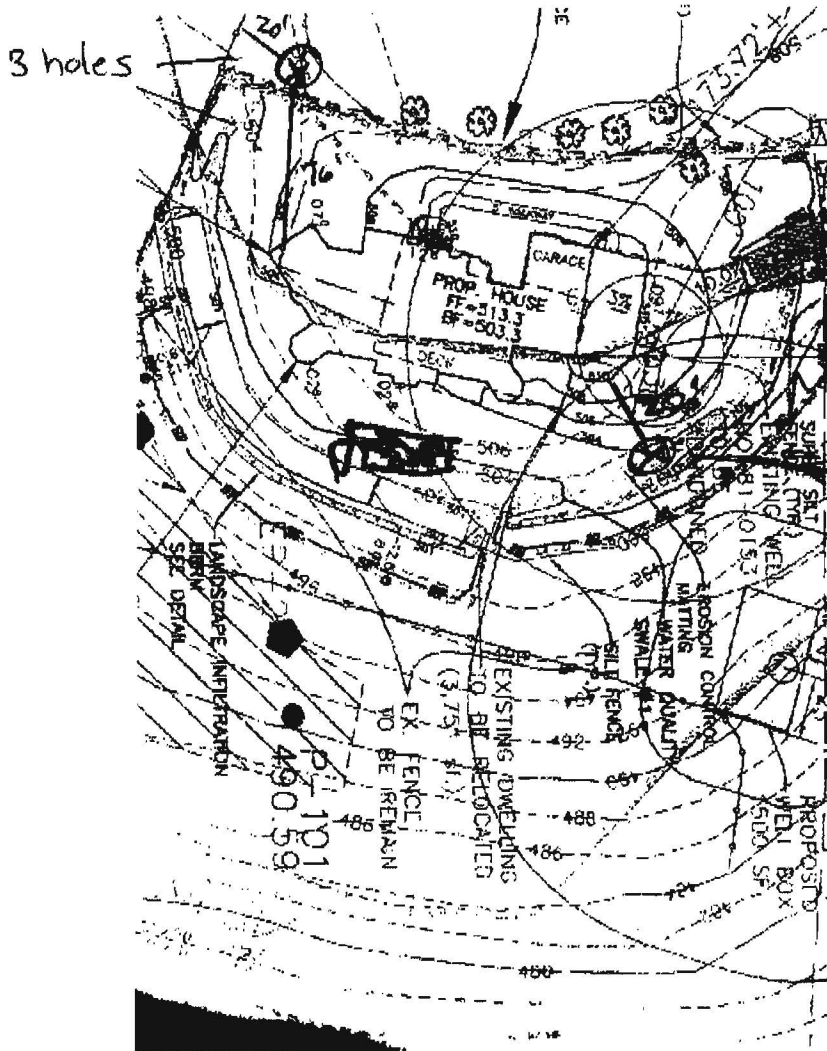
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

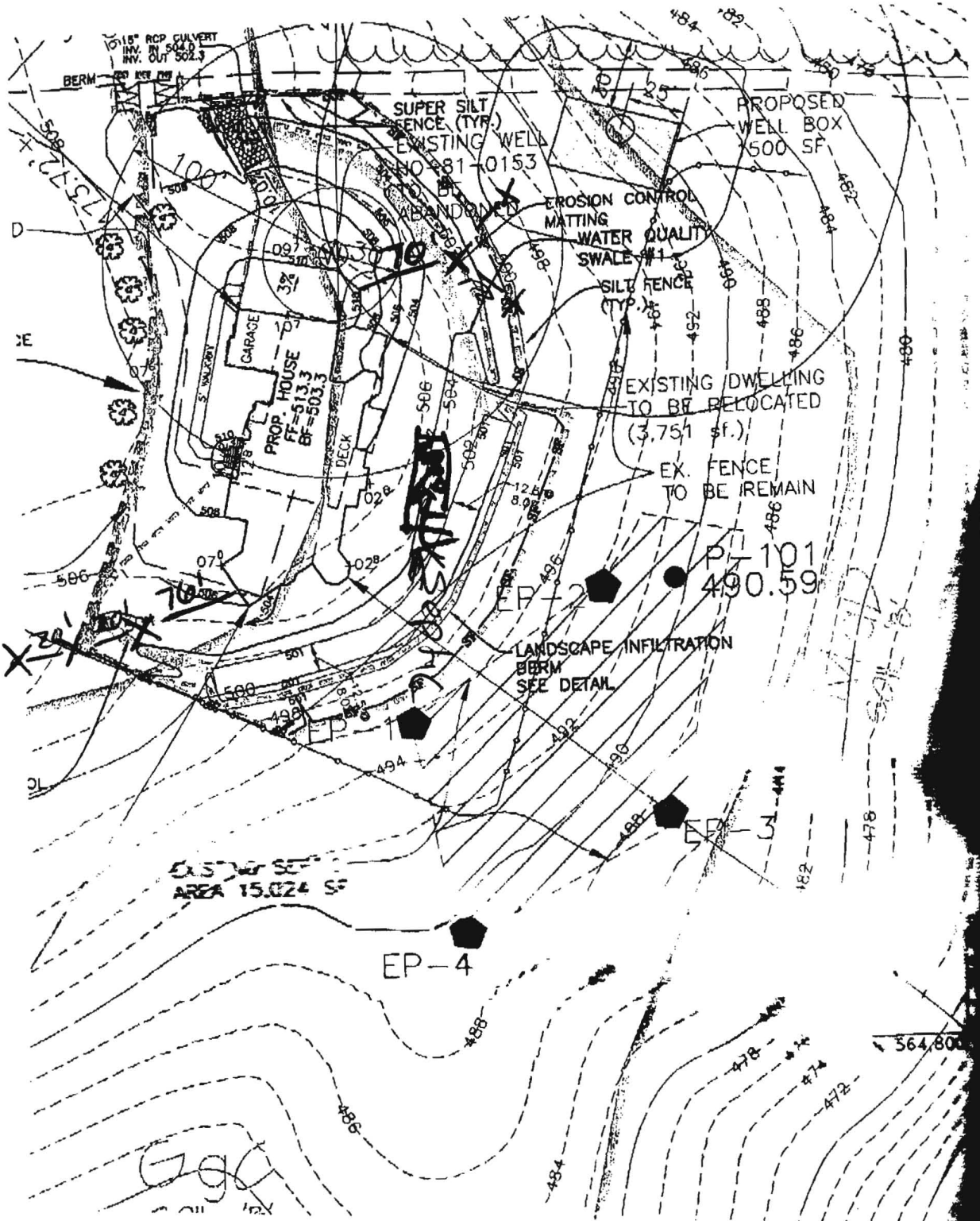
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Keep Boreholes 30' From Well Box - Grout With Tremie From Bottom Upwards

5610 Chamblis Dr.

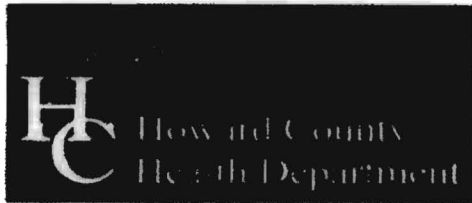


Keep
Bore holes
30+ Feet From
Well Box

3 holes
All holes on
20' spacing



wells are on 20' grid
 All wells are 20' off white picket fence.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location:
Elen Mary Est. 6 Chamblis Rd.
Subdivision/Property Name Lot# Road Name

- The well site has been staked by Driller (Edward Cross),
(professional land surveyor or company employing professional land surveyors)
on 12/8/10 (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 3/11/05