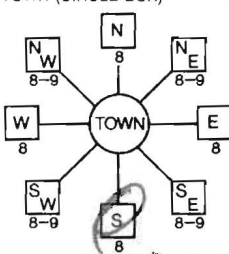
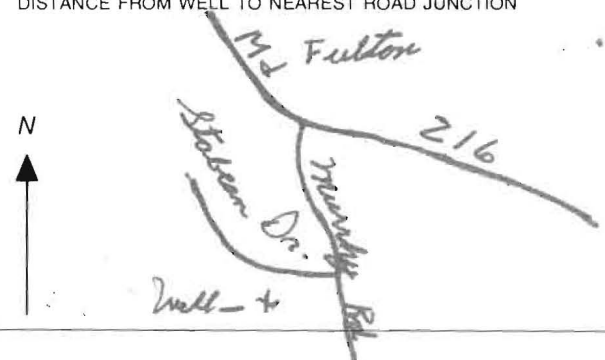


<div>C1</div> <div>3436</div>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>520398</u>	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 6 18 64		Depth of Well 22 225' 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 94 - 3966</u> 28 29 30 31 32 33 34 35 36 37	
OWNER STREET OR RFD <u>8184 Stabean Dr.</u> SUBDIVISION		TOWN <u>Fulton Md 20759</u> SECTION <u>37</u> LOT					
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GRROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2068</u> GALLONS OF WATER <u>132</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>65</u> ft. to <u>65</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>20</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>36</u> ft. WHEN PUMPING <u>90</u> ft. TYPE OF PUMP USED (for test) <u>A</u> air <u>P</u> piston <u>T</u> turbine <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) <u>J</u> jet <u>S</u> submersible			
DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing <u>Sand</u> 0 66 <u>Gray Mica Rock</u> 66 225		<b>CASING RECORD</b> casing types insert appropriate code below <u>ST</u> STEEL <u>CO</u> CONCRETE <u>PL</u> PLASTIC <u>OT</u> OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>70</u> 60 61 63 64 66 70					
		<b>OTHER CASING (if used)</b> EACH CASING diameter inch depth (feet) from to _____ _____					
		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <u>ST</u> STEEL <u>BR</u> BRASS <u>HO</u> OPEN HOLE <u>PL</u> PLASTIC <u>OT</u> OTHER					
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C 2</b> 1 2 DEPTH (nearest ft.) <u>HO</u> <u>68</u> <u>225</u> E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E N SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) 56 60 from to		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP YES <u>NO</u> (CIRCLE) (YES or 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. <u>29</u> 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) <u>+</u> above <u>49</u> LAND SURFACE <u>-</u> below <u>2</u> (nearest foot) 49 50 51			
WELL HYDROFRACTURED <u>Y</u> <u>N</u>							
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.							
DRILLERS LIC. NO. <u>MSD 024</u> DRILLERS SIGNATURE <u>Joseph L. Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>M D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		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) <u>Pool</u> <u>House</u> <u>Stabean Dr.</u>			

B 1 <b>9820</b> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 520398 please type	STATE PERMIT NUMBER <b>HO - 94 - 3966</b> <small>70 fill in this form completely 79</small>
Date Received (APA) <b>6/3/04</b> <small>8 MM DD YY 13</small> OWNER INFORMATION 15 Last Name <b>Chel</b> Owner <b>Jim</b> First Name <b>34</b> 36 <b>8184 Stabean Dr.</b> Street or RFD <b>55</b> 57 <b>Fulton</b> Town <b>70</b> State <b>72</b> Zip <b>20759</b> 76		B 3 LOCATION OF WELL 8 COUNTY <b>Howard</b> 21 23 SUBDIVISION <b>BEAN PROPERTY</b> 42 SECTION <b>44</b> 46 LOT <b>37</b> 48 50 52 NEAREST TOWN <b>Fulton</b> 71 MILES FROM TOWN (enter 0 if in town) <b>1/2</b> M I 73 76 77 78	
DRILLER INFORMATION Driller's Name <b>Joseph L. Mayne</b> 76 License No. <b>MS D024</b> 81 Firm Name <b>Joseph L. Mayne Well Drilling</b> Address <b>5512 Ridge Rd. Apt 21771</b> Signature <b>Joseph L. Mayne</b> 6/2/04 Date		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  2 NEAR WHAT ROAD <b>8184 Stabean Drive</b> 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <b>173</b> 37 DISTANCE FROM ROAD <b>FT</b> ENTER FT OR MI 38 39 TAX MAP: <b>46</b> BLK: <b>2</b> PARCEL <b>238</b>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>4</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <b>Howard</b> COUNTY NO. <b>520398</b> STATE SIGNATURE <b>John B. ...</b> INSERT S → 41 DATE ISSUED <b>6/3/04</b> CO SIGNATURE <b>John B. ...</b> 6/3/04 43 MM DD YY 48 NORTH GRID <b>478</b> 000 EAST GRID <b>822</b> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>822</b> N <b>478</b> 000 000	
APPROXIMATE DEPTH OF WELL <b>280</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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 _____ G _____ PERMIT No. <b>HO - 94 - 3966</b> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

EPART  
BROF

MAN  
ND

FRATION

# JOSEPH L. MAYNE WELL DRILLING

5512 Ridge Rd.  
MT. AIRY, MD 21771  
(301) 829-2164 FAX (301) 829-5384

SUBMIT CO

\* COUN  
\* WELL  
\* MDE

DATE WELL

CUSTOMER'S ORDER NO. PHONE DATE 6-18-04

NAME Timothy Ebel

ADDRESS 8184 Stabean Dr. Fulton Md. 20759

SOLD BY CASH C.O.D. CHARGE ON ACCT. MDSE. RET'D. PAID OUT

QTY.	DESCRIPTION	PRICE	AMOUNT
Well 225'	20gpm	8.00	1800 00
Well casing 70' steel		8.00	560 00
Cement grout			450 00
Well cap			50 00

Paid in full

7-1-04

B. Mayne Thanks!

Jun 30 Well abandoned 1,000 00

1 1/2% SERVICE CHARGE PER MONTH ON ACCOUNTS OVER 30 DAYS

RECEIVED BY TAX TOTAL 2860 00

D PRODUCT 610T All claims and returned goods must be accompanied by this bill. 5214 To Reorder: 800-225-6380 or nebs.com 3,860.00 THANK YOU

CONCRETE OTHER (specify)

SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

DEPTH OF WELL: 70 FEET DEEP

WAS ANY CASING REMOVED? YES NO if yes, length removed, in feet: 9

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN License # DATE

WELL OWNED

MBER: 024 CIRCLE: MWD/MSD/MGD

MAP

FEET	
FROM	TO
0	70
VOLUME OF MATERIAL USED	



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-30-04 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL 76-94-3966

\* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

\* OWNER'S NAME: Timothy Ebel

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Fulton Md

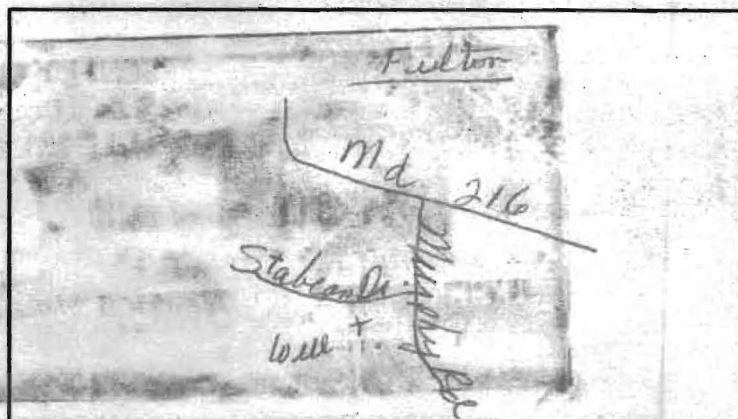
TAX MAP 46 BLOCK 2 PARCEL 238

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: 37

NEAREST ROAD: 8184 Stabean Drive

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGERED ☐ HAND DUG
- ☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 65/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 70 FEET DEEP

\* WAS ANY CASING REMOVED? ☒ YES ☐ NO  
if yes, length removed, in feet: 9

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel mixed</u>	<u>0</u>	<u>70</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph Mayne

LICENSE # 024

MWD/MSD/MGD 7-1-04  
CIRCLE ONE

DATE