

C1 7585

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

4-1-10

450

4/5/2011 O.K. PD

HO-95-1971

OWNER: Glacken, Thomas; STREET OR RFD: 17707 Huntmaster Ct; TOWN: Woodbine

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Soft Red Shale, Med Hard Red Shale, and Med Hard Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (48), NO. OF POUNDS (1200), GALLONS OF WATER (1500), DEPTH OF GROUT SEAL (450 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6.25 inch), Total depth (78 ft).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (Abandoned and Sealed), 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...

DRILLERS LIC. NO. M D 106; DRILLERS SIGNATURE; LIC. NO. D 873

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

Table with columns: E A C H S R E E, DEPTH (nearest ft.), DIAMETER OF SCREEN (NEAREST INCH). Includes handwritten data for casing and screen.

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

PUMPING TEST: HOURS PUMPED (8), PUMPING RATE (11 gal/min), WATER LEVEL (17 ft before, 22 ft when), TYPE OF PUMP USED (air)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), 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.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Includes a hand-drawn diagram of the well location on a lot.

B 1 **4396** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **534005** STATE PERMIT NUMBER **HO-95-1991**
 1 2 3 6 70 fill in this form completely 79

Date Received (APA) **08 26 10**
 8 MM DD YY 13
Slacken Thomas E.
 15 Last Name Owner First Name 34
17707 Huntmaster Court
 36 Street or RFD 55
Woodbine Md 21797
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
 8 COUNTY 21
Gaymoor
 23 SUBDIVISION 42
 SECTION **15** LOT **15**
 44 46 48 50
Woodbine
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** M I
 73 76 77 78

DRILLER INFORMATION
Marshal Arnette M SD 106
 Driller's Name 76 License No. 81
Allied Environmental Svcs
 Firm Name
PO Box 1342, Millersville Md 21108
 Address
Marshal Arnette **8/26/10**
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD 30
(17707) Huntmaster Ct
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 **230** 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: **12** BLK: **12** PARCEL **16**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **8** 12
 AVERAGE DAILY QUANTITY NEEDED (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 **3 Closed Loops**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) **A40859**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **9/14/2010** **Brian Baker** 9/14/2010
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **534** 0 0 0 EAST GRID **764** 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. **Driller Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7604**
 N **5304**
 000
 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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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
 39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

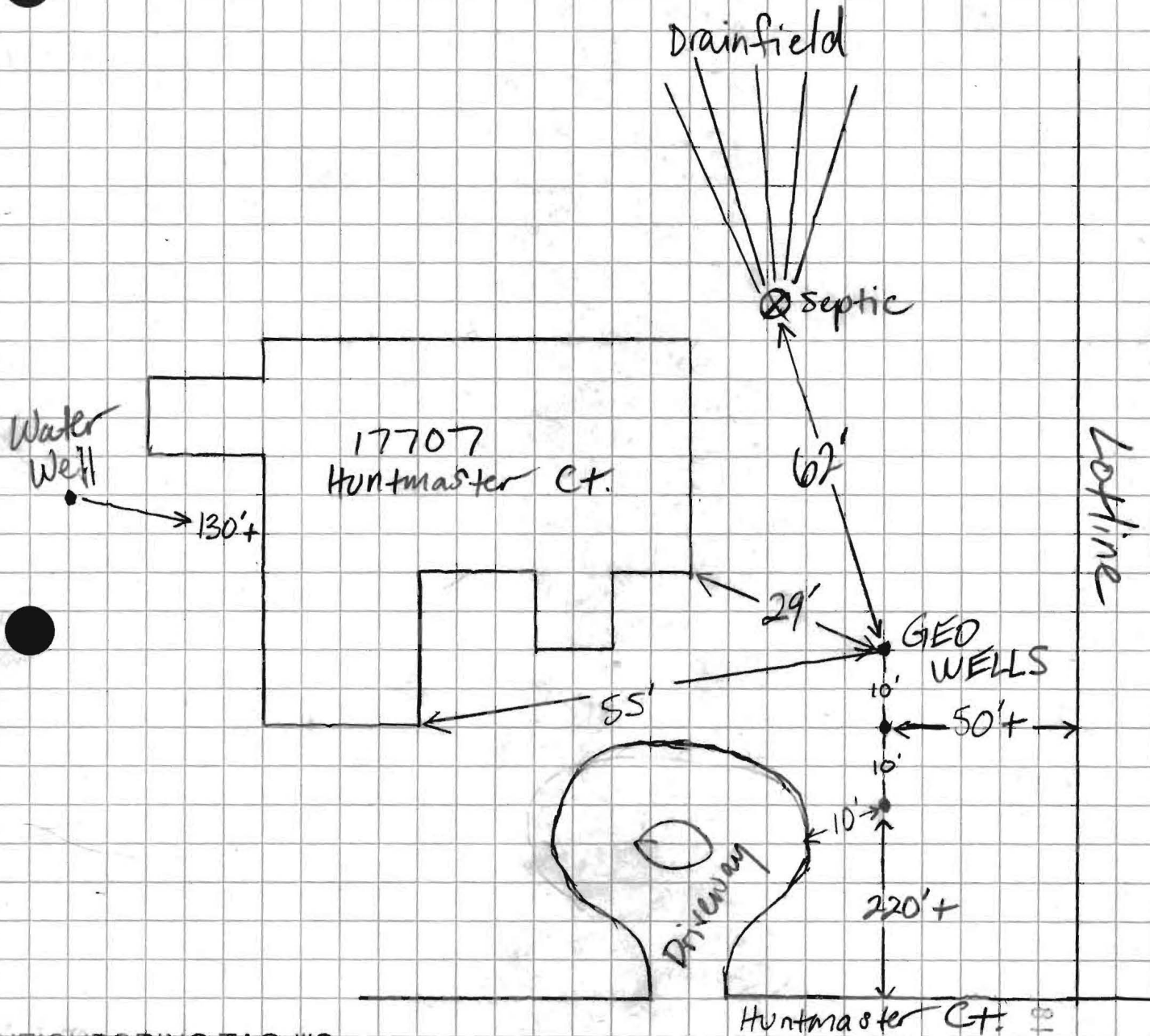
7/13/10
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

 N
 Huntmaster Ct
 Woodbine Rd
 Gaymoor MD

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-95-1991**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ALLIED WELL DRILLING SITE PLAN



NEIGHBORING TAG #'S: _____

DISTANCE FROM HOUSE: _____
 FROM SEPTIC: _____
 FROM SEWER: _____
 FROM PROPERTY LINE: _____
 FROM STREET: _____
 COMMENTS: _____

TREES NEARBY: _____
 UTILITY ISSUES: _____
 MATS NECESSARY: _____
 ACCESS FOR H/U: _____

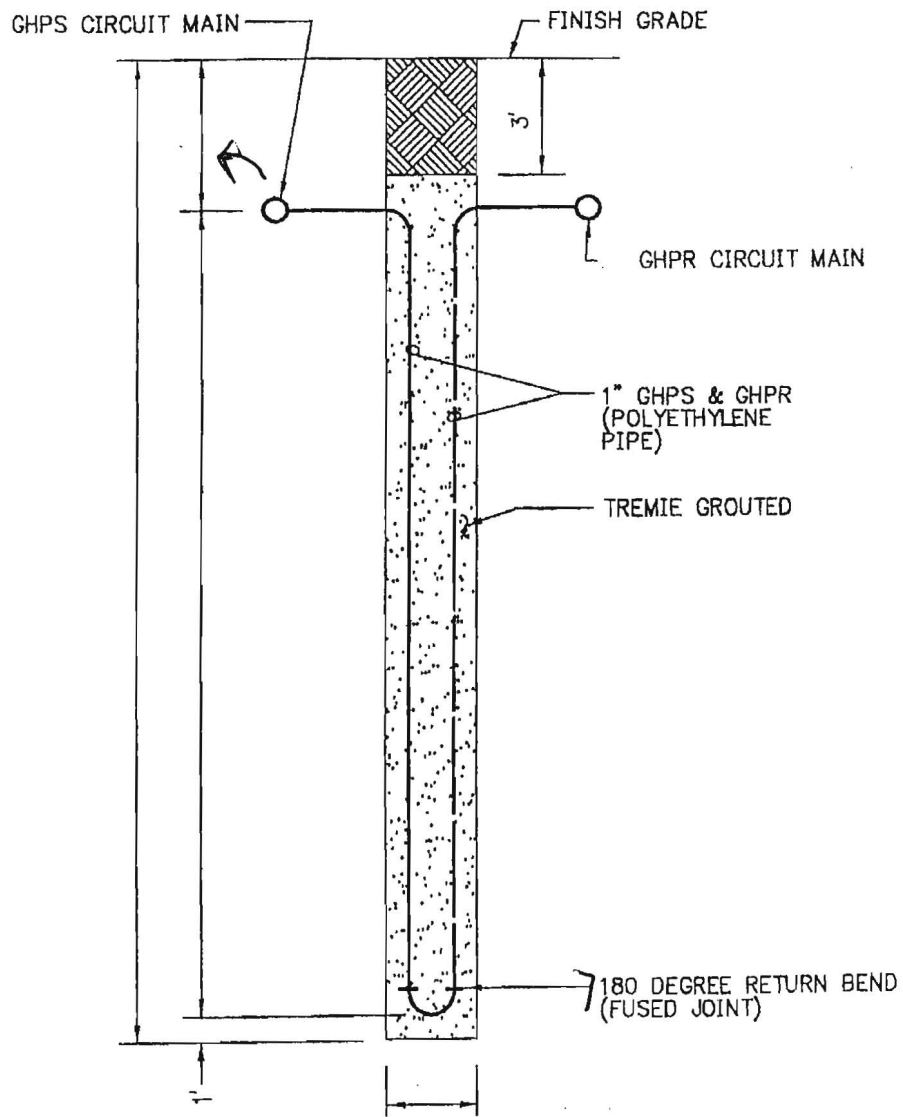
PERSON COMPLETING FORM: _____

81.1.1.18

DETAIL $\frac{1}{M0.1}$

TYPICAL GHPS/GHPR CIRCUIT MAINS BELOW GRADE

NOT TO SCALE



DETAIL $\frac{2}{M0.1}$

TYPICAL VERTICAL BOREHOLE

NOT TO SCALE