

C 1 7210 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 STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG

GROUTING RECORD

C 3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed)

CEMENT BENTONITE CLAY

PUMPING RATE (gal. per min.)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Dryholes, 1 Cement 0-60, 2 Cement 0-60.

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

METHOD USED TO MEASURE PUMPING RATE

CASING RECORD

WATER LEVEL (distance from land surface)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

BEFORE PUMPING

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

WHEN PUMPING

SCREEN RECORD screen type or open hole (insert appropriate code below)

TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS: 2

DEPTH (nearest ft.)

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

WELL HYDROFRACTURED

Table with columns: A C H S R E E N, 1 2 3, 8 9 11, 15 17, 21, 23 24 26, 30 32, 36, 38 39 41, 45 47, 51. Includes slot size and diameter of screen.

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

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

DRILLERS LIC. NO. 1 M SD 009

PUMP HORSE POWER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

PUMP COLUMN LENGTH (nearest ft.)

LIC. NO. 1 D

CASING HEIGHT (circle appropriate box and enter casing height)

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

LAND SURFACE (nearest foot)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

LOCATION OF WELL ON LOT

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Diagram showing well location on lot with measurements: 12', 85', 64', 10', 10'.

B 1 4375
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526692 please type

STATE PERMIT NUMBER
110-95-1125
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76
Webster Verne
4956 Morning Star Dr.
Dayton MD 21036

B 3 LOCATION OF WELL

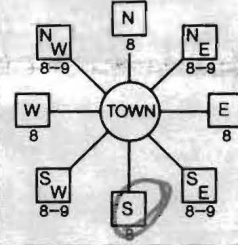
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

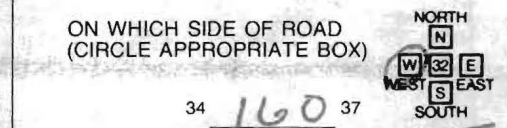
76 Driller's Name License No. 81
Firm Name
Address
Signature Date
Allen Complex M S D 009
Fugles Well Drilling
580 Obrecht rd
Allen 5-1-07

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 160 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 9 PARCEL 167

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
5 500

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
5/15/07 CO SIGNATURE EXP. DATE
43 MM DD YY 48
NORTH GRID 510 000 EAST GRID 805 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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

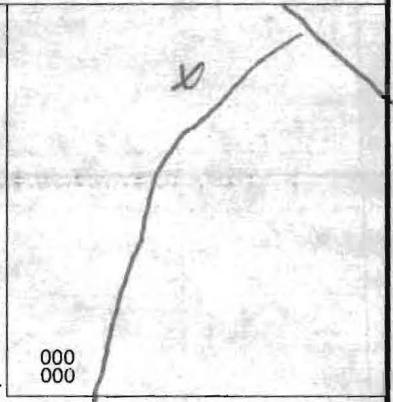
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

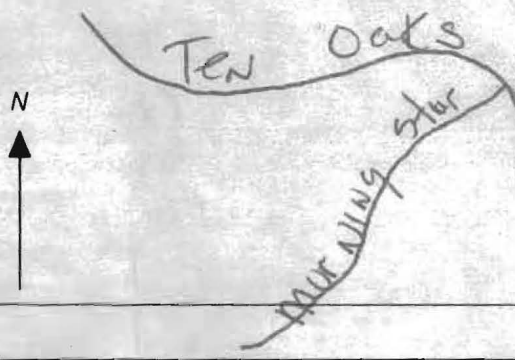
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8005
N 510



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

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

APPROX. PERMIT NUMBER G
PERMIT No. 110-95-1125
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

MORNING STAR DRIVE

R-1120
L-53.50

547°28'10"W 142.58'

R-25
L-39.27

40' MB
543°46'19"E 181.33'

FRAME SHEET

47' 2 BEGS
47' 2 BEGS
47' 2 BEGS

Drainage Pond

septic

Proposed New Well Location

10ft From Property line

Dry Hole

5/15/07
Well Site OK

Current Well

Swale

50' MB

542°31'50"E

155.00'

TEN OAKS ROAD

547°28'10"W 225.00'

LOCATION DRAWING
No. 4956 MORNING STAR DRIVE
LOT NO. 6, BLOCK "A", SECT. 2
"LINDEN CHAPEL HILLS"
HOWARD COUNTY, MD

GREENSPRING SURVEYS
P.O. BOX # 761
GREENSPRING STATION
BROOKLANDVILLE, MD 21022

410-409-5237

Date: 02-11-03 Scale: 1" = 40'

WAV.

SITE INSPECTION SHEET

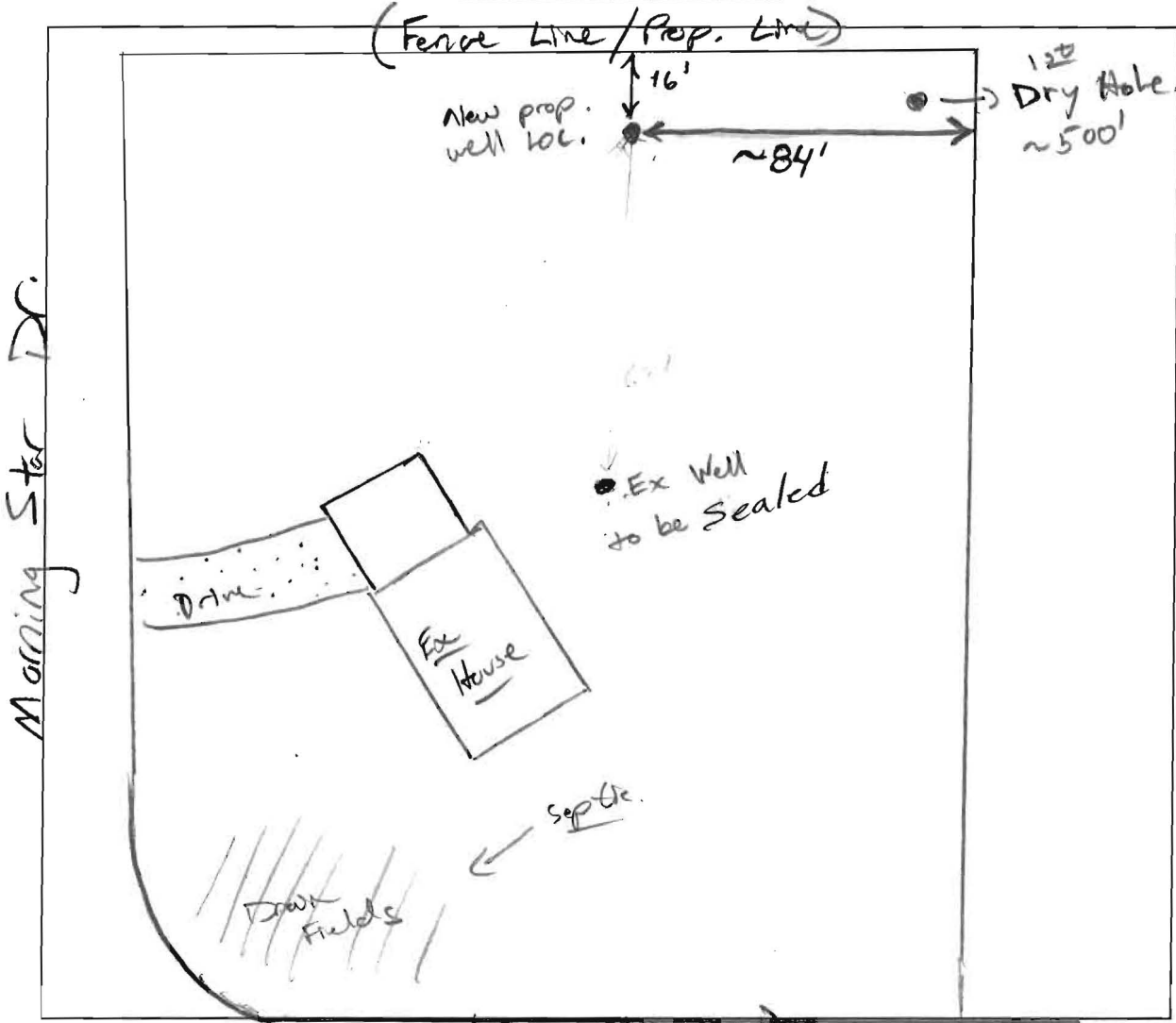
OWNER: Vesne Webster PHONE #: _____

ADDRESS: _____ CONTRACTOR: Fogel's

WELL TAG #: HO-95-1125 (Near Tag)
SUBDIVISION: _____ LOT: _____ COUNTY #: 13

PROPOSAL: Well Driller hit dry hole on 1st attempt.
Relocation of New well site loc.

LOCATION DIAGRAM



COMMENTS: New placement verified on site. Contractor
to notify Health Dept. of any deviations. (KW)
Waiting confirmation from home owner (KW)

DATE: 6/4/07 INSPECTOR: (KW)



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 Greenspring Surveys on 5-9-07 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.

KN