

C1 9507

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50642B

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

08 29 97

08 09 97

22 205 26 (TO NEAREST FOOT)

40-94-1221

OWNER: Sauder Builders, Inc. STREET OR RFD: Twist + Turn Lane TOWN: Dayton SUBDIVISION: Twist + Turn Estates SECTION: LOT: 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD

Case types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 324

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO.: 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: 150112

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)

Table for depth measurements with columns 1-51 and rows E1-E3.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft.

WHEN PUMPING 33 ft.

TYPE OF PUMP USED (for test)

Selections for pump type: A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED

DRILLER WILL INSTALL 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 2

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)

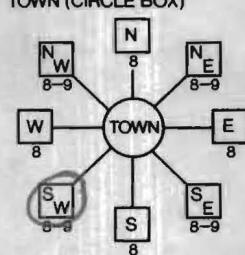


B 1 8708 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER H0-94-1221
70 fill in this form completely 78

Date Received (APA) 061397
OWNER INFORMATION
 8 Souder 13 Buildings Inc
 15 Last Name 34 Owner First Name
 36 9335 Old Scarysville 65
 Street or RFD
 57 Laurel 70 State 72 MD 74 20923 76
 Town Zip

B 3 LOCATION OF WELL
 1 HOWARD 2
 8 COUNTY 21
Twist & Turn East 42
 23 SUBDIVISION
 SECTION 1 44 46 LOT 1 48 50
DAYTON 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION CIRCLE MSD/MGD/MWD
SCALP MAYNE 77 License No. 80 116
 Driller's Name
SCALP MAYNE Well Drilling
 Firm Name
9120 Brown Church rd. Wt Airy
 Address
Paul Mayne 6/13/97
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD Twist & Turn LA. 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 100 37
 DISTANCE FROM ROAD
 ENTER FT OR MI FT 38 39
 TAX MAP: 22 BLK: _____ PARCEL 24

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

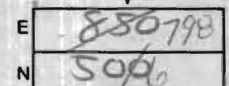
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. A56642B
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED 070397 Kim Maisto 7/3/98
 43 CO-SIGNATURE 48 EXP. DATE
 NORTH GRID 506000 50 55 EAST GRID 0798000 57 63

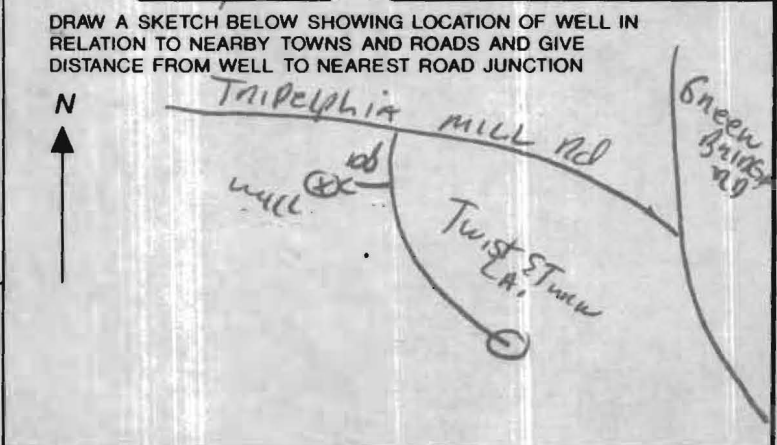
APPROXIMATE DEPTH OF WELL 50 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 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 _____ 54 GAP 63
 FORCE KN WRITE INITIALS IN BOX PERMIT No. H0-94-1221
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

TRIADELPHIA MILL



6/25/97
 Move site
 15' off road
 ALM

PERCOLATION TABLE

NORTH	EAST	RESULTS
568541.5	1309888.5	PASS
568473.2	1310003.9	FAIL
568362.3	1310060.2	FAIL
568049.3	1310122.5	FAIL
568059.8	1310057.3	PASS
568066.5	1309990.3	PASS
567972.2	1310063.9	FAIL
567962.8	1309929.5	PASS
567958.2	1309841.5	PASS
567968.9	1309771.9	PASS
567898.4	1309794.6	PASS
567817.8	1309819.7	PASS
567828.5	1309750.1	PASS
567688.9	1309808.7	PASS
567673.7	1309904.3	PASS
567567.0	1309870.4	PASS
567385.4	1309681.1	FAIL
567351.7	1309752.7	PASS
567200.2	1309729.3	PASS
567212.8	1309654.0	FAIL
567152.1	1309669.0	FAIL
566972.0	1309791.2	PASS

7-8-97
 ok to move staked well
 location up to 20' from original
 stake to provide adequate clearance
 from road and power lines.
 (km)