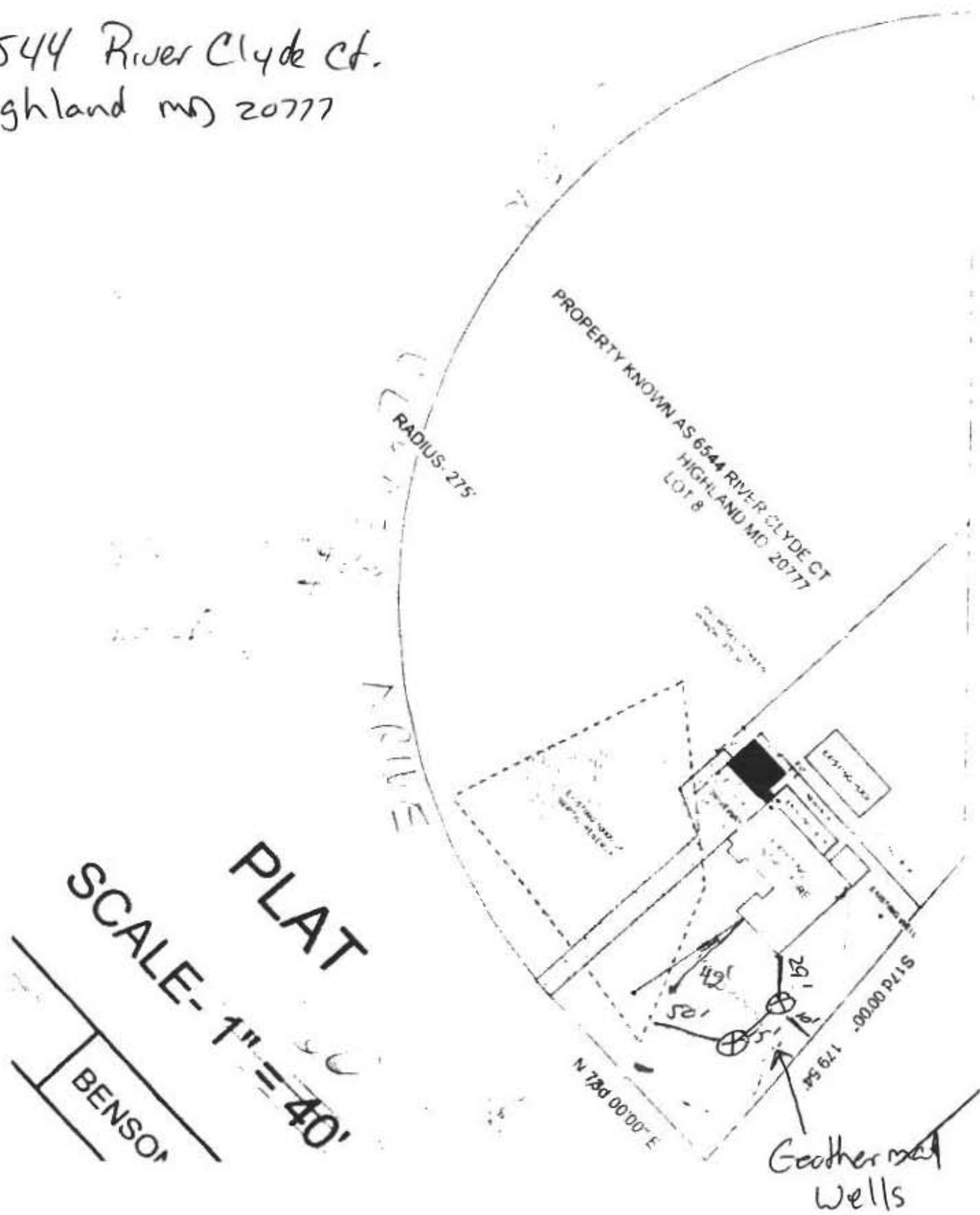
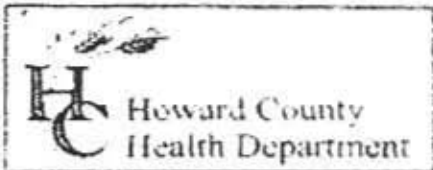


C 1 0321		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER		
ST/CO USE ONLY DATE Received MM 10 DD 4 YY 1		DATE WELL COMPLETED MM 10 DD 07 YY 11		Depth of Well 22 320' 26 12/6/2011 (TO NEAREST FOOT) O.K.		
OWNER: Grunfield		TOWN: Highland		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2123		
STREET OR RFD: 1514 River Clyde Dr.		SECTION: Highland Lake		LOT: 8		
SUBDIVISION: Highland Lake		SECTION: Highland Lake		LOT: 8		
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input checked="" type="radio"/> BC NO. OF BAGS 45 14 NO. OF POUNDS 45 70 GALLONS OF WATER 325 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) <input checked="" type="radio"/> A air <input checked="" type="radio"/> P piston <input checked="" type="radio"/> T turbine <input checked="" type="radio"/> C centrifugal <input checked="" type="radio"/> R rotary <input checked="" type="radio"/> O other (describe below) <input checked="" type="radio"/> J jet <input checked="" type="radio"/> S submersible		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below <input checked="" type="radio"/> ST STEEL <input checked="" type="radio"/> CO CONCRETE <input checked="" type="radio"/> PL PLASTIC <input checked="" type="radio"/> OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70 Total depth of main casing (nearest foot)		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 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) <input checked="" type="radio"/> + above LAND SURFACE (nearest foot) <input checked="" type="radio"/> - below (nearest foot)		
DESCRIPTION (Use additional sheets if needed)		EACH CASING OTHER CASING (if used) diameter inch depth (feet) from to		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) 		
FROM TO check if water bearing		SCREEN RECORD screen type or open hole insert appropriate code below <input checked="" type="radio"/> ST STEEL <input checked="" type="radio"/> BR BRASS <input checked="" type="radio"/> HO OPEN HOLE <input checked="" type="radio"/> PL PLASTIC <input checked="" type="radio"/> OT OTHER				
Moist Stiff Reddish Brown 0' 5'		C 2 DEPTH (nearest ft.) 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				
Moist Stiff Light Brown 5' 30'		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				
Fine Sandy Micaceous silt w/ small Boulder		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q				
Badly Fractured Rock 30' 72'		70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA				
Rock 72' 320'						
2x Leather seal wells						
NUMBER OF UNSUCCESSFUL WELLS: 1						
WELL HYDROFRACTURED yes <input checked="" type="radio"/> Y no <input checked="" type="radio"/> N						
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						
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. 1 MUD 580						
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)						
LIC. NO. 1 D						
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						

B 1	1918	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 535294 please type	STATE PERMIT NUMBER <u>HO-95-2183</u> fill in this form completely
Date Received (APA) 07 02 11 8 MM 00 YY 13		OWNER INFORMATION		
15 Last Name <u>Gunsfield</u>		Owner First Name <u>Howard</u>		LOCATION OF WELL B 3 8 COUNTY <u>Howard</u> 23 SUBDIVISION <u>Highland Lake</u> SECTION 44 46 LOT 48 50 <u>8</u> <u>Clarksville</u> 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <u>1.3</u> M I 73 76 77 78
36 Street or RFD <u>6544 River Clade Dr.</u>		55		
57 Town <u>Highland</u>		70 State <u>MD</u>		
		72 Zip <u>20777</u>		
DRILLER INFORMATION				
Driller's Name <u>Edward Gross</u>		MWD <u>580</u> 76 License No. 81		
Firm Name <u>Long Green Energy (410-409-2260)</u>				
Address <u>2109 Emmorton Park Rd Suite 107 MD 21040</u>				
Signature <u>Edward Gross</u> Date <u>2/2/11</u>				
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20				
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 checked="" type="checkbox"/> GEO-THERMAL <u>closed</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>8/25/2011</u> CO SIGNATURE <u>Brian Baker</u> EXP. DATE <u>8/25/2012</u> NORTH GRID <u>495</u> EAST GRID <u>810</u> 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>320'</u> FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH		SOURCES OF DRILLING WATER 1. <u>291</u> 2. <u>House</u> 3.		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY</u> (Hydraulic Rotary) CABLE <u>REVERSE-ROTARY</u> DRIVE-POINT other _____		E <u>810</u> N <u>495</u>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<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 DEEPEN AN EXISTING WELL		Sketch showing location of well in relation to nearby towns and roads. Includes labels: <u>River Clade Dr.</u> , <u>Prentiss Rd</u> , <u>To Clarksville</u> .		
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. <u>HO-95-2183</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Grout Backholes From Bottom Upward With Tremie Pipe</u>				

6544 River Clyde Ct.
Highland MD 20777





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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Well Driller
(professional land surveyor or company employing professional land surveyors)
on 7/7/11 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Attn:
Mike Davis

410-313-2648

From: Jason Collum with Ground Keep.

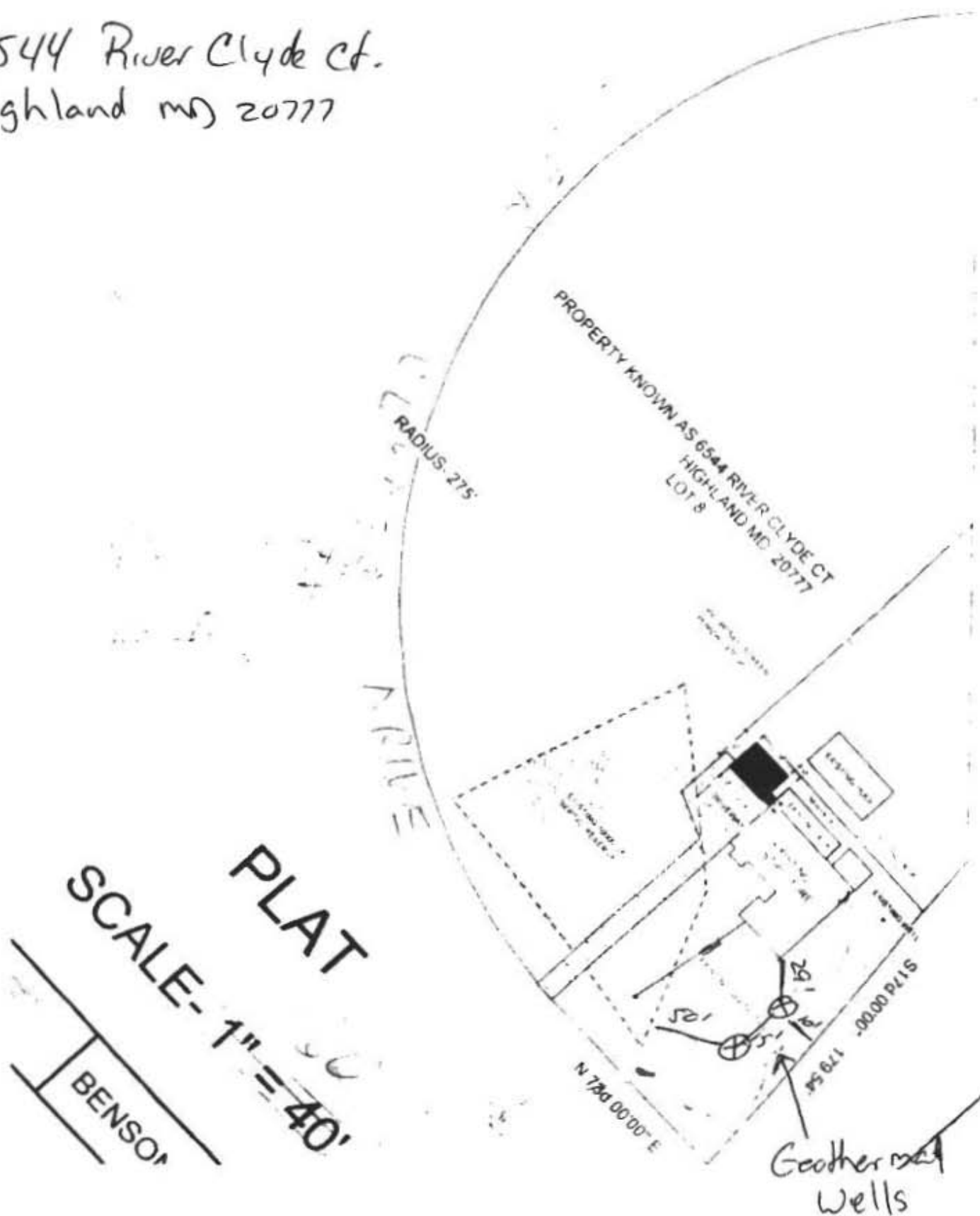
I attached a new copy of Plat
for 6544 Riverchide. with well locations. Call with
questions. Please let me know
what needs to happen next.

Jason

443-866-3447

410-836-1706

6544 River Clyde Ct.
Highland MD 20777





FAX COVER SHEET

of Pages including cover sheet:

Date: 8/3/11

To: Brian Baker

From: ED GROSS

Reference: Revised site plan for
6544 River Clyde Rd.

LONG

ENERGY

11959 Harford Road Glen Arm, MD 21057 410.510.7216

410.510.7122

www.LongGreenEnergy.com

