

C1 6695

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 13 A59207

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 200 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0112

OWNER Trinity Builders last name first name STREET OR RFD Cottail River Drive TOWN LISBON SUBDIVISION The Chase at Stony Brook SECTION LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (PL, ST, CO, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (40).

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 38, 200.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

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.

DRILLERS LIC. NO. M SD 212, DRILLERS SIGNATURE

LIC. NO. D

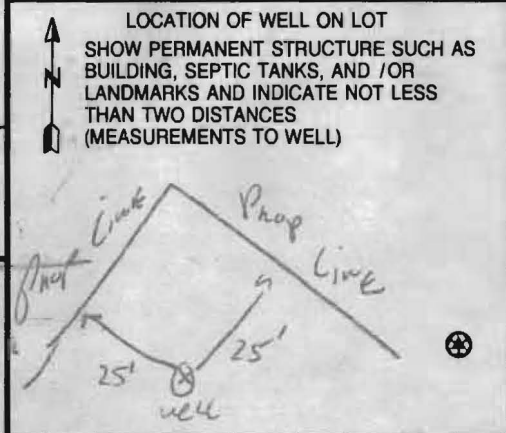
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 6, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft, WHEN PUMPING 68 ft, TYPE OF PUMP USED (for test) 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, LAND SURFACE, - below (nearest) foot 2.

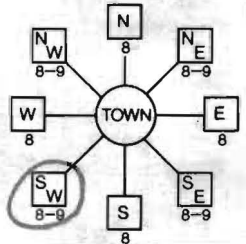


B 1 **8957** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL **HO-95-0112**
 please type **523239** fill in this form completely 70 79

Date Received (APA) **09/12/05** OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name **Trinity Builders** Owner First Name 34
 36 **3625 PARK AVE Suite 301** Street or RFD 55
 57 **ELLICOTT City MD 21043** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **The Chase at Stoney Brook** 42
 SECTION **44** 46 LOT **9** 48 50
Lisbon
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **I** M 1
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **RAYLE E. WAYNE** MS D 117 76 License No. 81
 Firm Name **RAYLE E. WAYNE INC**
 Address **17024 Handy Rd Mt Airy MD 21771**
 Signature **[Signature]** Date **8-20-05**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 NEAR WHAT ROAD **Cattail River Dr.** 11 30
 DISTANCE FROM ROAD **200** 34 37 ENTER FT OR MI 38 39
 TAX MAP: **7** BLK: _____ PARCEL **133**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE **5** GAL. PER MIN. 8 12
 AVERAGE DAILY QUANTITY NEEDED **500** 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
 GEO-THERMAL

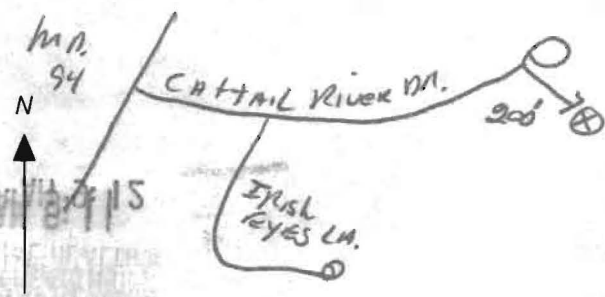
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **13** A59207
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **10/3/05** CO SIGNATURE **[Signature]** EXP. DATE **10/3/06**
 NORTH GRID **541** 0 0 0 EAST GRID **777** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **64** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **777**
 N **541**
 000
 000

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

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 **HO 2003601**
 PERMIT No. **HO-95-0112**
 70 71 72 73 74 75 76 77 78 79



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by BENCHMARK Engineering Inc on Aug 12 2005 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

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