

C1 4603 SEQUENCE NO. (DENY USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY, PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER RW 47343

ST/CO USE ONLY DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 081991
 Depth of Well 175 (TO NEAREST FOOT)
 PERMIT NO. 40-88-1990

OWNER Brawn Robert
 STREET OR RFD 571 Deer Hill Rd TOWN Sykesville
 SUBDIVISION SECTION LOT

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		Check if water bearing
	FROM	TO	
Overburden	0	15	
Brown Shale	15	33	
Granite	33	175	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]
 TYPE OF GROUTING MATERIAL
 CEMENT [CM] BENTONITE CLAY [BC]
 NO. OF BAGS 11 NO. OF POUNDS 100
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 35 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 [ST] [CO] STEEL CONCRETE
 [PL] [OT] PLASTIC OTHER
 MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 63-84 Total depth of main-casing (nearest foot) 35
 [G] [35] [66] [70]

OTHER CASING (if used)
 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

C2
 DEPTH (nearest ft.)
 1 HO 35 175
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 3
 4
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 51

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 1
 PUMPING RATE (gal. per min. to nearest gal.) 25
 METHOD USED TO MEASURE PUMPING RATE Air
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 36
 WHEN PUMPING 145
 TYPE OF PUMP USED (for test):
 [A] air [P] piston [T] turbine
 [C] centrifugal [R] rotary [O] other (describe below)
 [J] jet [S] submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) YES [NO]
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 [+] above [-] below LAND SURFACE [] (nearest foot)

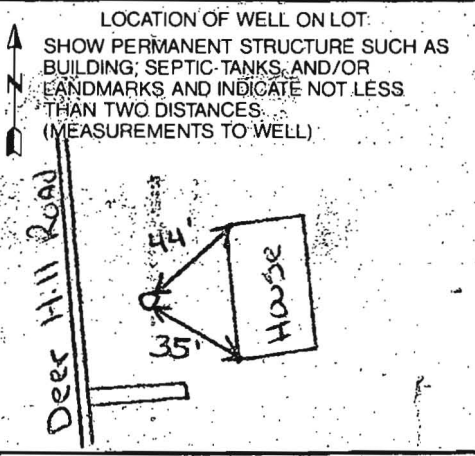
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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.

DRILLERS IDENT. NO. 489
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] [] [] [] [] []
 WQ 74-75-76 [] [] [] [] [] []
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR



B 1 **3152** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-38-1940
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **072491**
 8 COUNTY 13
Brown Roberta 15 Last Name 34 Owner First Name
571 Deer Hill Road 36 Street or RFD 55
Sylkesville MD 21784 57 Town 70 State 72 Zip 76

LOCATION OF WELL
Howard 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
Sylkesville 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78

DRILLER INFORMATION
Leroy Brown 77 License No. **89**
 Driller's Name
G. Edgar Harr Sons' Corp
 Firm Name
12047 Falls Road Cockeysville
 Address
Leroy Brown 7/10/91
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W N E
 W TOWN E
 S W S E
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
571 Deer Hill Road 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
200 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750** 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
RW-47343 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **073091** Mark E. Albin 11/30/92
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **554000** 50 55 EAST GRID **0809000** 57 63

APPROXIMATE DEPTH OF WELL **200** 24 28 FEET
 APPROXIMATE DIAMETER OF WELL **6** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8009**
 N **5504**
 000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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
 LOC. OK
 35' CASING
 175' DEEP
 11 BAGS
 1' CASING A.G.
 MR 8/13/91
 (CONFIDENTIAL)
 OBSTRUCTIONS WERE (MINDR)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **M 2** WRITE INITIALS IN BOX PERMIT No. **40-38-1940** 67 68 70 71 72 73 74 75 76 77 78 79
 SPECIAL CONDITIONS

442-1297

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 3152 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-38-1940 fill in this form completely

OWNER INFORMATION Date Received (APA) 072491 BROWN ROBERTA 5711 DEER HILL ROAD SYKESVILLE MD 21784

LOCATION OF WELL HOWARD COUNTY 5711 DEER HILL ROAD SYKESVILLE MILES FROM TOWN 1 MI

DRILLER INFORMATION Leroy Brown 489 G. Edgar Harr Sons' Corp 12047 FALLS ROAD COCKEYSVILLE 7/10/91

5711 DEER HILL ROAD NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 200 ENTER FT or MI F+

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 RW-47343 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 073091 Mark E. Palkin 1/30/97 CO SIGNATURE EXP. DATE NORTH GRID 554000 EAST GRID 0809000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8009 N 5504

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 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

LOC. OK 35' CASING 175' DEEP 11 BAGS 1' CASING A.G. MR 8/13/91 (CONFIDENT) OBSTRUCTIONS WERE MINOR

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE MD WRITE INITIALS IN BOX PERMIT No. 40-38-1940 SPECIAL CONDITIONS

442-1297

COUNTY