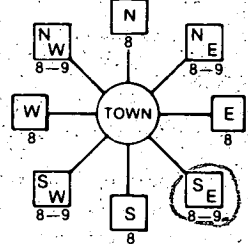
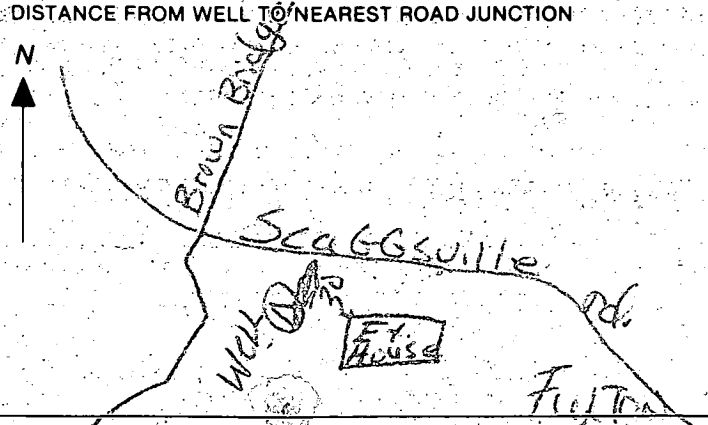


<b>C1</b> 5344		SEQUENCE NO. (OEP USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				<b>INDEXED</b>				COUNTY NUMBER <b>A-37988-W</b>			
DATE Received <b>10/8/86</b>		DATE WELL COMPLETED <b>10/30/86</b>						PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>40-81-1211</b>			
OWNER <b>HANIKES</b>		last name <b>12325 RE 216</b>		first name <b>LESTER</b>		TOWN <b>FULTON HILL</b>		SUBDIVISION <b>TAYMAP 40 GRID 18 PARC 199</b>		SECTION <b>LOT 2</b>	
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>				<b>C3</b> <b>NO P.T. INFO</b> <b>SENT TO HEALTH DEPT</b>			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>				PUMPING TEST			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL				HOURS PUMPED (nearest hour) <b>3</b>			
FEET FROM TO				CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>				PUMPING RATE (gal. per min. to nearest gal.) <b>6</b>			
Check if water bearing				NO. OF BAGS <b>20</b> NO. OF POUNDS <b>1720</b>				METHOD USED TO MEASURE PUMPING RATE <b>1 gal</b>			
Top soil 0 2				GALLONS OF WATER				WATER LEVEL (distance from land surface)			
Sand 2 20				DEPTH OF GROUT SEAL (to nearest foot)				BEFORE PUMPING <b>3</b>			
Sand stone 20 30				from 0 ft. to 2 ft.				WHEN PUMPING <b>25</b>			
Gray rock 30 25 ✓				TOP 52 BOTTOM 58				TYPE OF PUMP USED (for test)			
Black rock 25 50 ✓				Casing types insert appropriate code below				<b>A</b> air <b>P</b> piston <b>T</b> turbine			
				MAIN CASING TYPE				<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)			
				Nominal diameter top (main) casing (nearest inch)				<b>J</b> jet <b>S</b> submersible			
				Total depth of main casing (nearest foot)							
				OTHER CASING (if used)				PUMP INSTALLED			
				diameter inch depth (feet) from to				DRILLER WILL INSTALL PUMP YES <b>NO</b>			
				SCREEN RECORD				(CIRCLE) YES or NO			
				screen type or open hole				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME-USE			
				<b>ST</b> <b>BR</b> <b>HO</b>				TYPE OF PUMP INSTALLED			
				<b>PL</b> <b>OT</b>				PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <b>OK</b>			
				C2				CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>31</b> <b>35</b>			
				DEPTH (nearest ft.)				PUMP HORSE POWER <b>37</b> <b>41</b>			
				<b>H0</b> <b>40</b> <b>150</b>				PUMP COLUMN LENGTH (nearest ft.) <b>43</b> <b>47</b>			
				EACH SCREEN				CASING HEIGHT (circle appropriate box and enter casing height)			
				SLOT SIZE 1 2 3				<b>+</b> above <b>-</b> below			
				DIAMETER OF SCREEN (NEAREST INCH) <b>56</b> <b>60</b>				LAND SURFACE <b>2</b> (nearest foot)			
				GRAVEL PACK				LOCATION OF WELL ON LOT			
				IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.				OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)				A37988-W			
DRILLERS IDENT. NO. <b>21161</b>				T (E.R.O.S.) <b>GRO. WTE.</b>							
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				70 <b>72</b> <b>74</b> <b>75</b> <b>76</b>							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				TELESCOPE CASING LOG INDICATOR OTHER DATA							

<b>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">2748</div>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">         40-31-1311       </div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		<b>B 3</b> <b>LOCATION OF WELL</b> 18 COUNTY <u>Harford</u> 23 SUBDIVISION <u>1000 S A BORDIN</u> SECTION <u>44</u> LOT <u>48</u> 52 NEAREST TOWN <u>1</u> MILES FROM TOWN (enter 0 if in town) <u>1</u> <u>M</u> <u>I</u>	
<b>OWNER INFORMATION</b> 15 Last Name <u>ADAMS</u> Owner First Name <u>ESTER</u> 36 Street or RFD <u>1000 S A BORDIN</u> 57 Town <u>1</u> 70 State <u>72</u> Zip <u>76</u>		<b>B 4</b> 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>SCAGGSVILLE RD</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>30</u> 37 DISTANCE FROM ROAD ENTER FT or MI <u>7</u>	
<b>DRILLER INFORMATION</b> Driller's Name <u>Bernard Fezer</u> 77 License No. <u>80</u> Firm Name <u>Tr. County</u> Address <u>1609 Frederick Rd L. 5600</u> Signature <u>Bernard Fezer</u> Date <u>2/7/65</u>		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Harford</u> COUNTY NO. <u>A-37998-X-6</u> OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> DATE ISSUED <u>2/1/65</u> CO. SIGNATURE _____ EXP. DATE _____ NORTH GRID <u>484000</u> EAST GRID <u>081000</u>	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">         E 9166          N 41884       </div>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 31 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE <input type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. _____	
<b>SPECIAL CONDITIONS</b>			