

C1 . 3743

SEQUENCE NO. (MDE 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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0344

OWNER TOWN CREEK NURSERY LLC STREET OR RFD FOLLY QUARTER ROAD TOWN WEST FRIENDSHIP 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 handwritten entries: Top soil, Brown mica, Clay, Sandstone, Green mica, Grey mica w/ quartz.

IRRIGATION WELL

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 48 NO. OF POUNDS 4800 GALLONS OF WATER 288 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80'

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

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT] (insert appropriate code below)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

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 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 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 A 788

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 600 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 [-] below LAND SURFACE 2 (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 (MEASUREMENTS TO WELL)



B 1 **0725** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **12510-95-0344** STATE PERMIT NUMBER **12510-95-0344**
 1 2 3 6 **WS 24123** **fill in this form completely** 79

Date Received (APA) **02 23 06** OWNER INFORMATION **10154**
 8 MM DD YY 13
Town Creek Nursery L L C
 15 Last Name Owner First Name 34
P. O. Box 735
 36 Street or RFD 55
Clarksville, Md 21049
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21 CC#
 23 SUBDIVISION 42
 SECTION 44 46 LOT **1-A** 48 50
West Friendship
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M W DV **040**
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 Signature *George F. Easterday* Date **2/22/06**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 NEAR WHAT ROAD **14900 Carroll Mill Road** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **1000** DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **23** BLK: **8** PARCEL **16**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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

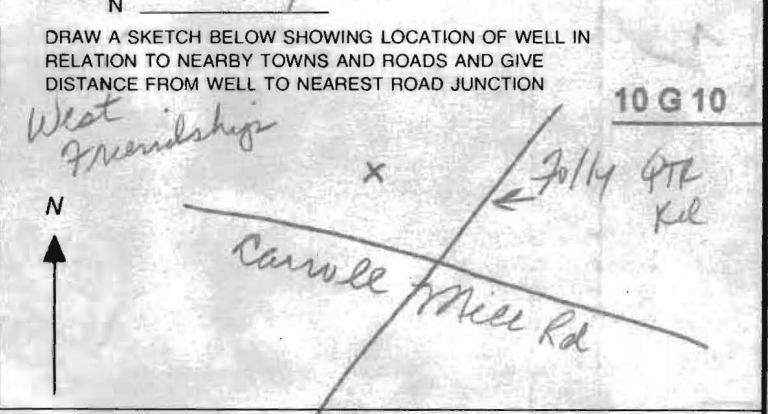
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **124123**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **4/3/06** EXP. DATE **4/3/07**
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID **823** 0 0 0 EAST GRID **829** 0 0 0
 50 524 55 57 823 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

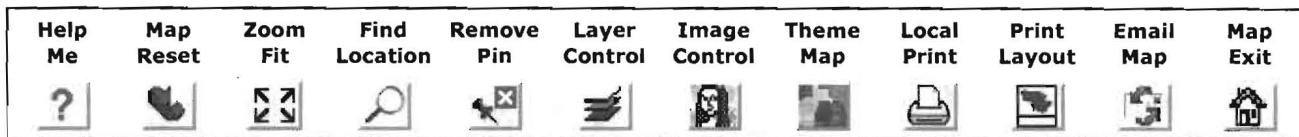
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **wells**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **820 3**
 N **520 4**
 000
 000

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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

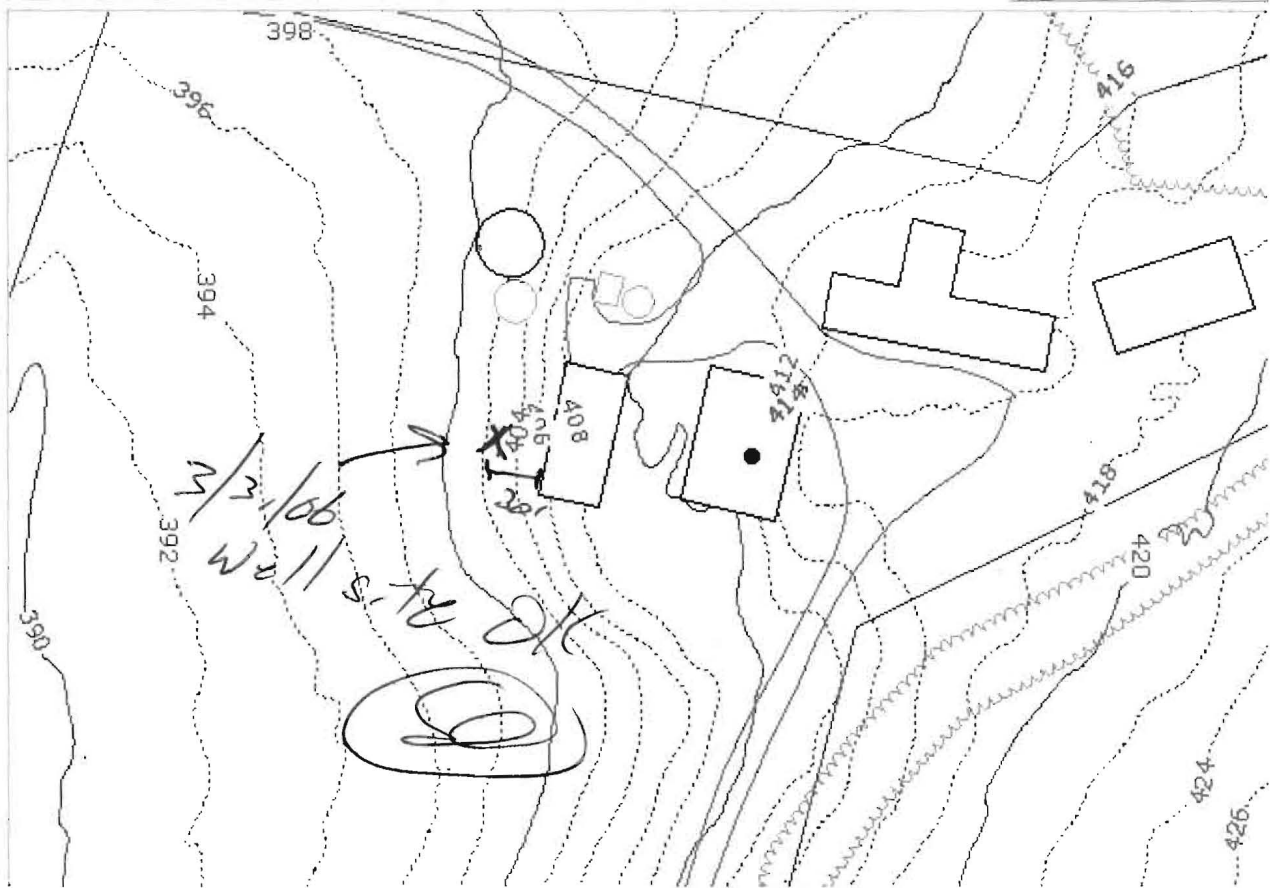


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HD-95-0344**
 70 71 72 73 74 75 76 77 78 79



Distance: ft

Zoom: 564.06 ft



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this map. There are no oral agreements or warranties relating to this sale and/or use of this map.

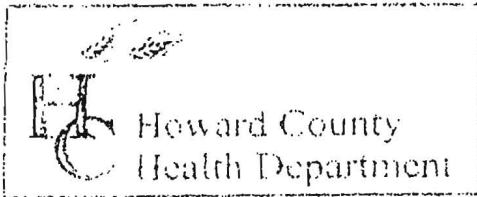
Friday, March 31 2006 | 4:28:58 PM | @936

Map Legends

- County Line
- Property Line
- Stream Major
- Stream Minor
- Ponds Lakes
- Tree Lines
- Wetlands
- Fences
- Railroad
- House Driveway
- Contour Lines 400
- Contour + 401 Spot Elev.
- Road Paving
- Bridges Over Pass
- Electric ROW & Tower

Property Information

- Property Boundary



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Feb 10, 2006,
 (professional land surveyor or company employing professional land surveyors)
 by owner (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Town Creek Nursery

John Ried

301 370 0091 cell

11800 Carroll Hill
Rd

Well
site



1" = 50'

