

C1 1906 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
COUNTY NUMBER A58509

ST/CO USE ONLY DATE RECEIVED MM DD YY DATE WELL COMPLETED MM DD YY PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
 8 13 05 19 99 22 127 26 110-94-2256

OWNER BARTON RICHARD
 STREET OR RFD A.E. Mullinix Rd TOWN DAISEY
 SUBDIVISION RIVER FARMS SECTION _____ LOT 16

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	
DIPT	0	1	
SOFT BR SHALE	1	24	
CLAY + BL SHALE	24	41	
SOFT BL SHALE	41	62	
SOFT BL SHALE	62	63	✓
BLUE + BL SHALE	63	77	
FRACTURE	77	79	✓
BLUE + BL SHALE	79	87	
BLUE SANDSTONE	87	127	

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 34 NO. OF POUNDS 3196
 GALLONS OF WATER 204
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 74 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 76
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
PL 4 0 50
PL 4 70 110
PL 4 120 127

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
H	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

SLOT SIZE 1 .010 2 .010 3 .010
 DIAMETER OF SCREEN 4 (NEAREST INCH)
 from 51 to 127

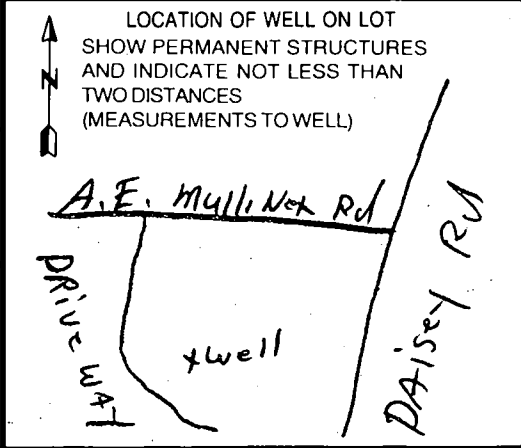
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 356
Dane J. H. III
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 IWD 334
Dane J. H. III
 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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 52 ft.
 WHEN PUMPING 53 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) 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 } 2 (nearest foot)



B 1 **8667** SEQUENCE NO (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

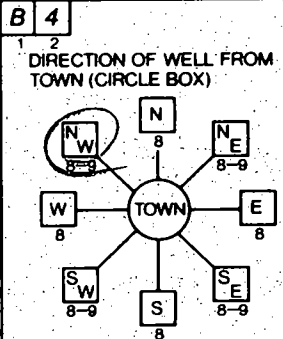
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2256
 70 fill in this form completely 79

Date Received (APA) **051799**
 OWNER INFORMATION
BARROW RICHARD
 15 Last Name 34 First Name
15895AEMULLINEXRD
 38 Street or RFD 55
WOODBINE MD **21797**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
RIVERFARMS SUBDIVISION
 SECTION LOT **16**
DAISY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1.5** MI

DRILLER INFORMATION
DANA KYRLE JR II 256
 77 License No. 80
Westminster Rotary Well Drilling Inc.
 Firm Name
P.O. Box 861 Westminster, Md. 21157
 Address
Dana Kyrle Jr II 5-2-99
 Signature Date



A.E. MulliNex Rd NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1000 DISTANCE FROM ROAD
 ENTER FT OR MI **AT**
 TAX MAP: **13** BLK: _____ PARCEL **93**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **6**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**

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 Co COUNTY NAME
A58509 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **051799** **A M Mülle** 5/17/00
 43 48 CO SIGNATURE EXP DATE
 NORTH GRID **535000** EAST GRID **780000**
 50 55 57 63

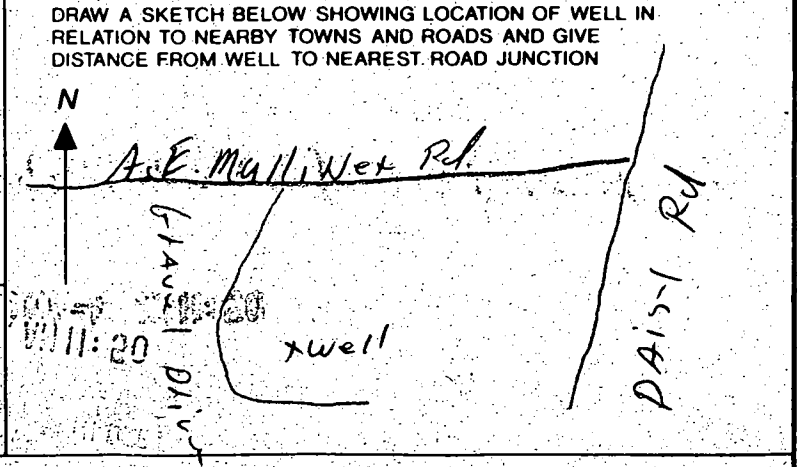
APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. CITY
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **780**
 N **535**

x well
 5/19/99 9:00 NO insp
 SRK

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
 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-2256**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED