

ST/CO USE ONLY **DATE WELL COMPLETED** **Depth of Well** **PERMIT NO.**
 DATE Received **MM** 01 **DD** 14 **YY** 11 **MM** 12 **DD** 15 **YY** 10 **22** ~~2003~~ **320** **26** 3/10/11 **HO - 95 - 2033**
 8 19 15 20 (TO NEAREST FOOT) **O.K.** **28 29 30 31 32 33 34 35 36 37**

OWNER Fuller, Jon **STREET OR RFD** 12525 Marlborough **TOWN** Fulton Md
SUBDIVISION Hickory Hills Farms **SECTION** 4 **LOT** 4

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	
Overburden	0	57	
Gray Rock	57	320	

GROUTING RECORD **yes** **no**
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**
CEMENT **BENTONITE CLAY**
 NO. OF BAGS 32 NO. OF POUNDS 800
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 320 BOTTOM 58 ft.
 (enter 0 if from surface)

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)
PL 6.25 57
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST **BR** **HO**
 STEEL BRASS OPEN HOLE
 PL **OT**
 PLASTIC OTHER
C2 **DEPTH (nearest ft.)**

NUMBER OF UNSUCCESSFUL WELLS: _____
WELL HYDROFRACTURED **yes** **no**
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.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
E	8	9	11	15	17	21														
A	23	24	26	30	32	36														
C	38	39	41	45	47	51														
S																				
R																				
E																				
N																				

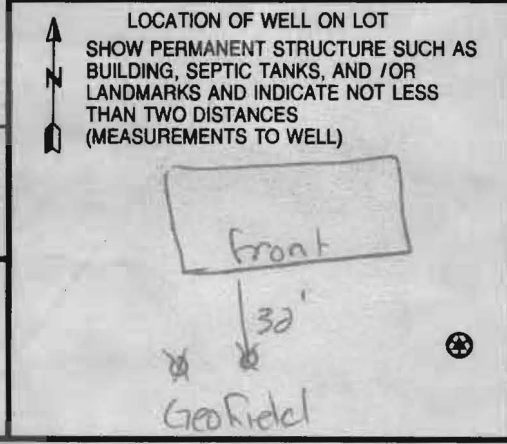
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

DRILLERS LIC. NO. M 5 D 106
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. SS D 138
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE 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) 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. 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** (nearest foot)
 - below } 50 51



B 1	8803	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <i>W534100</i>	STATE PERMIT NUMBER HO-95-2033 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) *11/19/10*

8 MM DD YY 13

15 Last Name *Fuller* Owner *Jon L.* First Name *Jon L.* 34

36 Street or RFD *12525 Marlow Road* 55

57 Town *Gulton Md* 70 State *MD* 72 Zip *20759* 76

LOCATION OF WELL

B 3

8 COUNTY *Howard* 21

23 SUBDIVISION *Nichols Hill Farms* 42

SECTION *4* LOT *4*

52 NEAREST TOWN *Gulton* 71

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

DRILLER INFORMATION

Driller's Name *Marshal Arnette* M *SD* License No. *106* 81

Firm Name *Allied Environmental Svcs* 20701

Address *PO Box 129 Annap Junction MD*

Signature *Marshal Arnette* Date *11/19/10*

WELL INFORMATION

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD *12525 NE Marlow Rd* 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD *200 FT*

ENTER FT OR MI 38 39

TAX MAP: *40* BLK: *23* PARCEL *134*

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 *2 Closed Loops*

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) *A41287*

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED *12/7/2010* *Brian Baker* 12/7/2011

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID *480* 0 0 0 EAST GRID *816* 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL *320* FEET
24 28

APPROXIMATE DIAMETER OF WELL *6* INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Driller Well*
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E *810*

N *480*

000 000 X

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

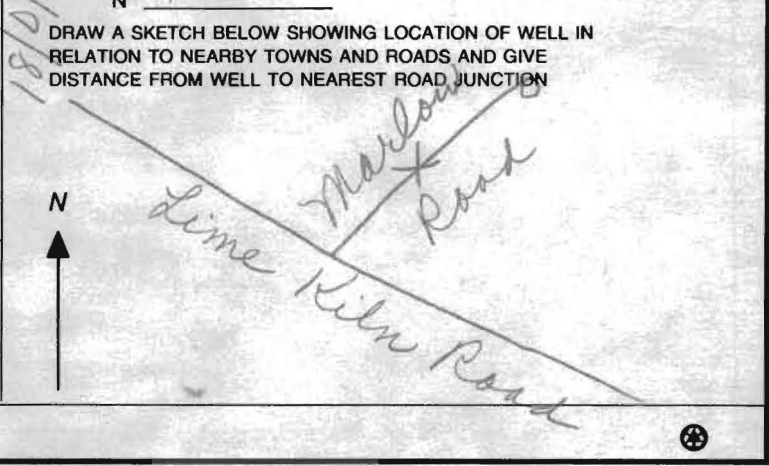
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



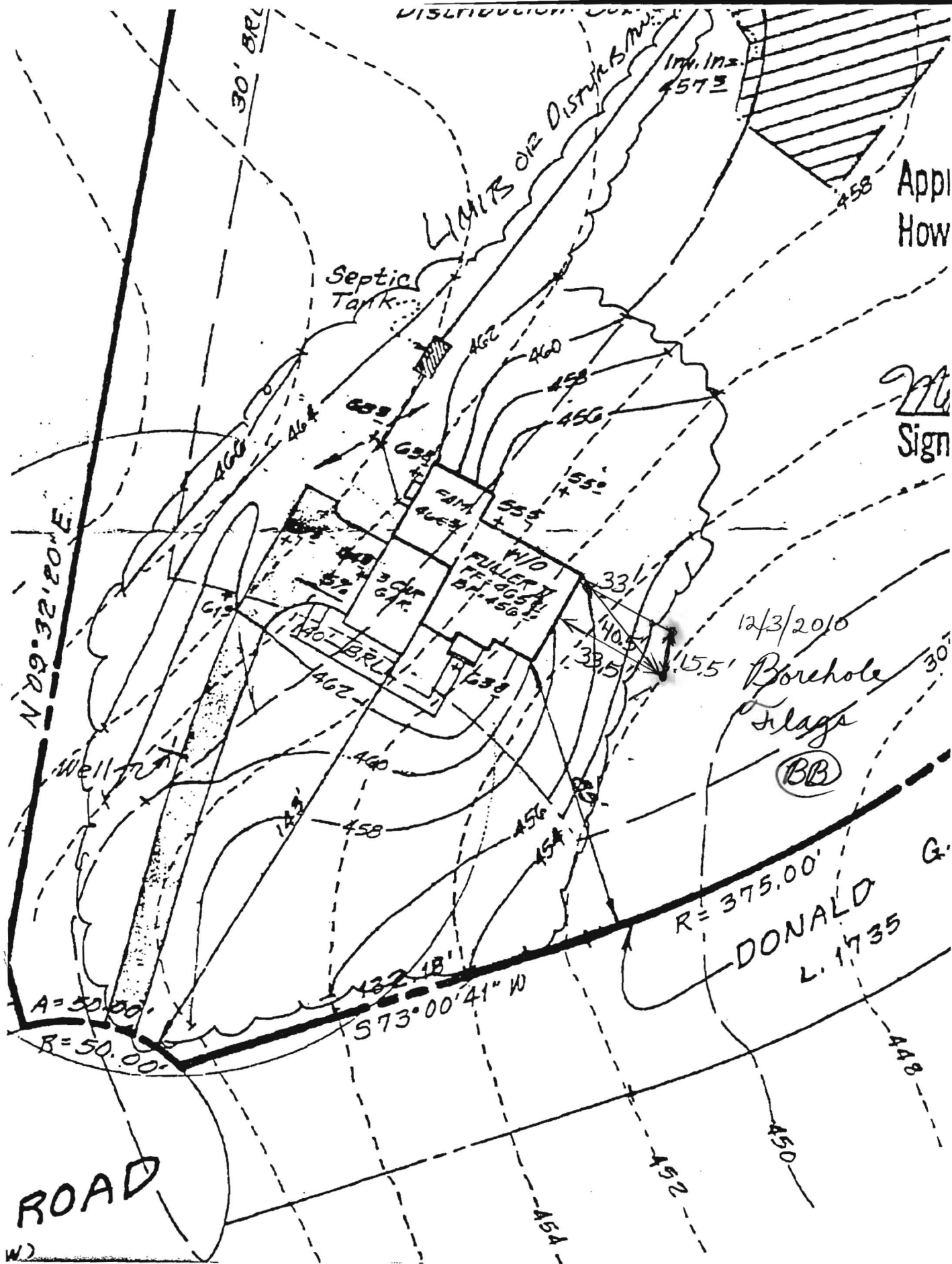
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. *HO 95 2033*
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



FINAL LOCATION PLAT

LOT 4

HICKORY HILLS FARMS

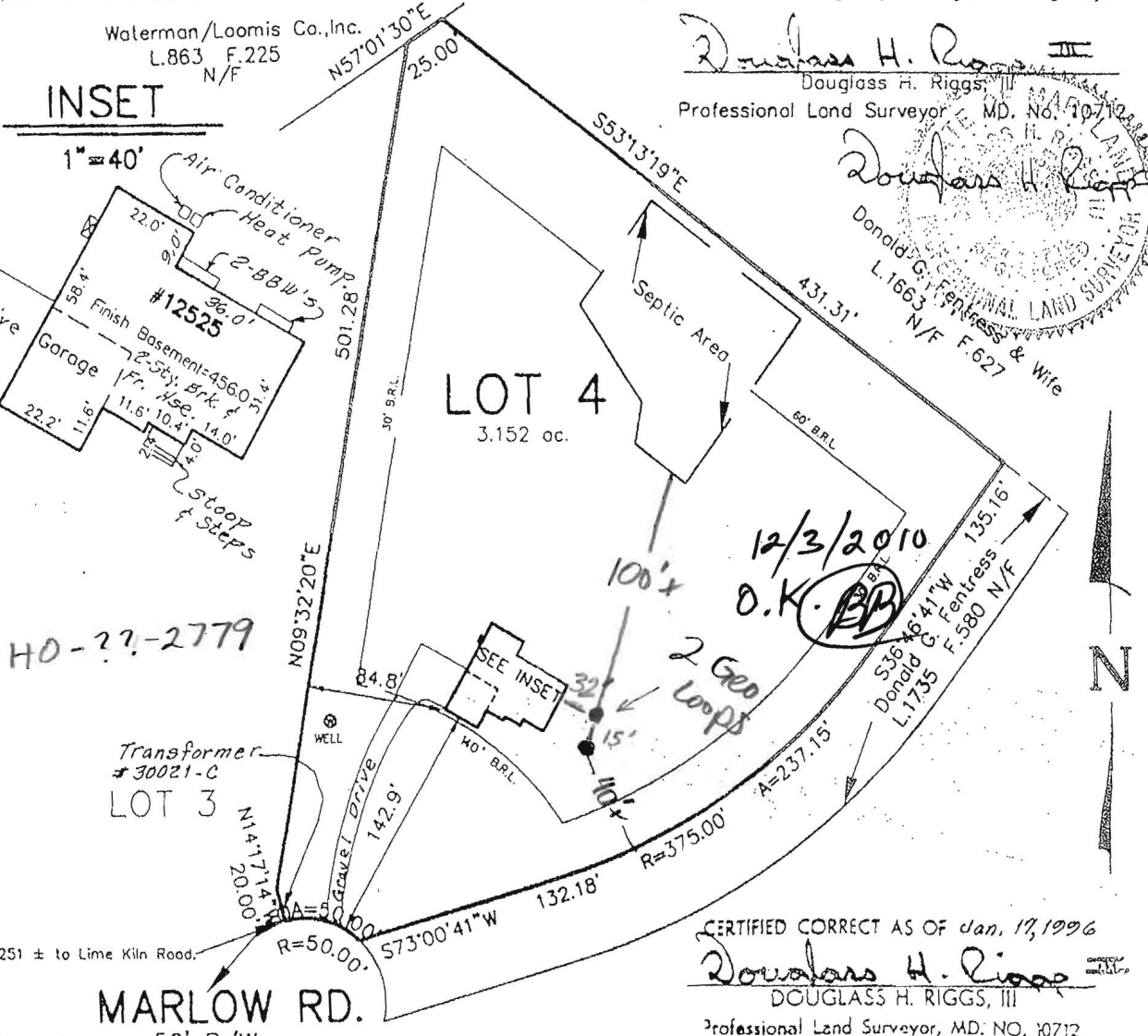
Howard County, Maryland

Scale: 1"=100' September 26, 1995

Plat-C.M.P.#7519

MACRIS, HENDRICKS and GLASCOCK, P.A.
 ENGINEERS * PLANNERS * SURVEYORS
 9220 WIGHTMAN ROAD GAITHERSBURG, MD. 20879
 (301) 670-0840

I hereby certify that the survey shown hereon is correct and the property is as delineated on the above stated plat as recorded among the Land Records of Frederick County, MD. The improvements were located by acceptable surveying practices made on September 26, 1995. Unless shown hereon, there are no visible encroachments. I further certify that no portion of the property lies within the designated 100 year flood plain as reflected on the Flood Insurance Rate Maps issued by the Federal Emergency Management Agency.

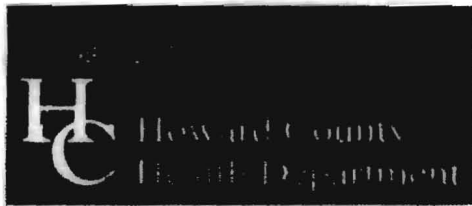


Legend: 50' R/W
 B,R,L. = Building Restriction Line BBW = Box Bay Window
Note:

Existence of property corner markers not guaranteed by this survey, unless indicated hereon. No title report furnished. Not to be used for the construction of fences or other improvements. This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.

WC	F
Field	HN HN
Draft	LM CK
Check	CK BY
MH&G #95-363	

CERTIFIED CORRECT AS OF Jan, 17, 1996
 Douglas H. Riggs, III
 DOUGLASS H. RIGGS, III
 Professional Land Surveyor, MD. NO. 10712
 LOT 5



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, 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:
Hickory Hill Farms 4 Marlow Rd.
 Subdivision/Property Name Lot# Road Name

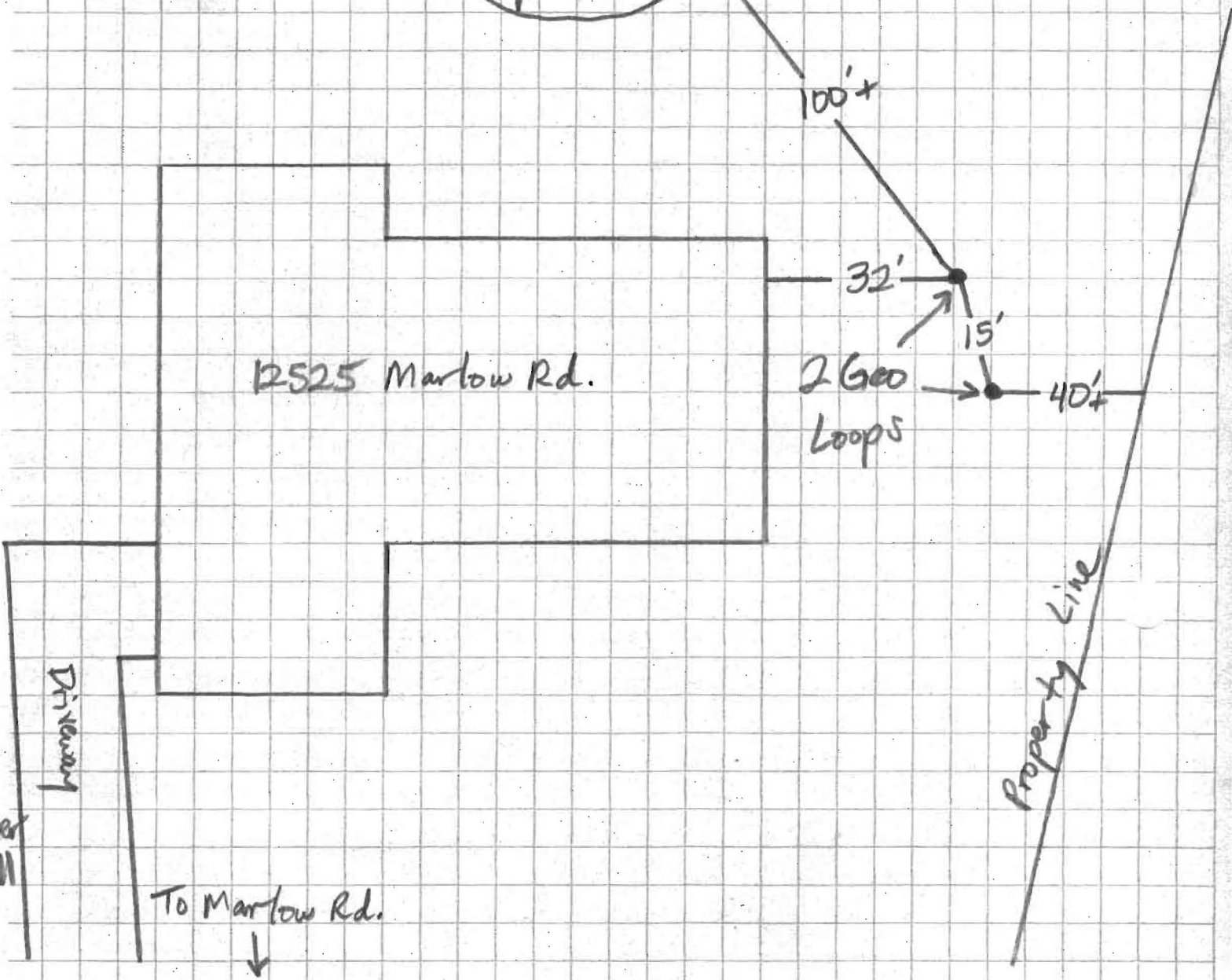
- The well site has been staked by Andy Trawhitt/Allied Well Drilling
 (professional land/surveyor or company employing professional land surveyors)
 on 11/29/10 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a 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

ALLIED WELL DRILLING SITE PLAN

Septic



NEIGHBORING TAG #'S: _____

DISTANCE FROM HOUSE: 32'
 FROM SEPTIC: 100'+
 FROM SEWER: N/A
 FROM PROPERTY LINE: 40'+
 FROM STREET: 120'+
 COMMENTS: _____

TREES NEARBY: Yes
 UTILITY ISSUES: No
 MATS NECESSARY: Yes
 ACCESS FOR H/U: Yes

PERSON COMPLETING FORM:
Andy T.