

C1 2891 SEQUENCE NO. (OEP 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 A 26578

DATE Received

DATE WELL COMPLETED 020885

Depth of Well 123 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-0737

OWNER FRALL DEVELOPERS STREET OR RFD BARBARA WAY TOWN COOKSVILLE SUBDIVISION WESTCLIFF MANOR SECTION 2 LOT 22

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 handwritten entries: Brown shale 0-27, Gray granite 27-125.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 238 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 31 OTHER CASING (if used) diameter inch depth (feet) from to

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

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen section (1-3).

CIRCLE APPROPRIATE LETTER 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

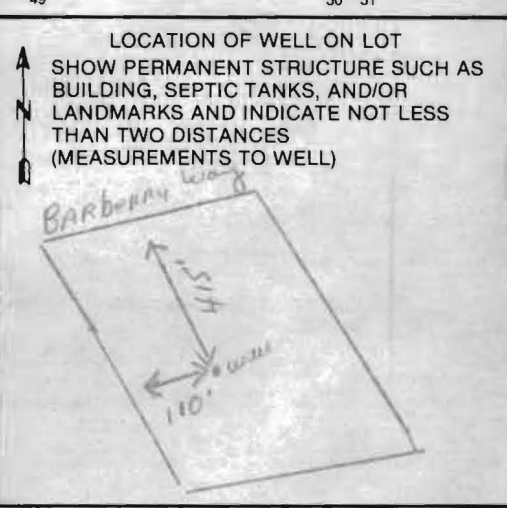
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 31-73
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)
10:00 AM
12:30 GADT

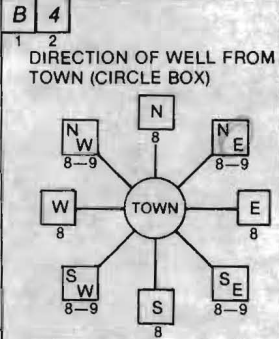
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-0739
fill in this form completely

Date Received 2/6/85
OWNER INFORMATION
Last Name, Owner, First Name, Street or RFD, Town, State, Zip

B 3 LOCATION OF WELL
8 COUNTY, 23 SUBDIVISION, SECTION, LOT, 52 NEAREST TOWN, MILES FROM TOWN

DRILLER INFORMATION
Driller's Name, Firm Name, Address, Signature, Date



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, ENTER FT or MI

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME, COUNTY NO., OEP SIGNATURE, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID, EAST GRID

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

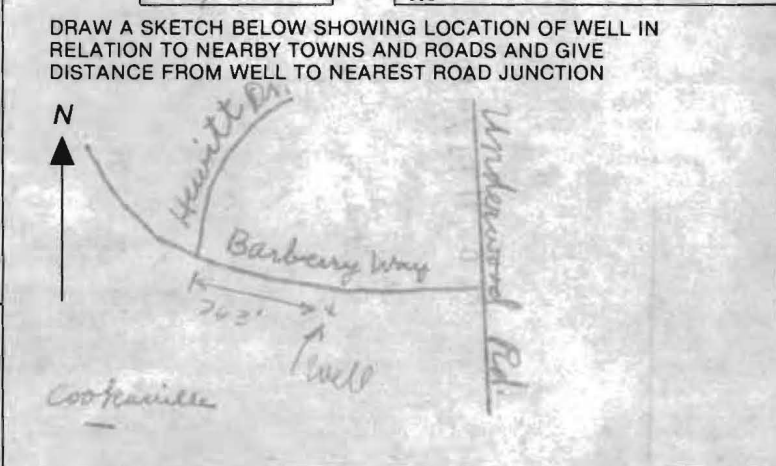
APPROXIMATE DEPTH OF WELL FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800, N 540

APPROXIMATE DIAMETER OF WELL 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 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
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



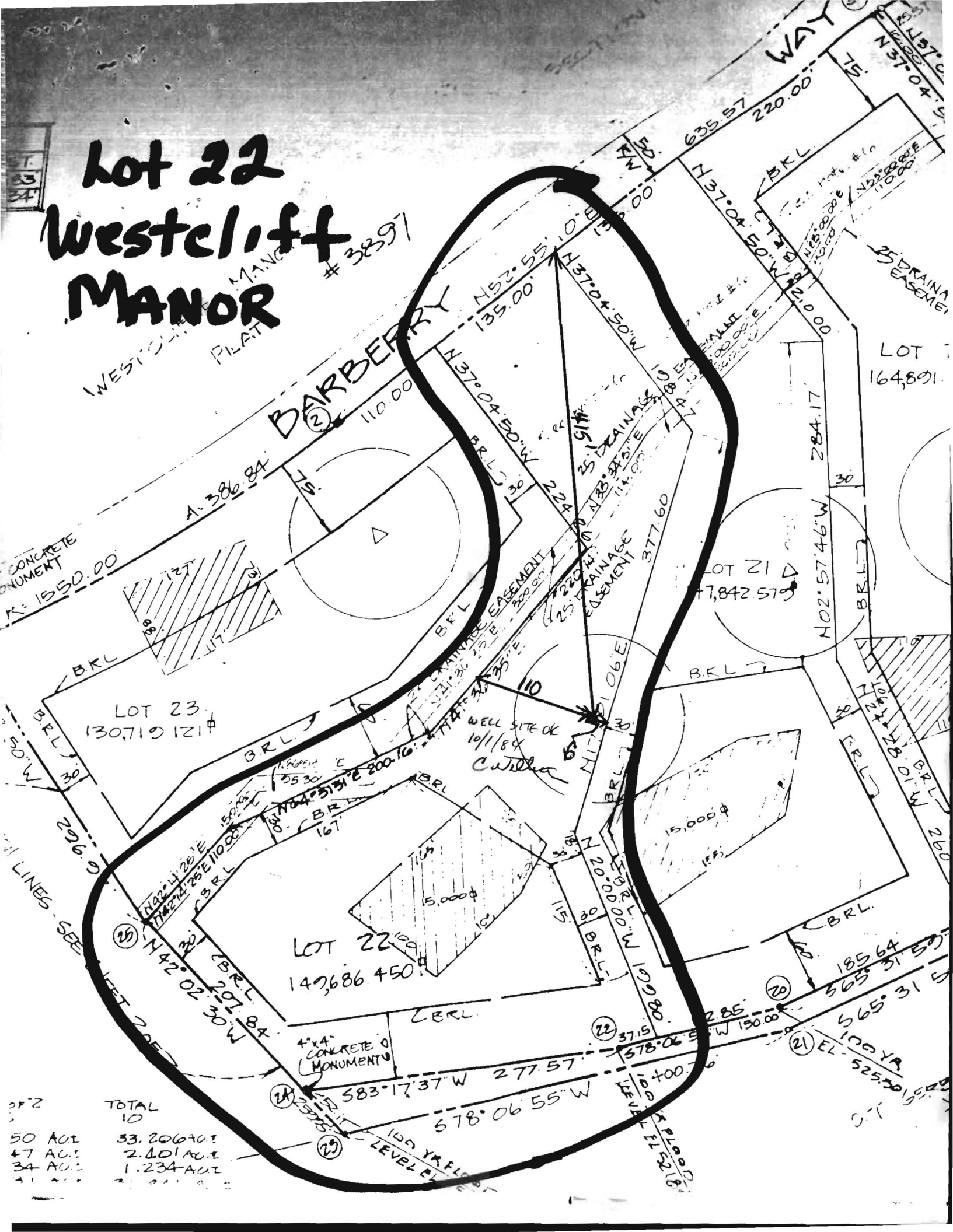
Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER

FORCE PERMIT No. 40-81-0739

SPECIAL CONDITIONS

Lot 22 Westcliff MANOR

WESTCLIFF MANOR PLAT # 38897



20'2

ACRES	TOTAL
50 AC.	33.206 AC.
47 AC.	2.401 AC.
34 AC.	1.234 AC.
41 AC.	2.161 AC.

170 YR
525.30

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Michael D. Marney

(Name)

Fractal Developments Inc

PO Box 220

Woodbine, Md 21797

(Address)

HO-81-0739

(OEP Well Permit Number)

9/4/84

(Date)

Lot 22

Westcliff Manor