

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1 4935	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 09 16 09	Depth of Well 22 305 26 11/5/09 (TO NEAREST FOOT) O.K. (BB)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-1670 28 29 30 31 32 33 34 35 36 37
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OWNER Hagan + Hamilton
 STREET OR RFD 11644 Manor Stone Lane first name TOWN Clarksville
 SUBDIVISION SECTION LOT

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	
Dirt	0	6	
Soft tan	6	21	
Hard tan	21	26	
Hard Gray	26	170	
Med Gray	170	174	
Hard Gray	174	305	
X 11 305 605			

GROUTING RECORD		yes	no
WELL HAS BEEN GROUTED (Circle Appropriate Box)		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT <input checked="" type="checkbox"/> CM		BENTONITE CLAY <input checked="" type="checkbox"/> BC	
NO. OF BAGS <u>15</u>	NO. OF POUNDS <u>450</u>		
GALLONS OF WATER <u>35</u>			
DEPTH OF GROUT SEAL (to nearest foot)			
from <u>2</u> ft. to <u>305</u> ft.			
48 TOP 52		54 BOTTOM 58	
(enter 0 if from surface)			

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch): Total depth of main casing (nearest foot)
60 61	63 64 66 70

OTHER CASING (if used)	
E A C H C A S I N G	diameter inch depth (feet) from to
_____	_____
_____	_____

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	<input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> BR BRASS <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> OT OTHER

DEPTH (nearest ft.)	
E A C H S R E E N	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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76
SLOT SIZE 1 _____ 2 _____ 3 _____	DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____	56 60

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 (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)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	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.	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)	LAND SURFACE (nearest foot)
<input checked="" type="checkbox"/> + above	49 51
<input type="checkbox"/> - below	50 51

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)

PLEASE SEE ATTACHED

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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 LIC. NO. M D 355

DRILLERS SIGNATURE _____

LIC. NO. M D 553

SITE SUPERVISOR (sign of driller or journeyman)

B 1 6988

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-95-1670

please type

PS 2950 85-29530

fill in this form completely

Date Received (APA)

OWNER INFORMATION 10922

8 MM DD YY 13

Hagan & Hamilton Custom Home Bldgs

15 Last Name Owner First Name 34

20 East Timonium Road, S 100

36 Street or RFD 55

Timonium, Md 21093

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M WD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 8/14/08

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 (8)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G
PERMIT No. 10-95-1670

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 12 48 50

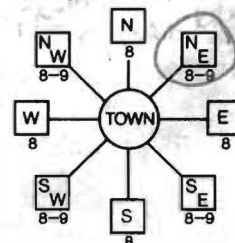
Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2.003 M 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11544 Manor Stone Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI 100 38 39

TAX MAP: 29 BLK: 15 PARCEL: 370

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 8/21/08

CO SIGNATURE EXP. DATE 8/21/08

43 MM DD YY 48

NORTH GRID 507 000 EAST GRID 826 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8266
N 5077

000 000

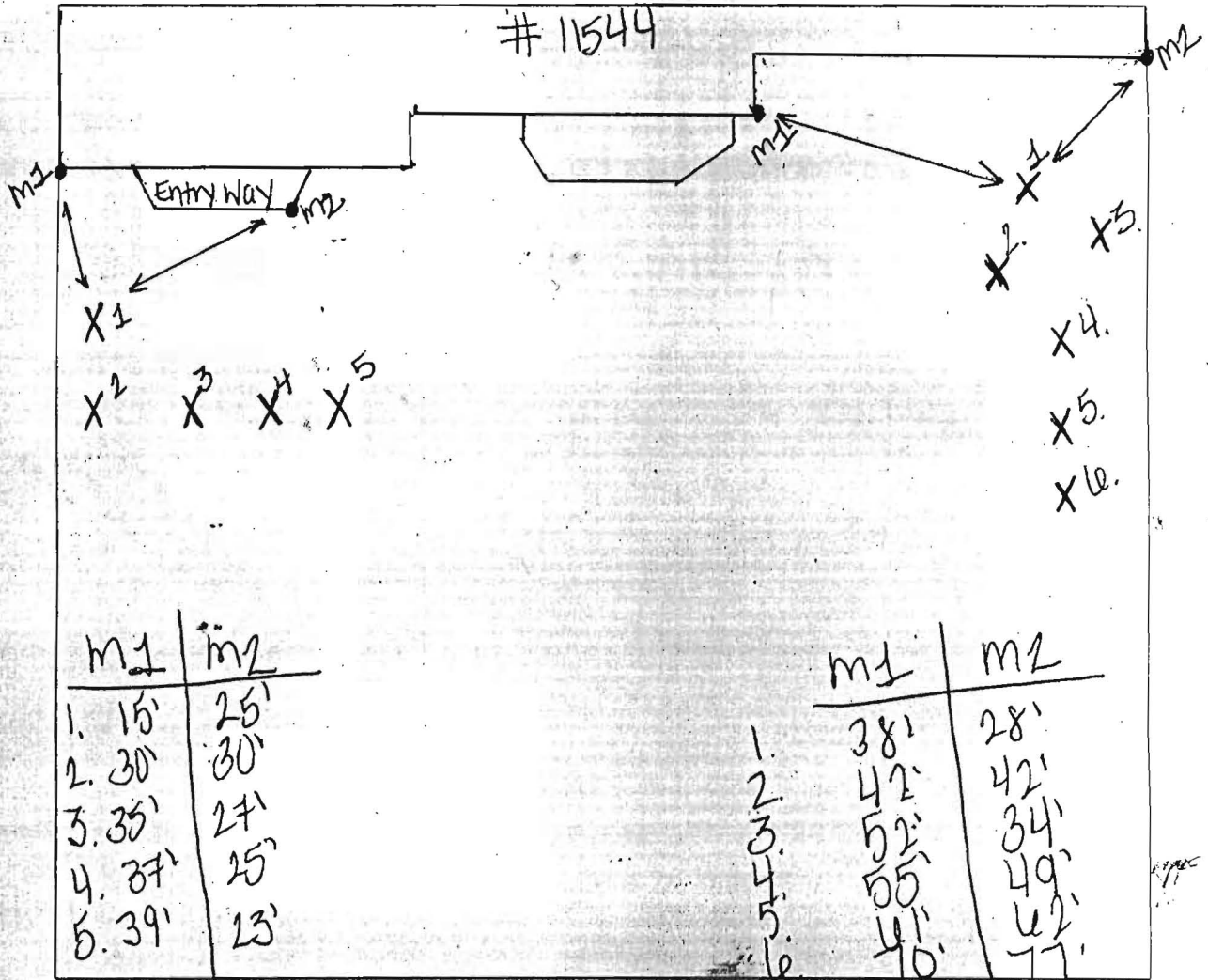
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14K4



10/6/08 Permit transferred to Michael Barlow #355

SITE LOCATION MAP

Customer: Rice Residence
 Address: 11544 Manor Stone Lane, Clarksville, Md
11 x 305'

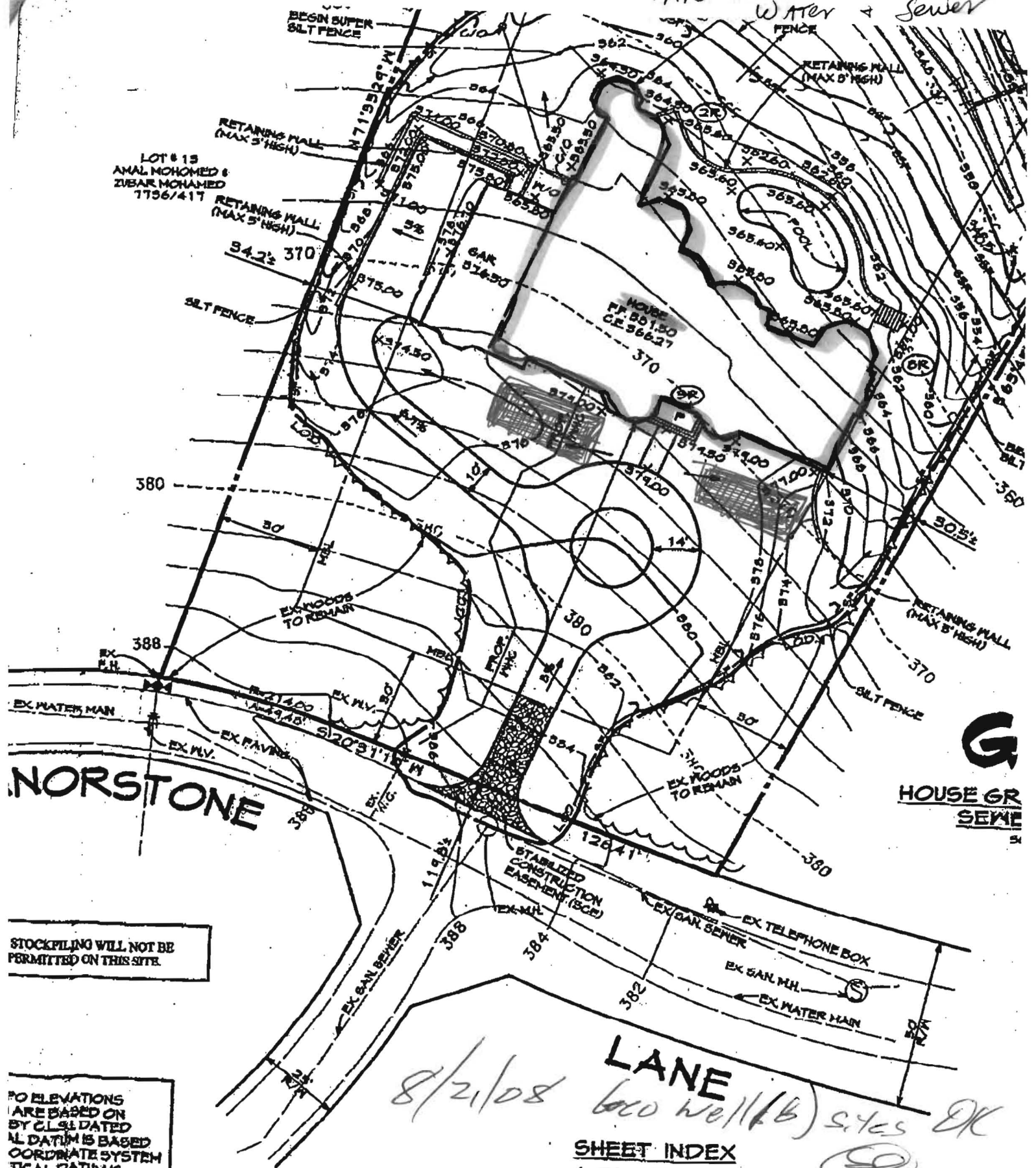


Please provide 2 measurements from the bore holes to permanent structures such as corner of the house, property lines, buildings, or septic system.

Wells to be located 30' from house in front

Rice Job

Well areas marked in red
THIS HOUSE IS PUBLIC WATER + Sewer



LOT # 15
AMAL MOHAMED &
ZUHAIR MOHAMED
7756/417

HOUSE
FP 801.50
GE 366.27

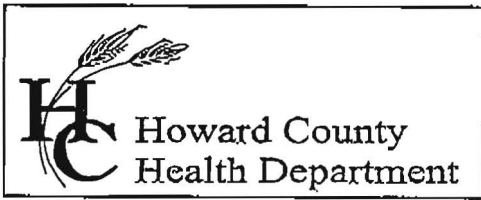
G
HOUSE GR
SEWER

STOCKPILING WILL NOT BE PERMITTED ON THIS SITE

ALL ELEVATIONS ARE BASED ON BY CLS DATED AL DATUM IS BASED ON COORDINATE SYSTEM

8/21/08
LANE
600 well (b) sites OK

SHEET INDEX



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

Penny E. Borenstein, 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:

HARPERS CHOICE 12 11544 Manor Stone Lane
 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

11544 Manor Stone Lane

LOT 12 HARPERS CHOICE

* This house is public water & sewer -
 Please call if you need to meet
 We are meeting on Friday 8-22-08 @ 1:00
 IF you need to be there