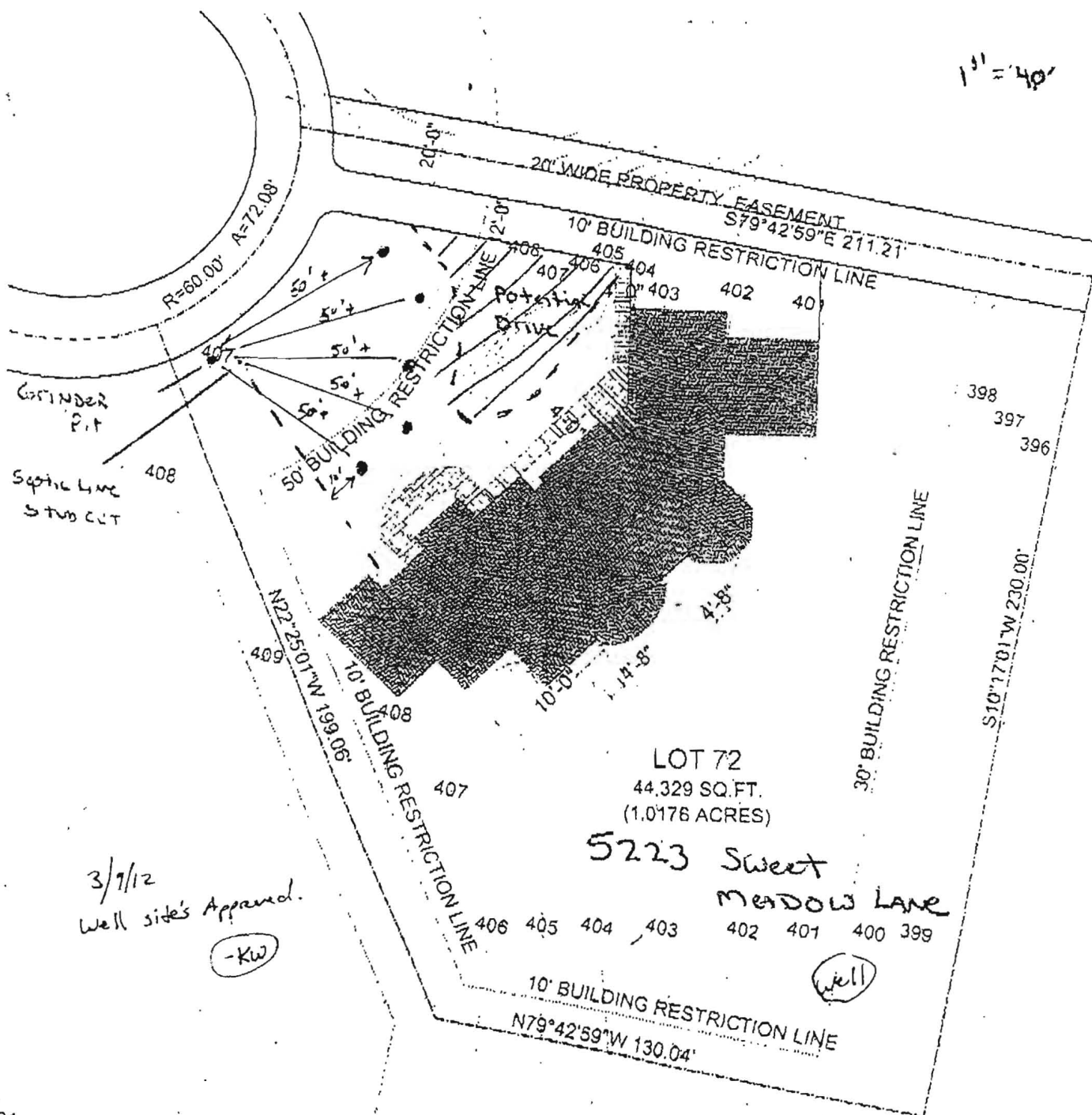


C 1 19767 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
ST/CO USE ONLY DATE Received MM DD YY 02 19 13		DATE WELL COMPLETED MM DD YY 10 31 12		Depth of Well 22 400 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 9/20/16 SC H0 - 95 - 2258 28 29 30 31 32 33 34 35 36 37	
OWNER <u>OZA</u> WELL SITE ADDRESS <u>5223 SWEET MEADOW LN</u> TOWN <u>CLARKSVILLE, MD 21029</u> SUBDIVISION _____ SECTION _____ LOT _____							

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD YES NO WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> <input type="checkbox"/> (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>30</u> NO. OF POUNDS <u>1500</u> GALLONS OF WATER <u>750</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>400</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)			C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>8</u> <u>9</u> PUMPING RATE (gal. per min.) <u>11</u> <u>15</u> METHOD USED TO MEASURE PUMPING RATE _____ WATER LEVEL (distance from land surface) BEFORE PUMPING <u>17</u> <u>20</u> ft. WHEN PUMPING <u>22</u> <u>25</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input checked="" type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input type="checkbox"/> submersible		
DESCRIPTION (Use additional sheets if needed) SOIL Red clay Brown shale SAND CLAY Schist 2 bores x 400' 3 bores x 375'			CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) <u>60</u> <u>61</u> <u>63</u> <u>64</u> <u>66</u> <u>70</u> Total depth of main casing (nearest foot) _____ OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING _____			PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above <input type="checkbox"/> below LAND SURFACE (nearest foot) <u>49</u> <u>50</u> <u>51</u>		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>			C 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 S 4 42 43 44 46 48 50 R 5 49 52 53 54 56 58 60 E 6 59 61 62 63 64 65 66 67 68 E 7 69 70 71 72 73 74 75 76 N 8 77 78 79 80 81 82 83 84 85 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to			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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		

DRILLERS LIC. NO. <u>MWD 355</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Daniel Bank</u> LIC. NO. <u>AWD 902</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		NOTES: 	
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B 1	14703	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2258</u> <small>fill in this form completely</small>
Date Received (APA) 01 04 12 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <u>OZA</u>		Owner First Name <u>Manish G</u>		
36 Street or RFD <u>5223 Sweet Meadow Lane</u>		34		
57 Town <u>Clarksville</u>		70 State <u>MD</u>		
		72 Zip <u>21029</u>		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <u>Michael Barlow</u>		B 3		
Firm Name <u>Barlow Well Drilling</u>		8 COUNTY <u>Howard</u>		
Address <u>522 Underwood Lane 21014</u>		23 SUBDIVISION <u>Walnut Springs Grove</u>		
Signature <u>[Signature]</u>		SECTION <u>44</u>		
Date <u>12/23/11</u>		LOT <u>72</u>		
		52 NEAREST TOWN <u>Clarksville</u>		
B 2		B 4		
WELL INFORMATION		SOURCES OF DRILLING WATER		
APPROX. PUMPING RATE (GAL. PER MIN.)		1. <u>Well</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		2. <u> </u>		
		3. <u> </u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		5223 Sweet Meadow Lane		
<input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		11 STREET ADDRESS		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		NORTH		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		WEST		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		EAST		
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		SOUTH		
<input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL		DISTANCE FROM ROAD <u>50</u>		
		ENTER FT OR MI <u>FT</u>		
		TAX MAP: <u>29</u> BLK: <u>18</u> PARCEL <u>74</u>		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u>		COUNTY NO. <u>(13)</u>		
STATE SIGNATURE		INSERT S →		
DATE ISSUED <u>2/10/12</u>		CO SIGNATURE		
EXP. DATE <u>2/10/13</u>				
APPROXIMATE DEPTH OF WELL <u>400</u> FEET		PROPOSED LOCATION OF WELL ON LOT		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
METHOD OF DRILLING (circle one)		810		
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN <input type="checkbox"/>		500		
30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/>				
37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER				
PERMIT No. <u>HO-95-2258</u>				
SPECIAL CONDITIONS <u>Grants must be called in.</u>				



3/7/12
Well site's Appraised.