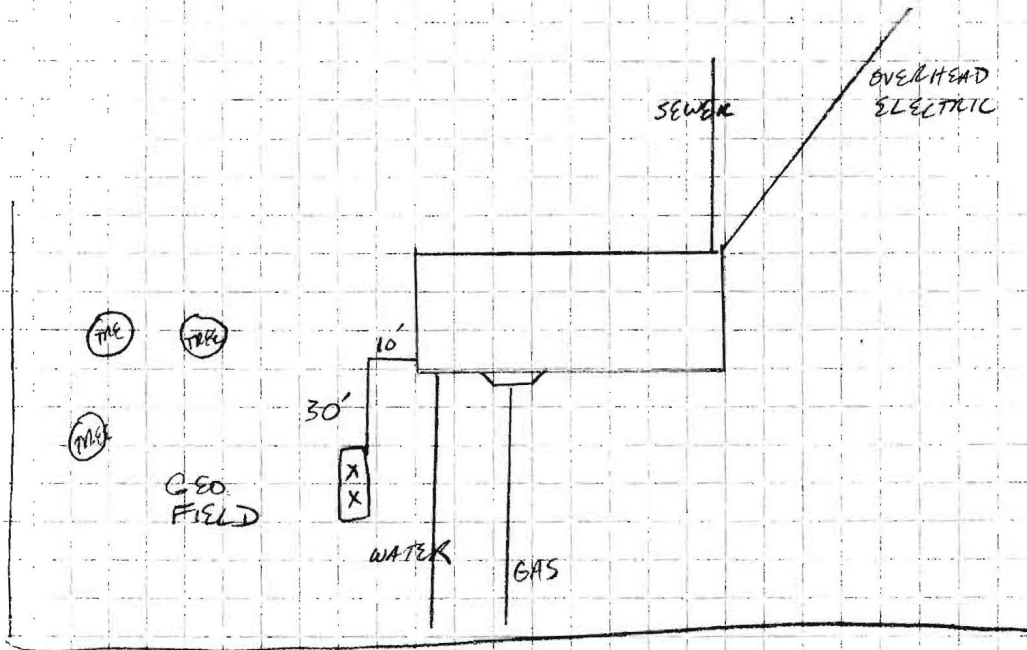


C 1 7581		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE															THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER																													
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 1-19-10															Depth of Well 22 300 26 4/5/11 (TO NEAREST FOOT)										PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-93-1446																			
ST/CO USE ONLY DATE Received MM DD YY 8 27 13		OWNER Seas, Antonio last name first name															TOWN Baltimore										LOT 1																			
STREET OR RFD SUBDIVISION		STREET OR RFD 994 Carrigan Dr															SUBDIVISION F1 Hill Manor 2										SECTION BB										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																																		
over burden Med Hard Gry Rock Med Hard Gry Rock		0 60 60 180 180 300																																												
GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CM BC CEMENT BENTONITE CLAY NO. OF BAGS 45 25 NO. OF POUNDS 45 45 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 300 ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)																																														
CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 1/4 60 60 61 63 64 66 70																																														
OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to																																														
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER																																														
C 2 DEPTH (nearest ft.)																																														
1 2 E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																																														
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68																																														
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																														
PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 19 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27																																														
PUMP INSTALLED DRILLER INSTALLED 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 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE (nearest foot) 49 - below } 50 51 49																																														
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) GeoField Front																																														
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.																																														
DRILLERS LIC. NO. M D 106 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D 813																																														
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																																														

B 1	6733	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-95-1946 <small>fill in this form completely</small>
Date Received (APA) 6/17/2010		OWNER INFORMATION		
8 MM DD YY 13 6 17 2010		15 Last Name Seas, Antonio Owner First Name Antonio		
36 Street or RFD 9941 Carrigan Drive		55		
57 Town Ellicott City State MD Zip 21042		76		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name Marshall Arnette License No. M 5 D 106		B 3 Howard COUNTY Howard		
Firm Name Allied Environmental Services		23 SUBDIVISION Font Hill Manor		
Address P.O. Box 1242, Millersville Md 21108		SECTION 1 LOT 1		
Signature Marshall Arnette Date 6/15/10		52 NEAREST TOWN Ellicott City		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) 1.0		
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		73 76 77 78		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input 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 checked="" type="checkbox"/> GEO-THERMAL 2 Closed Loops		<input checked="" type="checkbox"/> NEAR WHAT ROAD (9941) Carrigan Dr <input checked="" type="checkbox"/> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input checked="" type="checkbox"/> SOUTH DISTANCE FROM ROAD 40 ENTER FT OR MI 38 39 TAX MAP: 24 BLK: 2 PARCEL 655		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		COUNTY NAME Howard COUNTY NO. (13)		
DATE ISSUED 6/30/2010 CO SIGNATURE Brian Baker EXP. DATE 6/30/2011		NORTH GRID 524 000 EAST GRID 840 000		
APPROXIMATE DEPTH OF WELL 300 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6 INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		E 83040 N 524		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<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 <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) APPROX. PERMIT NUMBER G PERMIT No. HO-95-1946		
SPECIAL CONDITIONS Use Tremie Pipe From Bottom Upwards				

ALLIED WELL DRILLING SITE PLAN



NEIGHBORING TAG #'S: _____

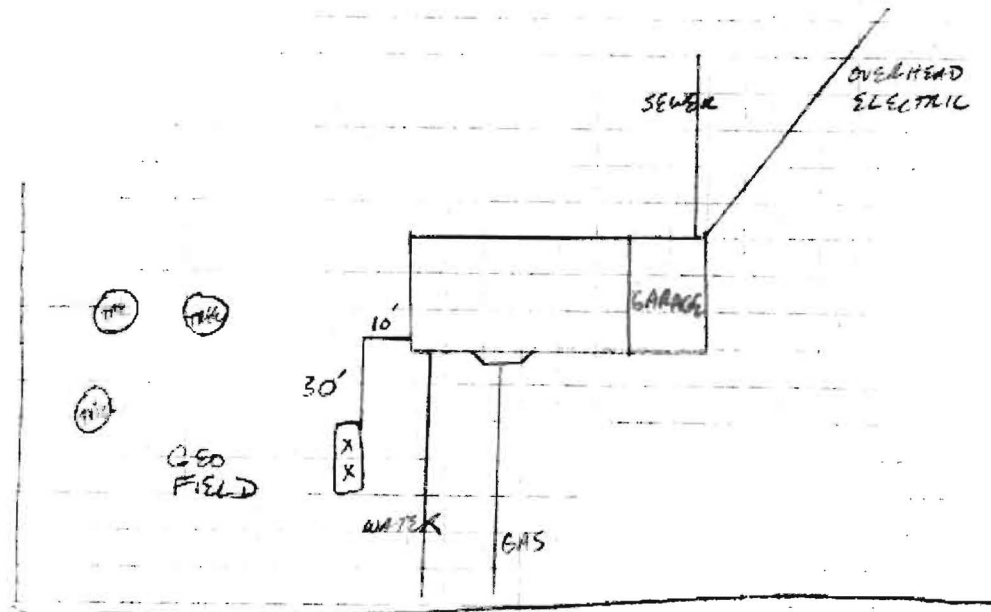
DISTANCE FROM HOUSE: 30+
 FROM SEPTIC: N/A
 FROM SEWER: 50+
 FROM PROPERTY LINE: 50+
 FROM STREET: 50+
 COMMENTS: _____

TREES NEARBY: NO ISSUE
 UTILITY ISSUES: STAY TO LEFT OF WATER
 MATS NECESSARY: NO
 ACCESS FOR H/U: GOOD

PERSON COMPLETING FORM: GUZZARDI

ALLIED WELL DRILLING SITE PLAN

9941 CARRIGAN DRIVE
EMICOTT CITY, MD



NEIGHBORING TAG #'S: _____

DISTANCE FROM HOUSE: 30+
FROM SEPTIC: N/A
FROM SEWER: 50+
FROM PROPERTY LINE: 50+
FROM STREET: 50+

TREES NEARBY: NO ISSUE
UTILITY ISSUES: STAY TO LEFT OF WATER
MATS NECESSARY: NO
ACCESS FOR H/U: GOOD

COMMENTS

PERSON COMPLETING FORM: GUZZARDI