

C1 19338

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Green, Philip; WELL SITE ADDRESS: 6495 Prostruck Dr; TOWN: Clarksville, MD; SUBDIVISION: Willow Pond; SECTION: ; LOT: 6

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 Brn Sand, Ark Brn Sand, Weathered Rock, Med Gng Rock, Gng blk rock, Med Gng rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (Steel, Concrete, Plastic, 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 (Steel, Brass, Plastic, Open Mole, Other)

NUMBER OF UNSUCCESSFUL WELLS; WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO.; DRILLERS SIGNATURE; LIC. NO.

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

Table with columns: C2, DEPTH (nearest ft.), A, C, H, S, R, E, N. Includes slot size and diameter of screen.

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

C3 PUMPING TEST

HOURS PUMPED; PUMPING RATE; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL; TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP; TYPE OF PUMP INSTALLED PLACE; CAPACITY; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT

LATITUDE 39.19438; LONGITUDE 76.95170; NOTES

05-593277

B 1	11251	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 545135-B please type	STATE PERMIT NUMBER Ho - 95 - 2586 fill in this form completely
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Date Received (APA) 08/29/13

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Green Philip A. Owner First Name 34

36 927 Balto Annap Blvd Street or RFD 55

57 Annapark Md 21146 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Willow Pond 42

SECTION 6 LOT 6

44 46 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name C. John Hess MWD 553 License No. 81

Firm Name Allied Environmental Services

Address PO Box 139 Annap June 20704

Signature C. John Hess Date 8/28/13

B 4

SOURCES OF DRILLING WATER

1. Public

2.

3.

6495 Prestwick, Ct

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST EAST
SOUTH

34 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP 0034 BLK 0012 PARCEL 0444

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)

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 8 loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 09/17/2013 CO SIGNATURE RHT EXP. DATE 9/17/14

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 275' FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 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 _____

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

39 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

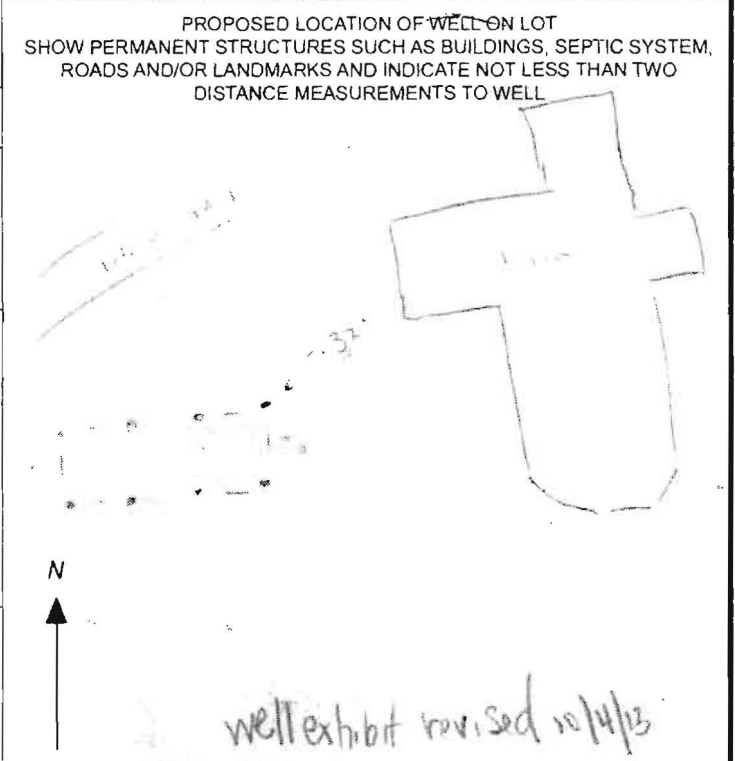
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. Ho - 95 - 2586

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

wells must be grouted from bottom to top.

