

C1 3359 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.

COUNTY NUMBER

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 2/1/08 15 20

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1381 28 29 30 31 32 33 34 35 36 37

OWNER KIMNACH, CARIS STREET OR RFD 8480 MURPHY RD TOWN SCAGGSVILLE 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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, Brown Mica, Gray Mica.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 31 NO. OF POUNDS 3100 GALLONS OF WATER 186 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 55 ft.

CASING RECORD

MAIN CASING TYPE ST 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 ST BR HO insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y 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 D 038

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

C 2 DEPTH (nearest ft.)

Table with columns: T, A, C, S, C, R, E, N. Rows for depth intervals and slot size.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 300 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 (CIRCLE) (YES or NO) YES NO

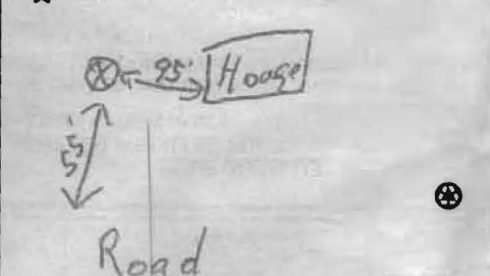
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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) 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 (MEASUREMENTS TO WELL)



B 1 8608
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

526628 please type

STATE PERMIT NUMBER

HD 95-1381
fill in this form completely 79

Date Received (APA)

10549

OWNER INFORMATION

8 MM DD YY 13

KIMNACH

CHRIS

15 Last Name

Owner

First Name

8480 MURPHY ROAD

36 Street or RFD

LAUREL, MD 20732

57 Town

70 State

72

Zip

76

B 3

LOCATION OF WELL

Howard

CT#

8 COUNTY

21

23 SUBDIVISION

42

SECTION

44 46

LOT

48 50

Scaggsville

52 NEAREST TOWN

71

MILES FROM TOWN (enter 0 if in town)

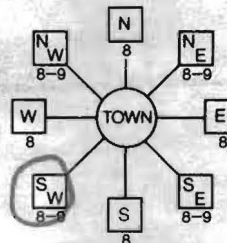
1

M I

73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



8480 Murphy Road

11 NEAR WHAT ROAD

NORTH

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 100 37

DISTANCE FROM ROAD

FL

ENTER FT OR MI

38 39

TAX MAP: 46

BLK: 9

PARCEL 138

DRILLER INFORMATION

George F. Easterday

M/VWD

040

Driller's Name

76

License No.

81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday

4/6/2007

Signature

Date

B 2

WELL INFORMATION

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)

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

9527930

COUNTY NAME

COUNTY NO.

STATE

SIGNATURE

INSERT S

DATE ISSUED

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

NORTH

GRID

50

55

EAST

GRID

57

63

APPROXIMATE DEPTH OF WELL

300

FEET

24

28

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)

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 DEEPEM 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)

APPROX. PERMIT NUMBER

-----G-----

PERMIT No.

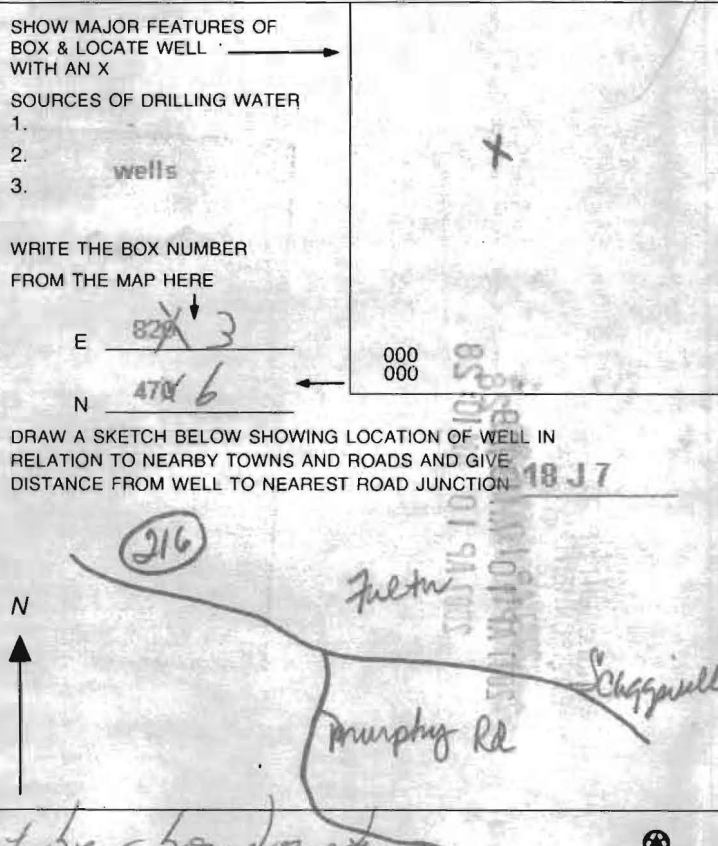
HD 95-1381

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well must be abandoned

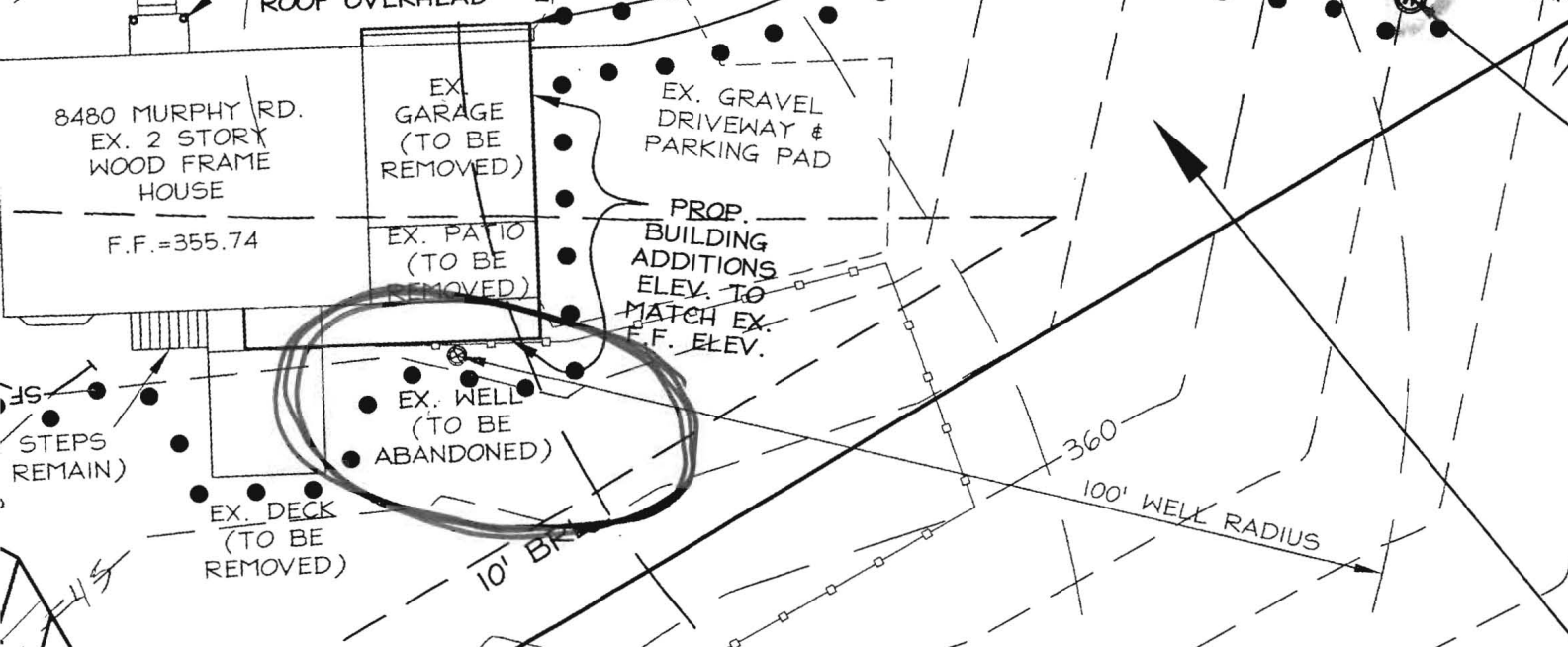
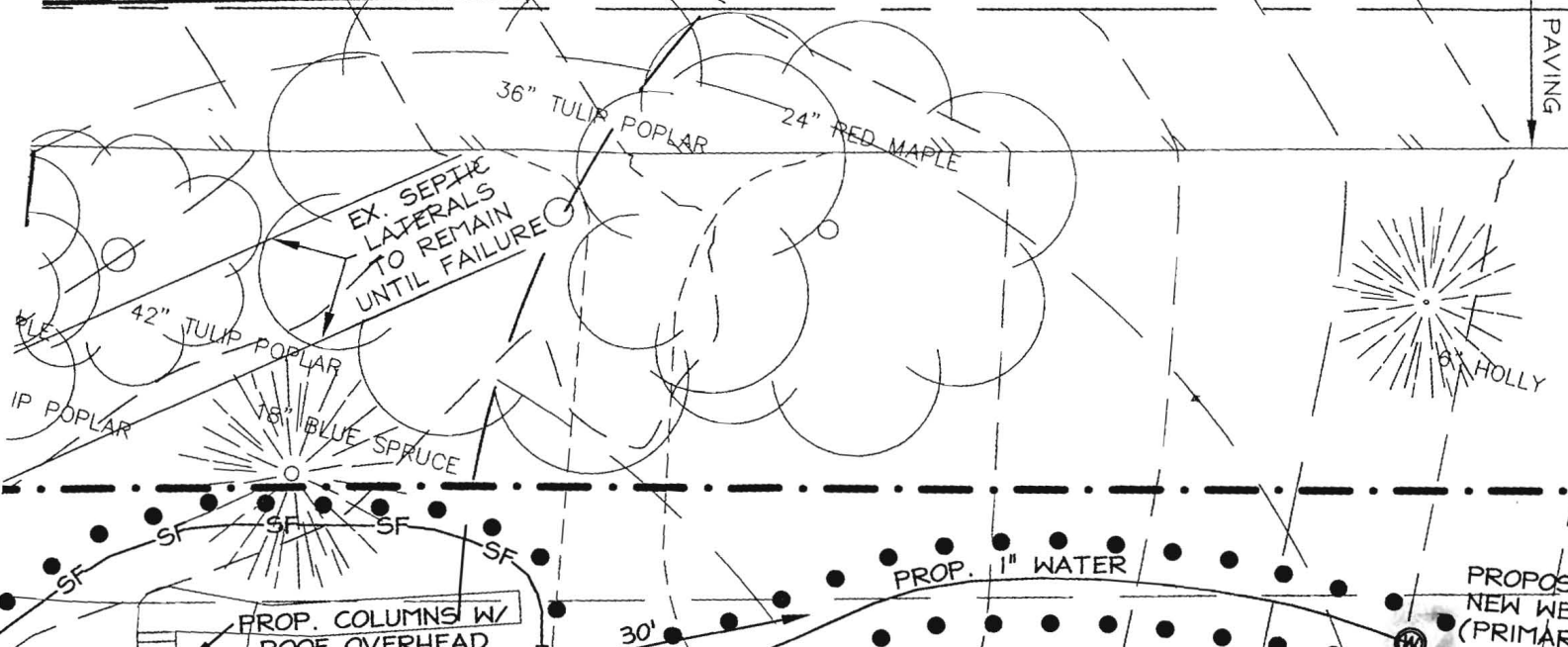


(HOWARD COUNTY MINOR COLLECTOR)
30' PRESCRIPTIVE R/W

S73°17'57"W 286.47'

28'±
PAVING

Christopher & Shelly Kimmach
8035/659
T.M. 46, Grid 9, Parcel 138
0.857 Ac.
/Zoned: RR-DEO



11/1/09 well site DK
Ⓢ

100' WELL RADIUS

360
100' WELL RADIUS

UPON FAILURE
EXISTING CE

 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: 3/13/08 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

H0 - 95 - 1381

* PERSON ABANDONING WELL: Richard D. Crumatt WELL DRILLERS LICENSE NUMBER: WR0014

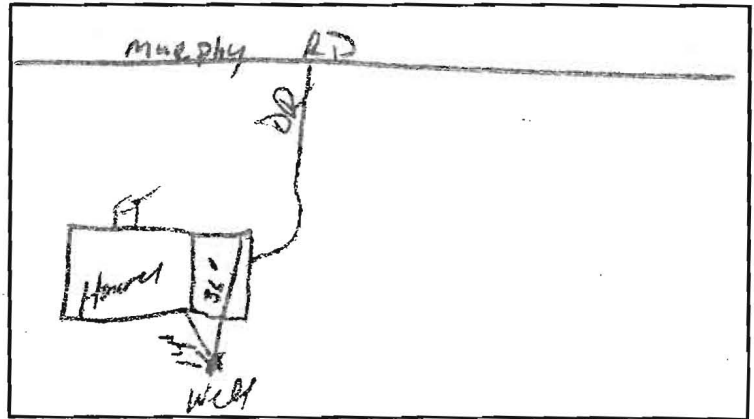
CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Chris Kinnach

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Scaggsville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 8480 MURPHY ROAD

SITE LOCATION MAP



3/13/08
OK
(KW)

* 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: 56 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 Well Pit	56 5	5 0
VOLUME OF MATERIAL USED		
7 BAGS of Bentonite		

George F. Jantzen
 SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

840
 LICENSE #

MWD/MSD/MGD
 CIRCLE ONE

3-11-08
 DATE



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3/13/08 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

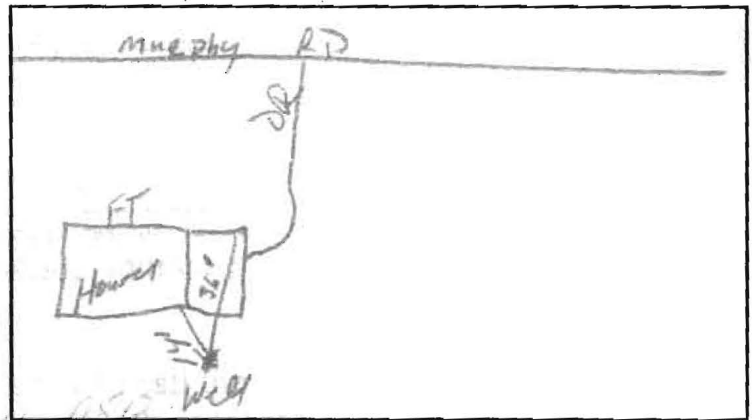
* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Richard A. Cunniff WELL DRILLERS LICENSE NUMBER: WR0014

* OWNER'S NAME: Chris Krumpholtz CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Scaggsville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 8480 MURPHY ROAD

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LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Well Pit	56	5
	5	0
VOLUME OF MATERIAL USED		
7 BAGS of Bentonite		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Brian F. [Signature] LICENSE # 843 CIRCLE ONE: MWD/MSD/MGD DATE: 3-11-08

REPORT OF ANALYSIS

August 21, 2003

Vicky or Tammy
Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Lab Number: 42505
Date Received: 8/19/03 11:54
Project:

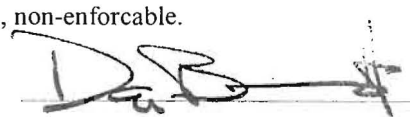
Sample No: 42505-01 Sampled: 8/18/2003 Sample Type:
Client ID: 8480 Murphy Road Preservation: Sampler: 0503-00-074
Fulton, Md. 20759

Parameter	Method	Result	Units	MDL	Test Date	Analyst
Total Coliform Bacteria	SM 9223 B	Absent/Pass	Per/100ml	1	8/19/2003	SP
Fecal Coliform Bacteria	SM 9223 B	Absent/Pass	Per/100ml	1	8/19/2003	SP
pH	Field	7.2	pH Units		8/19/2003	
Iron	EPA 236.1	< 0.05	mg/l	0.05	8/20/2003	KE
Turbidity	EPA 180.1	< 0.5	NTU	0.5	8/20/2003	KE
Nitrate + Nitrite as N	EPA 353.2	5.01	mg/l	0.05	8/19/2003	PM
Nitrite-N	EPA 353.2	< 0.05	mg/l	0.05	8/19/2003	PM
Nitrate-N	EPA 353.2	5.01	mg/l	0.05	8/19/2003	PM
Lead	EPA 239.2	0.012	mg/l	0.005	8/20/2003	DB

Notes:

- 42505-01 -No chlorine was present at the time of collection as reported by the sample collector. PH results provided by sample collector.
-The Maximum Contaminate Levels are as follows: PH 6.5-8.5, Iron 0.3, Nitrate/Nitrite 10.0, Nitrite 1.0, Nitrate 10.0, Turbidity 10.0, Lead 0.015.
-An "*" next to a result means the result exceeded the Maximum Contaminate Level as established by the EPA.
-" < " = Less Than : " > " = Greater Than.
-Lead & Nitrate/Nitrite are "Primary Contaminates"; Health related, enforceable.
Iron, pH, Turbidity are "Secondary Contaminates" Non-Health related, non-enforceable.

Reviewed and Approved by:



Daniel J. Brumsted
Laboratory Director