

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1	5114	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED		
DATE RECEIVED MM DD YY 16 07 10		DATE WELL COMPLETED MM DD YY 09 03 10		DEPTH OF WELL 22 320' 26 (TO NEAREST FOOT)
ST/CO USE ONLY		PERMIT NO. FROM "PERMIT TO DRILL WELL" 10/13/2011 H0-95-1959		
		COUNTY NUMBER 0. K (PB)		

OWNER _____ last name 6008 Jerry's Dr. first name _____ TOWN Columbia
 STREET OR RFD _____ SUBDIVISION Hickory Woods SECTION _____ LOT _____

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	
Moist stiff Brown med. sandy silt	0	15	
Wet med dense Brown silty sand	15	60	✓
Weathered Rock	60	75	
Rock	75	320	

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 24 NO. OF POUNDS 1800
 GALLONS OF WATER 640

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 320' 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)

60	61	63	64	66	70
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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 BRONZE	HO OPEN HOLE
PL PLASTIC	OT OTHER	

C 2 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	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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 _____ ft.
 WHEN PUMPING _____ 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 YES NO (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)

+ above } LAND SURFACE (nearest foot)
- below }

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no

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

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. M 4D 580

DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

SITE SUPERVISOR (sign. of driller or journeyman)

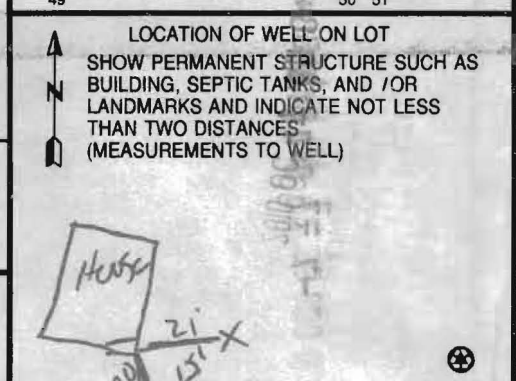
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 _____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE LOG



B 1 0351 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 APPLICATION FOR PERMIT TO DRILL WELL HO-95-1959
 533327 please type fill in this form completely

OWNER INFORMATION
 Date Received (APA) 7-14-10
 8 MM DD YY 13
 Last Name Heiliman Owner First Name Gary
 15 34
 Street or RFD 6008 Jerry's Dr.
 36 55
 Town Columbia State Md. Zip 21044
 57 70 72 76

LOCATION OF WELL
 COUNTY Howard
 8 21
 SUBDIVISION Hickory Woods Rocky Run
 23 42
 SECTION 44 LOT 2
 44 46 48 50
 NEAREST TOWN Columbia
 52 71
 MILES FROM TOWN (enter 0 if in town) 0 M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name Edward Gross License No. MWD 580
 76 81
 Firm Name LOMA GREEN ENERGY
 Address 11959 Howard Rd Glenarm Md
 Signature [Signature] Date 7/14/10
 3 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 NEAR WHAT ROAD Jerry's Dr.
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH
 WEST EAST
 DISTANCE FROM ROAD 200 FT.
 34 37
 ENTER FT OR MI 38 39
 TAX MAP: 35 BLK: 12 PARCEL 460

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) NONE
 1 2 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) NONE
 14 20

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 x2

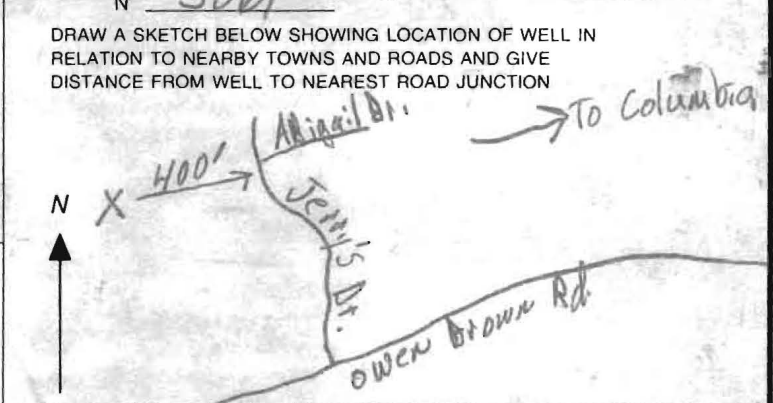
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 8/20/2010 Bruan Baker 8/20/2011
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 501 000 EAST GRID 834 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 320 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 2" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. NONE
 2. NONE
 3. NONE
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 834
 N 5001

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

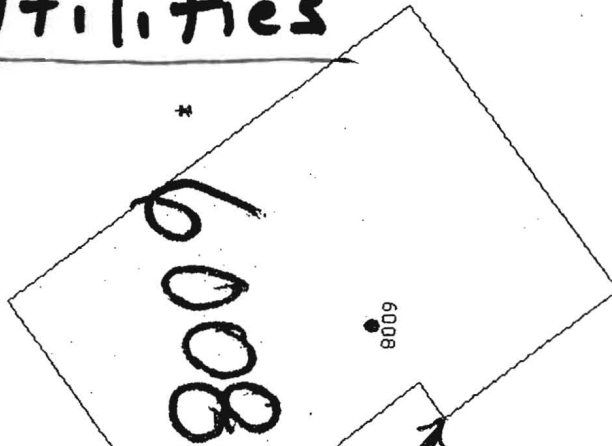


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-1959
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
Stay at Least 10' From Property Lines - Avoid Utilities.

Must Be At Least 15' From House
and 10' From Property Lines,
Avoid Utilities

6009



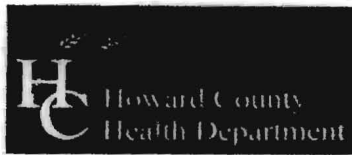
Locations
6+ feet from
any marked
utilities

8/19/10
2 Locations
I Staked

(BB)

1" = 20'

6010



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, 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:

Well site location:

Mickory Woods 2 Jerry's Dr.
Subdivision/Property Name Lot# Road Name

- The well site has been staked by Driller
(professional land surveyor or company employing professional land surveyors)
on _____ (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 3/11/05