

C1 **1300** SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

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 **A 42195**

ST/CO-USE ONLY
 DATE Received

DATE WELL COMPLETED
01/18/90

Depth of Well
 22 **205** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-1158

OWNER **Second Discovery Ltd Partnership** last name first name
 STREET OR RFD **Maryvale Ct** TOWN **Bleneig**
 SUBDIVISION **SECOND DISCOVERY** SECTION **LOT 5**

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	
Top Soil	0	2	
Shale	2	25	✓
Mika	25	30	
Sandstone	40	50	✓
Mika	50	170	
Sandstone	170	175	✓
Mika	175	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED **Y** (yes) **N** (no)
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **25** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
P2 **6** **39**

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

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

C2

E A C H S C R E E N	DEPTH (nearest ft.)	
	1 2	3 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
1	H0	39 170
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

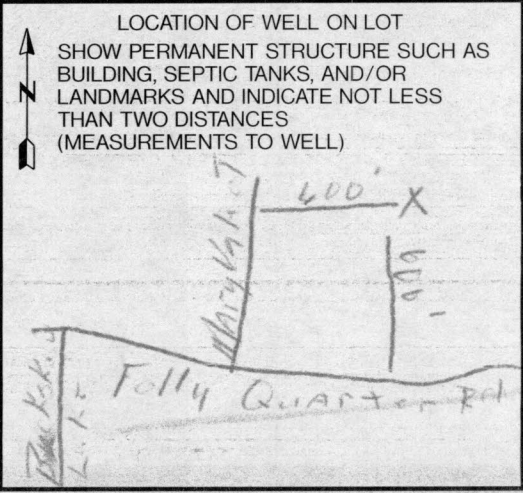
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **75**
 WHEN PUMPING **44**
 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 WILL INSTALL PUMP YES NO
 (CIRCLE) (YES OR NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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)



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 IDENT. NO. **453**
 DRILLERS SIGNATURE **[Signature]**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **6366** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-11158
 fill in this form completely

Date Received (APA) **1/22/89**
OWNER INFORMATION
 Sec Dist Ltd Partner
 8307 Main Street
 Ellicott City Md 21043

B 3 LOCATION OF WELL
 Howard
 Second Discovery
 SECTION 1 LOT 5
 Glenelg
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
 Frank Delph
 Frank Delph Well Drillers Inc.
 18234 Penn Shop Rd. Mt Airy Md.
 Frank Delph 12/19/89

B 4 MARYLAND COURT
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 400 FT
 ENTER FT OR MI FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

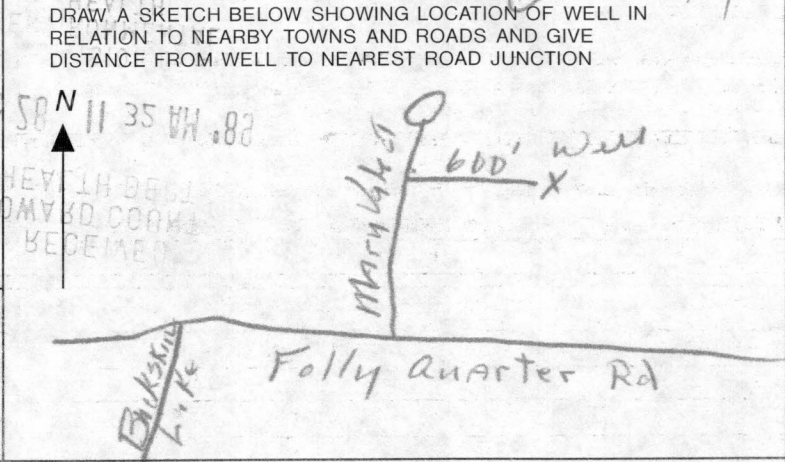
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard COUNTY NAME A42195 COUNTY NO.
 STATE SIGNATURE DATE ISSUED 01/18/90 Mark E. Riffin 7/18/90
 NORTH GRID 520000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 200 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 8183
 5X820
 1/18/90 GROUT NOT OBS'D
 29' CASING
 25' OPEN
 6 BAGS
 2' CASING A.G.
 MR 1/18/90

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE MIB WRITE INITIALS IN BOX PERMIT No. 40-88-11158

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: June 17 2000 (month/day/year)

#	0	-	8	8	-	1	1	5	8

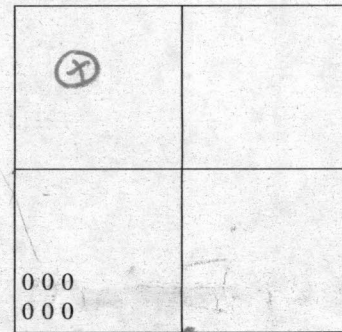
- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Ralph MAYNE
 OWNER'S NAME: GENE MELE

WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: GLENELG
 TAX MAP 9 BLOCK _____ PARCEL _____
 SUBDIVISION: Second Discovery
 SECTION: _____ LOT: 5 A42195



MARYLAND GRID COORDINATES

E 520
 BOX NUMBER N 810

SHOW WELL LOCATION BY X WITHIN BOX

TYPE OF WELL BEING ABANDONED:

yes DRILLED _____ JETTED _____
 _____ BORED/AUGURED _____ HAND DUG _____
 _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	205	30
1/2 Cement	30	I
Top Soil	I	0

USE CODE:

yes DOMESTIC _____ MUNICIPAL/PUBLIC _____
 _____ IRRIGATION _____ INDUSTRIAL _____
 _____ TEST/OBSERVATION _____

TYPE OF CASING:

_____ STEEL yes PLASTIC _____
 _____ CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

DEPTH OF WELL: 205 FEET DEEP

WAS ANY CASING REMOVED? ✓ YES _____ NO
 if yes, length removed, in feet: 3 ft

WAS CASING RIPPED OR PERFORATED? _____ YES ✓ NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANTARIAN: Ralph E. Mayne LICENSE # MSD 117 CIRCLE ONE: MWD/MSD/MGD DATE: 6-17-00

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROOKING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT SEALING REPORT FORM

Fax - 410-750-3784

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: June 17 2000 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: RALPH MAYNE

WELL DRILLERS LICENSE NUMBER: _____
CIRCLE: MWD/MSD/MGD

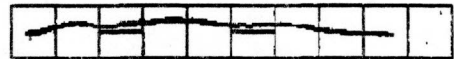
* OWNER'S NAME: GENE MELE

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: GLENESB
 TAX MAP 9 BLOCK _____ PARCEL _____
 SUBDIVISION: Second DISCOVERY
 SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES
 BOX NUMBER E 300
 N 810

#0-88-1158



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SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

YES DRILLED _____ JETTED
 _____ BORED/AUGURED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

YES DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION

* TYPE OF CASING:

_____ STEEL YES PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 205 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3 ft

* WAS CASING RIPPED OR PERFORATED? _____ YES YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	205	30
1/2 Cement	30	I
Top Soil	I	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE # MSD 117 MWD (MSD) MGD 6-1700 DATE
 CIRCLE ONE

DENV 028 JULY 1993

As a result of F-00-170 (Resub of Second Disc. 1/9420) ^{Lots 4,} _{TOTAL P.02}
 this well filled well exists on new lot 21.

