

C1 3111

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.

COUNTY NUMBER

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY

22 400' 26 7/28/2010

28 29 30 31 32 33 34 35 36 37

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns for FEET (FROM, TO) and check if water bearing. Includes entries for Topsoil, moist shuff, Brown M-F, Sandy clayey silt/cl med to large Rock Frag, Rock (gabbro), gray schist, and 2-geothermal wells.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT), DEPTH (nearest ft.).

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (for test).

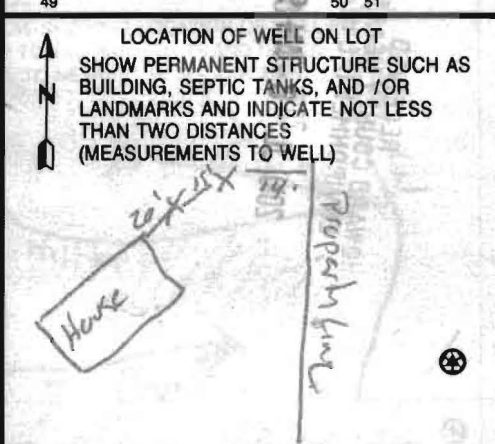
PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot).

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (yes/no)

CIRCLE APPROPRIATE LETTER: 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...

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.



B 1 1073
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1921
70 fill in this form completely 79

53327 please print or type

Date Received (APA)

06 03 10
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Lemire Owner First Name Howard 34
36 Street or RFD Hilltop LN. 55
57 Town Columbia 70 State MD 72 Zip 21044 76

B 3 LOCATION OF WELL

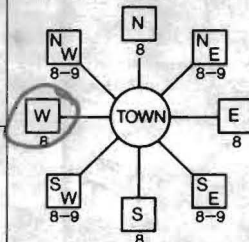
8 COUNTY Howard 21
23 SUBDIVISION Cedar Acres 42
SECTION 44 46 LOT 286 48 50
52 NEAREST TOWN Columbia 71

MILES FROM TOWN (enter 0 if in town) 1.5 M I
73 76 77 78

DRILLER INFORMATION

76 Driller's Name Edward Gross License No. MWD 580 81
Firm Name Long Green Energy
Address 11959 Harford Rd. Glen Arm MD 21057
Signature Edward Gross Date 6/3/10

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Hilltop LN 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 350 ft.
ENTER FT OR MI 38 39
TAX MAP: 35 BLK: 11 PARCEL 40

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) NONE 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) NONE 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

COUNTY NAME Howard COUNTY NO. 13 Public
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 6/11/2010 CO SIGNATURE Brian Baker EXP. DATE 6/11/2011
43 MM DD YY 48
NORTH GRID 498 0 0 0 EAST GRID 830 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 400' FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN
37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other _____

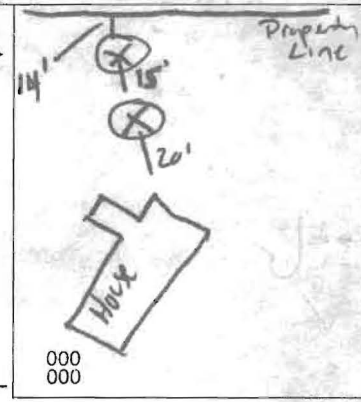
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

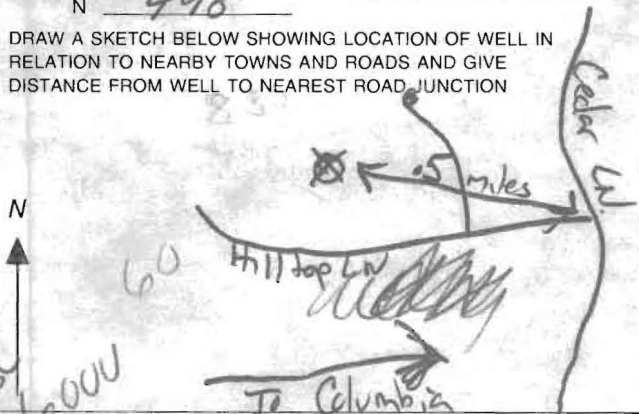
- 1. NONE
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830
N 498



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G

PERMIT No. HO-95-1921
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE FORMS IF NEEDED

Drill Boreholes Entirely From Bottom Upwards

63

5

10932

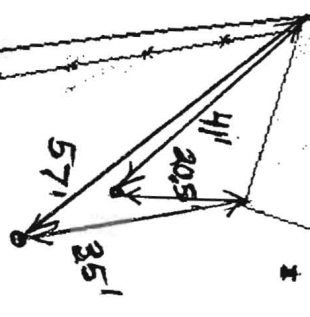
10936

BB

6/11/2010
Borehole locations
as marked in yard.

10944

10948



702

10954

Cover Sheet

Page 1 of 3

Attn. Brian Baker

Re: 10948 Hilltop Ln
Columbia MD. 21044

Brian,

Here is the enlarged plan and
staking info. Please contact me if I
need to schedule a site meeting.

Thank you,

Ed Gross

410-409-2260



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bellmann, 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:
Cedar Creek 10945 Millers Ln.
Subdivision/Property Name Lot# Road Name

The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (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