

C1 2983 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 6
 (THIS NUMBER IS TO BE PUNCHED
 IN COLS. 3-6 ON ALL CARDS)

COUNTY
 NUMBER A 522010

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

DATE WELL COMPLETED
 MM DD YY
7 12 06

Depth of Well
 22 245 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
Ho-95-0402

OWNER J M G Builders Inc
 STREET OR RFD Forsythe Rd TOWN Sykesville Md 21784
 SUBDIVISION Hofman estate Property SECTION _____ LOT 2

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	
Sand Stone	0	36	
Blue Rock	36	245	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 14 NO. OF POUNDS 1316
 GALLONS OF WATER 84
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 37 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 ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED yes no

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. 1 M SD 024
 DRILLERS SIGNATURE [Signature]
 LIC. NO. 1 D

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

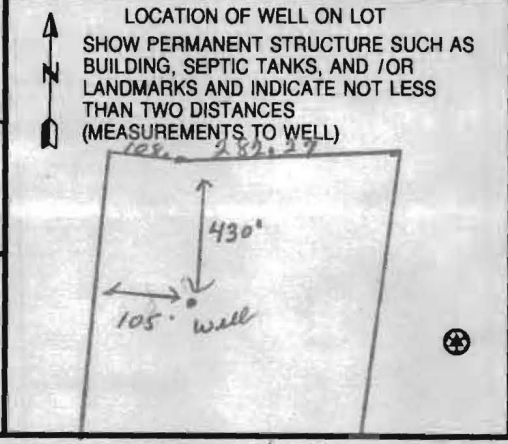
C 2 DEPTH (nearest ft.)
 1 16 2 38 3 245
 4 _____ 5 _____ 6 _____
 7 _____ 8 _____ 9 _____
 10 _____ 11 _____ 12 _____
 13 _____ 14 _____ 15 _____
 16 _____ 17 _____ 18 _____
 19 _____ 20 _____ 21 _____
 22 _____ 23 _____ 24 _____
 25 _____ 26 _____ 27 _____
 28 _____ 29 _____ 30 _____
 31 _____ 32 _____ 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 _____ 77 _____ 78 _____
 79 _____ 80 _____ 81 _____
 82 _____ 83 _____ 84 _____
 85 _____ 86 _____ 87 _____
 88 _____ 89 _____ 90 _____
 91 _____ 92 _____ 93 _____
 94 _____ 95 _____ 96 _____
 97 _____ 98 _____ 99 _____
 100 _____

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.) 5.5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 23 ft.
 WHEN PUMPING 147 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. _____
 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)



B 1 1001
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0402

524354 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
J.M.G. Builders Inc
15 Last Name Owner First Name 34
P.O. Box 1281
36 Street or RFD 55
Sykesville Md 21784
57 Town 70 State 72 Zip 76

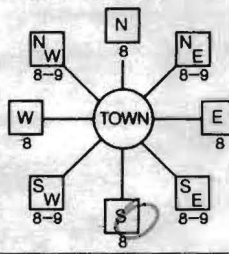
B 3 LOCATION OF WELL

8 COUNTY 21
Howard
23 SUBDIVISION 42
Hofmeister Property
SECTION 44 46 LOT 2 48 50
Sykesville
52 NEAREST TOWN 71

DRILLER INFORMATION

Joseph L. Mayne M SD 024
76 Driller's Name 81 License No.
Joseph L. Mayne well Drilling
5512 Ridge Rd Mt Airy Md 21771
Address
Joseph L. Mayne 3/13/06
81 Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Forsythe Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
34 600 37 SOUTH
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 4 BLK: 21 PARCEL 76

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE 4
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (13) AS22010
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 6/12/06 9/2/06 6/13/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 553 0 0 0 EAST GRID 806 0 0 0
50 55 57 63

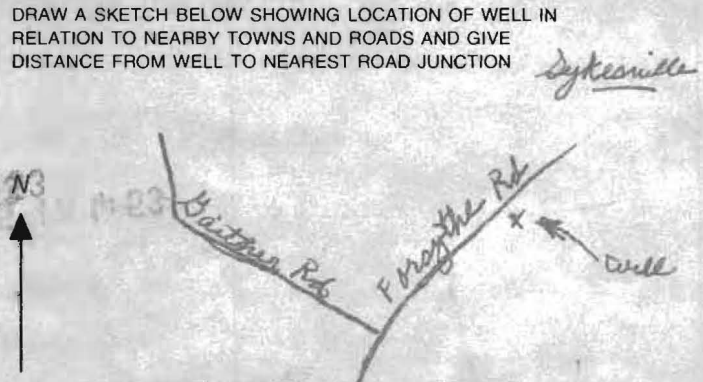
APPROXIMATE DEPTH OF WELL 280 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.

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

WRITE THE BOX NUMBER FROM THE MAP HERE
E 806
N 553
000
000

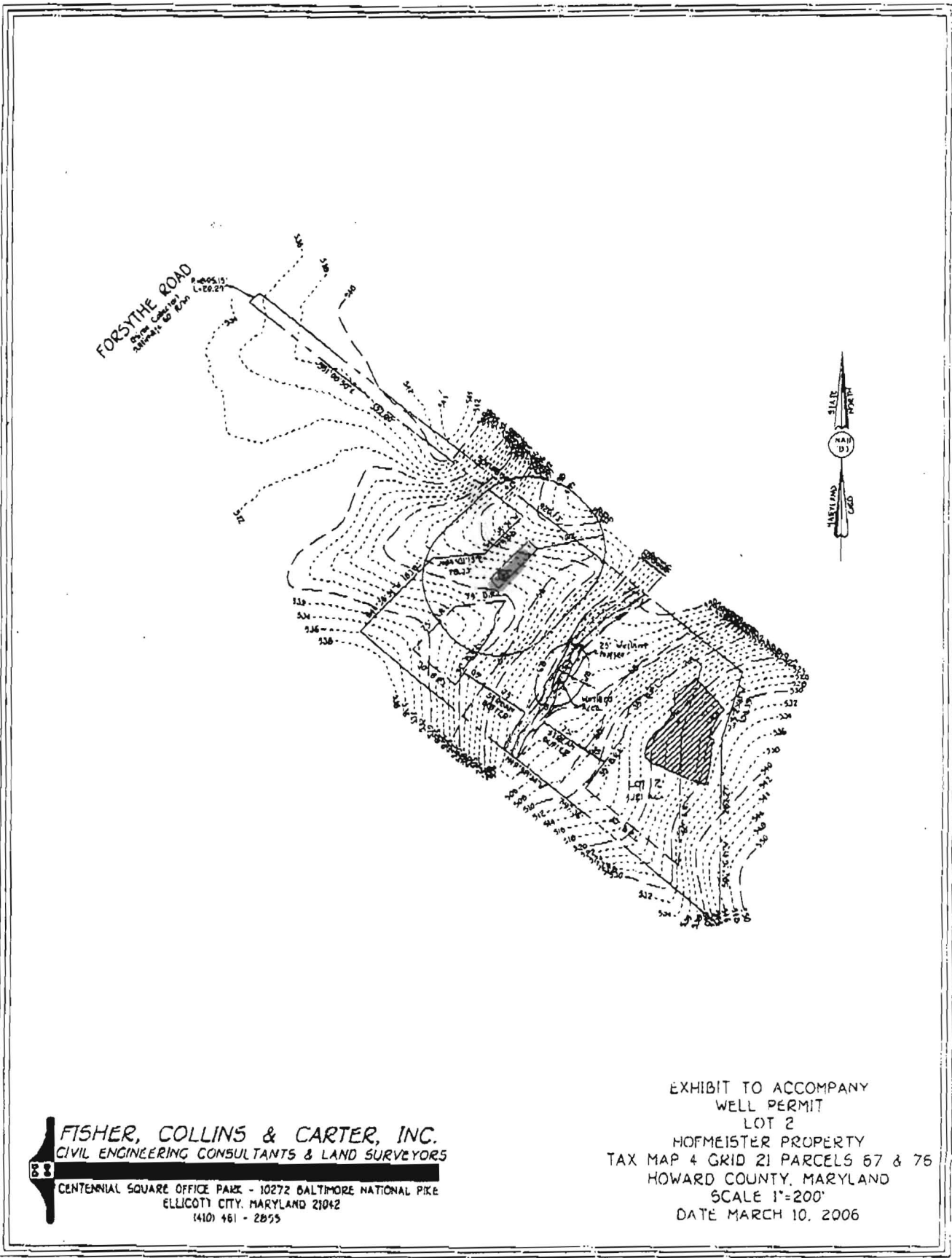
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL 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)
APPROP. PERMIT NUMBER G
PERMIT No. HO-95-0402
70 71 72 73 74 75 76 77 78 79

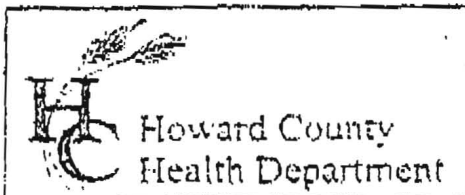
SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
4700 Move Well be 10' further North due
5/11/06 future driller

I:\04149\dwg\04149-3001 Well Exhibit.dwg, 3/10/2006 2:11:46 PM, 1:200



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 2
HOFMEISTER PROPERTY
TAX MAP 4 GRID 21 PARCELS 67 & 76
HOWARD COUNTY, MARYLAND
SCALE 1"=200'
DATE MARCH 10, 2006



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (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:

- The well site has been staked by FISHER, COLLINS & CARTER, INC. (professional land surveyor or company employing professional land surveyors) on JUNE 9, 2006 (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 6/10/03

RE: HOFMEISTER PROPERTY/
(LOT #2)



John Giske

443 463 2754