

C1 **3368** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (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 TYPE

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

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 3/13/08

Depth of Well
 22 447 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HO-95-1541
 28 29 30 31 32 33 34 35 36 37

OWNER BERRY KENT
 STREET OR RFD 17014 FREDERICK ROAD TOWN MT AIRY
 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 | |
| TOP SOIL | 0 | 2 | |
| BROWN ROCKY clay | 2 | 17 | |
| TAN SLATE | 17 | 61 | ✓ |
| GRAY SLATE | 61 | 447 | |

Installed loop and backfilled with Bentonite slurry from 447-0

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 3 NO. OF POUNDS 150
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 36 ft.
 (enter 0 if from surface)

CASING RECORD
 casing 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) 38
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to

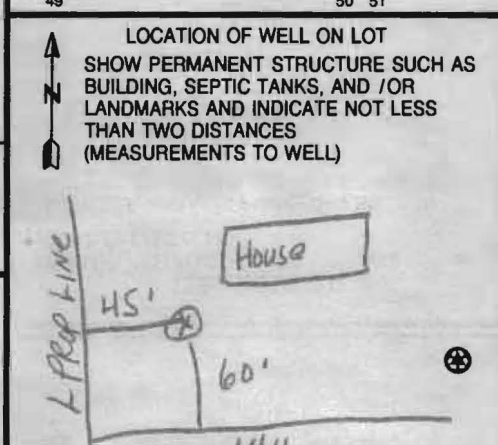
SCREEN RECORD
 screen type or open hole (insert appropriate code below)
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C2 DEPTH (nearest ft.)
 1 2 3
 1 HO 34 447
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 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
 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

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) _____
 PUMPING RATE (gal. per min.) _____
 METHOD USED TO MEASURE PUMPING RATE A
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING _____ ft.
 WHEN PUMPING _____ 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

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 A
 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 } LAND SURFACE
- below } 2 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED **Y** **N**
 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 LIC. NO. MWD 040
George F. Hesterday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. JWD 727
Frank J. Anileta
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 1857
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
528487 please type

STATE PERMIT NUMBER

Ho - 95 - 1541
70 fill in this form completely 79

Date Received (APA)

10756

OWNER INFORMATION

8 MM DD YY 13

BERRY KENT
15 Last Name Owner First Name 34
17014 FREDERICK ROAD
36 Street or RFD 55
MT. AIRY, MD 21771
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

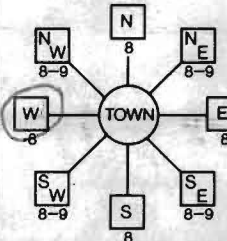
Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 2/14/2008
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



17014 Frederick Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
3450 37
DISTANCE FROM ROAD FT
7 ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A37553
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 2/14/08
551 000 CO SIGNATURE 2/14/08 EXP. DATE
NORTH GRID 50 EAST GRID 57 770 000

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEEN 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)

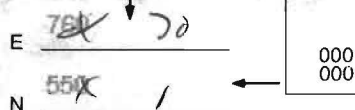
APPROX. PERMIT NUMBER G
PERMIT No. Ho 95-1541
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2. wells
- 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

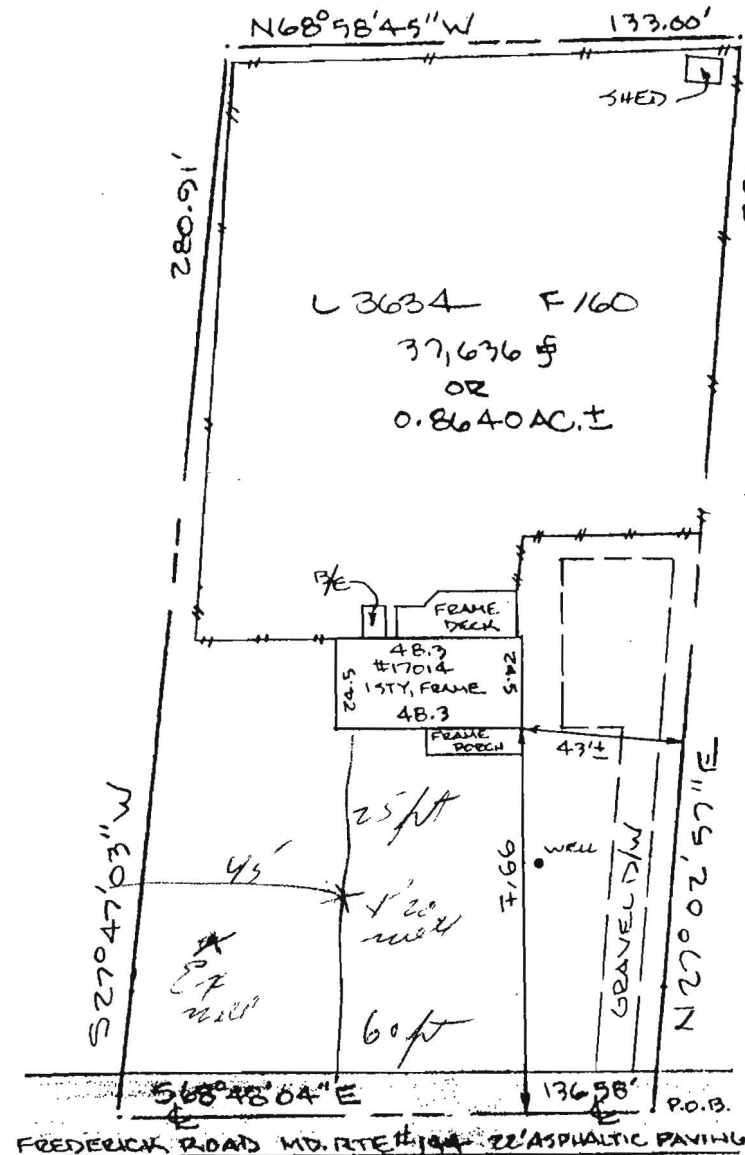


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

CASE No. 99-4207

NOTE: This location for title purpose only — not to be used for determining property lines. Property corner Markers Not guaranteed by this location.



ZONE: C
COMMUNITY PANEL
240044-0002B

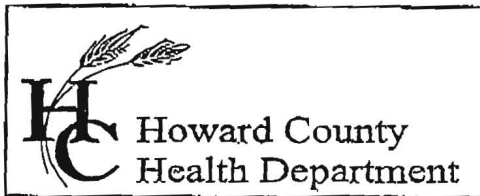
2/11/98
Well s.t. OK
(Signature)

LOCATION OF HOUSE
LAND CONVEYED TO
LTD. MOXLEY & W. M. FORT
17014 FREDERICK ROAD
LIBER 3634 FOLIO 160
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



RECERTIFICATION: 2-8-99

| CERTIFICATE | | REFERENCES | ZENITH SURVEYS SURVEYING • PLANNING P.O. Box 165 • Adamstown, MD 21710 301-831-4944 | |
|--|----------|------------|--|------------------|
| I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, if the Improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. <i>(Signature)</i> TITLE REPORT NOT FURNISHED | PLAT BK. | LIBER 3634 | DATE OF SURVEYS | SCALE: 1" = 50' |
| | PLAT NO. | | FOLIO 160 | WALL CHECK |
| | | | HSE LOC 11-7-95 | JOB NO.: 95-722. |
| | | | BOUNDARY | |



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

LIBBY 3634 Folio 160 17014 Frederick Road
 Subdivision/Property Name Lot# Road Name

The well site has been staked by owner + Esterdays,
 (professional land surveyor or company employing professional land surveyors)
 on 2/4/08 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Kent Berry
17014 Frederick Road
Geo - Thermal