

C1 6097

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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 A-58031

ST/CO USE ONLY DATE RECEIVED 7-8-97

DATE WELL COMPLETED 07 08 97

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1204

OWNER CLARK JAMES JR STREET OR RFD 10385 ROUTE 108 - CLARKVILLE PLATOWN CLARKVILLE SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, MICKA, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (C.M., BENTONITE CLAY), NO. OF BAGS (8), NO. OF POUNDS (800), GALLONS OF WATER (48), DEPTH OF GROUT SEAL (0 to 30+).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (48).

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), diameter of screen (56 to 60).

DEPTH (nearest ft.) table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 54-56, 57-59, 63-65, 69-71, 75-77, 81-83, 87-89, 93-95, 99-101, 105-107, 111-113, 117-119, 121-123, 127-129, 131-133, 137-139, 141-143, 147-149, 151-153, 157-159, 161-163, 167-169, 171-173, 177-179, 181-183, 187-189, 191-193, 197-199, 201-203, 207-209, 211-213, 217-219, 221-223, 227-229, 231-233, 237-239, 241-243, 247-249, 251-253, 257-259, 261-263, 267-269, 271-273, 277-279, 281-283, 287-289, 291-293, 297-299, 301-303.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted to production).

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

DRILLERS LIC. NO. M SD 1116, DRILLERS SIGNATURE (Ruth Mayne)

DRILLERS SIGNATURE (Ruth S. Mayne), LIC. NO. 1 M SD 112

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 form with fields: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (25 ft), WHEN PUMPING (130 ft), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)

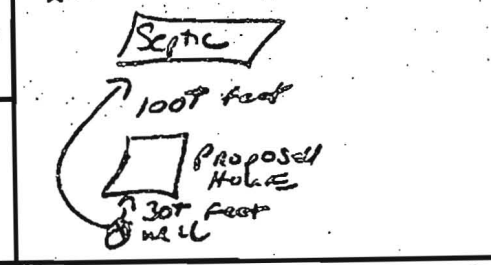
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (31 to 35).

PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47).

CASING HEIGHT (circle appropriate box and enter casing height) above (+) or below (-) LAND SURFACE (2 feet).

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).



EMERGENCY/TEMP NO. IF ANY

**B 1** 3255 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER 40-94-1204  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS) fill in this form completely

**B 2** DATE RECEIVED (APA) 04.18.97 OWNER INFORMATION  
 CLARK JAMES JR. Owner First Name  
 10380 CLARKSVILLE PK Street or RFD  
 ELLICOTT CITY MD 21042 Town State Zip

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD  
 RALPH MAYNE 77 License No. 80 116  
 RALPH MAYNE Well Drilling Firm Name  
 9120 Brown Church Rd Mt Airy Address  
 Ralph Mayne 4/14/97 Signature Date

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET  
 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)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE AS WRITE INITIALS IN BOX PERMIT No. 40-94-1204

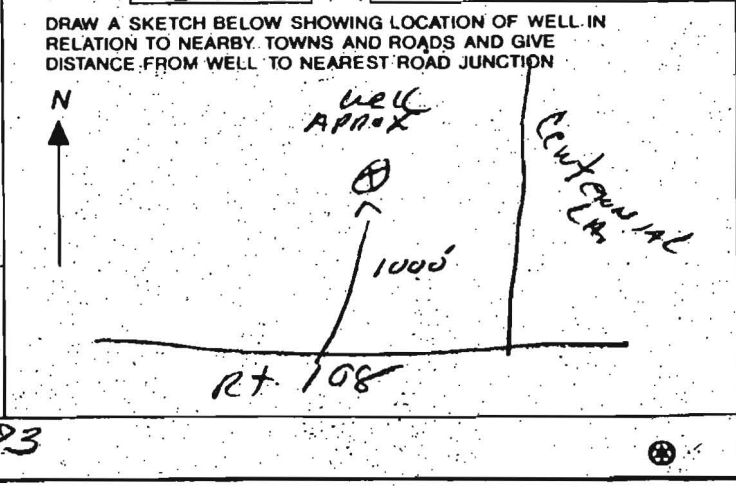
SPECIAL CONDITIONS: 410-730-8993  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**B 3** LOCATION OF WELL  
 HOWARD COUNTY  
 DBA CLARKLAND FARMS SUBDIVISION  
 SECTION F LOT F  
 CLARKSVILLE NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) 1 MI

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 NEAR WHAT ROAD MD RT 108  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 1000 DISTANCE FROM ROAD ENTER FT OR MI FL  
 TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 HOWARD COUNTY NAME A-58031 COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 05/17/97  
 CO SIGNATURE EXP. DATE 6/17/98  
 NORTH GRID 512000 EAST GRID 834000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER 1 well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 512834 N 836512



COUNTY