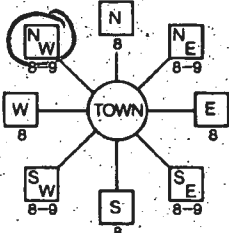
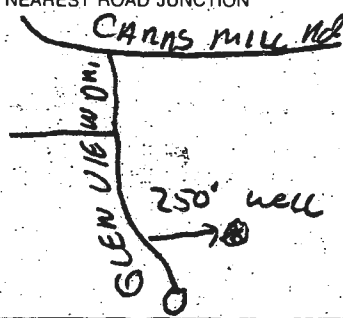
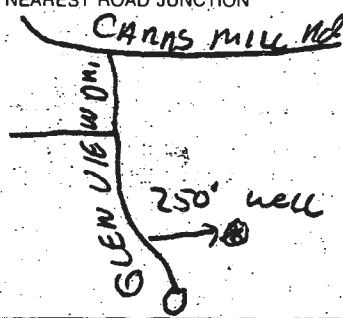


C 1		4355		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY. PLEASE TYPE				THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.							
										COUNTY NUMBER A 50388 S							
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 09 02 98				Depth of Well. 22 350' 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1623							
OWNER R. Selfridge		STREET OR RFD Ridge View Hunt		TOWN Blennwood		SECTION 3		LOT 3									
WELL LOG						GROUTING RECORD						C 3					
Not required for driven wells						WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)						PUMPING TEST					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING						TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)						HOURS PUMPED (nearest hour) 6					
DESCRIPTION (Use additional sheets if needed)						NO. OF BAGS 9 NO. OF POUNDS 900						PUMPING RATE (gal. per min.) 3					
FEET						GALLONS OF WATER 54						METHOD USED TO MEASURE PUMPING RATE Buck					
FROM TO						DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft.						WATER LEVEL (distance from land surface)					
check if water bearing						(enter 0 if from surface)						BEFORE PUMPING 51 ft.					
Top Soil 0 2						Casing Record						WHEN PUMPING 122 ft.					
Sandy 2 15						casing types insert appropriate code below						TYPE OF PUMP USED (for test)					
Sand Stone 15 17						(ST) (CO) STEEL CONCRETE						(A) air (P) piston (T) turbine					
MICKA 17 50						(PL) (OT) PLASTIC OTHER						(C) centrifugal (R) rotary (O) other (describe below)					
Sand Stone 50 55						MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28						(J) jet (S) submersible					
MICKA 55 350						OTHER CASING (if used) diameter inch depth (feet) from to						PUMP INSTALLED					
						EACH CASING						DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) (NO)					
						SCREEN RECORD						IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.					
						screen type or open hole (ST) (BR) (HO) STEEL BRASS OPEN						TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29					
						(PL) (OT) PLASTIC OTHER						CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35					
NUMBER OF UNSUCCESSFUL WELLS: 0						C 2 DEPTH (nearest ft.)						PUMP HORSE POWER 37 41					
WELL HYDROFRACTURED (Y) (N)						1 HO 26 350						PUMP COLUMN LENGTH (nearest ft.) 43 47					
CIRCLE APPROPRIATE LETTER						2 23 24 25 30 32 36						CASING HEIGHT (circle appropriate box and enter casing height)					
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED						3 38 39 41 45 47 51						(+) above LAND SURFACE (-) below 2 (nearest foot)					
E ELECTRIC LOG OBTAINED						E SLOT SIZE 1 2 3						LOCATION OF WELL ON LOT					
P TEST WELL CONVERTED TO PRODUCTION WELL						Diameter of Screen (NEAREST INCH) 56 60						SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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.						Gravel Pack If Well Drilled Was Flowing Well Insert F in Box 68											
DRILLERS LIC. NO. MSD 116						MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)											
DRILLER'S SIGNATURE Ralph Wayne						T (E.R.O.S.) W Q											
LIC. NO. MSD 112						70 72 74 75 76											
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						TELESCOPE CASING LOG INDICATOR OTHER DATA											

B 1	4761	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1623 <small>fill in this form completely</small>
Date Received (APA) <u>7.6.98</u> <small>8 MM DD YY 13</small> OWNER INFORMATION 15 Last Name <u>SELFIDGE</u> Owner <u>Builders Inc</u> First Name <u>Dr.</u> 34 36 Street or RFD <u>14045 GARZO DR</u> 55 57 Town <u>GLENWOOD</u> 70 State <u>MD</u> 72 Zip <u>21738</u> 76			B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>RIDGE VIEW Hunt</u> 21 23 SUBDIVISION _____ 42 SECTION _____ 44 46 LOT <u>3</u> 48 50 <u>GLENWOOD</u> 52 NEAREST TOWN _____ 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Ralph Mayne</u> MS D 116 76 License No. 81 Firm Name <u>Ralph Mayne well drilling</u> Address <u>9120 Brown Church Rd Mt Airy</u> <u>John Mayne</u> 6-29-98 Signature _____ Date _____			B 4 <u>GLENVIEW MD</u> 11 NEAR WHAT ROAD _____ 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 <u>250</u> 37 DISTANCE FROM ROAD <u>ft</u> ENTER FT OR MI 38 39 TAX MAP: <u>14</u> BLK: <u>8/9</u> PARCEL <u>14</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> <small>(GAL. PER MIN.)</small> 8 500 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>(GAL. PER DAY)</small> 14 20			B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A 50388 S</u> COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>7.13.98</u> <u>Kim Mingo</u> 7.13.99 <small>43 MM DD YY 48</small> CO SIGNATURE _____ EXP. DATE _____ NORTH GRID <u>536 000</u> 55 EAST GRID <u>788 000</u> 57 63	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH _____			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>79888</u> N <u>54036</u>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" 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"/> 37 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 	
REPLACEMENT OR DEEPEINED 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 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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 _____ GAP _____ 63 PERMIT No. <u>HO-94-1623</u> <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>				