

C1 16516

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

(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 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

C3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Fill Brown Silty Sand, Weathered Schist, Gray Schist, Broken Gray Schist.

CASING RECORD, casing types insert appropriate code below, ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

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

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, HO OPEN HOLE, PL PLASTIC, OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

C2 DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1-11, 15-17, 21, 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51. Includes SLOT SIZE 1, 2, 3.

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED, 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...

DIAMETER OF SCREEN (NEAREST INCH), from to

DRILLERS LIC. NO. 1 M SD D28, DRILLERS SIGNATURE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

LIC. NO. 1 M SD D28, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot)

LATITUDE 39.17.067, LONGITUDE 76.51.434 (DEFAULT COORD. WGS 84), NOTES:

C1 16517

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"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, TOWN, 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. Includes entries for Silty Sand, Brown Schist, Gray Schist, Broken, and Gray Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED, 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

C 3 PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. M S D 028

DRILLERS SIGNATURE, LIC. NO. M S D 028

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

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for depth measurements.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 39.17.007, LONGITUDE 76.51.439

NOTES:

C 1 6513
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
 DATE Received 07 30 12
 DATE WELL COMPLETED 7 16 12
 Depth of Well 160
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2327
 (TO NEAREST FOOT) 9/11/15 SC

OWNER Lippe Jason
 WELL SITE ADDRESS 3709 Green Forest Court TOWN Ellicott City
 SUBDIVISION Bethany Woods SECTION _____ LOT 23

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	
Fill	0	5	
Silty Sand	5	10	
Brown Schist	10	16	
Gray Schist	16	105	
Broken Gray Schist	105	106	
Gray Schist	106	160	

Borehole #3

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 _____ NO. OF POUNDS _____
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from _____ ft. to _____ 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) _____

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 HO OPEN HOLE
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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 3 D 028
 DRILLERS SIGNATURE Michael Koller
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M 3 D 028

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

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 70 _____ 72 _____
 TELESCOPE CASING LOG INDICATOR 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 _____ 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 (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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

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

LATITUDE 39.17.007
 LONGITUDE 76.51.435
 (DEFAULT COORD. WGS 84)

NOTES:

C1 16518 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)

DATE WELL COMPLETED DATE RECEIVED
MM DD YY MM DD YY
07 30 12 07 16 12
Depth of Well 22 160 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-95-2327
28 29 30 31 32 33 34 35 36 37

OWNER 1000 Jason
WELL SITE ADDRESS 3209 Green Forest Court TOWN Ellicott City
SUBDIVISION Bethany Woods SECTION LOT 23

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	
Fill	0	5	
Silty Sand	5	10	
Brown Schist	10	85	
Gray Schist	85	105	
Broken	105	106	✓
Gray Schist	106	127	
Quartz	127	135	
Broken	135	136	✓
Gray Schist	136	160	

Borehole #4

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
45 46 45 46

NO. OF BAGS _____ NO. OF POUNDS _____
GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot)
from _____ ft. to _____ ft.
48 TOP 52 54 BOTTOM 58
(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)
PL 6 20
60 61 63 64 66 70

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS 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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

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

C 3 **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 _____ ft. 17 20
WHEN PUMPING _____ ft. 22 25
TYPE OF PUMP USED (for test)
 A air P piston T turbine
27 27 27
 C centrifugal R rotary O other (describe below)
27 27 27
 J jet S submersible
27 27

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 _____ 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 } LAND SURFACE (nearest foot)
49 }
 - below } _____ 49 51

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED yes no Y N

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. 1 M SD 0228
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M SD 0228

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 _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T _____ (E.R.O.S.) W Q _____
70 _____ 72 _____
TELESCOPE LOG CASING INDICATOR OTHER DATA _____ 74 75 76

LATITUDE 39.17.007
LONGITUDE 76.51.434
(DEFAULT COORD. WGS 84)
NOTES:

B 1 09919

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-95-2327 fill in this form completely

537341 please type

Date Received (APA)

06/15/13

OWNER INFORMATION

Lippe Jason 3209 Green Forest Court Ellicott City MD 21042

B 3

LOCATION OF WELL

Howard 21 COUNTY Bethany Woods 42 SUBDIVISION Ellicott City 71 NEAREST TOWN

DRILLER INFORMATION

Michael Kohler MS D028 Fichelbergers Inc 175 S. Wilson Ln York PA 17406 Michael J. Kohler 6/14/12

B 4

SOURCES OF DRILLING WATER

1. Approved 2. 3.

3209 Green Forest Ct 30 STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 100 FT ENTER FT OR MI 17 20 PARCEL 661

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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 Public COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 6/27/2013 Brian Baker 6/27/2013 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 320 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- 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)

APPROP. PERMIT NUMBER G PERMIT No. H0-95-2327

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

See attached



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET FOR SPECIAL CONDITIONS

Keep Boreholes at least 15' from House. Foundation - Grout to completely with Tremie Pipe

WATER WELL ABANDONMENT-SEALING REPORT FORM

07 30 12

Granting Record
(not abandoned)

OK
9/11/15 SC

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-16-12 (month/day/year)

HO - 95 - 2327

* PERMIT NUMBER OF ABANDONED WELL (if any)

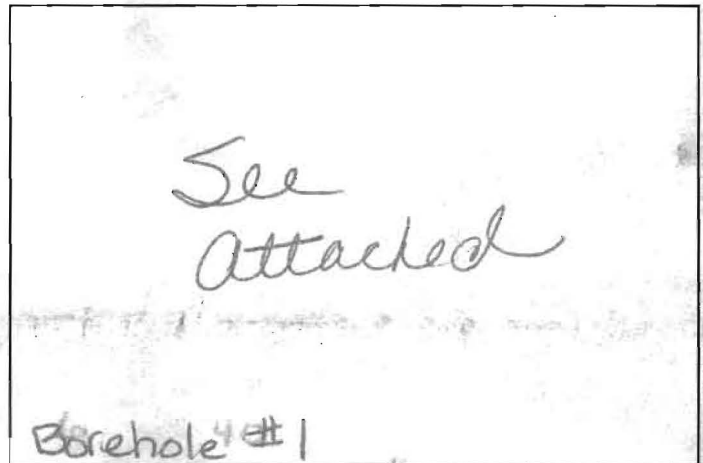
* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Eichelbergers
* OWNER'S NAME: Jason Lippe

WELL DRILLER'S LICENSE NUMBER: 028
CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 17 BLOCK 20 PARCEL 6661
SUBDIVISION: Bethany Woods
SECTION: _____ LOT: 23
STREET ADDRESS: 3209 Green Forest Court

SITE LOCATION MAP



LATITUDE 39.17.007
LONGITUDE 76.51.434
Michael Kohler MSD-028
7/26/12
ST

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE: DOMESTIC _____ MUNICIPAL/PUBLIC _____
IRRIGATION _____ INDUSTRIAL _____
TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
Barotherm Cold Sand	160	surface

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 160 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

VOLUME OF MATERIAL USED
Cost 20 bags
2000 lbs sand



WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Granting Record
(not abandoned)

DATE WELL ABANDONED: 17-16-12 (month/day/year)

OK
9/11/15SC
HO-95-2327

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Eichelbergers

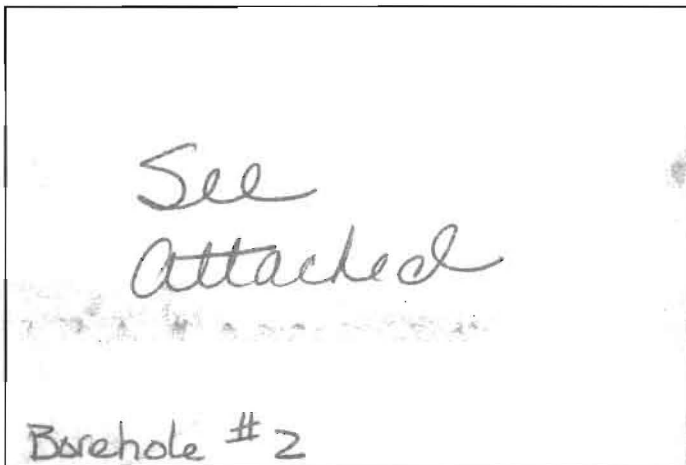
WELL DRILLER'S LICENSE NUMBER: 028

CIRCLE: MWD MSD / MGD

* OWNER'S NAME: Jason Lippe

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 17 BLOCK 20 PARCEL 661
SUBDIVISION: Bethany Woods
SECTION: _____ LOT: 23
STREET ADDRESS: 3209 Green Forest Court



LATITUDE 39.17.007

LONGITUDE 76.51.439

Michael J. Kohler MSD-028
7/26/12

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE: DOMESTIC

- IRRIGATION MUNICIPAL/PUBLIC
 TEST/OBSERVATION INDUSTRIAL
 _____ GEOTHERMAL

MATERIAL	FEET	
	FROM	TO
Barotherm Cold Sand	160	surface

* TYPE OF CASING:

- STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 4 INCHES IN DIAMETER

DEPTH OF WELL: 160 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

VOLUME OF MATERIAL USED

15 bags Grout
2,000 lbs sand

 WATER WELL ABANDONMENT-SEALING REPORT FORM

07 30 12

Granting Record
 (not abandoned)

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-16-12 (month/day/year)

OK
 9/11/15 SC
 HO-95-2327

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Eichelbergers

WELL DRILLER'S LICENSE NUMBER: 028

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Jason Lippe

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP 17 BLOCK 20 PARCEL 6661
 SUBDIVISION: Bethany Woods
 SECTION: _____ LOT: 23
 STREET ADDRESS: 3209 Green Forest Drive

See attached
 Borehole #3

LATITUDE 39.17.007

LONGITUDE 76.51.435

Michael J. Kolbe MSO-028
7/26/12

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE: DOMESTIC

- IRRIGATION MUNICIPAL/PUBLIC
- TEST/OBSERVATION INDUSTRIAL
- _____ GEOTHERMAL

MATERIAL	FEET	
	FROM	TO
Borehole Cold Sand	160	Surface

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 160 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

VOLUME OF MATERIAL USED

15 bags Grout
 2,000 lbs sand

WATER WELL ABANDONMENT-SEALING REPORT FORM

07 30 12

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Grouting Record
(not abandoned)

OK
9/11/15 SC

DATE WELL ABANDONED: 7-16-12 (month/day/year)

HO-95-2327

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Eichelbergers

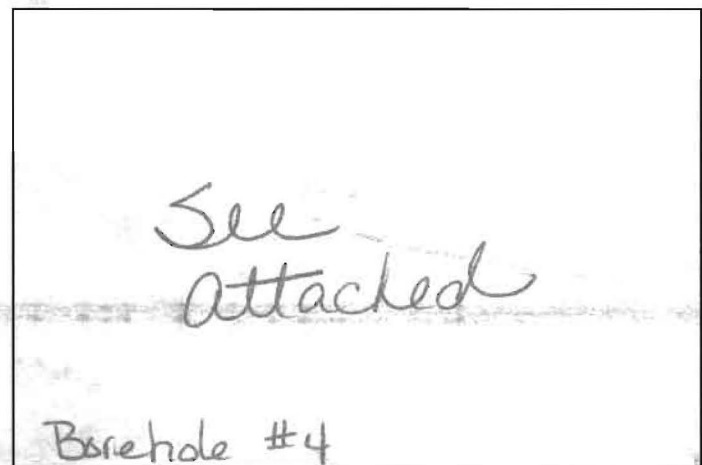
WELL DRILLER'S LICENSE NUMBER: 028

CIRCLE: MWD (MSD) MGD

* OWNER'S NAME: Jason Lippe

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP 17 BLOCK 20 PARCEL 661
 SUBDIVISION: Bethany Woods
 SECTION: _____ LOT: 23
 STREET ADDRESS: 3209 Green Forest Court



LATITUDE 3 9.17.007

LONGITUDE 76.51.434

Michael J Kohler MSD-028
7/26/12

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

* USE CODE: DOMESTIC

- IRRIGATION MUNICIPAL/PUBLIC
- TEST/OBSERVATION INDUSTRIAL
- _____ GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 160 FEET DEEP

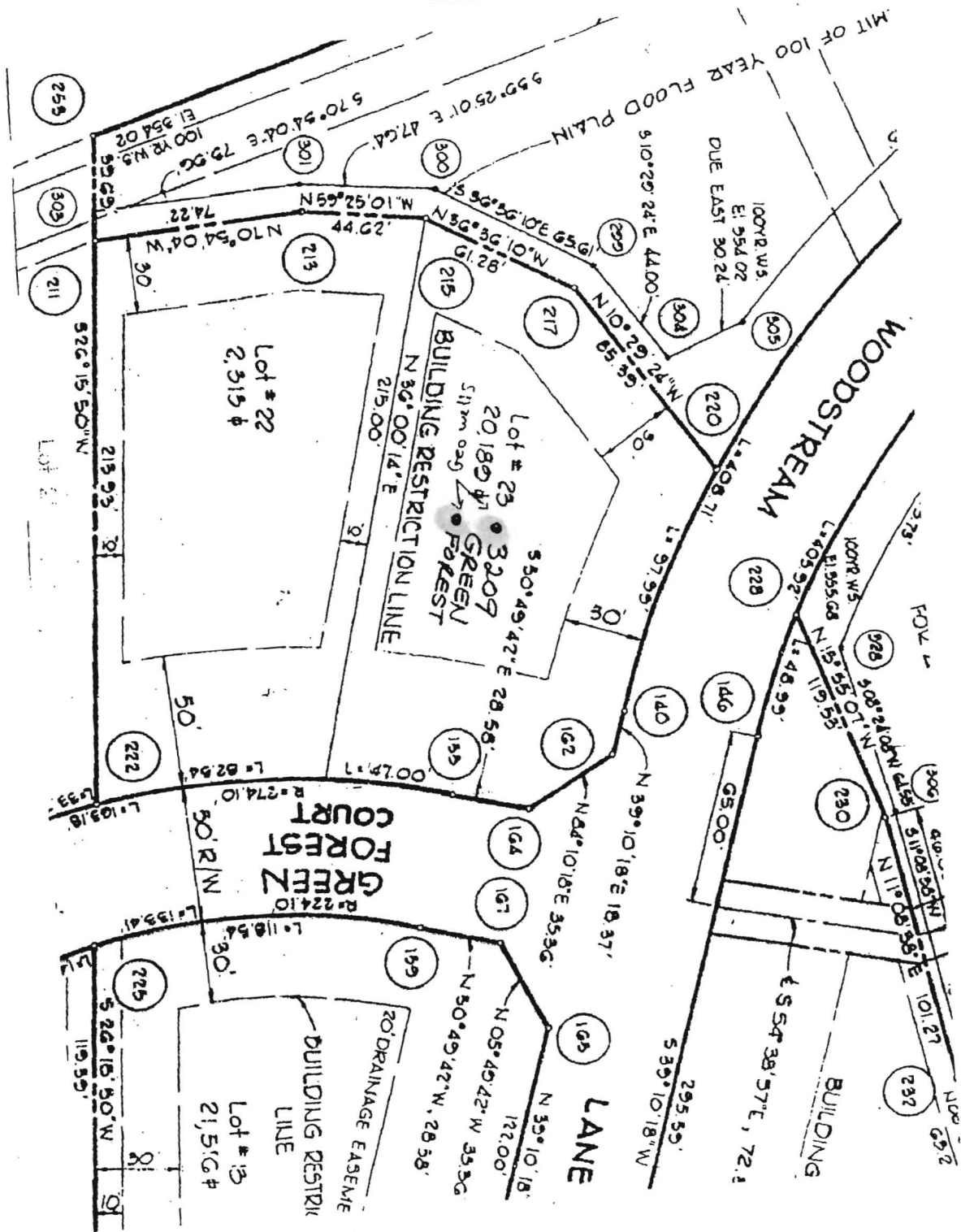
WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

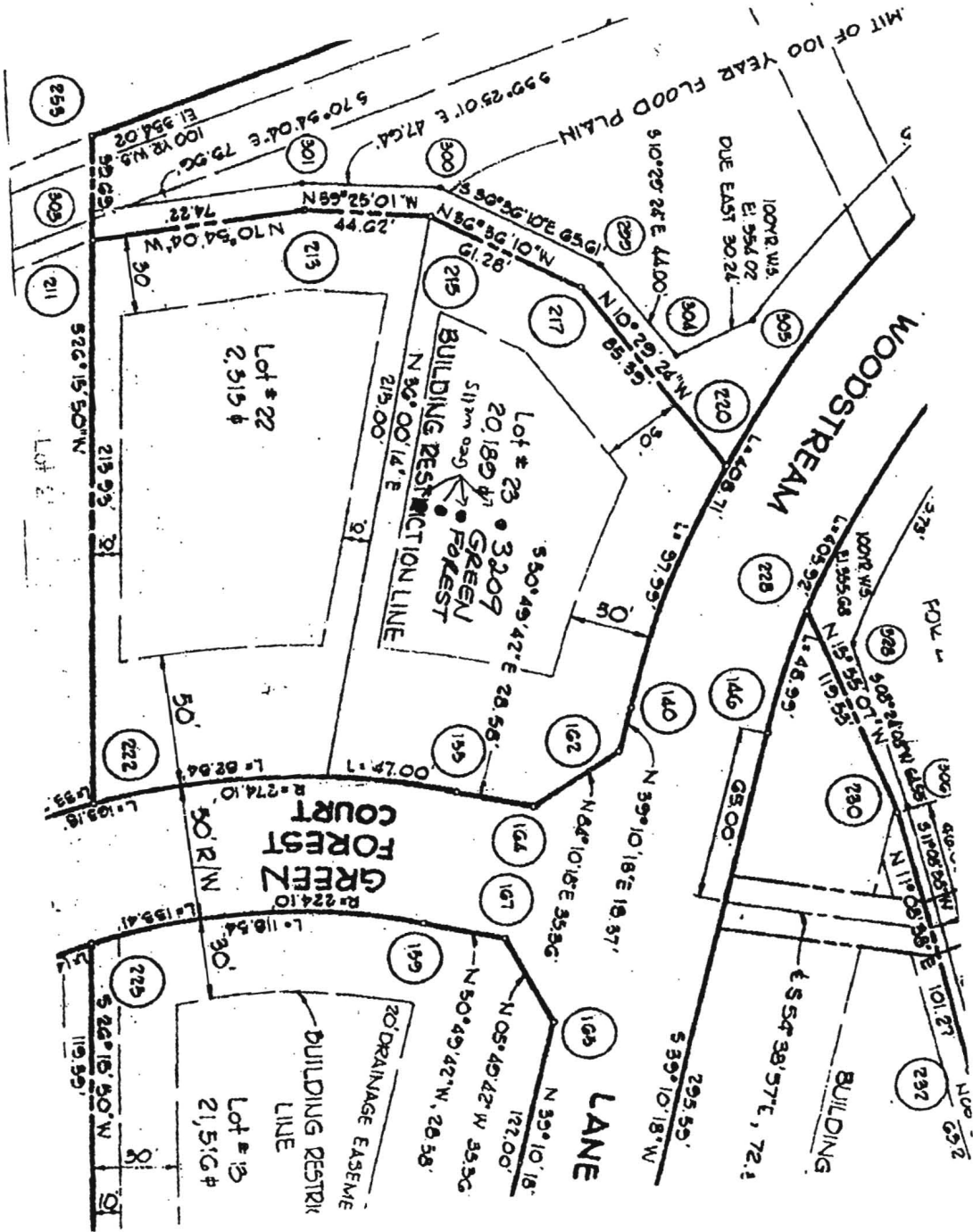
LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Barotherm Gold Sand	160	surface
VOLUME OF MATERIAL USED		
15 bgs Grout 21000 lbs Sand		



Jason Lippe

6/26/2012 Estimated
 Borehole Locations - Public
 Water and Sewer. **BB**



Jason Lippe

Sites drilled - received
with completion reports.
9/14/15 SC