

C1 4015

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 Received MM DD YY 04 10 12

DATE WELL COMPLETED MM DD YY 2 16 12

Depth of Well 22 450 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-0953

OWNER Kozero last name Kathy first name WELL SITE ADDRESS 4996 MORNING STAR TOWN Dayton SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Handwritten: Drilled well deeper from Gray slate 320450.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) STEEL ST CONCRETE CO PLASTIC PL OTHER OT

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from to

SCREEN RECORD

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

C 2

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows for slot size and diameter of screen.

C 3

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 17 20 ft. WHEN PUMPING 22 25 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 YES NO (CIRCLE) (YES or 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) 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 } below } (nearest foot)

LATITUDE 3 N. 39° 13' 28" LONGITUDE 7 W. 76° 59' 08" (DEFAULT COORD. WGS 84)

NOTES:

DRILLERS LIC. NO. 1 M SD 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 83698 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling (410) 209-4195
Location: 4996 Morning Star Drive Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water (old well - B)
Date/ Time Collected: 3/21/2012 1032 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/21/2012 1553 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Fogle 1974JF Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/22/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/22/2012 / 1000 / CCH

'OK' NB 3/22/12

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND = None Detected; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Real Estate

Date Reported: 3/22/2012

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

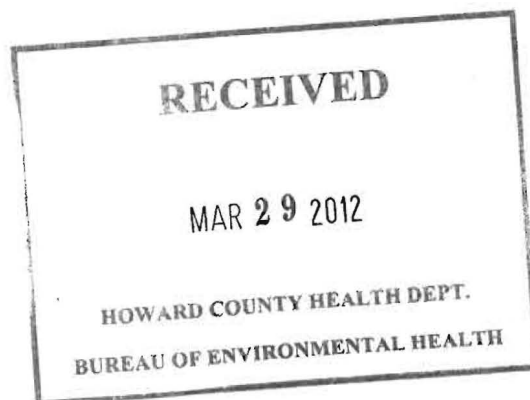
Laboratory ID #:	83276	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	4996 Morning Star Drive Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	2/14/2012 1215	Source:	Well Water (Old Well-B)
Date/Time Rec'd:	2/14/2012 1325	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.5
		Well #:	HO-73-0953

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	109.1	MPN/ 100 ml	<1.0	SM18 9223	2/15/2012 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/15/2012 / 0800 / CCH
Nitrate	1.07	mg/L	10	601	2/15/2012 / 1215 / CCH
Turbidity	4.71	NTU	<10	SM18 2130B	2/15/2012 / 0930 / CCH
Sand	NS	mg/l.	5	Visual/Gravimetric	2/15/2012 / 0930 / CCH

NOTES

- 1 **Revised Report to show tag# 03/29/12 BCD
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND = None Detected; N/A: Not Available
- 8 Sample collected by client, analyzed as received
- 9 pH & Chlorine level tested in lab

Reason for Test : Real Estate

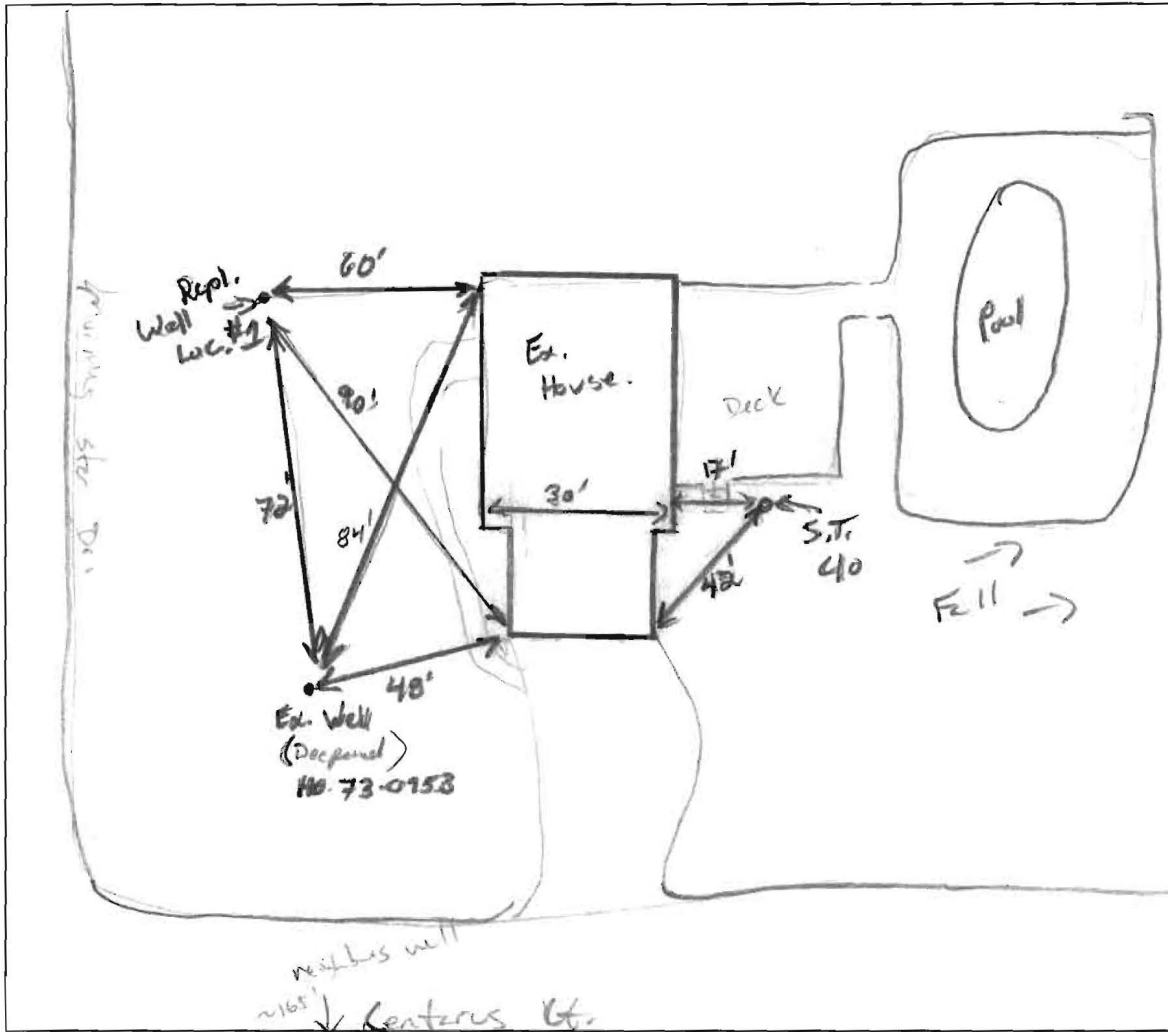


Date Reported: 2/15/2012

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 4996 morning star Dr. CONTRACTOR: Foglia
WELL TAG #: H0
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: out of H₂O

LOCATION DIAGRAM



COMMENTS: 1/30/12 Repl. well location given. Driller never came to site. waited for 70 mins. Came back to site 1 hour later. met w/ driller. site location ok. Driller requested to connect new well and old well together. OK. old well (HO-73-0153) ground 1/2 gpm per driller.

DATE: 1/30/12 INSPECTOR: (RW)

