

C1 4105

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

1 2 3 4 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Noyes, Chuck Jones first name TOWN Woodbine

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Soft brown, Medium Tan, Hard gray, 4x 300 geo bores.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. MWD 355 DRILLERS SIGNATURE LIC. NO. D

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 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

301-873-5410

EMERGENCY/TEMP NO. IF ANY

B 1	0610	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527856 please type	STATE PERMIT NUMBER HD-95-1329 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Noyes, Chuck Owner First Name _____ 34

36 Street or RFD 3260 Jones Road 55

57 Town Woodbine, Md 70 State 21 72 Zip 21797 76

B 3 Howard LOCATION OF WELL

8 COUNTY _____ 21

23 SUBDIVISION _____ 42

SECTION _____ LOT _____

44 46 48 50

52 NEAREST TOWN Woodbine 71

MILES FROM TOWN (enter 0 if in town) _____

73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow M W D 355 76 License No. _____ 81

Firm Name Barlow Well Drilling Service

Address 500 Underwood Lane, Bel Air, Md

Signature [Signature] Date 10/1/07

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 3260 Jones Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 20 BLK: _____ PARCEL 43

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) _____ 8 _____ 12

AVERAGE DAILY QUANTITY NEEDED (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 (4)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. _____

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 10/23/07 EXP. DATE 10/23/08

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 528 0 0 0 EAST GRID 772 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 53028 000

N 7702 000

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)

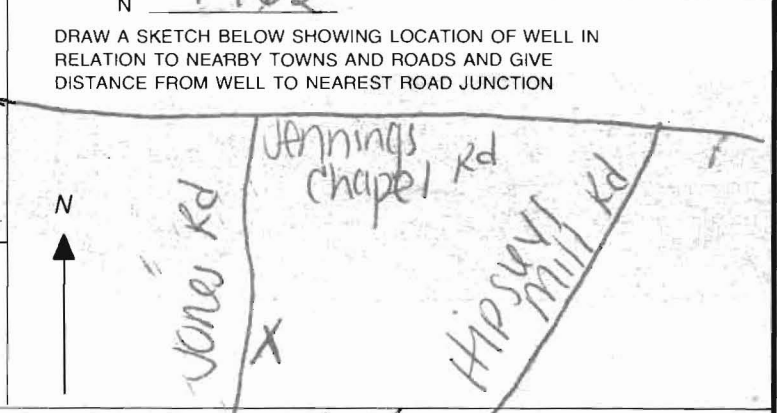
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 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)

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. HD-95-1329

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

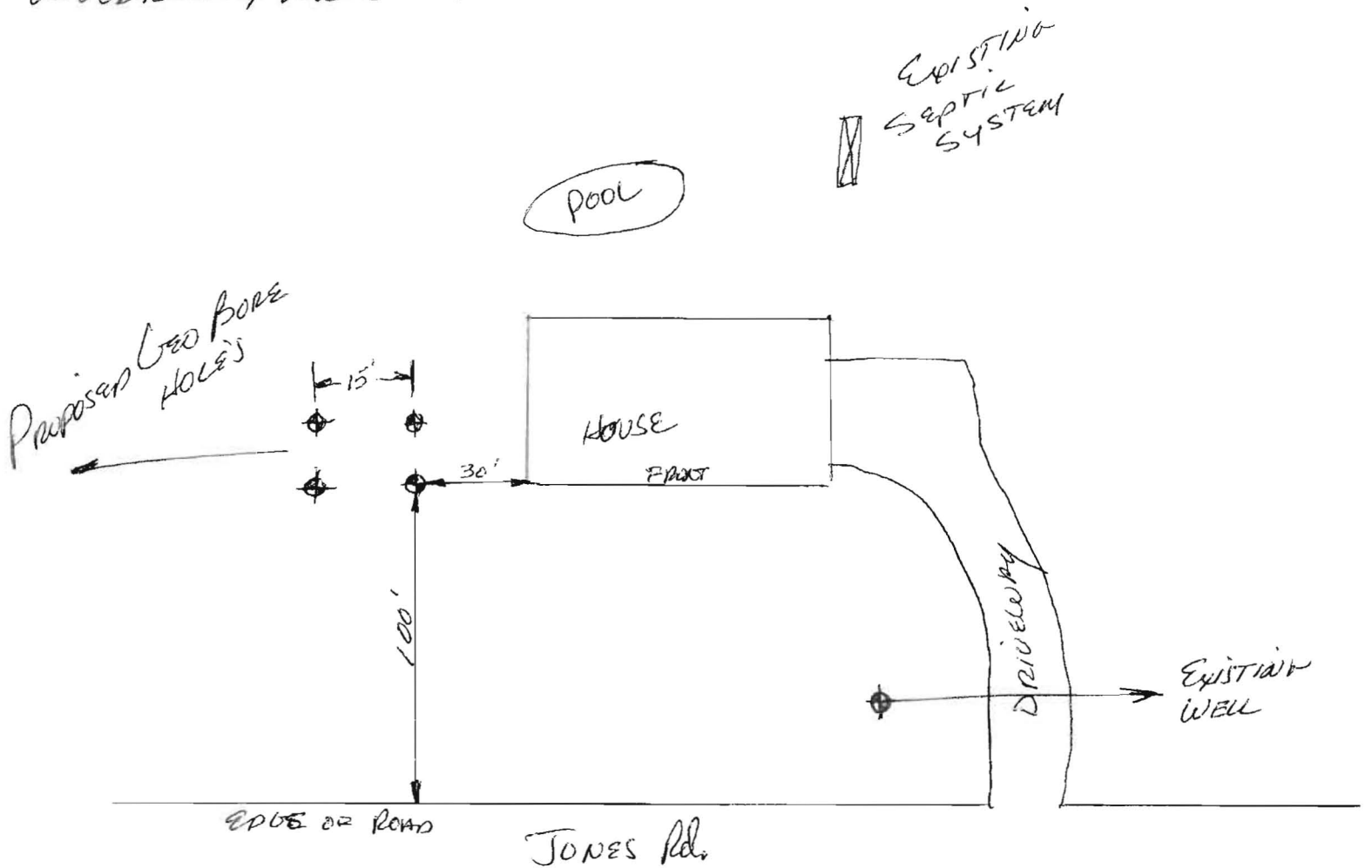
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NECESSARY

Only approval COMAR grant bottom to top



Providing Quality Systems for Over 20 Years
Commercial & Residential Water Well Drilling
Test Borings & Consulting • Geothermal Drilling & Systems
NGWA & IGSHA Certified

Cluck Noyes
3260 Jones Road
Woodbine, MD 21797



10/23/07 Geo. well sites OK (signature)



HOWARD COUNTY HEALTH DEPARTMENT

27856

DATE
10/10/07

115

Received From

Michael Barlow Well Drilling Ser. 410
PHONE # 838.6910

CASH

CHECK

NO.
7691

For Well permit -
3260 Jones Road

one hundred sixty dollars Dollars

\$ 160.00

Received By Ushinska