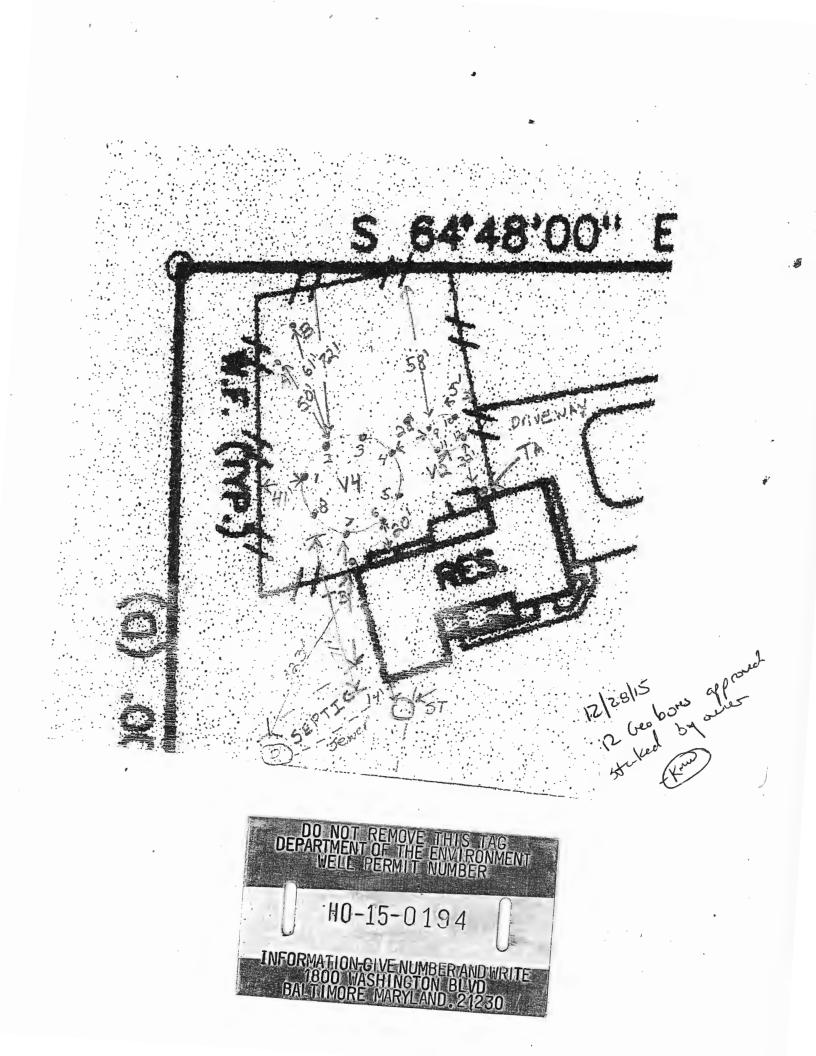
| C1 10211 | | | | STATE OF MARYLAND | THIS REPORT MUST BE SUBMITTED WITHIN |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| C 1 42314 (MDE USE ONLY) | | | | WELL COMPLETION REPORT | 45 DAYS AFTER WELL IS COMPLETED. |
| (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | | FILL IN THIS FORM COMPLETELY PLEASE TYPE | NUMBER A20436 |
| ST/CO USE ONLY DATE Received MM DD SY/C 8 13 | DAT | E WELL | COMPL | Y 22 1 8 26 | 0K 5/17/16 SC 10 10 10 10 10 10 10 10 10 10 |
| OWNER HUSK | hast party | top | RAVE | COULED First name TOWN _4 | KST FREODED |
| SUBDIVISION | | | The sec | SECTION | LOT |
| WELL LOG Not required for driven wells | | | | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | | | TYPE OF GROUTING MATERIAL (Circle one) | PUMPING TEST HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use additional sheets if needed) | FROM | ET TO | check if water bearing | CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS | 8 9 PUMPING RATE (gal. per min.) |
| Bran | 0 | 35 | | GALLONS OF WATER | METHOD USED TO |
| - Brain Shate | | | | DEPTH OF GROUT SEAL (to nearest foot), from $\frac{1}{48}$ TOP 52 ft. to $\frac{1}{54}$ BOTTOM 58 ft. | WATER LEVEL (distance from land surface) |
| | 4 | | | (enter 0 if from surface) Casing CASING RECORD | BEFORE PUMPING |
| 1 they | 35 | 68 | | types ST CO | WHEN PUMPING ft. |
| Schist | | | | appropriate code below | 22 25 TYPE OF PUMP USED (for test) |
| 8 Growells | | | | MAIN Nominal diameter Total depth | A air P piston T turbine |
| 8 oro mil | | | | CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot) | C centrifugal R rotary O (describe below) |
| | | | | 60 61 63 64 66 70 | jet S submersible |
| | | | | E OTHER CASING (if used) A diameter dapth (feet) H inch from to | PUMP INSTALLED |
| | | | | C L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L L LL L L L L L L L L L L L L L L L L L L L | DRILLER INSTALLED PUMP YES NO ~ (CIRCLE) (YES or NO) |
| | | | | N | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. |
| | | | | screen type or open hole ST BR HO | TYPE OF PUMP INSTALLED |
| | | | | appropriate STEEL BRASS OPEN BRONZE HOLE | IN BOX 29. CAPACITY: GALLONS PER MINUTE |
| | | ÷. | | below PLASTIC OT THEAT | (to nearest gallon) 31 35 |
| | | | | C 2 DEPTH (nearest ft.) | PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH |
| NUMBER OF UNSUCCESSFUL WELLS: | | | no · | | (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box |
| WELL HYDROFRACTURED | | | | A 9 11 15 17 21 C | + above) and enter casing height) |
| CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED | | | | H ⁻ 23 24 26 30 32 36 S C 3 | 49 LAND SURFACE (nearest) |
| WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION | | | N | R 38 39 41 45 47 51 E | 49 50 51 1001 |
| WELL | | | RUCTED IN | E SLOT SIZE 1 2 3 | LATITUDE 3 9. <u>3038597</u> LONGITUDE 7 6. <u>9998093</u> |
| 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 | | | | OF SCREEN INCH) | (DEFAULT COORD. WGS 84) |
| KNOWLEDGE. | | | | from to | Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on this form is used in processing this form pursuant |
| alle mos | | | | GRAVEL PACK | to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You |
| DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) | | | | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) | have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public |
| LIC. NO.1 D I | | | - 1 | T (E.R.O.S.) W Q | Information Act. This form may be made available on the Internet via MDE's website and is |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | | | (man | 70 72 TELESCOPE LOG 74 75 76 | subject to inspection or copying, in whole or in part, by the pulic and other governmental agencies, if not protected by federal or state law. |
| responsible for sitework if different from permittee) | | | | CASING INDICATOR OTHER DATA | |

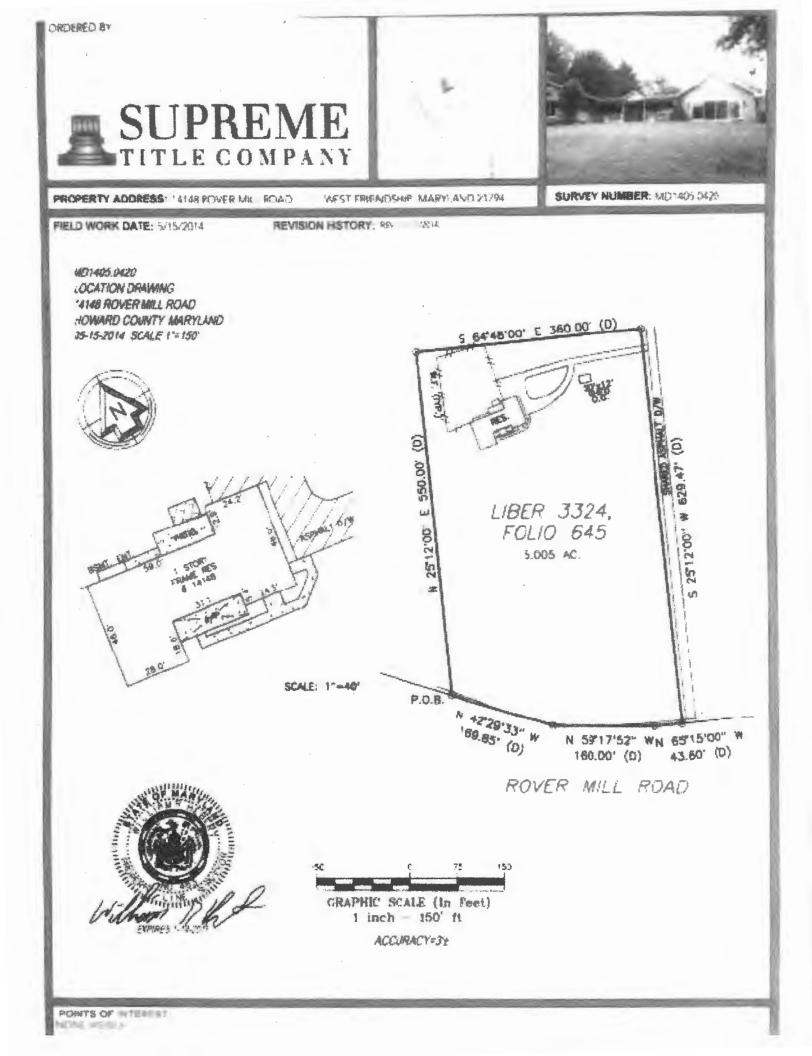
COLINT

| C 1 34871 (MDE USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | 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) | FILL IN THIS FORM COMPLETELY PLEASE TYPE | NUMBER AZO434 |
| ST/CO USE ONLY DATE Received MM DD YY 8 13 DATE WELL COMPLU MM DD YY 15 | ETED Depth of Well | PERMIT NO. FROM "PERMIT TO DRILL WELL" (17/16 SC) 28 29 30 31 32 33 34 35 36 37 |
| OWNERlast name | Homas Bat name | inter to a |
| WELL SITE ADDRESS | SECTION | LOT |
| WELL LOG Not required for driven wells | VOS DO | C 3 1 2 PUMPING TEST |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | TYPE OF GROUTING MATERIAL (Circle one) | HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use additional sheets if needed) FROM TO bearing | NO. OF BAGS 10 NO. OF POUNDS | PUMPING RATE (gal. per min.) |
| Brann p 40 Shete p 40 | GALLONS OF WATER Z.O DEPTH OF GROUT SEAL (to nearest foot) | METHOD USED TO MEASURE PUMPING RATE |
| Shere Shere | from 0 ft. to 0 BOTTOM 58 ft. (enter 0 if from surface) | WATER LEVEL (distance from land surface) |
| 6 40 58 | CASING RECORD | BEFORE PUMPING 17 20 ft. |
| Schist | (appropriate code below PL OT | WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) |
| 10 | MAIN Nominal diameter Total depth | A air P piston T turbine |
| 4 Growells | CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot) | C centrifugal R rotary O conter 27 centrifugal 27 rotary O conter 27 centrifugal C conter 27 |
| 1.51 | 60 61 63 64 66 70 E OTHER CASING (if used) | J jet S submersible |
| | A diameter depth (feet) C inch from to | PUMP INSTALLED |
| | A [] | DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) |
| 1 1 1 | Screen type SCREEN RECORD | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED |
| | or open hole ST BR HO insert STEEL BRASS OPEN | PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29. |
| | (appropriate code below) BRONZE HOLE PL OT | CAPACITY: GALLONS PER MINUTE (to nearest gailon) 31 35 |
| | PLASTIC OTHER | PUMP HORSE POWER 37 41 |
| NUMBER OF UNSUCCESSFUL WELLS: | C 2 DEPTH (nearest ft.) | PUMP COLUMN LENGTH (nearest ft.) |
| WELL HYDROFRACTURED | E 1 A 9 11 15 17 21 C | CASING HEIGHT (circle appropriate box and enter casing height) |
| CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED | H 23 24 26 30 32 36 S | 49 LAND SURFACE (nearest) |
| WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION | C 3 R 38 39 41 45 47 51 E | 49 50 51 |
| WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND | | LATITUDE 3 9 . <u>303852</u> 1 LONGITUDE 7 <u>6.99989</u> |
| 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. | OF SCREEN INCH) 56 60 from to | (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of |
| DRILLERSYLIC, NO. 1 M S D DOL 1 | GRAVEL PACK | the Maryand Code personal info. requested on this form is used in processing this form pursuant |
| DRILLERS SIGNATURE | WAS FLOWING WELL | to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this |
| (MUST MATCH SIGNATURE ON APPLICATION) | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q | form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made |
| | 70 72 | available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the pulic and other governmental |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework it different from permitted) | TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA | part, by the pullc and other governmental agencies, if not protected by federal or state law. |

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER SEQUENCE NO STATE OF MARYLAND Ť 🐔 (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL please type fill in this form completely LOCATION OF WELL Date Received (APA) B 3 OWNER INFORMATION NIC Ä 13 21 COL ICep, L 15 Last Name First Name 34 Dwne 23 SUBDIVISION 42 36 Street or RFD 55 SECTION L LO1 57 State Zip 76 TOWN 71 DRILLER INFORMATION HIPN MSDOO9 **Driller's Name** License No B 4 SOURCES OF DRILLING WATER knupr m TO 1 Well Water Firm Nan 2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 3. Address S 34 400 Signature Date 37 SOUTH B 2 WELL INFORMATION DISTANCE FROM ROAD APPROX. PUMPING RATE 1 2 ENTER FT OR MI 38 39 (GAL. PER MIN.) 12 a TAX' MAP: 005 BLK: 0007 PARCEL 0204 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 NOT TO BE FILLED IN BY DRILLER USE FOR WATER (CIRCLE APPROPRIATE BOX) HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL |F| **IRRIGATION**) COUNTY NAME bores STATE INDUSTRIAL, COMMERCIAL, DEWATERING 1 22 SIGNATURE INSERT S PUBLIC WATER SUPPLY WELL Ρ DATE (SSUED Τ TEST, OBSERVATION, MONITORING 23 **OPEN LOOP GEOTHERMAL** CO SIGNATURE 0 CLOSED LOOP GEOTHERMAL C orc PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC, SYSTEM, APPROXIMATE DEPTH OF WELL J FEET ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO 24 28 DISTANCE MEASUREMENTS TO WELL NEAREST F APPROXIMATE DIAMETER OF WELL INCH 0. Corrs Could ad METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE **REVerse-ROTary** DRive-POINT RP other ister man No REPLACEMENT OR DEEPENED WELLS Kergre (CIRCLE APPROPRIATE BOX) N HIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE Y ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED 39 S 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 DEEPENED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) G APPROP. PERMIT NUMBER PERMIT No. 70 71 72 73 75 76 74 70 SPECIAL CONDITIONS Grant NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Haw C .

D COUNTY





Well location key for 14148 Rover Mill Rd West Friendship MD, 21794

-Field V4 is an 18 foot diameter loop field Spacing between bores is 7 feet

-Field V2 is a 10 foot diameter loop field Spacing between bores is 7 feet

-Point A is and abandoned well

-Point B is current well and is the only Well in use on the property

-Point D is the dry well

- Point ST is the septic tank

-Septic area is clearly marked

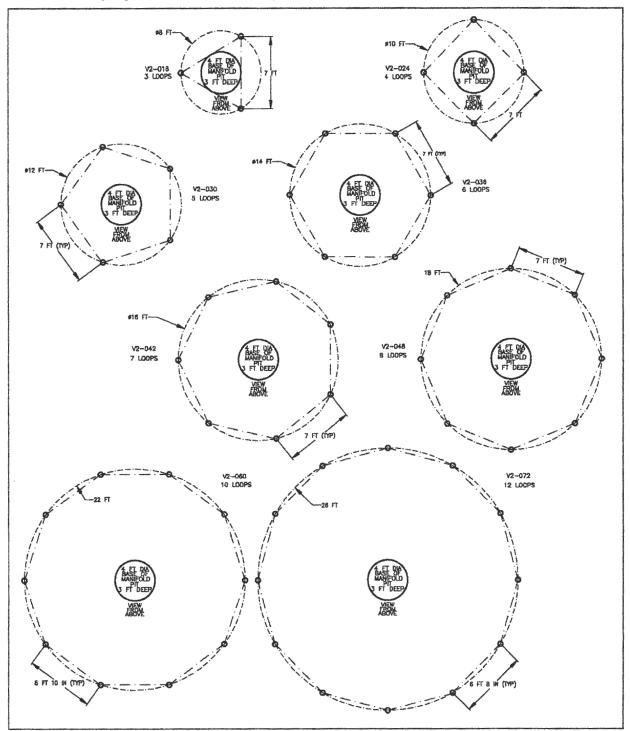
-RES is the house

-Driveway is clearly marked

- Sewer line clearly marked

-Triangulation was used to locate all geothermal bore locations Using the structure (house) corners as TA and TB The measurements are as follows

| Bore 1 TA 54.3 Feet | Bore 1 TB 30.6 Feet |
|-----------------------|----------------------|
| DOIE I TA 54.5 Peet | DOICT TO SUUTCEL |
| Bore 2 TA 57.2 Feet | Bore 2 TB 37.4 Feet |
| Bore 3 TA 55.5 Feet | Bore 3 TB 43.8 Feet |
| Bore 4 TA 49.9 Feet | Bore 4 TB 46.6 Feet |
| Bore 5 TA 43 Feet | Bore 5 TB 45.2 Feet |
| Bore 6 TA 38.9 Feet | Bore 6 TB 39.9 Feet |
| Bore 7 TA 41 Feet | Bore 7 TB 32.10 Feet |
| Bore 8 TA 47.8 Feet | Bore 8 TB 28.5 Feet |
| Bore 9 TA 40.2 Feet | Bore 9 TB 74.6 Feet |
| Bore 10 TA 38.9 Feet | Bore 10 TB 79.2 Feet |
| Bore 11 TA 31.11 Feet | Bore 11 TB 74.4 Feet |
| Bore 12 TA 33.2 Feet | Bore 12 TB 69.1 Feet |



V2 Earth Loop System: 2 – 75' loops per ton



Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046-2147 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location: 14143 ROVER Mill RD Subdivision/Property Name Lot# Road Name

The well site has been staked by William Hebert (professional land surveyor or company employing professional land surveyors) on Developer 18,200 (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 3/11/05