

C1 **1360** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY DATE RECEIVED: MM 08 DD 01 YY 13
 DATE WELL COMPLETED: MM JULY DD 25 YY 2011
 Depth of Well: 22 405 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho-95 - 2158
 28 29 30 31 32 33 34 35 36 37

OWNER: CHO DAE
 STREET OR RFD: 11270 MELVIN COURT TOWN LAUREL
 SUBDIVISION: MAPLE RIDGE ESTATES SECTION LOT 6

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	0	1	
BR CLAY & BR MICA	1	5	
SOFT BR MICA	5	21	
SOFT & HD BR MICA	21	40	
SOFT & HD BR & BLUE MICA			
SCHIST	40	50	
HD BLUE MICA SCHIST	50	116	
OPENING WITH GRAVEL	116	117	X
HD BLUE & BL MICA SCHIST	117	405	

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 45 48 NO. OF POUNDS 45 48
 GALLONS OF WATER 108
 DEPTH OF GROUT SEAL (to nearest foot)
 from 48 TOP 52 ft. to 54 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)
ST 6 62
 60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet)	
		from	to
PL	4	110	190
PL	4	200	385
PL	4	395	405

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER
 C 2 DEPTH (nearest ft.)
 1 PL 100 110
 8 9 11 15 17 21
 2 PL 190 200
 23 24 26 30 32 36
 3 PL 385 395
 38 39 41 45 47 51
 SLOT SIZE 1 .010 2 .010 3 .010
 DIAMETER OF SCREEN 4 (NEAREST INCH)
 from 30 to 405
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 11 15
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface) 61
 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 (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. 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) 2 50 51

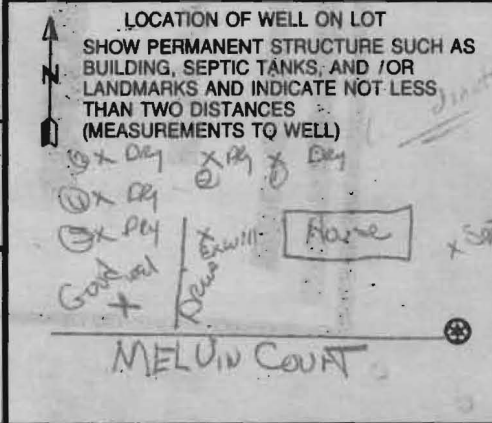
NUMBER OF UNSUCCESSFUL WELLS: 1 (S)

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 MWD 296
 DRILLERS SIGNATURE: Ronald K...
 LIC. NO. 1 MWD 296

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



EMERGENCY/TEMP NO. IF ANY

B 1	4827	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 535274 please type	STATE PERMIT NUMBER Ho - 95 - 2158 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 06 22 11
8 MM DD YY 13

CHO **DAE**
15 Last Name Owner First Name 34

11210 MELVIN COURT
36 Street or RFD 55

LAUREL MARYLAND 20723
57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD
8 COUNTY 21

MAPLE RIDGE ESTATES
23 SUBDIVISION 42

SECTION 6 LOT 6
44 46 48 50

FULTON
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

RONALD KYKER M W D 296
Driller's Name 76 License No. 81

WESTMINSTER WELL DRILL INC
Firm Name

P.O. BOX 861 WESTMINSTER MD 21157
Address

Ronald Kyker **JUNE 23-2011**
Signature Date

MELVIN COURT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S

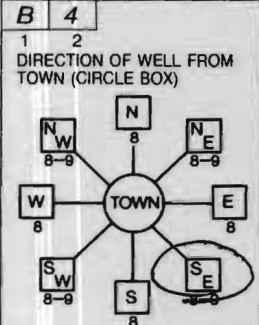
34 90 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 46 BLK: 9 PARCEL 118

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 **(13)** A516098
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 6/30/11 John R. Vaff 6/30/12
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 476 000 EAST GRID 0826 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 500 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

- CITY
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8206 000
N 4706 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)

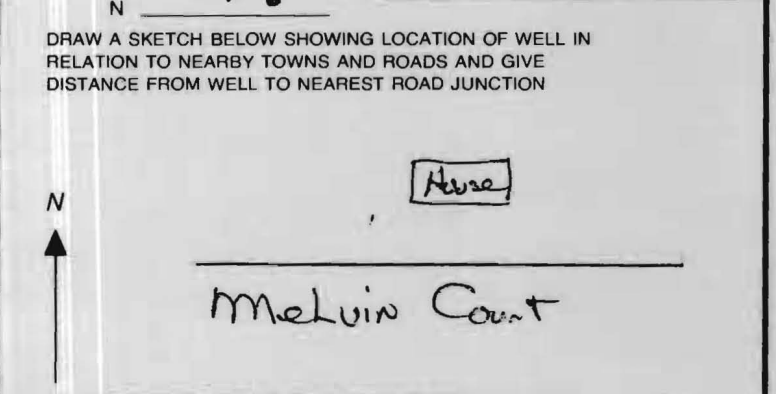
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEMED 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 - 95 - 2158
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Ev Well must be sealed

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Seabrook Knolls Lot C Lot #: _____ Well Tag #: HO-95-2158
Site Address: 11276 rd via lf

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

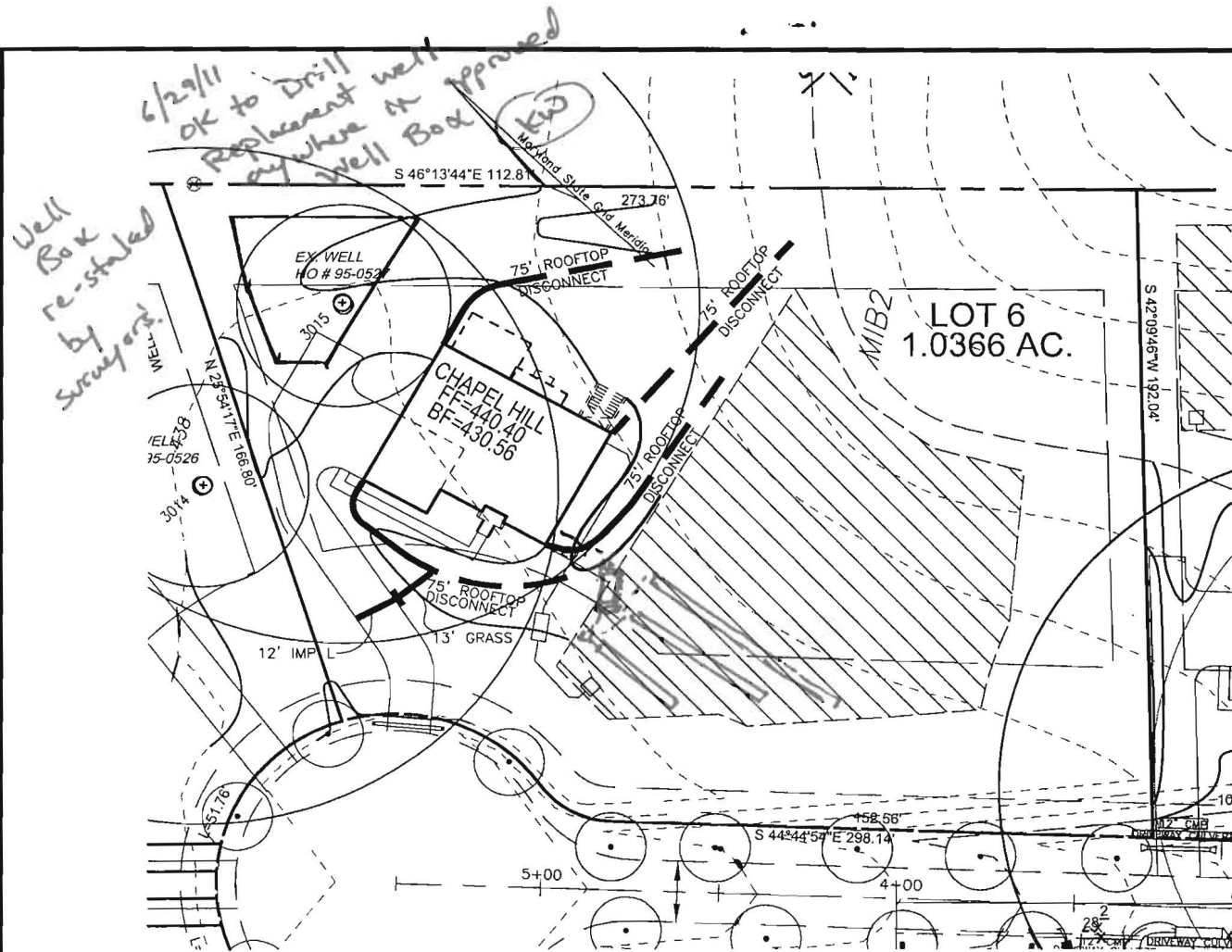
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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 _____ date _____

For Health Department Use Only – Not to be completed by Installer

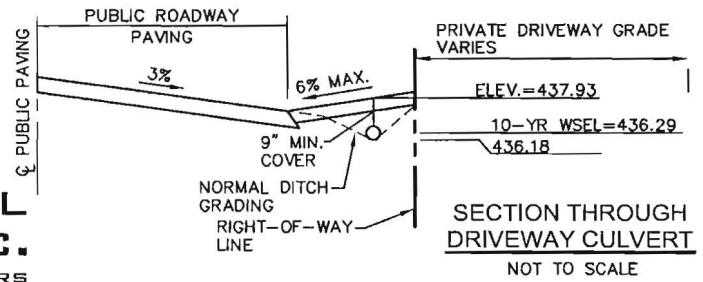
Date Insp. Requested: _____ Date Insp. Approved: 7/26/11 Inspector: (KW)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



STORMWATER MANAGEMENT EXHIBIT

NOTES:
 SWM FOR LOT 6 WILL BE ACHIEVED BY 4-75' ROOFTOP DISCONNECTS TO TREAT THE ENTIRE ROOFTOP. THE DRIVEWAY WILL BE TREATED BY A NON ROOFTOP DISCONNECT. RAIN GARDENS AND OTHER FACILITIES WILL NOT FIT ON THE SITE AND MAINTAIN THE SETBACKS REQUIRED BY THE HEALTH DEPARTMENT.

DRAINAGE AREA: 0.03 AC.
 Tc=5.0 MIN.
 I 10YR.=8.5
 C= 0.21(1AC. LOTS, 'B' SOILS)
 Q 10YR= 0.03(8.5)(0.21)
 Q 10R= 0.05 CFS
 V 10YR= 0.06 FPS



VA ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

SCALE: 1"=50'
 DRAWN BY: HS
 CHECKED BY: JTD
 DATE: SEPTEMBER, 2010
 W. O. #: 04-49
 SHEET # 1 OF 1

**NV HOMES
 SCAGGSVILLE KNOLLS
 F-06-091
 LOT 6 SWM & CULVERT ANALYSIS
 11210 MELVIN COURT**

PARCEL 118
 HOWARD COUNTY, MARYLAND

TAX MAP 46 BLOCK 3&9
 5TH ELECTION DISTRICT

Handwritten signature and date: 10/1/10

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Robert Feazer Company
6321 Barnett Avenue
Sykesville, MD 21784

Reporting Date: 8/2/2011
Report #: K7446

Submitted Sample Address: 11210 Melvin Court
Laurel, MD 20723
Submitted Sample Source: Holding tank
Date / Time Collected: 8/1/2011 11:40 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-2158

OK
2

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	1.7	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.7	NTU	0.5	10	SM 2130B
pH	7.3	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B


Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 26 2011 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO — 95 — 0527

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

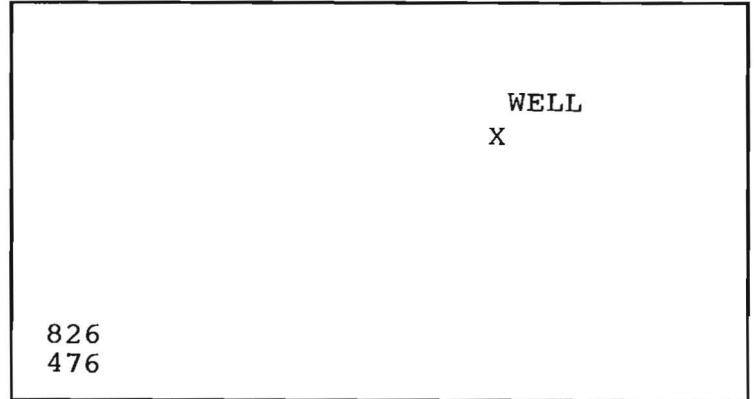
WELL DRILLERS LICENSE NUMBER: 296

CIRCLE MWD / MSD / MGD

* OWNER'S NAME: DAE CHO

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP 46 BLOCK 9 PARCEL 118
 SUBDIVISION: MAPLE RIDGE ESTATES
 SECTION: _____ LOT: 6
 NEAREST ROAD: MELVIN COURT



* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 560 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	560
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

Ronald Kyker

296
 LICENSE #

MWD / MSD / MGD
 CIRCLE ONE

7-26-11
 DATE

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year) DRY WELL# 1

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO 95 2158

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

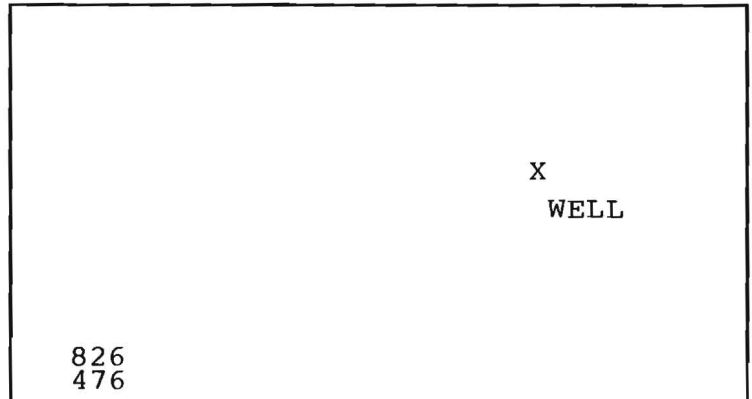
WELL DRILLERS LICENSE NUMBER: 296

CIRCLE MWD MSD/MGD

* OWNER'S NAME: DAE CHO

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP 46 BLOCK 9 PARCEL 118
 SUBDIVISION: MAPLE RIDGE ESTATES
 SECTION: _____ LOT: 6
 NEAREST ROAD: MELVIN COURT



* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify)
 _____ NONE

* SIZE OF CASING: _____ INCHES IN DIAMETER

* DEPTH OF WELL: 605 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	50
WELL CUTTINGS	50	605
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

DENV 828 JULY 1997

LICENSE #

296
 CIRCLE ONE MWD MSD/MGD

DATE

7-21-11

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year) DRY WELL#2

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

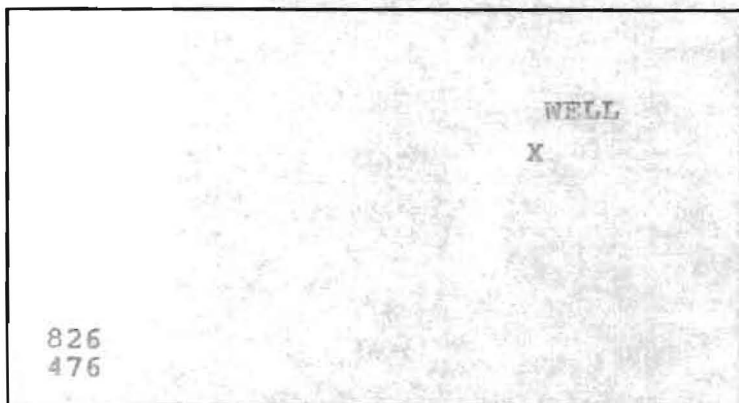
WELL DRILLERS LICENSE NUMBER: 296

* OWNER'S NAME: DAE CHO

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: FULTON
TAX MAP 46 BLOCK 9 PARCEL 118
SUBDIVISION: MAPLE RIDGE ESTATES
SECTION: _____ LOT: 6
NEAREST ROAD: MELVIN COURT

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED _____
- _____ BORED/AUGERED _____ HAND DUG _____
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC _____
- _____ IRRIGATION _____ INDUSTRIAL _____
- _____ TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:

- _____ STEEL _____ PLASTIC _____
- _____ CONCRETE _____ OTHER (specify) _____
- NONE

* SIZE OF CASING: 4 INCHES IN DIAMETER

* DEPTH OF WELL: 605 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	51
WELL CUTTINGS	51	605
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 296

CIRCLE ONE: MWD/MSD/MGD

DATE 7-21-11

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year)

DRY WELL#3

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

HO — 95 — 2158

* PERSON ABANDONING WELL: RONALD KYKER

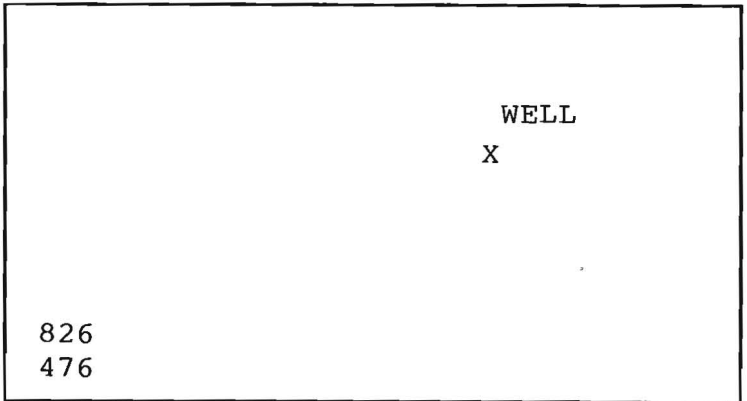
WELL DRILLERS LICENSE NUMBER: 296

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: DAE CHO

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP 46 BLOCK 9 PARCEL 118
 SUBDIVISION: MAPLE RIDGE ESATES
 SECTION: _____ LOT: 6
 NEAREST ROAD: MELVIN COURT



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____
- NONE

* SIZE OF CASING: _____ INCHES IN DIAMETER

* DEPTH OF WELL: 505 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	50
WELL CUTTINGS	50	505
VOLUME OF MATERIAL USED		

Ronald Kyker
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
 DENV 828 JULY 1997

296 LICENSE # MWD/MSD/MGD CIRCLE ONE 7-21-11 DATE

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year) DRY WELL# 4

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO — 95 — 2158

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

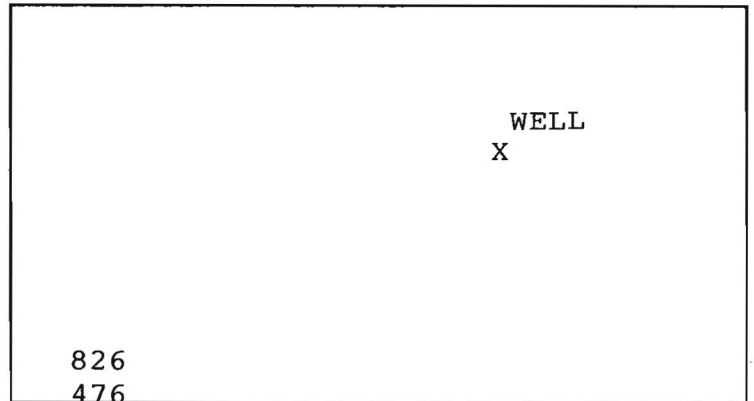
WELL DRILLERS LICENSE NUMBER: 296

CIRCLE MWD /MSD/MGD

* OWNER'S NAME: DAE CHO

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP 46 BLOCK 9 PARCEL 118
 SUBDIVISION: MAPLE RIDGE ESTATES
 SECTION: _____ LOT: 6
 NEAREST ROAD: MELVIN COURT



* TYPE OF WELL BEING ABANDONED:

X DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

X DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify)
 _____ NONE

* SIZE OF CASING: _____ INCHES IN DIAMETER

* DEPTH OF WELL: 505 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	49
WELL CUTTINGS	49	505
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

CIRCLE ONE

DATE



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year)

DRY WELL # 4

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO 95 2158

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

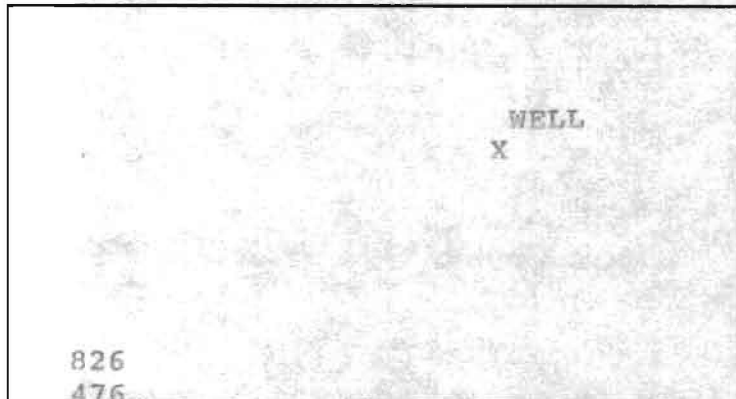
WELL DRILLERS LICENSE NUMBER: 296

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: DAE CHO

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP 46 BLOCK 9 PARCEL 118
 SUBDIVISION: MAPLE RIDGE ESTATES
 SECTION: _____ LOT: 6
 NEAREST ROAD: MELVIN COURT



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- _____ STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____
- _____ NONE

* SIZE OF CASING: _____ INCHES IN DIAMETER

* DEPTH OF WELL: 505 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	49
WELL CUTTINGS	49	505
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 296

MWD/MSD/MGD
 CIRCLE ONE

DATE 7-21-11



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year) DRY WELL#5

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

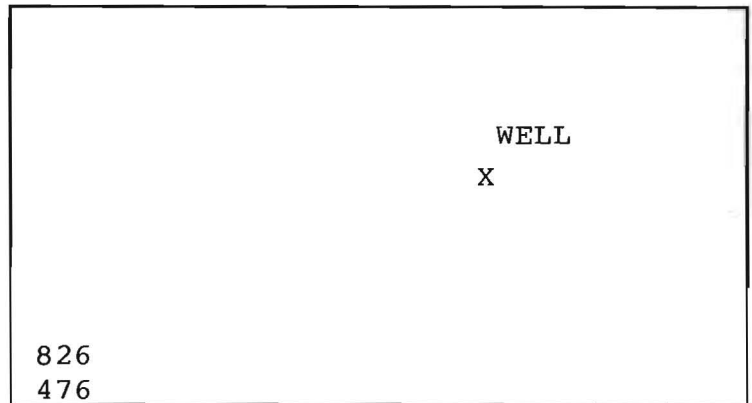
WELL DRILLERS LICENSE NUMBER: 296

* OWNER'S NAME: DAE CHO

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: FULTON
 TAX MAP 46 BLOCK 9 PARCEL 118
 SUBDIVISION: MAPLE RIDGE ESTATES
 SECTION: _____ LOT: 6
 NEAREST ROAD: MELVIN COURT

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify)
 _____ NONE

* SIZE OF CASING: _____ INCHES IN DIAMETER

* DEPTH OF WELL: 605 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	50
WELL CUTTINGS	50	605
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN
Ronald Kyker
 DENV 828 JULY 1997

LICENSE # 296 CIRCLE ONE MWD/MSD/MGD DATE 7-21-11

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JULY 21-2011 (month/day/year)

DRY WELL # 5

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

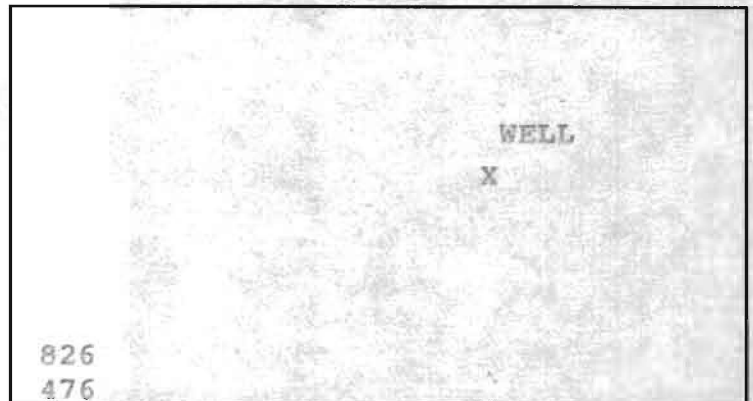
WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: DAE CHO

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: FULTON
TAX MAP 46 BLOCK 9 PARCEL 118
SUBDIVISION: MAPLE RIDGE ESTATES
SECTION: _____ LOT: 6
NEAREST ROAD: MELVIN COURT

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 BORED/AUGERED _____ HAND DUG
 OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 IRRIGATION _____ INDUSTRIAL
 TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify)
 _____ NONE

* SIZE OF CASING: _____ INCHES IN DIAMETER

* DEPTH OF WELL: 605 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	50
WELL CUTTINGS	50	605
VOLUME OF MATERIAL USED:		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 296

MWD/MSD/MGD

CIRCLE ONE

DATE 7-21-11