

C1 3882 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A35422 P521502

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 160 26 3/15/05 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4092

OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT

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 entries for Overburden, Brown shale, Granite, and water at 100'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

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

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD

screen type or open hole insert appropriate code below

DEPTH (nearest ft.)

Table with columns: A, C, H, S, C, R, E, N and rows for slot size and diameter of screen.

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (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. 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES TO WELL (MEASUREMENTS TO WELL)

B 1 4876

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type W521591

STATE PERMIT NUMBER HO-94-4092 fill in this form completely

OWNER INFORMATION Date Received (APA) 11/24/04, Last Name: Homes, Owner First Name: Homes, Street or RFD: 9017 Red Branch Rd, Town: Columbia, State: MD, Zip: 21045

LOCATION OF WELL B 3, COUNTY: Howard, SUBDIVISION: Lime K. In ROAD VALLEY, SECTION: 44, LOT: 33, NEAREST TOWN: FULTON, MILES FROM TOWN: 1

DRILLER INFORMATION Driller's Name: Michael Isom, License No.: M S D 162, Firm Name: G. Edgar Hare Sons Corp, Address: 17047 Falls Road, 21030, Date: 11/24/04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): W, NEAR WHAT ROAD: Green Dell Lane, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, DISTANCE FROM ROAD: 250 FT, TAX MAP: 40, BLK: 23, PARCEL: 490

WELL INFORMATION B 2, APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard, COUNTY NO.: A35422, STATE SIGNATURE: [Signature], DATE ISSUED: 12/6/04, CO SIGNATURE: [Signature], EXP. DATE: 12/6/05

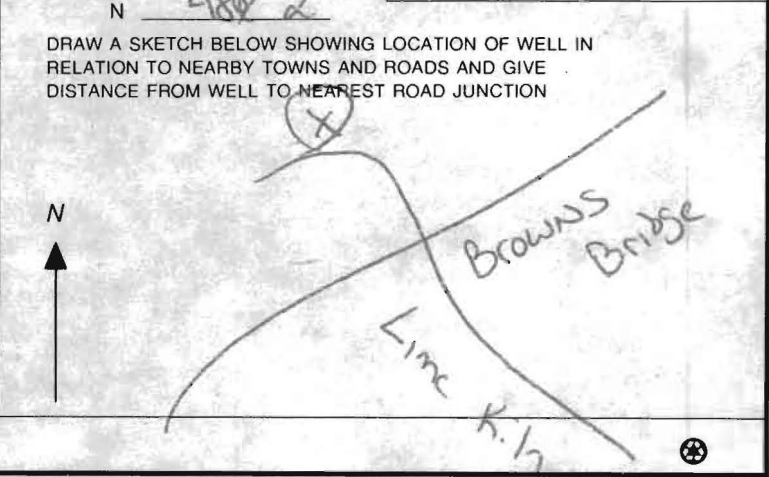
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL: 200 FEET, APPROXIMATE DIAMETER OF WELL: 6 INCH, NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER: 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE: E 810, N 4802

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) Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED w/ Bentonite clay



PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-94-3884, Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP. PERMIT NUMBER: G, PERMIT No.: HO-94-4092

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

Att.
Blen

**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: Columbia Plumbing Telephone #: 443-250-6189
Address: 9017 Red Branch Rd
Columbia md 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kevin DiMaggio License# 8594 md.

*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: Affekt Homes Telephone #: 410 715-4500
Subdivision: Lime Blm Lot #: 33 Well Tag #: HO-99-4092
Site Address: 7686 Green Dell
H. 24 Land, rd 20720

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACUZZI Make: American Blank Two piece watertight cap: YES
Model #: TS 94513XV Model#: PT 800 Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 48" (36" min) Cap secured to casing: YES
Well Yield: GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 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 NO

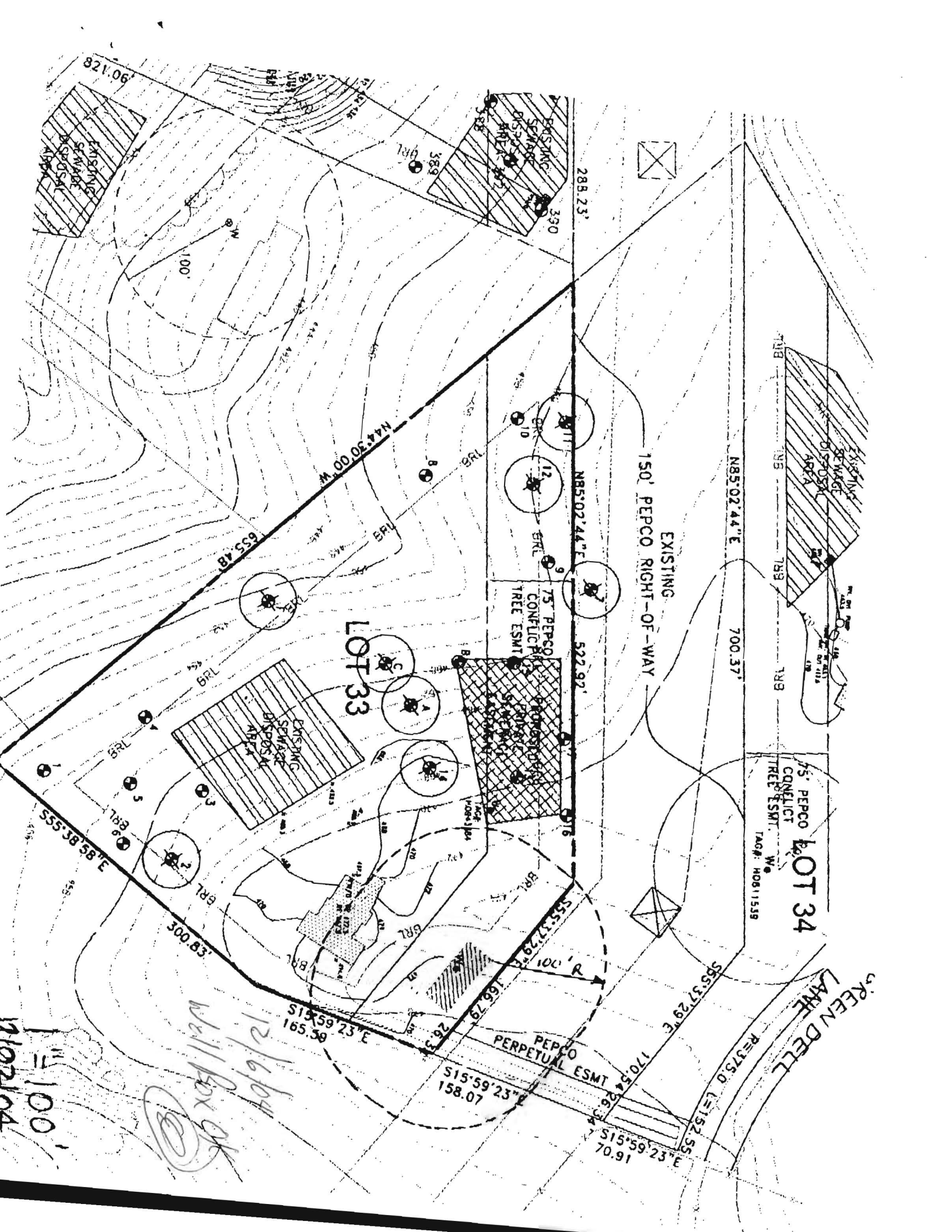
Piping to house **House Connection**
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min) Approximate length of sleeve: 2'
Depth of supply line: 22" (36" min) Sleeve caulked and sealed properly: YES

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.

Kevin DiMaggio 12/16/04
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: 12/20/04 (50)
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
Adequate grout observed below pitless adapter



LOT 33

LOT 34

EXISTING
150' PEPCO RIGHT-OF-WAY

75' PEPCO
CONFLICT
TREE ESMT
TAG#: H0811539

GREEN DELL
LAND

will for OK
12/6/04

100'

S15°59'23"E
165.59

S15°59'23"E
158.07

S15°59'23"E
70.91

S65°37'29"E
170.54

R=375.0 L=152.55

PEPCO
PERPETUAL ESMT

S55°37'29"E
166.79

S55°37'29"E
100' R

S55°37'29"E
522.92'

N85°02'44"E
288.23'

N85°02'44"E
700.37'

N85°02'44"E
700.37'

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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: 12/22/04 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 94 - 3884

* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 94 - 4092

* PERSON ABANDONING WELL: Michael Esom

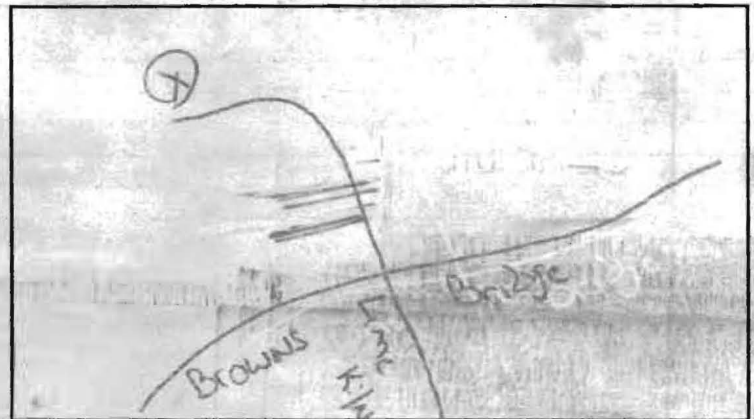
WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Altier Homes

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Lime Kiln Valley
 SECTION: _____ LOT: 33
 NEAREST ROAD: 7686 Green Dell Lane



* 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: 150 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
<u>104 Bentonite CLAY</u>	<u>150</u>	<u>0</u>
VOLUME OF MATERIAL USED		

SIGNATURE- MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 162

162 MWD/MSD/MGD CIRCLE ONE

DATE 12/29/04

 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: 12/29/04 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 61 - 1520

* PERMIT NUMBER OF REPLACEMENT WELL HO - 94 - 4092

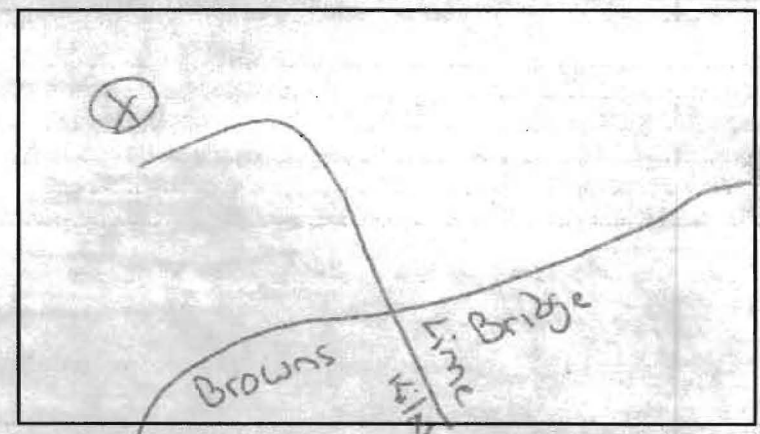
* PERSON ABANDONING WELL: Michael Ison WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Altier: Homes

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Lime Kiln Valley
 SECTION: _____ LOT: 33
 NEAREST ROAD: 7686 Green Dell Lane



* 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: 300 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
Bentonite Clay	300	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # 162 CIRCLE ONE MWD/MSD/MGD DATE 12/29/04

B 1 3077

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

519595 please type

40-94-3884 fill in this form completely

OWNER INFORMATION: Date Received (APA) 10-01-03, Owner Altieri Homes, 9017 Red Branch Road, Columbia MD 21045

LOCATION OF WELL: Howard County, Lime Kiln Road, Section 44-46, Lot 48-50, Nearest Town Fulton

DRILLER INFORMATION: Sandy B. Cochran, MWD 120, G. Edgar Harr Sons' Corp., 12047 Falls Road, Cockeysville 21030

Green Dell La, Near Lime Kiln Road, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 250 FT, TAX MAP: 40 BLK: 23 PARCEL 490

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, State Signature, DATE ISSUED 02/13/04, CO SIGNATURE Mark Riffkin 2/13/05, NORTH GRID 482 000, EAST GRID 0813 000

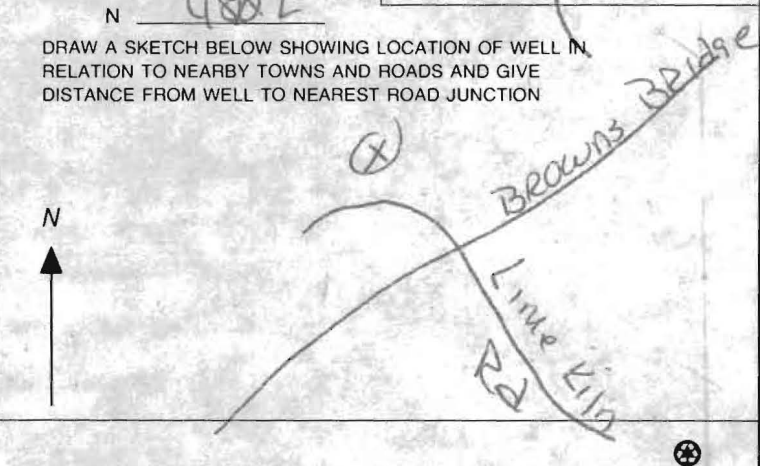
USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 3/9/04 9:00 Glowt, SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE E 8103, N 4802

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER G, PERMIT No. 40-94-3884

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

7/8/86

Location = OK

Alt site #1 (field located)
≈ 75' from original site
on 1 side of knoll; septic
on other

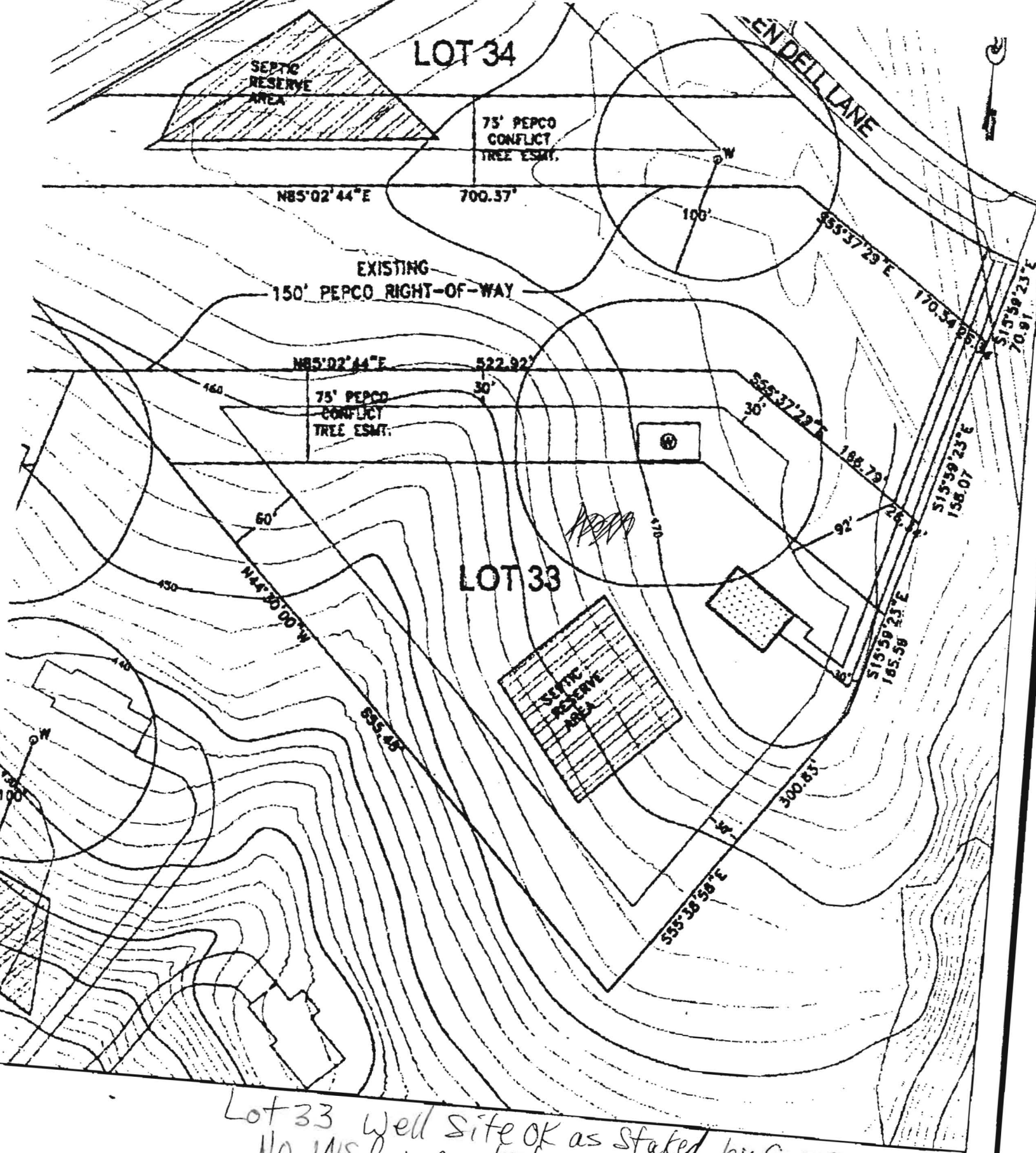
50' open

60' casing

11 bags

H₂O sample taken (H97)

* 3 bags on dry hole



Lot 33 Well Site OK as Staked by Surveyor
 NO INSP MR 2/13/04

LEGEND

- 396 --- EXISTING CONTOUR
- ⊙ PROPOSED WELL
- W EXISTING WELL
- ▨

Don
740-5809

B 1 3077

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-94-3884 fill in this form completely

519595

Date Received (APA)

10-01-03

OWNER INFORMATION

Altieri Homes Last Name Owner First Name

9017 Red Branch Road Street or RFD

Columbia MD 21045 Town State Zip

B 3

LOCATION OF WELL

Howard COUNTY

Lime Kiln Road SUBDIVISION

SECTION 44 46 LOT 48 50

Fulton NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Sandy B. Cochran M W D 120 Driller's Name License No.

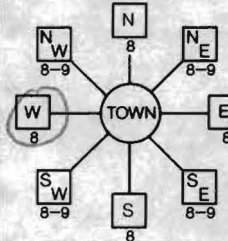
G. Edgar Harr Sons' Corp. Firm Name

12047 Falls Road, Cockeysville 21030 Address

Signature Date 9/29/03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Green Dell La NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

250 DISTANCE FROM ROAD

ENTER FT OR MI TAX MAP: 40 BLK: 23 PARCEL 490

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A35422 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 02-13-04 Mark Rifkin 2/13/05
CO SIGNATURE EXP. DATE
NORTH GRID 482 000 EAST GRID 0813 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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
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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

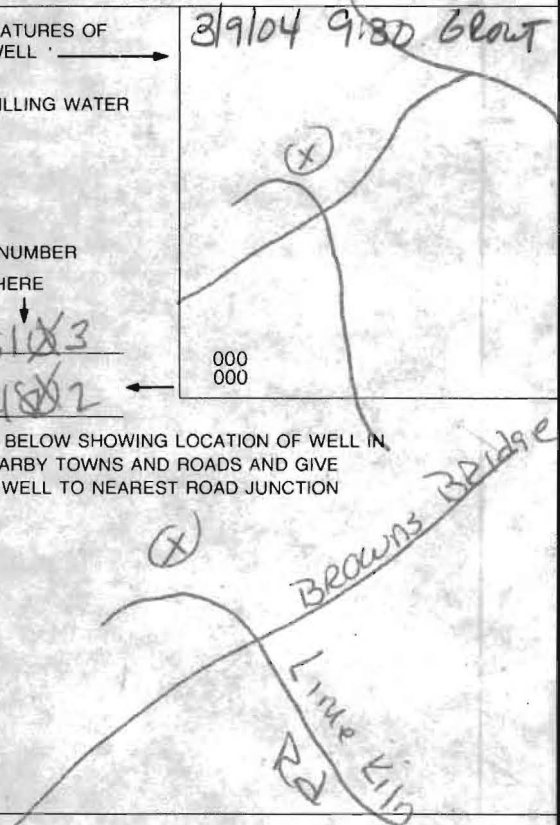
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8123
N 482

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



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

APPROP. PERMIT NUMBER G
PERMIT No. 40-94-3884

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 00575

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-35422

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: KIDDAS JOHN; STREET OR RFD: GREEN DELL LANE; TOWN: HIGHLAND; SUBDIVISION: LIME KILN VALLEY; SECTION: 2; AREA: T; LOT: 26

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): SAND stone 0 55; GRAY Mic A Rock 55 300. Check if water bearing.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 11; NO. OF POUNDS: 1024; GALLONS OF WATER: 66; DEPTH OF GROUT SEAL: from 0 to 50 ft.

CASING RECORD: MAIN CASING TYPE: SF; Nominal diameter top (main) casing (nearest inch): 6; Total depth of main casing (nearest foot): 60.

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

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

DEPTH (nearest ft.): 1 40, 2 59, 3 300. EACH SCREEN: 1 8-9, 2 23-24, 3 38-39. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH): 58-60.

GRAVEL PACK: 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 (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour): 3; PUMPING RATE (gal. per min. to nearest gal.): 43; METHOD USED TO MEASURE PUMPING RATE: bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING: 36; WHEN PUMPING: 169; TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (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: 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, - below; LAND SURFACE (nearest foot): 7.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; ELECTRIC LOG OBTAINED; 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238; DRILLERS SIGNATURE: Joseph T. Maigne; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).



WELL LOCATION NOW ON LOT 33; WELL STATUS UNKNOWN; NO EVIDENCE OF WELL IN FIELD PER BLDG; NO DOCUMENTATION OF WELL ABANDONMENT MR 2/13/04; Dry well 330'; Filled in with cement + drilling material.

WELL ABANDONED 12/29/04

B 1 1028

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER

40-81-1530 fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

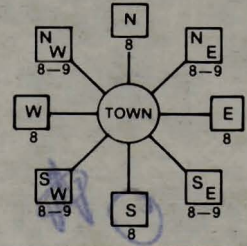
8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name 77 License No. 80 Firm Name Address Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S 41 DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 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 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) 41 52

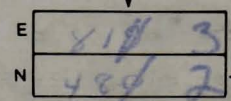
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

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



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

