

C1 14108		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 <u>A514220</u>			
ST/CO USE ONLY DATE Received MM <u>05</u> DD <u>29</u> YY <u>12</u>		DATE WELL COMPLETED MM <u>5</u> DD <u>10</u> YY <u>12</u>		Depth of Well <u>22</u> <u>320</u> <u>ft</u> <u>26</u> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-95-2287</u>		28 29 30 31 32 33 34 35 36 37			
OWNER <u>Galgano</u>				TOWN <u>Dayton, MD</u>							
WELL SITE ADDRESS <u>13715 Wye River Dr</u>				SECTION <u>5</u>				LOT <u>5</u>			
SUBDIVISION <u>Castleberry Ten Oaks</u>											
WELL LOG Not required for driven wells				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT C BENTONITE CLAY BC NO. OF BAGS <u>45</u> <u>46</u> <u>12</u> NO. OF POUNDS <u>45</u> <u>46</u> <u>360</u> GALLONS OF WATER <u>360</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>48</u> TOP <u>52</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)				C3 PUMPING TEST HOURS PUMPED (nearest hour) <u>N/A</u> PUMPING RATE (gal. per min.) <u>N/A</u> METHOD USED TO MEASURE PUMPING RATE <u>N/A</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>N/A</u> ft. WHEN PUMPING <u>N/A</u> ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <u>60</u> <u>61</u> <u>63</u> <u>64</u> <u>66</u> <u>70</u>							
DESCRIPTION (Use additional sheets if needed)				OTHER CASING (if used) diameter inch depth (feet) from to <u>E</u> <u>A</u> <u>C</u> <u>H</u> <u>S</u> <u>R</u> <u>E</u> <u>N</u>							
FROM TO check if water bearing				screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER							
Red weathered Schist 3 50 Gray weathered Schist 50 60 Gray limestone 60 320 geothermal 125' UBend Loop installed 2 of 2 wells				DEPTH (nearest ft.) <u>C2</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76							
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				PUMP HORSE POWER <u>37</u> <u>41</u>							
WELL HYDROFRACTURED Y N				PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>							
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				CASING HEIGHT (circle appropriate box and enter casing height) + above - below <u>49</u> (nearest foot)							
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.				LAND SURFACE <u>49</u> (nearest foot)							
DRILLERS LIC. NO. <u>MWD 572</u> <u>Samuel A. Connolly</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>ISD 106</u>				LATITUDE <u>39.25811N</u> LONGITUDE <u>76.98663N</u> (DEFAULT COORD. WGS 84)							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				NOTES:							
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				TELESCOPE CASING LOG INDICATOR OTHER DATA							
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q											
70 72 74 75 76											

C1 14650		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 <u>A514220</u>	
ST/CO USE ONLY DATE Received MM <u>05</u> DD <u>29</u> YY <u>12</u>		DATE WELL COMPLETED MM <u>5</u> DD <u>11</u> YY <u>12</u>		Depth of Well 22 <u>320</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 95 - 2287</u>	
OWNER <u>Raleane</u>		last name		first name <u>Peter</u>			
WELL SITE ADDRESS <u>13718 WYE RIVER DR</u>				TOWN <u>Dayton</u>		LOT <u>5</u>	
SUBDIVISION <u>CASTLEBERRY AT HEN OAKS</u>				SECTION		LOT <u>5</u>	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N		C3		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) <u>N/A</u>		PUMPING RATE (gal. per min.) <u>N/A</u>	
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS <u>12</u> NO. OF POUNDS <u>600</u>		METHOD USED TO MEASURE PUMPING RATE <u>N/A</u>		WATER LEVEL (distance from land surface)	
FEET FROM TO		GALLONS OF WATER <u>300</u>		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>320</u> ft. (enter 0 if from surface)		BEFORE PUMPING <u>117</u> ft.	
Red weathered Schist 2 47		Casing types insert appropriate code below		Casing RECORD ST CO PL OT		WHEN PUMPING <u>N/A</u> ft.	
Gray weathered Schist 47 60		MAIN CASING TYPE <u>N/A</u>		Nominal diameter top (main) casing (nearest inch) <u>60</u>		TYPE OF PUMP USED (for test)	
Gray limestone 61 320		Total depth of main casing (nearest foot) <u>70</u>		OTHER CASING (if used) diameter inch depth (feet) from to		A air P piston T turbine	
1.25" U Bend Loop installed		EACH CASING		screen type or open hole (insert appropriate code below)		C centrifugal R rotary O other (describe below)	
geothermal		SCREEEN RECORD ST BR HO PL OT		DEPTH (nearest ft.)		J jet S submersible	
1 of 2 wells		C2		SLOT SIZE 1 2 3		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED Y N		DIAMETER OF SCREEN (NEAREST INCH) <u>56</u>		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 <u>29</u>	
DRILLERS LIC. NO. <u>MWD 572</u>		DRILLERS SIGNATURE <u>Samuel A. Connolly</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>	
LIC. NO. <u>SSD 106</u>		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA		PUMP HORSE POWER <u>37</u> <u>41</u>	
						PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>	
						CASING HEIGHT (circle appropriate box and enter casing height) + above - below <u>0</u> (nearest foot)	
						LAND SURFACE <u>0</u> (nearest foot)	
						LATITUDE <u>39.25812N</u>	
						LONGITUDE <u>76.98656W</u>	
						(DEFAULT COORD. WGS 84)	
						NOTES:	

B 1 10563 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 10537262	STATE PERMIT NUMBER HO-95-2287 70 fill in this form completely 79
OWNER INFORMATION Date Received (APA) 04/17/12 8 MM DD YY 13 15 Last Name <u>Galaparo</u> Owner <u>Pete</u> First Name 34 36 <u>10102 Elgin Circle</u> Street or RFD 55 57 <u>Bowie</u> Town 70 <u>Md.</u> State 72 <u>20721</u> Zip 76		B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Castleberry at Ten Oaks</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>5</u> 48 50 <u>Glenelo</u> 52 NEAREST TOWN 71	
DRILLER INFORMATION <u>Tom Connelly</u> 76 Driller's Name 81 <u>Connelly and Associates</u> MWD 462 License No. <u>260 Interstate Ct. Frederick, Md. 21704</u> Firm Name <u>Tom Connelly</u> 4/17/2012 Address Signature Date		B 4 SOURCES OF DRILLING WATER 1. Private 2. 3. 13718 Wye River Dr. 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S 34 18 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 0022 BLK: 10 PARCEL 0090	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>N/A</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>N/A</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) 520 A514220 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>4/27/2012</u> <u>Brian Baker</u> 4/27/2013 43 MM DD YY 48 CO SIGNATURE EXP. DATE	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
APPROXIMATE DEPTH OF WELL <u>320</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other			
REPLACEMENT OR DEEPEMED 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 DEEPEN 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-95-2287</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Drill From Bottom Upwards with Tremie Pipe</u>			