

C1 3645

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 39713

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

8 13

15 20 080895

22 26 103 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0447

OWNER Van Lunen last name Old Oak D. first name Richard TOWN West Friendship SUBDIVISION HAWKSFIELD SECTION LOT 10

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, FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Br. Sand & Clay, Clay, Sand & Clay, Soft White Sandstone, Fracture, Soft White Sandstone.

WELL COLLAPSED AT 95 FEET

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

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

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

SCREEN RECORD

screen type or open hole (S, B, H, P, L, O), SLOT SIZE, DIAMETER OF SCREEN

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED (Y/N)

- 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 IDENT. NO. 256 DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

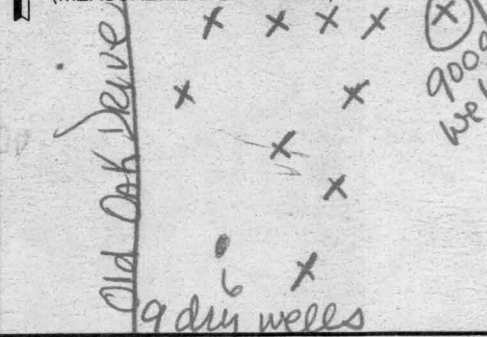
PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (S submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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 7887

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-0447 fill in this form completely

Date Received (APA)

041795

OWNER INFORMATION

VAN LUNEN RICHARD 3125 EMERALD VALLEY ELLICOTT CITY MD 21042

B 3

LOCATION OF WELL

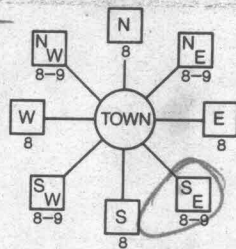
HOWARD COUNTY HAWKESFIELD ESTATES SECTION 10 LOT 20 NEAREST TOWN MILES FROM TOWN 3 MI

DRILLER INFORMATION

DANA KULKE JR MSD/MGD/MWD License No. 80 Firm Name Westminster Rotary Well Drilling Co. Address 20 Box 561 Westminster MD 21158 Signature Date 4-13-95

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



EMERALD VALLEY RD NEAR WHAT ROAD OLD OAK DR

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 315 FT

TAX MAP: 16 BLK: 20 PARCEL 40

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 450

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) Farming (livestock watering & agricultural irrigation) Industrial, commercial, state and federal gov. other (requires appropriation permit) Public or private water company (requires appropriation permit and state health department approval) Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A39713 COUNTY NO.

STATE SIGNATURE DATE ISSUED 042795 Mark E. RPKin 4/27/96 EXP. DATE NORTH GRID 528000 EAST GRID 3823000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well 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 deepen an existing well

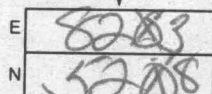
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE M12 INITIALS IN BOX PERMIT No. 40-94-0447

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 84' CASING



Sketch showing location of well in relation to Emerald Valley Road

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

6/29/01
Anytime

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: EHRHARDT BROTHERS QUALITY PLUMBING, INC. Telephone #: 410-997-8414
Address: 10004 HIGH BEAM COURT COLUMBIA, MD 21044

(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 P. Ehrhardt License# 20060
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Keswick Telephone #: 410-988-9431
Subdivision: Hawks Field Lot #: 27 Well Tag #: HO-94-0447
Site Address: 3136 Old Oak Drive West Friendship

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Martinson Two piece watertight cap:
Model #: TL505412 Model#: B10X Screened, vented well cap:
Pump Capacity 10 GPM Depth: 48 (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 103 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSFC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: 1" Polyethylene PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 4 feet
Depth of supply line: 48 (36" min) Sleeve caulked and 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.

Michael P. Ehrhardt
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 6/28/01 Date Insp. Approved: 7/2/01 (DKC) SRK
Inspection Data: Pitless adapter and 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 installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection Not Inspected -> Backfilled
Adequate grout observed below pitless adapter

HD-215 (Rev. 8/00) 6/28/01-PM ALL WORK BACKFILLED
INSTRUCTED BUILDER TO RE-EXCAVATE - (SRK)
6/29/01-AM-WORK NOT UNCOVERED
TOLD SUPER TO RE-EXCAVATE - (SRK)
6/29/01-PM - WORK RE-EXCAVATED STILL NOT
FINALED - (SRK)

 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: AUGUST 8, 1995 (month/day/year)

H	0		9	4		0	4	4	7
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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: RICHARD VAN LUNEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATES
 SECTION: _____ LOT: 10
DRY WELL #1

<input checked="" type="checkbox"/>	
0 0 0	
0 0 0	

MARYLAND GRID COORDINATES

E 823
 BOX NUMBER
 N 528

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: N/A INCHES IN DIAMETER

* DEPTH OF WELL: 202 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
CEMENT (658 lbs)	0	29
WELL CUTTINGS	29	202

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] MWD/MSD/MGD
 LICENSE # _____ CIRCLE ONE _____ DATE _____

DENV 828 JULY 1993



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

DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

H	0		9	4		0	4	4	7
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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: RICHARD VAN LUNEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATE
 SECTION: _____ LOT: 10
DRY WELL #2

<input checked="" type="checkbox"/>	
0 0 0	0 0 0

MARYLAND GRID COORDINATES

BOX NUMBER E 823
 N 529 ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
CEMENT (658 lbs)	0	28
WELL CUTTINGS	28	403

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 403 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

[Signature] MWD/MSD/MGD
 SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

H	0	9	4	0	4	4	7
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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: RICHARD VAN LUNEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATES
 SECTION: LOT: 10
DRY WELL #3

<input checked="" type="checkbox"/>	
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SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 823
 BOX NUMBER
 N 528

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 428 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
CEMENT (846 lbs)	0	36
WELL CUTTINGS	36	428

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE # _____ CIRCLE ONE _____ DATE _____



 WATER WELL ABANDONMENT-SEALING REPORT FORM

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

DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

H	0	9	4	0	4	4	7
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- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: RICHARD VAN LUNEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATES
 SECTION: _____ LOT: 10
DRY WELL #4

<input checked="" type="checkbox"/>	
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MARYLAND GRID COORDINATES

E 823
 BOX NUMBER
 N 528 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
CEMENT(752lbs)	0	32
WELL CUTTINGS	32	278

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 278 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

[Signature] MWD/MSD/MGD
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE



 WATER WELL ABANDONMENT-SEALING REPORT FORM

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

DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

H	0		9	4		0	4	4	7
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- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256

* OWNER'S NAME: RICHARD VAN LUNEN

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATE
 SECTION: _____ LOT: 10
DRY WELL #5

<input checked="" type="checkbox"/>	
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MARYLAND GRID COORDINATES

E 823
 BOX NUMBER
 N 528 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 353 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
CEMENT (846 lbs)	0	35
CUTTINGS WELL	35	353

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE

DENV 828 JULY 1993



 WATER WELL ABANDONMENT-SEALING REPORT FORM

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DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

H	0		9	4		0	4	4	7
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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: RICHARD VAN LUNEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATES
 SECTION: _____ LOT: 10
DRY WELL #6

MARYLAND GRID COORDINATES

E 823
 BOX NUMBER
 N 528 ←

<input checked="" type="checkbox"/>	
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SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 180 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
CEMENT(564 lbs)	0'	26
WELL CUTTINGS	26	180

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # _____ CIRCLE ONE _____ DATE _____



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DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

H	0	9	4	0	0	4	7
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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: RICHARD VAN LUNEN

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATES
 SECTION: _____ LOT: 10
DRY WELL #7

MARYLAND GRID COORDINATES

BOX NUMBER
 E 823
 N 528 ←

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SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
CEMENT (752 lbs)	0	32
WELL CUTTINGS	32	278

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 278 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

[Signature] MWD/MSD/MGD
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

DENV 828 JULY 1993

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DATE WELL ABANDONED: AUGUST 8, 1995 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

H	O		9	4		0	4	4	7
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- * PERSON ABANDONING WELL: DANA KYKER JR II
- * OWNER'S NAME: RICHARD VAN LUNEN

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATE
 SECTION: _____ LOT: 10
 DRY WELL #8

MARYLAND GRID COORDINATES

BOX NUMBER E 823
 N 528 ←

<input checked="" type="checkbox"/>	
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SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 203 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
CEMENT (846 lbs)	0	36
WELL CUTTINGS	36	203

[Signature]
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # _____ CIRCLE ONE _____ DATE _____



 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: AUGUST 8, 1995 (month/day/year)

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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

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* PERSON ABANDONING WELL: DANA KYKER JR II

WELL DRILLERS LICENSE NUMBER: MWD 256

* OWNER'S NAME: RICHARD VAN LUNEN

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WESTER FRIENDSHIP
 TAX MAP 16 BLOCK 20 PARCEL 40
 SUBDIVISION: HAWKESFIELD ESTATE
 SECTION: _____ LOT: 10
 DRY WELL #9

MARYLAND GRID COORDINATES

BOX NUMBER
 E 823
 N 528 ←

<input checked="" type="checkbox"/>	
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SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 178 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
CEMENT (564 lbs)	0	27
WELL CUTTINGS	27	178

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE

DENV 828 JULY 1993