

C1 2991

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 A 516543

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 220'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0345

OWNER Abramson, Helli, first name Allan STREET OR RFD 1047 R-97 TOWN Cooksville md

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 16, NO. OF POUNDS 1504

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 62

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 60, 240

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

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

DRILLERS LIC. NO. 1 MSD024, DRILLERS SIGNATURE

LIC. NO. 1 D

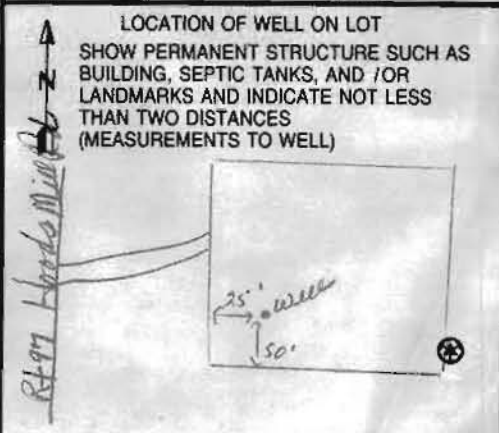
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft., WHEN PUMPING 70 ft., TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below, 2 (nearest) foot



B 1 1014

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524372 please type

STATE PERMIT NUMBER 40-95-0345 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13. Abramson Allen. 15 Last Name Owner First Name 34. 36 Street or RFD 55 Woodbine Md 21797. 57 Town 70 State 72 Zip 76

LOCATION OF WELL: B 3. Howard. 8 COUNTY 21. Mullinix Property. 23 SUBDIVISION 42. SECTION 44 46 LOT 48 50. 52 NEAREST TOWN Crooksville 71.

DRILLER INFORMATION: Driller's Name Joseph G. Mayne M S D 024 License No. 81. Firm Name Joseph G. Mayne Well Drilling. Address 5512 Ridge Rd Mt Airy Md 21771. Signature Joseph G. Mayne Date 3/23/06

MILES FROM TOWN (enter 0 if in town) 2 MI. 1047 Route 97. 11 NEAR WHAT ROAD 30. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH [X] WEST [ ] EAST [ ] SOUTH [ ]. 34 3500 37 DISTANCE FROM ROAD FT. ENTER FT OR MI 38 39. TAX MAP: 8 BLK: 6 PARCEL 166.

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 4. AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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: Howard 7516543. COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S. DATE ISSUED 4/4/06 4/4/07. CO SIGNATURE EXP. DATE. NORTH GRID 551 000 EAST GRID 799 000.

APPROXIMATE DEPTH OF WELL 300 FEET. APPROXIMATE DIAMETER OF WELL 6 INCH. NEAREST TOWN

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 7989, N 54051.

METHOD OF DRILLING (circle one): BORED (or Augered) JETTED Jetted & DRIVEN. AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary). CABLE REVerse-ROtary DRive-POINT. other

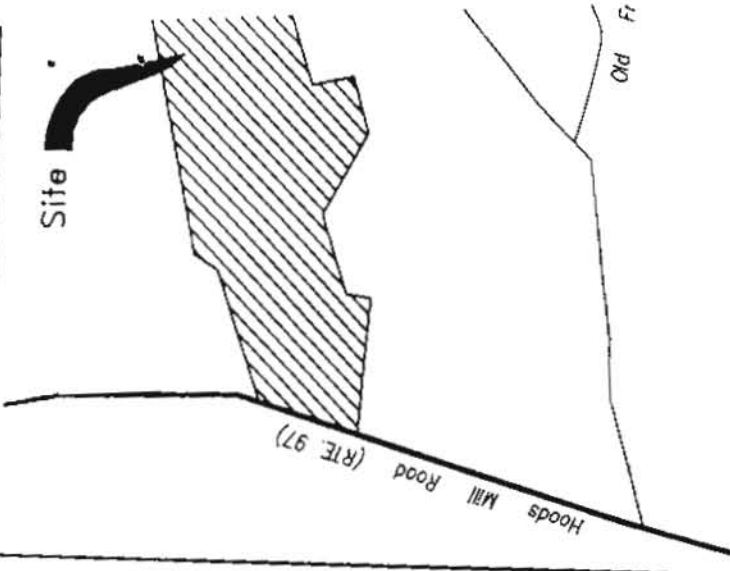
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL. [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED. [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS. [D] THIS WELL WILL DEEPEN 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. Sketch shows well location near Old Frederick Rd and Crooksville.

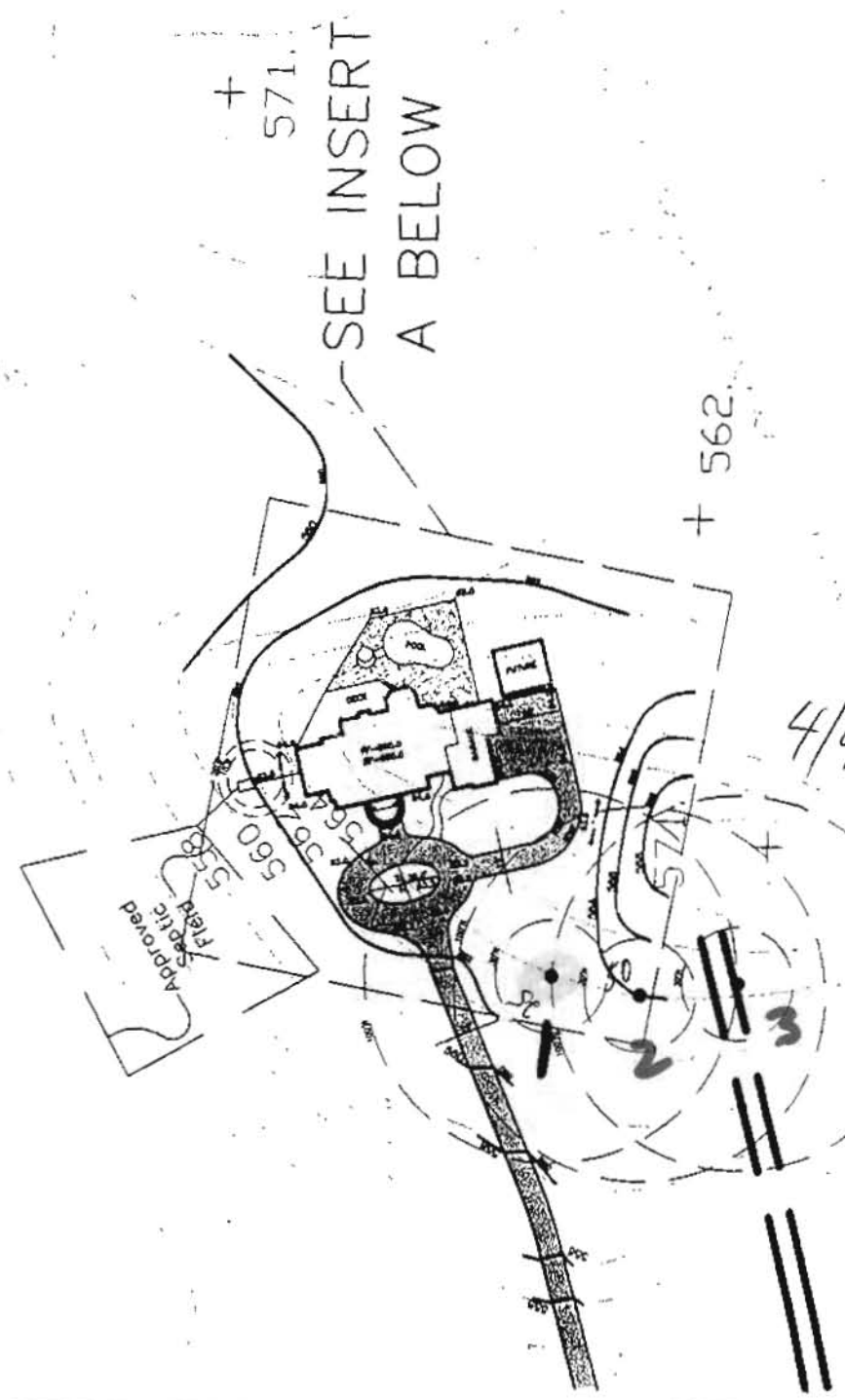
Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G. PERMIT No. 40-95-0345

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Site



VICINITY MAP  
SCALE 1" = 1,200'



SEE INSERT  
A BELOW

4/4/06  
well sites  
OK (SC)

Approved  
Septic  
Field



B 1 5146

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 51852 please type

STATE PERMIT NUMBER

HO-94-3649 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name 134 Owner 134 First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

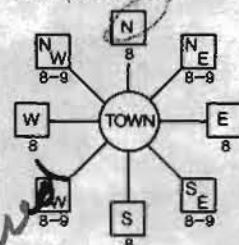
8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 3/10 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Firm Name Address Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 2,390 37 ENTER FT OR MI 38 39 TAX MAP: 8 BLK: 6 PARCEL 166

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 GEO-THERMAL

Permit expired Tag returned & destroyed 11/5/03

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A516543 COUNTY NAME COUNTY NO. DATE ISSUED 2/27/2003 Brian Baker 2/27/2004 CO SIGNATURE EXP. DATE NORTH GRID 550 000 EAST GRID 799 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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

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

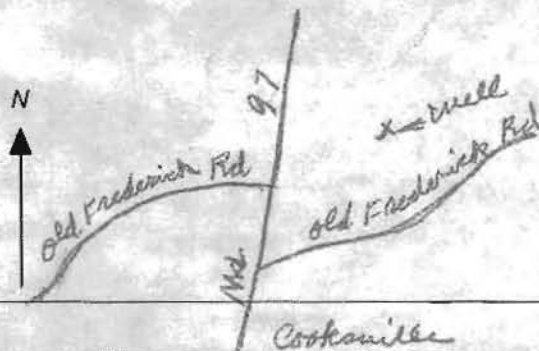
APPROX. PERMIT NUMBER PERMIT No. HO-94-3649

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 7949 N 54050

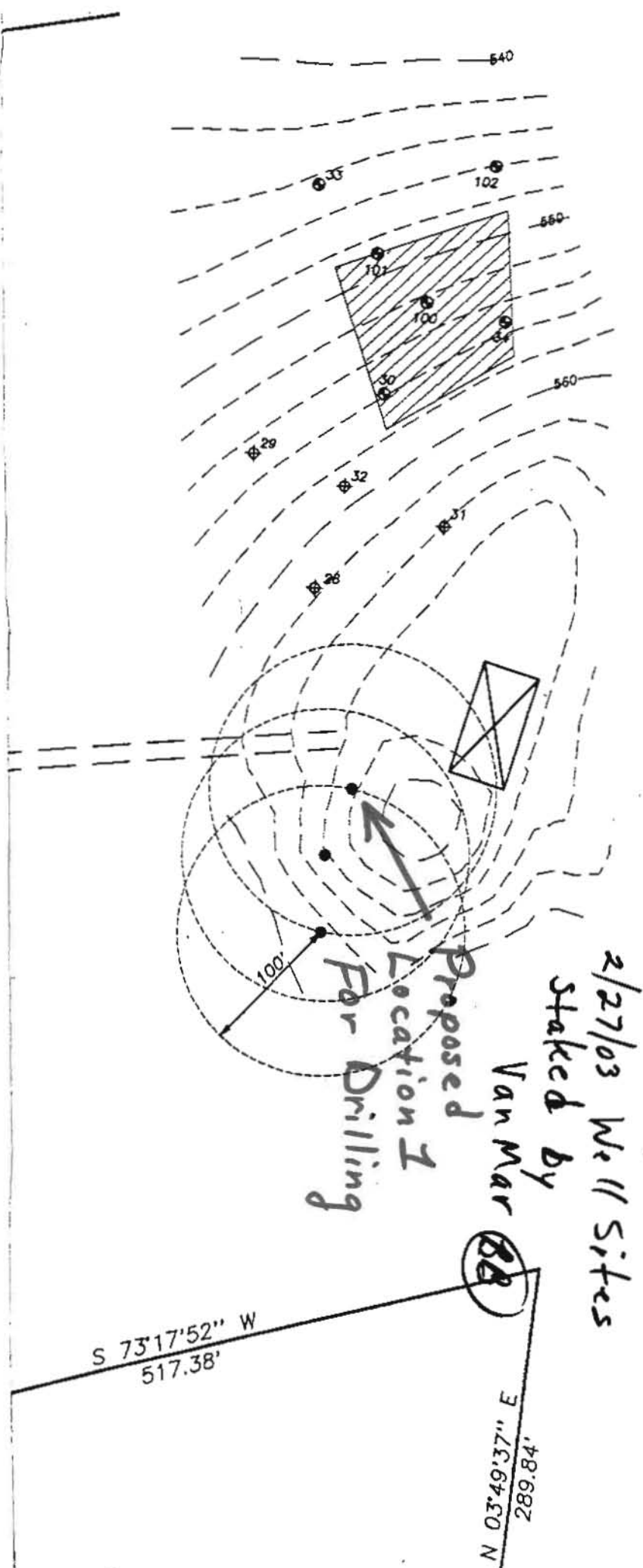
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Remainder

~~Remainder~~ Liber 896 Folio 217

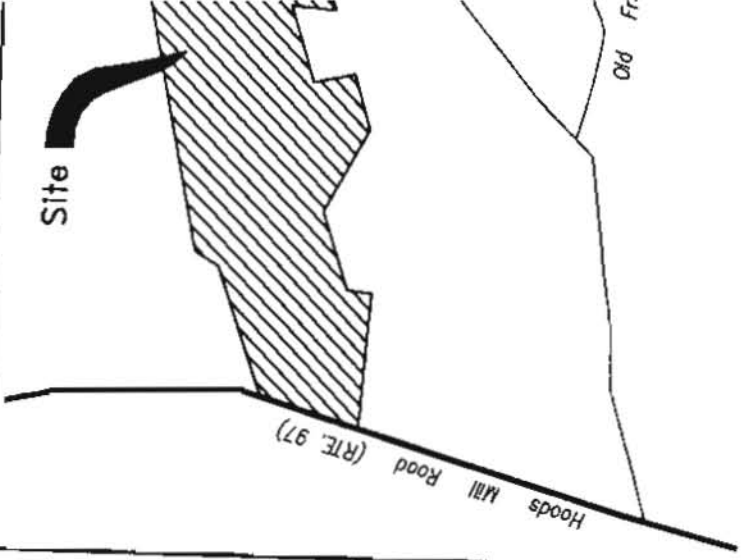
Mullineix Property



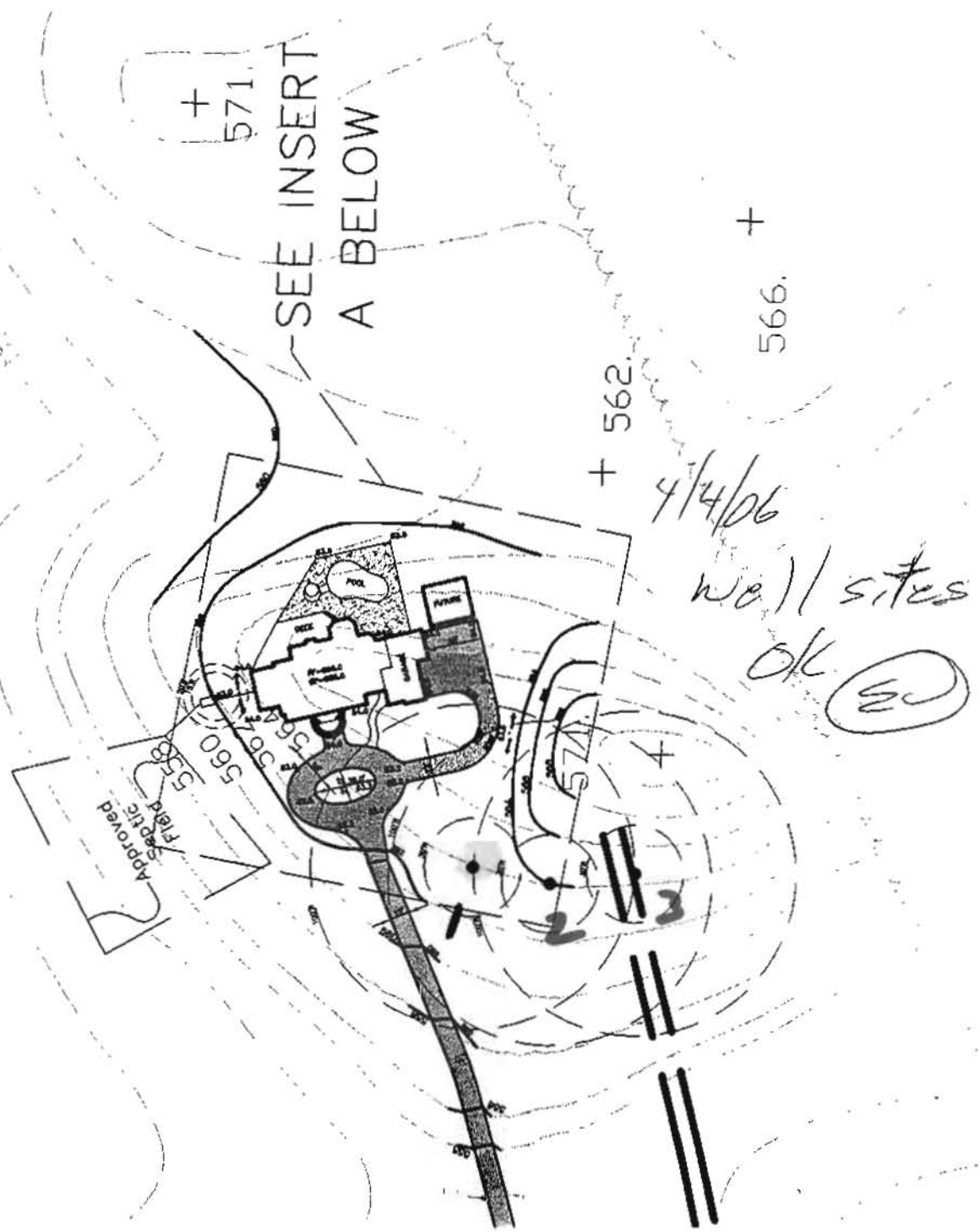
2/27/03 Well Sites  
Staked by  
Van Mar

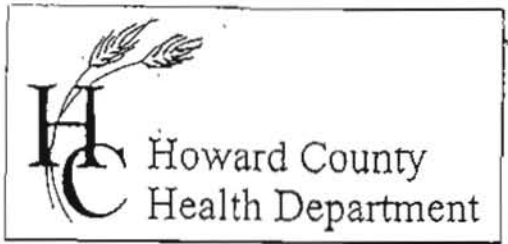
Proposed  
Location 1  
For Drilling

Site



VICINITY MAP  
SCALE 1" = 1,200'





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 Macris Hendrick, Glascock PA on March 22, 06 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

*Allen Abramson*

*C - 301-370-2794*