

C1 1732 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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 17 08

Depth of Well 22 300 26 3/3/09 (TO NEAREST FOOT) O.K. (BA)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1638

OWNER Edert STREET OR RFD 6990 Mink Hollow TOWN Highland 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 like Top Soil, Red Clay/Sand, Brown Clay + Shell, Brown soft mica Rock, Gray Rock, Med Hard Gray Rock.

NUMBER OF UNSUCCESSFUL WELLS: 2 Closed Loops

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. M SD 106 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M SD 304

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 300 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

caseing 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)

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

DEPTH (nearest ft.)

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 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

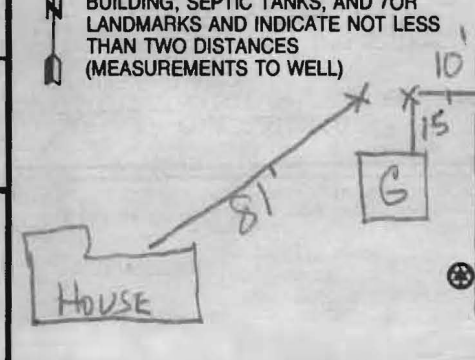
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 49 50 51

LOCATION OF WELL ON LOT



244 10: 05-350611

EMERGENCY/TEMP NO. IF ANY

B 1 9428
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
529453 please type

STATE PERMIT NUMBER
H0-95-1638
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Edens Carl J.
15 Last Name Owner First Name 34
6990 Mink Hollow Rd
36 Street or RFD 55
Highland Md 20777
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

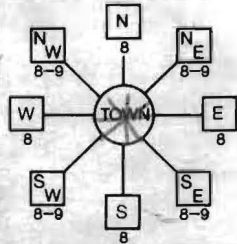
8 COUNTY Howard 21
23 SUBDIVISION O.K. (BB) 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Highland 71
MILES FROM TOWN (enter 0 if in town) 0 MI 73 76 77 78

DRILLER INFORMATION

Marshal Arnette M S D 106
Driller's Name 76 License No. 81
Allied Environmental Services
Firm Name
PO Box 1242, Mullersville Md
Address
Mark Arnette 6/17/08
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6990 NW Mink Hollow Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 220 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 40 BLK. 2 PARCEL 148

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 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 2 Closed Loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 7/7/2008 Brian Baker 7/7/2009
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 490 000 EAST GRID 804 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 2 INCH NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. Driller Well
 - 2.
 - 3.

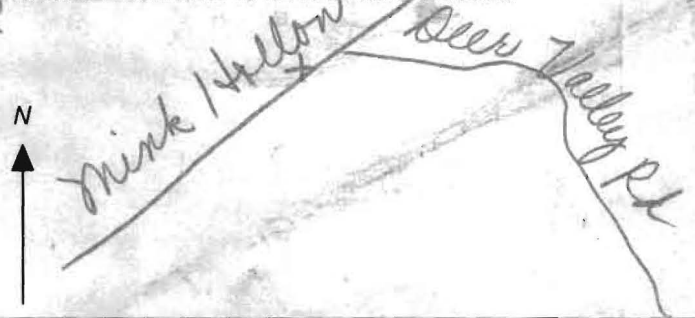
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8004
N 490
000 X
000

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) 41 52

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. H0-95-1638
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF REQUIRED
Grout Patches From Bottom to Top With Tremie Pipe