HAMPSHIRE GLEN CT AND HAMPSHIRE KNOB DR

3500 Hampshire Glen Ct BA817158

EMERGENCY/TEMP NO. IF ANY

B 1 5017 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER BA-81-7158
fill in this form completely

Date Received 081481

OWNER INFORMATION

Gaylord Brooks RLTY
Last Name / Owner / First Name

P O Box 193
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak 399
Driller's Name / License No

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature / Date 8/13/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

Comment 10/4/88

APPROXIMATE DEPTH OF WELL ____ FEET

APPROXIMATE DIAMETER OF WELL ____ NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE M7 WRITE INITIALS IN BOX PERMIT No BA-81-7158

B 3 LOCATION OF WELL

Baltimore
COUNTY

Hampshire
SUBDIVISION

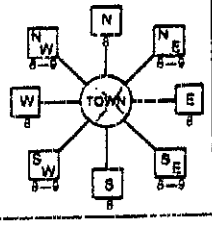
SECTION ____ LOT 1

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jacksonville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W JC EAST E
SOUTH S

80
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME / COUNTY NO.

OEP SIGNATURE ____ STATE HEALTH INSERT S

DATE ISSUED 081887 CO SIGNATURE EXP. DATE

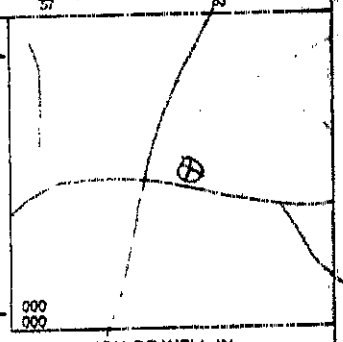
NORTH GRID 614000 EAST GRID 0425000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

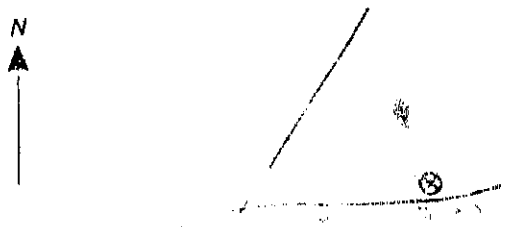
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 12
N 614



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



SPECIAL CONDITIONS

10

HEALTH

3500 Hampshire Glen Ct BA817158

CU 9012 SEQUENCE NO. (DEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received: 7 / 7

DATE WELL COMPLETED: 09 09 87

Depth of Well: 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7158

OWNER: GEYLORD BROOKS REALTY CO. (last name) (first name)

STREET OR RFD: P. O. Box 193 TOWN: Phoenix 21131

SUBDIVISION: HAMPSHIRE SECTION: LOT: 1

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 FROM	FEET TO	Check if water bearing
Mica & Shale	0	34	
Shale & Gray Rock	34	75	
Gray Rock	75	250	X

Well No. 1 - 250' - DRY (Backfilled)

OK CAZ 9/16/87

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 34 ft (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	34

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

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	34	250
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WQ OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 14.29

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 30'

WHEN PUMPING: 38'

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 (CIRCLE) (YES or NO) YES 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:

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, − below LAND SURFACE 1 (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 10.17.13 "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. 1399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

LOC.

NO COL. 10

HEALTH

3501 Hampshire Glen Ct BA817044

Mar-08-2006 03:57pm From-MDE WMA 410 537 3163 T-384 P 003/003 F-208

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER

DATE Received MAR 21 1988

DATE WELL COMPLETED 02 29 88

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 84-81-7044

OWNER GAYLORD BROOKS REALTY CO (last name) (first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 25

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 FROM	FEET TO	Check if water bearing
Brown Shale	0	25	
Green Rock	25	200	
Gray Rock	200	300	X

Well No. 1 - 300' - DRY
Well No. 2 - 300' - DRY
Well No. 3 - 300' - DRY
Well No. 4 - 200' - DRY
Well No. 5 - 300' - DRY
Well No. 6 - 300' - DRY
Well No. 7 - 200' - DRY

(BACKFILLED)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N

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 (TOP) to 27 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	27

OTHER CASING (if used)

EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

	DEPTH (nearest ft.)	
1 EACH SCREEN	40	27 to 300
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal per min to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29

WHEN PUMPING 235

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 (CIRCLE) (YES or NO) YES (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:

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 / - below LAND SURFACE (nearest foot)

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)

N

HAMPSHIRE GLEN CT & HAMPSHIRE KNOB DR

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T TELESCOPE CASING

(E R O S.) LOG INDICATOR

WQ OTHER DATA

ORIGINAL

10

3501 Hampshire Glen Ct BA817044

Mar-08-2006 03:57pm From-MDE WMA 410 537 3163 T-384 P 002/003 F-208

B 1 4451 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please print or type

BA-81-7044
fill in this form completely

Date Received 071487

OWNER INFORMATION

GAYLORD BROOKS RCTY
Last Name / Owner / First Name

P.O. BOX 193
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name / License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Paul M. Fabiszak — 7/1/87
Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE M2 WRITE INITIALS IN BOX PERMIT No BA-81-7044

SPECIAL CONDITIONS No fee

B 3 LOCATION OF WELL

Baltimore
COUNTY

Hampshire
SUBDIVISION

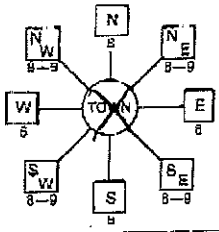
SECTION LOT 25 ~~7607 well~~

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N / WEST W / EAST E / SOUTH S

80
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto — 003
COUNTY NAME / COUNTY NO.

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED 071487 — M. Zenikoff
CO SIGNATURE — EXP. DATE

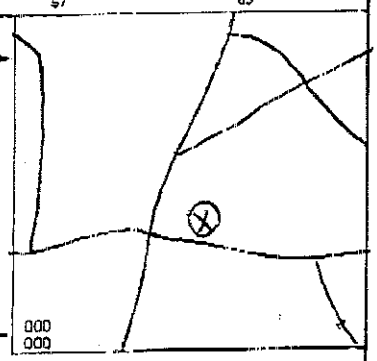
NORTH GRID 614000 — EAST GRID 0924000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

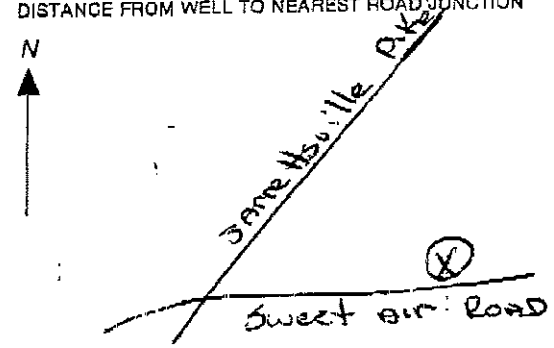
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



10

ORIGINAL

3502 Hampshire Glen Ct BA817790

C1 4085 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 03 23 87

Depth of Well 203 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" CA-81-7170

OWNER GAYLORD BROOKS REALTY CO. (last name / first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 2

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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Shale/Earth	15	25	
Grey Rock	25	200	x

Well No. 1 - 300' - DRY
Well No. 2 - 250' - DRY
Well No. 3 - 300' - DRY

(BACKFILLED)

3/28 1 open hole found (close - downhill from well) to left MAZ

4/5/88 All dry holes Backfilled - OK - MAZ

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 6 NO. OF POUNDS 630

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 26 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD

Casing types — insert appropriate code below: [ST] STEEL, [CO] CONCRETE, [PL] PLASTIC, [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	26

BACK CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD

Screen type or open hole — insert appropriate code below: [ST] STEEL, [BR] BRASS BRONZE, [HO] OPEN HOLE, [PL] PLASTIC, [OT] OTHER

C2

SCREEN	DEPTH (nearest ft.)		
1	110	26	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min to nearest gal.) 60

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 375"

WHEN PUMPING 1354"

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 (CIRCLE) (YES or NO) YES (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:

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 / (-) below LAND SURFACE 1 (nearest foot)

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)

N

CIRCLE APPROPRIATE LETTER

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T (E.R.O.S.) WQ

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

HEALTH

15

3502 Hampshire Glen Ct BA817790

EMERGENCY/TEMP NO. IF ANY

AY 3450 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: BA-81-7790
fill in this form completely

Date Received (APA): 02/18/88

OWNER INFORMATION

Last Name / Owner / First Name: GAYLORD BROOKS RLTY
Street or RFD: P.O. BOX 173
Town: PHOENIX State: MD Zip: 21131

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature] Date: 1-22-88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER: QAP

FORCE: SE WRITE INITIALS IN BOX PERMIT No. BA-81-7790

B 3 LOCATION OF WELL

COUNTY: Baltimore
SUBDIVISION: Hampshire
SECTION: LOT: 2
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Jacksonville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 80
ENTER FT or MI: FT

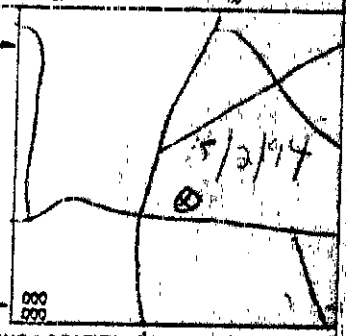
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: 10 COUNTY NO.: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 02/18/88 CO SIGNATURE: [signature] EXP. DATE
NORTH GRID: 614000 EAST GRID: 0925000

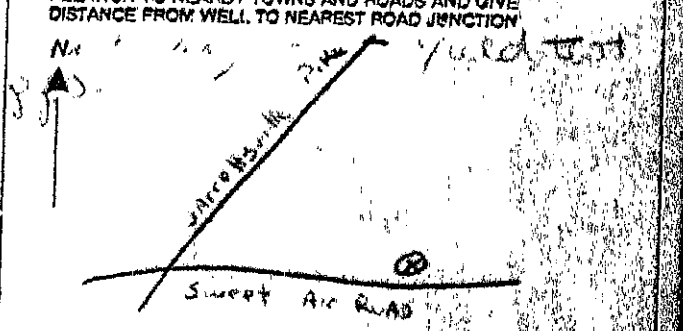
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. Hill
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 925
N 614



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



SPECIAL CONDITIONS: Fre Pd. 6054 COUNTY 10

C 1 9072 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: SEP 17 1987
DATE WELL COMPLETED: 090487
Depth of Well: 300 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7043

OWNER: GAYLORD BROOKS REALTY CO. (last name / first name)
STREET OR RFD: P. O. Box 193 TOWN: Phoenix 21131
SUBDIVISION: HAMPSHIRE SECTION: LOT: 24

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 FROM	FEET TO	Check if water bearing
Brown Mica	0	32	
Gray Rock	32	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no N
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY BC
NO OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 32 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	32

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

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

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	32	300
2			
3			

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING, (E.R.O.S.) LOG INDICATOR, WQ OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal) 14
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 36
WHEN PUMPING 39

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 (CIRCLE) (YES or NO) YES (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:
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, − below — LAND SURFACE 1 (nearest foot)

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)

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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Maurice Dixon
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

3503 Hampshire Glen Ct BA817043

3504 Hampshire Glen Ct BA817791

EMERGENCY/TEMP NO IF ANY

B 3451 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

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak — License No

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] — Date: 1-22-88

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 75 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- T 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED IF AVAILABLE

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER

POTABLE — PERMIT NO.

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION — LOT 3

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD 8

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO.

STATE SIGNATURE — INSERT S

DATE ISSUED — CO SIGNATURE — EXP DATE

NORTH GRID 614000 — EAST GRID 0725000

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

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

N

COUNTY

3504 Hampshire Glen Ct BA817791

C1 4044 SEQUENCE NO. (DEP USE ONLY)

THIS NUMBER MUST BE PUNCHED IN COLS. 6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 022788

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7791

OWNER GAYLORD BROOKS REALTY CO. (last name, first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 3

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	30	
Gray Rock	30	200	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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 33 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	33

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

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	33	200
2	-		
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 65

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

TELESCOPE CASING (E.P.O.S.) LOG INDICATOR W.G. OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min to nearest gal.) 14.29

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 8"

WHEN PUMPING 55 4"

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 (CIRCLE) (YES or NO) YES 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:

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 - below LAND SURFACE 1 (nearest foot)

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)

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 17.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

3505 Hampshire Glen Ct BA817042

EMERGENCY/TEMP NO IF ANY

B 1 4459 SEQUENCE NO (OEP 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

OEP PERMIT NUMBER

fill in this form completely

Date Received

OWNER INFORMATION

Last Name Owner First Name

Street or RFD

Town State Zip

DRILLER INFORMATION

Driller's Name License No

Firm Name

Address

Signature Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN)

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER G A P

FORCE WELL IN DA IN BI PERMIT No

SPECIAL CONDITIONS no fee

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

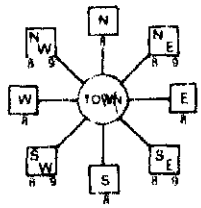
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NE E SE S SW W NW TOWN



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N W E WEST EAST S SOUTH



DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED

CO SIGNATURE EXP DATE

NORTH GRID 0 0 0 EAST GRID 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

2

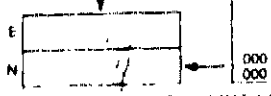
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E

N

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

N

HEALTH

3505 Hampshire Glen Ct BA817042

C1 7950 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 0 8 1 0 8 7

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO FROM PERMIT TO DRILL WELL

OWNER GAYLORD BROOKS REALTY CO. (last name) (first name)
STREET OR RFD P. O. Box 193 TOWN Phoenix 21131
SUBDIVISION HAMPSHIRE SECTION LOT 23

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 FROM	FEET TO	Check if water bearing
Brown Mica	0	27	
Gray Rock	27	250	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO OF BAGS 7 NO OF POUNDS 100
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 27 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: ST
Nominal diameter top (main) casing (nearest inch): 4
Total depth of main casing (nearest foot): 27

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

EACH CASING

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

C2
DEPTH (nearest ft)
EACH SCREEN
1 110 27 250
2
3

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

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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal) 100
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 35 5'
WHEN PUMPING 37 2"
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 (CIRCLE) (YES or NO) YES 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
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
− below
LAND SURFACE 1 (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 10 17 13 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 294
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E R O S) LOG INDICATOR WQ OTHER DATA

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)

RECEIVED AUG 13 1987 SUPPORT SERVICE

HEALTH

No Loc. 10

3506 Hampshire Glen Ct BA817792

EMERGENCY/TEMP NO. IF ANY

B 1 - 3452 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: BA-81-[illegible]
fill in this form completely

Date Received (APA): [illegible]

OWNER INFORMATION

Last Name / Owner / First Name: GAYLORD [illegible] RLEY
Street or RFD: P O Box 193
Town: Phoenix State: MD Zip: 21131

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville, 21030
Signature: [signature] Date: 1-22-88

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 150

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: [illegible] WRITE IN BALL IN BOX PERMIT No: [illegible]

SPECIAL CONDITIONS: See [illegible] 3456

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: [illegible]
SECTION: LOT: 4
NEAREST TOWN: [illegible]
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW

NEAR WHAT ROAD: [illegible]

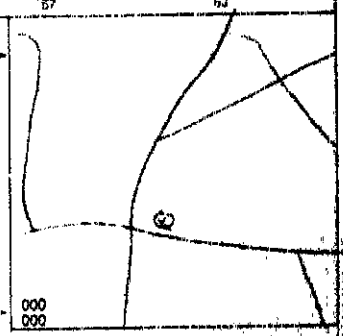
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 80
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] COUNTY NO: [illegible]
STATE SIGNATURE: INSERT S
DATE ISSUED: [illegible]
CO SIGNATURE: EXP DATE:
NORTH GRID: 614000 EAST GRID: 0125000

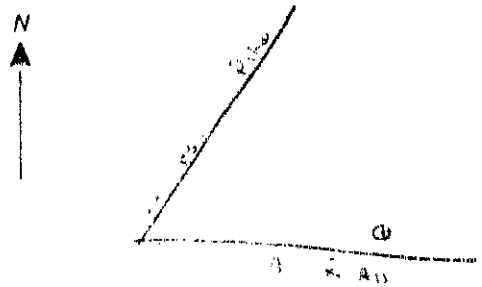
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X



SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 125
N 64

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



10

COUNTY

3506 Hampshire Glen Ct BA817792

C1 4086 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 032388

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7792

OWNER: GAYLORD BROOKS REALTY CO.

STREET OR RFD: last name P. O. Box 193 first name TOWN: Phoenix 21131

SUBDIVISION: HAMPSHIRE SECTION: 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 FROM	FEET TO	Check if water bearing
Overburden	0	20	
Shale/Earth	20	30	
Gray Rock	30	200	X

Well No. 1 - 100' - DRY
Well No. 2 - 200' - DRY
(BACKFILLED) 3/28/88 OK MAZ

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

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 32 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	32

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	10	32	200
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 65

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

T TELESCOPE CASING; E.P.O.S. LOG INDICATOR; W.Q. OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 16.67

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 336"

WHEN PUMPING: 478"

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 (CIRCLE) (YES or NO) YES 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:

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, − below LAND SURFACE 1 (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 10.17.13 "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. 389

DRILLERS SIGNATURE: MUST MATCH SIGNATURE ON APPLICATION

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

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)

3507 Hampshire Glen Ct BA817804

EMERGENCY/TEMP NO IF ANY

B 1 · 3494 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

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name Owner First Name

Street or RFD

Town State Zip

DRILLER INFORMATION

Driller's Name License No.

Firm Name

Address

Signature Date

LOCATION OF WELL

B 3

COUNTY

SUBDIVISION

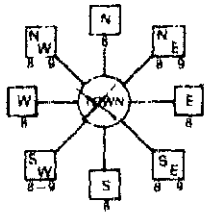
SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST OBSERVATION MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP DATE

NORTH GRID 0000 EAST GRID 0000

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL 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

N

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse ROTary DRive-POINT

other

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

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WATER INITIAL IN BOX PERMIT NO.

SPECIAL CONDITIONS

COUNTY

3507 Hampshire Glen Ct BA817804

C1 4038 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 02/29/85

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 84-81-1800

OWNER GAYLORD BROOKS REALTY CO.
STREET OR RFD P. O. Box 193 (last name / first name) TOWN Phoenix 21131
SUBDIVISION HAMPSHIRE SECTION LOT 22

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	28	
Gray Rock	28	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)
TYPE OF GROUTING MATERIAL
CEMENT [C M] BENTONITE CLAY [B C]
NO. OF SACKS 6 NO. OF POUNDS 600
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 30 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	300

OTHER CASING (if used) (EACH CASING)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN		
1	40	300
2		
3		

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

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal per min to nearest gal.) 30
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37 8"
WHEN PUMPING 44 8"
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 (CIRCLE) (YES or NO) YES (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:
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 [-] below LAND SURFACE (nearest foot) 1

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 10.17.13 "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. 777
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign) of driller or journeyman responsible for sitework if different from permittee)

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)

RECEIVED MAR 04 '85

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (EROS) WQ
TELESCOPE CASING
LOG INDICATOR
OTHER DATA

HEALTH

10

3507 Hampshire Glen Ct BA920121

EMERGENCY/TEMP NO IF ANY

B 1 5195 SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
[illegible]
fill in this form completely

Date Received (APA)
[illegible]

OWNER INFORMATION

KIMBLE LEVE
Last Name / Owner / First Name

3507 HAMPSHIRE GLEN CT
Street

PHOENIX MD 21131
Town / State / Zip

DRILLER INFORMATION

Dave Kelly 642-6981 304
Driller's Name / License No

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Garrett Hill
Address

Dave Kelly 1-29-92
Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 4

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REV-rse-ROTary DRive-POINT

other

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE NE WRITE INITIALS IN BOX PERMIT No. [illegible]

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

SUBDIVISION

SECTION LOT

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW — TOWN

3507 Hampshire
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH, WEST, EAST, SOUTH

170
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO

STATE SIGNATURE / INSERT S

DATE ISSUED

CO SIGNATURE / EXP DATE

NORTH GRID 019000 EAST GRID 0[illegible]0000

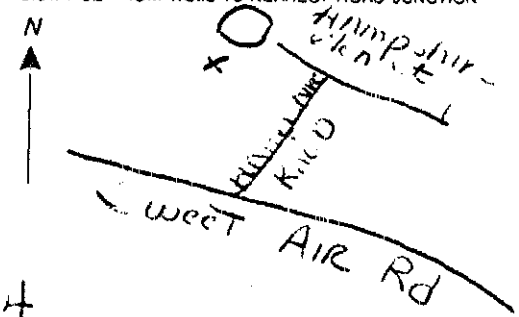
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 420
N 610

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

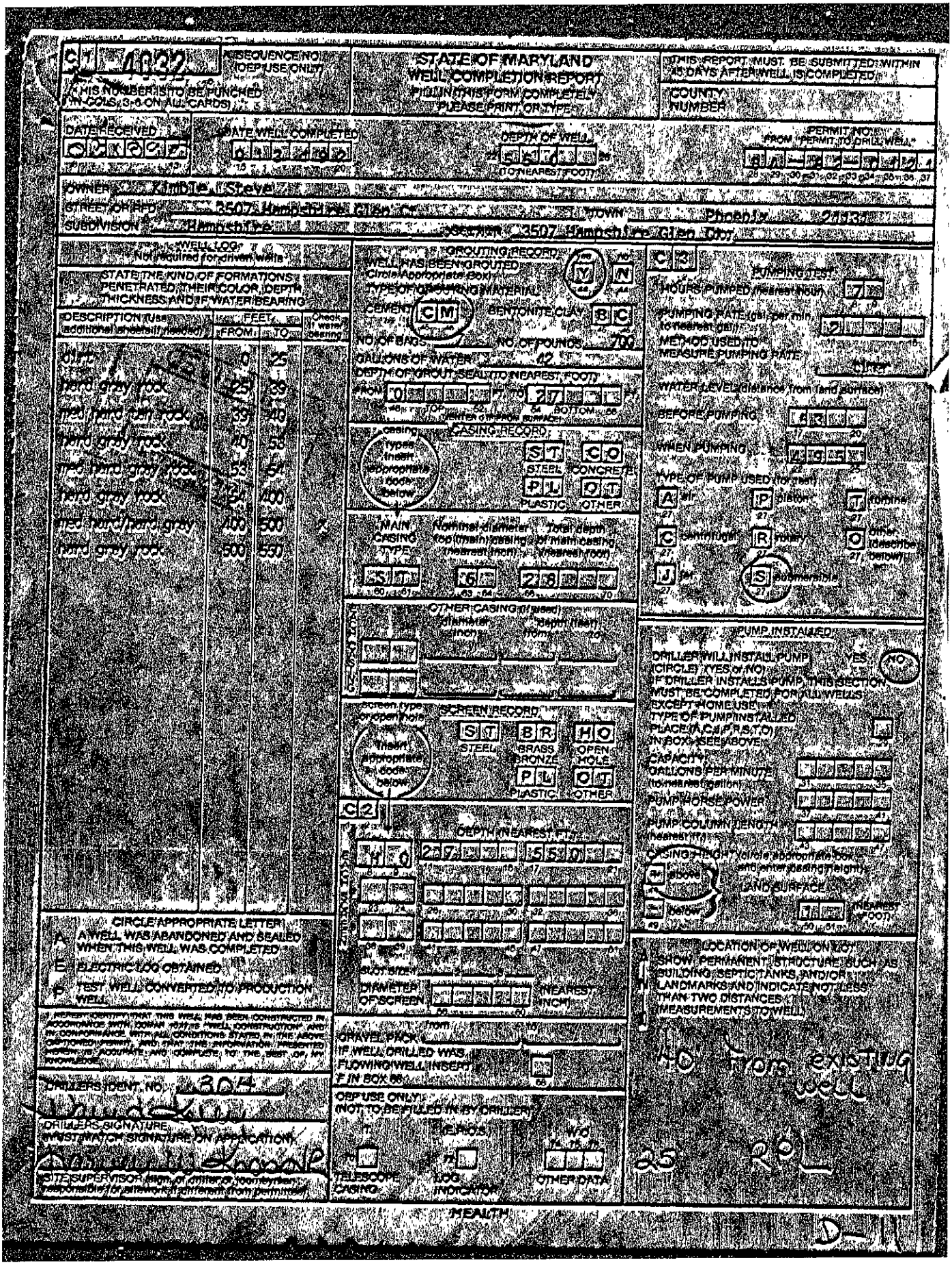


14
All

SPECIAL CONDITIONS

COUNTY

3507 Hampshire Glen Ct BA920121



3508 Hampshire Glen Ct BA817793

EMERGENCY/TEMP NO IF ANY

3453 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

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name | Owner | First Name

Street or RFD

Town | State | Zip

DRILLER INFORMATION

Driller's Name

Firm Name

Address

Signature | Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE S (WRITE INITIALS IN BOX) PERMIT No. 21-SV-0146

SPECIAL CONDITIONS Fc. Pl. 6851

COUNTY

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEARE ST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW N NE W (OWN) E SW S SE

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH W WEST E EAST S SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO

STATE SIGNATURE

INSERT S

DATE ISSUED

CO SIGNATURE

EXP DATE

NORTH GRID 0 0 0

EAST GRID 0 0 0

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

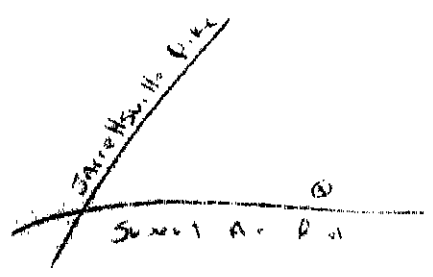
E 125

N 615

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

N



3508 Hampshire Glen Ct BA817793

C1 4385 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-5 ON ALL CARDS)

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

45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 04/18/88

Depth of Well 200 ft (TO NEAREST FOOT) CUSED

PERMIT NO FROM PERMIT TO DRILL WELL BK-81-7793

OWNER GAYLORD BROOKS REALTY CO. (last name) (first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE 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 FROM	FEET TO	Check if water bearing
Overburden	0	5	
Shale	5	23	
Gray Rock	23	200	X
Well No. 1 - 200' - DRY			
Well No. 2 - 200' - DRY			
Well No. 3 - 500' - DRY			
Well No. 4 - 200' - DRY (BACKFILLED)			

OK mrz 5/9/88

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO OF POUNDS 600
GALLONS OF WATER 50
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft TOP to 25 ft BOTTOM (enter 0 ft from surface)

CASING RECORD (casing types - insert appropriate code below)
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	25

OTHER CASING (If used) (EACH CASING)

diameter inch	depth (feet) from	to

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

C2

(EACH SCREEN)	DEPTH (nearest ft.)	
1	40	25 to 200
2		
3		

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

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 134
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 53 2"
WHEN PUMPING 12 7"

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 (CIRCLE) (YES or NO) 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
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 / - below LAND SURFACE (nearest foot) 1

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

ORIGINAL

10

3508 Hampshire Glen Ct BA817793

C1 9214 SEQUENCE NO. (DENV USE ONLY)

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

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received: 011092

DATE WELL COMPLETED: 01 19 92

Depth of Well: 350 (TO NEAREST FOOT)

3508 Hampshire Glen Ct

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7793

OWNER: Garlord Brooks Realty
last name / first name
STREET OR RFD: P.O. Box 400 TOWN: Phoenix, MD 21131
SUBDIVISION: Hampshire 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 FROM	FEET TO	Check if water bearing
Gray Rock	200	350	*

*Deepened existing well from 200' to 350'.

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL N/A
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS ____ NO OF POUNDS ____
GALLONS OF WATER ____
DEPTH OF GROUT SEAL (to nearest foot)
from ____ ft to ____ ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER
N/A

MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot)

EACH CASING — OTHER CASING (if used): diameter inch, depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER
N/A

C2

EACH SCREEN — DEPTH (nearest ft)
1 HO 200 350
2
3

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6
PUMPING RATE (gal per min to nearest gal.): 1
METHOD USED TO MEASURE PUMPING RATE: Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 33
WHEN PUMPING: 179
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 (CIRCLE) (YES or NO) YES 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:
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 / − below LAND SURFACE 1 (nearest foot)

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)

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. 309
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Thomas McCarthy
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

D40

COUNTY

3510 Hampshire Glen Ct BA880064

Depth of Well: 215 (TO NEAREST FOOT)

FROM "PERMIT TO DRILL WELL": BA-88-0064

OWNER Kaplin (last name) Edward (first name)

STREET OR RFD 3605 Southside Ave TOWN Jacksonville

SUBDIVISION St Andrews Point SECTION LOT 213

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 FROM	FEET TO	Check if water bearing
Brown Mica Soil	0	10	
Light Brown Mica Soil	10	15	
Brown Mica Soil	15	20	
Dark Brown Mica Soil	20	30	✓
Brown Mica Soil	30	40	
Brown Mica Soil	40	45	
Brown Mica Rock	45	325	✓
Med Hard Gray Mica Rock	325	435	
Dry Hole	0	435	
Sealed with Rock Cuttings & Cement Grout			

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 10.17.13 "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. 335

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DRILLER

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 14 NO OF POUNDS 1,316
GALLONS OF WATER 70
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 50 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types (insert appropriate code below): STEEL ST, CONCRETE CO, PLASTIC PL, OTHER OT

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	50

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole (insert appropriate code below): STEEL ST, BRASS BRONZE BR, OPEN HOLE HO, PLASTIC PL, OTHER OT

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	50	325
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
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.)	WQ
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

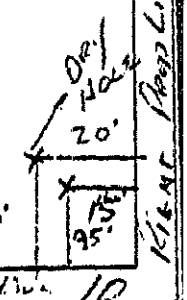
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 7.0
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 18
WHEN PUMPING 163

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 (CIRCLE) (YES or NO) YES 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:
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 / − below LAND SURFACE 2 (nearest foot)

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)



3600 Hampshire Glen Ct BA817038

EMERGENCY/TEMP NO. IF ANY

B | SEQUENCE NO. (OEP USE ONLY) 3

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

STATE OF MARYLAND PERMIT TO DRILL WELL. B09 B 10

please print or type

OEP PERMIT NUMBER BA - 81 - 7038

fill in this form completely

Date Received 6/20/87

OWNER INFORMATION

Last Name: Gouse | Owner: Bruce W. | First Name: Betty

Street or RFD: 1913

Town: Parkville | State: MD | Zip: 21234

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak | Driller's License No: 399

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road,. Cockeysville 21030

Signature | Date: 7/1/87

B | 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 700

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [X] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL.

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE WZ WRITE INITIALS IN BOX PERMIT No BA-81-7038

B | 3 **LOCATION OF WELL**

COUNTY

SUBDIVISION

SECTION LOT 6

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 M

B | 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, WEST W 32, EAST E, SOUTH S

DISTANCE FROM ROAD: 80

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto | COUNTY NO.: 003

OEP SIGNATURE | STATE HEALTH INSERT S

DATE ISSUED: 07/14/87 | CO SIGNATURE | EXP. DATE

NORTH GRID: 614000 | EAST GRID: 0125000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

2

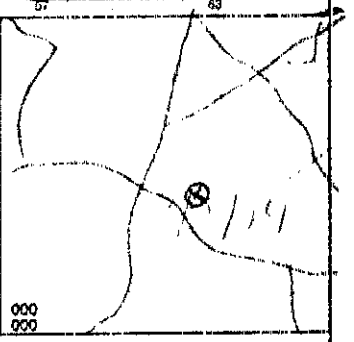
3

WRITE THE BOX NUMBER FROM THE MAP HERE

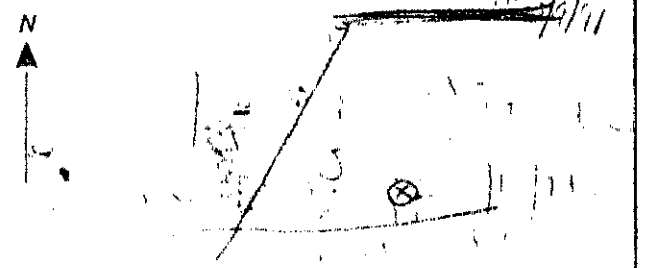
E 125

N 614

000 000



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



SPECIAL CONDITIONS

No fee Loc Ord. 5/7/91 - 9072 m Eppo 10

HEALTH

C1 8862 SEQUENCE NO. (DEP USE ONLY)

(DEP NO. IS TO BE PUNCHED IN COLS. 4-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 08/28/87

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7038

OWNER GAYLORD BROOKS REALTY CO.

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 6

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 FROM	FEET TO	Check if water bearing
Brown Mica	0	36	
Gray Rock	36	200	X

Well No. 1 - 300' DRY

(Backfilled)

OK GAZ 9/16/87

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 1 NO. OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 36 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types Insert appropriate code below

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	36

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole Insert appropriate code below

STEEL (ST) BRASS BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	NO	36	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min. to nearest gal.) 150

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25.0

WHEN PUMPING 31.8"

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 (CIRCLE) (YES or NO) YES (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

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 (-) below LAND SURFACE 1 (nearest foot)

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)

N

RECEIVED AUG 20 1987 WATER RESOURCES ADMINISTRATION

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T (70) TELESCOPE CASING

(E,R,O,S) (72) LOG INDICATOR

WQ (74,75,76) OTHER DATA

HEALTH

No Log

3602 Hampshire Glen Ct BA817794

EMERGENCY/TEMP NO. IF ANY

B 1 | 3454 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
B1-KV-7717
fill in this form completely

Date Received (APA)

OWNER INFORMATION
Gayle F. Bowers Rev
Owner
P O Box 192
Street or RFD
Phoenix MD 21131
Town State Zip

LOCATION OF WELL
B 3
Baltimore
COUNTY
Hampshire Glen
SUBDIVISION
SECTION LOT 31
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 M I

DRILLER INFORMATION
Paul M. Fabiszak 309
Driller's Name License No
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature 1-22-88 Date

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW N NE W TOWN E SW S SE

South Hampshire Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
80
DISTANCE FROM ROAD
ENTER FT or MI F

B 2
WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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

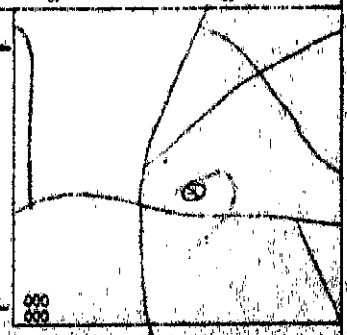
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Bal. Co. 203
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1-28-88 CO SIGNATURE EXP. DATE
NORTH GRID 76000 EAST GRID 372500

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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

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 7125
N 6164



REPLACEMENT OR DEEPENED 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
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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
South Hampshire Rd
3 mi. to Rte 1

NOT TO BE FILLED IN BY APPLICANT (DP USE ONLY)
APPROP. PERMIT NUMBER
FORCE MO. YR. PERMIT NO.

SPECIAL CONDITIONS

3602 Hampshire Glen Ct BA817794

C1 [illegible]192 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: 8 13

DATE WELL COMPLETED: 050488 (15 20)

Depth of Well: 300 (22 26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7794 (28 29 30 31 32 33 34 35 36 37)

OWNER: GAYLORD BROOKS REALTY CO. (last name) (first name)

STREET OR RFD: P. O. Box 193 TOWN: Phoenix 21131

SUBDIVISION: HAMPSHIRE SECTION: LOT: 8

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 FROM	FEET TO	Check if water bearing
Overburden	0	18	
Shale/Earth	18	38	
Gray Rock	38	300	X

Well No. 1 - 300' - DRY
Well No. 2 - 300' - DRY
(BACKFILLED)

5/31/88 OK MAZ

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y (yes) N (no)
TYPE OF GROUTING MATERIAL
CEMENT CM (45 46) BENTONITE CLAY BC (45 46)
NO. OF BAGS 8 NO OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP 52) ft. to 40 (54 BOTTOM 56) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	40 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	40 (8 9)	40 (15)	300 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (56 70) (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (5 8)
PUMPING RATE (gal. per min. to nearest gal.) 75 (11 15)
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 33 (17 20)
WHEN PUMPING 2342 ft (22 25)
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 (CIRCLE) (YES or NO) YES 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.
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 / below LAND SURFACE (nearest foot)

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)

RECEIVED MAY 11 1988 WATER AND SEWER

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 10.17.15 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or company man) responsible for site work if different from permittee

COUNTY

3603 Hampshire Glen Ct BA817802

EMERGENCY/TEMP NO IF ANY

3492 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

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name: CARLSON Owner First Name: RICK

Street or RFD: 3603 HAMPSHIRE GLEN CT

Town: [illegible] State: MD Zip:

DRILLER INFORMATION

Driller's Name: Paul L. Fabinczyk License No:

Firm Name: G. Major Ebert Inc. Corp.

Address: 1067 Hills Ave. Hagerstown, MD

Signature: Date:

LOCATION OF WELL

B 3

County:

Subdivision:

Section: Lot:

Nearest Town:

Miles from town (enter 0 if in town):

B 4

Direction of well from town (circle box): N, NW, NE, W, TOWN, E, SW, S, SE

Near what road:

On which side of road (circle appropriate box): North, West, East, South

Distance from road:

Enter FT or MI

WELL INFORMATION

B 2

Approx pumping rate (gal. per min.):

Average daily quantity needed (gal. per day):

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

County Name: County No:

State Signature: Insert S

Date Issued:

CO Signature:

North Grid: 0 0 0 East Grid: 0 0 0 Exp Date:

Approximate depth of well: feet

Approximate diameter of well: nearest 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

N

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

N

Not to be filled in by driller (OEP USE ONLY)

Approp Permit Number: GAP

Force: (write initials in box) Permit No:

Special Conditions

COUNTY

3603 Hampshire Glen Ct BA817802

C1 4095 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 032388

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7802

OWNER GAYLORD BROOKS REALTY CO. (last name / first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 19

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	19	
Gray Rock	19	300	X

Well No. 1 - 300' - DRY (BACKFILLED) OK 3/28/88 MAZ

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 4 NO. OF POUNDS 400

GALLONS OF WATER 24

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 20 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	20

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.) EACH SCREEN

1	HO	20	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (EROS) LOG INDICATOR WO OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2.07

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31.5"

WHEN PUMPING 235.1"

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE 1 (nearest foot)

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)

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 10.17.13 "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 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

HEALTH

10

3604 Hampshire Glen Ct BA817795

EMERGENCY/TEMP NO IF ANY

B 1 3455 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 [illegible]
fill in this form completely

Date Received (APA)

OWNER INFORMATION

[illegible] RLTY
Last Name / Owner / First Name

P O Box [illegible]
Street or RFD

[illegible] MD 21[illegible]
Town / State / Zip

DRILLER INFORMATION

[illegible] 3[illegible]
Driller's Name / License No

[illegible]
Firm Name

[illegible] Hall Road, [illegible] 21[illegible]
Address

[illegible]
Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) [illegible]

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 7[illegible]

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 2[illegible] FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER [illegible] GAP

FORCE [illegible] WRITE IN CALS IN BOX PERMIT No [illegible]

B 3 LOCATION OF WELL

[illegible]
COUNTY

[illegible]
SUBDIVISION

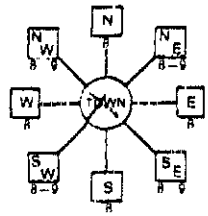
SECTION LOT [illegible]

[illegible]
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



X
DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP DATE

NORTH GRID 1[illegible]000 EAST GRID [illegible]000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

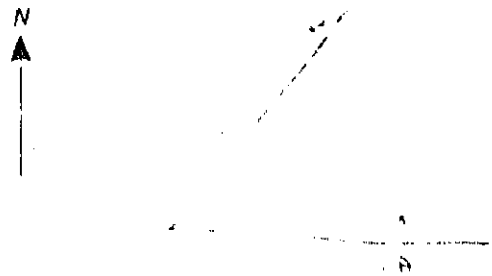
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 5
N 6[illegible]

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



SPECIAL CONDITIONS

3604 Hampshire Glen Ct BA817795

C 1 | 4366 | SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN P.U.'S ON ALL CARDS)

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.

COUNTY NUMBER

DATE received

DATE WELL COMPLETED 04 08 88

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-7795

OWNER Gaylord Brooks Realty Co.
last name first name

STREET OR RFD P. O. Box 103 TOWN Phoenix 21131

SUBDIVISION Hampshire SECTION LOT 7

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 FROM	FEET TO	Check if water bearing
Overburden	0	12	
Overburden/Shale	12	21	
Gray Rock	21	200	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)

TYPE OF GROUTING MATERIAL.
CEMENT (C M) BENTONITE CLAY (B C)
NO. OF BAGS 4 NO. OF POUNDS 400
GALLONS OF WATER 24
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 23 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	23

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	10	23
2		
3		

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

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

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min to nearest gal.) 16.67
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 28' 3"
WHEN PUMPING 30'

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 (CIRCLE) (YES or NO) YES 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:
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 (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 10 17 13 "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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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.)

RECEIVED APR 11 1988 WATER AND SEWER

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

COUNTY NL

3605 Hampshire Glen Ct BA817040

EMERGENCY/TEMP NO IF ANY

4461 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER BA-81-7040

fill in this form completely

Date Received 07 07 87

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

DRILLER INFORMATION

Driller's Name / License No

Firm Name

Address

Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No BA 81-7040

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NW NE W TOWN E SW SE S

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N W 32 E WEST EAST S SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO

OEP SIGNATURE / STATE HEALTH INSERT S

DATE ISSUED 07 14 87 / CO SIGNATURE / EXP DATE

NORTH GRID 019000 EAST GRID 0725000

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

N 14

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

N

SPECIAL CONDITIONS No fee

10

HEALTH

3605 Hampshire Glen Ct BA817040

C1 9069 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 09 08 87

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL 01-81-7390

OWNER GAYLORD BROOKS REALTY CO.

STREET OR RFD P. O. Box 193 (last name / first name) TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 16

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 FROM	FEET TO	Check if water bearing
Brown Mica	0	40	
Grey Rock	40	200	X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (TOP) ft to 40 (BOTTOM) ft

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

EACH SCREEN

	DEPTH (nearest ft)		
1	40	90	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min to nearest gal) 33

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37

WHEN PUMPING 136 1/2

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 (CIRCLE) (YES or NO) YES (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

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 / (-) below LAND SURFACE (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 10.17.13 "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 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N

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

T (E R O S) W Q

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

HEALTH

No Loc. 10

3606 Hampshire Glen Ct BA817039

EMERGENCY/TEMP NO IF ANY

B 1 4462 SEQUENCE NO (OEP 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

OEP PERMIT NUMBER

fill in this form completely

Date Received

OWNER INFORMATION

Last Name | Owner | First Name

Street or RFD

Town | State | Zip

DRILLER INFORMATION

Driller's Name | Lic. No.

Firm Name

Address

Signature | Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN)

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL ____ FEET

APPROXIMATE DIAMETER OF WELL ____ NEAREST 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 DEEPENED 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

D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER G A P

FORCE WRITE INITIALS IN BOX PERMIT NO

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NW NE W TOWN E SW S SE

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N WEST W E EAST S SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

OEP SIGNATURE STATE HEALTH INSERTS

DATE ISSUED

C O SIGNATURE EXP DATE

NORTH GRID 0 0 0 EAST GRID 0 0 0

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

N

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

N

SPECIAL CONDITIONS

see pd 6/13/50 MK #8662 10

HEALTH

3606 Hampshire Glen Ct BA817039

C 1 7949 SEQUENCE NO (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 4-8 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 08 07 87

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-7039

OWNER GAYLORD BROOKS REALTY CO. (last name) (first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 11

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 FROM	FEET TO	Check if water bearing
Brown shale	0	60	
Gray Rock	60	200	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (yes) Y (no) N

TYPE OF GROUTING MATERIAL

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 29 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL C O CONCRETE P L PLASTIC O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T	6	29

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

S T STEEL B R BRASS BRONZE H O OPEN HOLE P L PLASTIC O T OTHER

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	40	29 to 200
2		
3		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min to nearest gal) 14.29

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36

WHEN PUMPING 81 8m

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 (CIRCLE) (YES or NO) YES (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:

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 / (−) below LAND SURFACE (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 10 17 13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Paul [illegible]

SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee) [illegible]

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)

N

RECEIVED AUG 13 1987 WATER SUPPLY

10

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

T TELESCOPE CASING

(E R O S) LOG INDICATOR

WQ OTHER DATA

HEALTH

No log.

3607 Hampshire Glen Ct BA817801

[redacted]

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7801

TOWN Phoenix, MD 21131

SECTION LOT 17

Brown Sight	0	38	
Grey Rock	38	600	x

WELL HAS BEEN GROUTED (Circle appropriate box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM SENTONITE CLAY BC

NO. OF BAGS 5 NO. OF POUNDS 50

GALLONS OF WATER 45

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN			
1	HO	40	600
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

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.) WQ

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 1.94

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48

WHEN PUMPING 535.10

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE 1 (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 10.17.18 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

John Long

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

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)

10

HEALTH

3607 Hampshire Glen Ct BA817801

Date Received (AFA) [illegible]

OWNER INFORMATION

[illegible]

[illegible]

[illegible]

DRILLER INFORMATION

Paul M. Fabisiak 399

Driller's Name G. Edgar Darr Sons' Corp.

Firm Name 12047 Falls Road, Cockeysville 21030

Address

Signature [signature] Date 1-22-88

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 41 87 52

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE F WRITE INITIALS IN BOX PERMIT No. BA-81 DBOX

SPECIAL CONDITIONS Fire Pd. 6665

COUNTY

B 3 LOCATION OF WELL

[illegible]

[illegible]

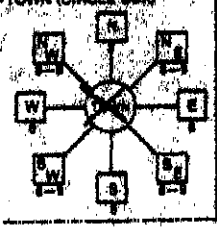
SECTION [illegible] LOT [illegible]

[illegible]

MILES FROM TOWN (enter 0 if in town) [illegible]

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



[illegible] NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 80 37 DISTANCE FROM ROAD

ENTER FT or MI [illegible]

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Balto 003

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 020888 [illegible]

CO SIGNATURE EXP. DATE

NORTH GRID 614 000 EAST GRID 0125 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.

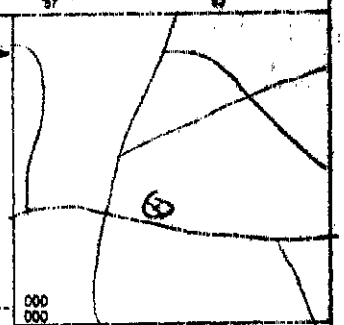
2

3

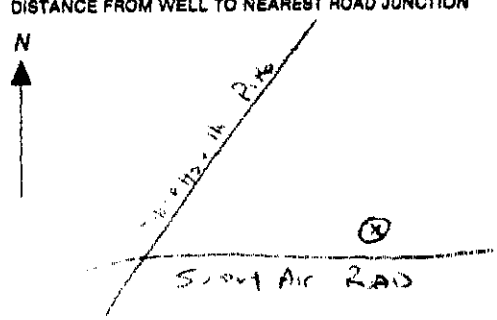
WRITE THE BOX NUMBER FROM THE MAP HERE

E 925

N 614



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



10

3608 Hampshire Glen Ct BA817796

EMERGENCY/TEMP NO. IF ANY

B 1 3486 SEQUENCE NO (OP 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: BA-[illegible]
fill in this form completely

Date Received (APA): [illegible]

OWNER INFORMATION

GAYLORD [illegible] RLTY
Last Name / Owner / First Name

P. O. Box [illegible]
Street or RFD

Phoenix MD [illegible]
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — License No 399
Driller's Name

C. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

[signature] — 1-22-88
Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL.

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE — WRITE INITIALS IN BOX — PERMIT No BA-[illegible]

SPECIAL CONDITIONS Fee Pd. 6000

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

[illegible]
SUBDIVISION

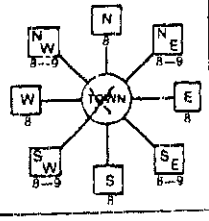
SECTION — LOT 12

[illegible]
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) — NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD 8 — ENTER FT or MI 1

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO

STATE SIGNATURE — INSERT S

DATE ISSUED — CO SIGNATURE — EXP DATE

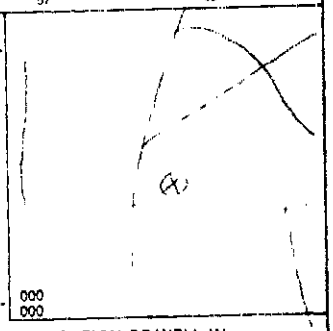
NORTH GRID 614000 — EAST GRID [illegible]000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

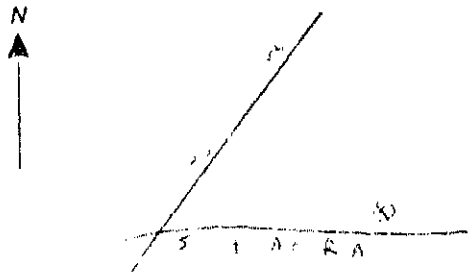
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 125
N 614



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



COUNTY

3608 Hampshire Glen Ct BA817796

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

C1 4083 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 03/85

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7796

OWNER GAYLORD BROOKS REALTY CO.
STREET OR RFD P. O. Box 193 TOWN Phoenix 21131
SUBDIVISION HAMPSHIRE SECTION LOT 12

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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Earth/Gray Rock	15	28	
Gray Rock	28	200	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO OF POUNDS 650
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft TOP to 30 ft BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	30

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	180	30	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 16.67
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31'11"
WHEN PUMPING 31'11"

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 (CIRCLE) (YES or NO) YES (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:
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 / − below LAND SURFACE (nearest foot) 1

LOCATION OF WELL ON LOT
A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
N
O

RECEIVED APR 5 1985 WATER AND SEWER

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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign if driller or journeyman responsible for siteworkif different from permittee)

HEALTH

No Loc 10

3609 Hampshire Glen Ct BA817800

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

SEQUENCE NO. (DEP USE ONLY)

THIS NUMBER IS TO BE PUNCHED IN EACH CARD AS ON ALL CARDS

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

LOCATION OF WELL

County

Subdivision

Section / Lot

Nearest Town

Miles from town (enter 0 if in town)

DRILLER INFORMATION

Paul M. Fabiszak — License No. 399

Driller's Name

Firm Name: G. Edgar Marr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature

Date: 1-22-88

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): 8851

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: WRITE INITIALS IN BOX — PERMIT No.

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: Jarrettsville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 80

ENTER FT or MI: F

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: 10 — COUNTY NO.: 113

STATE SIGNATURE — INSERT 6

DATE ISSUED

CO SIGNATURE — EXP DATE

NORTH GRID: 0000 — EAST GRID: 0000

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 425

N 614

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

N

SPECIAL CONDITIONS

COUNTY 10

3609 Hampshire Glen Ct BA817800

SEQUENCE NO. (DEP USE ONLY)

(TO BE PUNCHED IN BOXES 3-8 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: [illegible]

DATE WELL COMPLETED: [illegible]

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": DA-81-7800

OWNER: [illegible] REALTY CO.

STREET OR RFD: P. O. Box 193 first name TOWN: Phoenix 21131

SUBDIVISION: [illegible] SECTION: LOT: 16

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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Overburden/ Gray Rock	15	25	
Gray Rock	25	200	X

Well No. 1 - 200' - DRY
(Backfilled)

OK 5/28/88 MAZ

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y no N

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 27 ft (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	27

OTHER CASING (if used)

EACH CASING: diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN			
1	HO	27	200
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min. to nearest gal.) 16.67

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 205"

WHEN PUMPING 25'10"

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE 1 (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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

HEALTH

10

3610 Hampshire Glen Ct BA817797

EMERGENCY/TEMP NO. IF ANY

B 1 3487 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: BA-81-1777
fill in this form completely

Date Received (APA): 12/18/87

OWNER INFORMATION

Gayle Ross Bookes RUTH
Last Name / Owner / First Name

P.O. Box 193
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name / License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Paul M. Fabiszak — 1-22-88
Signature / Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 81

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE (WRITE INITIALS IN BOX) PERMIT No. BA-81-1777

LOCATION OF WELL

BALTIMORE — 8 COUNTY
Hampshire Glen Ct — 23 SUBDIVISION
SECTION — LOT 13
JARRETTSVILLE — 52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, SE, S

Jarrettsville Pike — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD X ENTER FT or MI Ft

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

BALTO 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 12/23/87 — CO SIGNATURE — EXP. DATE

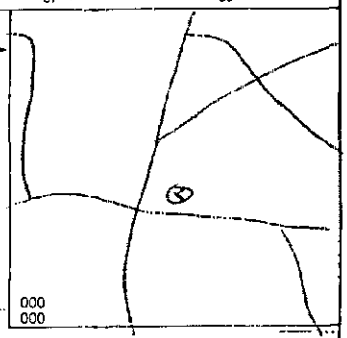
NORTH GRID 61400 EAST GRID 02500

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

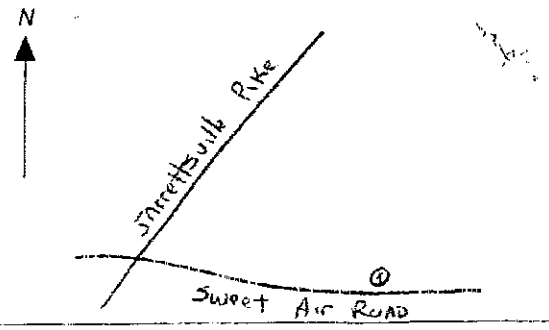
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 926
N 614



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



SPECIAL CONDITIONS: Fee Pd. 6061

10

COUNTY

3610 Hampshire Glen Ct BA817797

C 1 2087 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 07 29 88

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-7297

OWNER GAYLORD BROOKS REALTY CO.
STREET OR RFD P. O. Box 193 TOWN Phoenix 21131
SUBDIVISION HAMPSHIRE SECTION LOT 13

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	69	
Gray Rock	69	300	X

Well No. 1 - 300' - DRY
Well No. 2 - 200' - DRY
Well No. 3 - 250' - DRY
Well No. 4 - 400' - DRY
Well No. 5 - 375' - DRY
Well No. 6 - 300' - DRY
Well No. 7 - 600' - DRY
(BACKFILLED)

OK MZ 8/12/88

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 72
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft TOP to 70 ft BOTTOM (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	70

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

EACH SCREEN

	DEPTH (nearest ft.)	
1	40	70	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 28
WHEN PUMPING 101

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 (CIRCLE) (YES or NO) YES 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:
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 – below LAND SURFACE 1 (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 10.17.13 "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 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)
N

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E R O S.) LOG INDICATOR WQ OTHER DATA

COUNTY

3612 Hampshire Glen Ct BA817798

EMERGENCY/TEMP NO. IF ANY

B 1 3488 SEQUENCE NO. (OP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLE 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER BA-87-7778
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak — License No. 399

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] — Date: 1-22-88

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- T 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 8

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SF WRITE INITIALS IN BOX PERMIT No. BA-87-7778

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

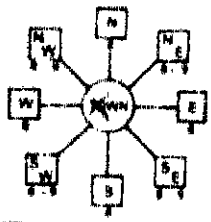
SECTION — LOT 14

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO.

STATE SIGNATURE — INSERT 5

DATE ISSUED

CO SIGNATURE — EXP. DATE

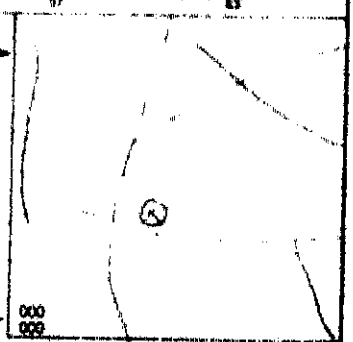
NORTH GRID 0 0 0 — EAST GRID 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

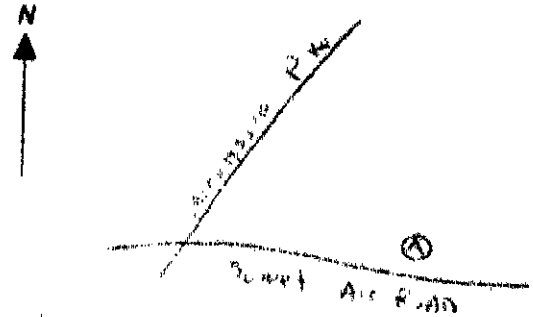
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 926
N 614



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

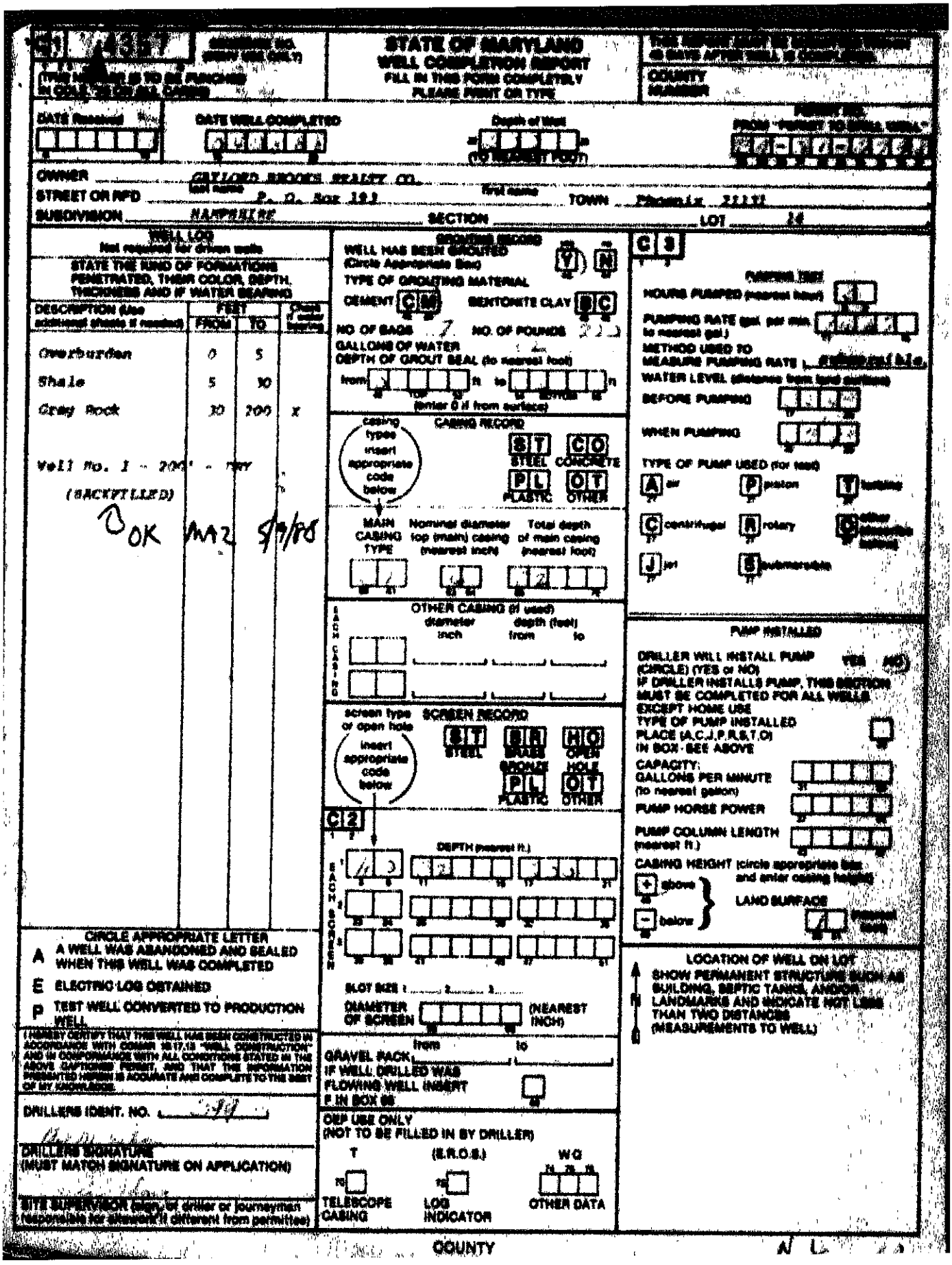


SPECIAL CONDITIONS Fee Pd. 6062

10

COUNTY

3612 Hampshire Glen Ct BA817798



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

COUNTY NUMBER

DATE Received | DATE WELL COMPLETED | Depth of Well (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: GAYLORD BROOKS REALTY CO. (last name) (first name)
STREET OR RFD: P. O. Box 193 TOWN: Phoenix 21131
SUBDIVISION: HAMPSHIRE SECTION: LOT: 14

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 FROM	FEET TO	Check if water bearing
Overburden	0	5	
Shale	5	30	
Gray Rock	30	200	X

Well No. 1 - 200' - DRY
(BACKFILLED)

OK MAZ 5/9/88

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 200
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot)

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

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

C2
DEPTH (nearest ft.)
EACH SCREEN
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour)
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
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 (CIRCLE) (YES or NO) YES 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
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 / − below LAND SURFACE (nearest foot)

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)

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 16.17.13 "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. 349

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

3614 Hampshire Glen Ct BA817799

EMERGENCY/TEMP NO. IF ANY

3489 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: BA-87-[illegible]

fill in this form completely

Date Received (APA): 000788

OWNER INFORMATION

Last Name / Owner / First Name: GAYLORD BROOKS RLTY

Street or RFD: P.O. BOX 193

Town: PHOENIX State: MD Zip: 21131

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No.: 399

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] Date: 1-22-88

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: WRITE INITIALS IN BOX PERMIT No

SPECIAL CONDITIONS: Fee 11. [illegible] 163

COUNTY

B 3 LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION: Hampshire

SECTION: LOT: 15

NEAREST TOWN: Jacksonville

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW

NEAR WHAT ROAD: Jacksonville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 50

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP. DATE

NORTH GRID: 0000 EAST GRID: 0000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

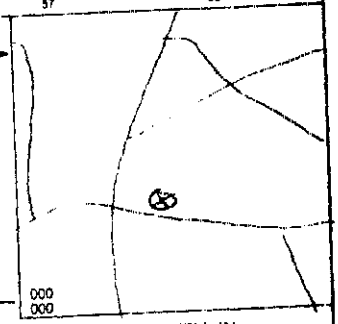
2

3

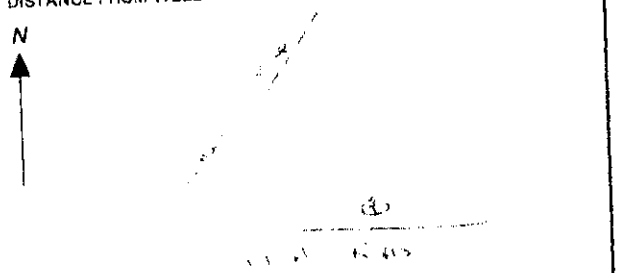
WRITE THE BOX NUMBER FROM THE MAP HERE

E 125

N 614

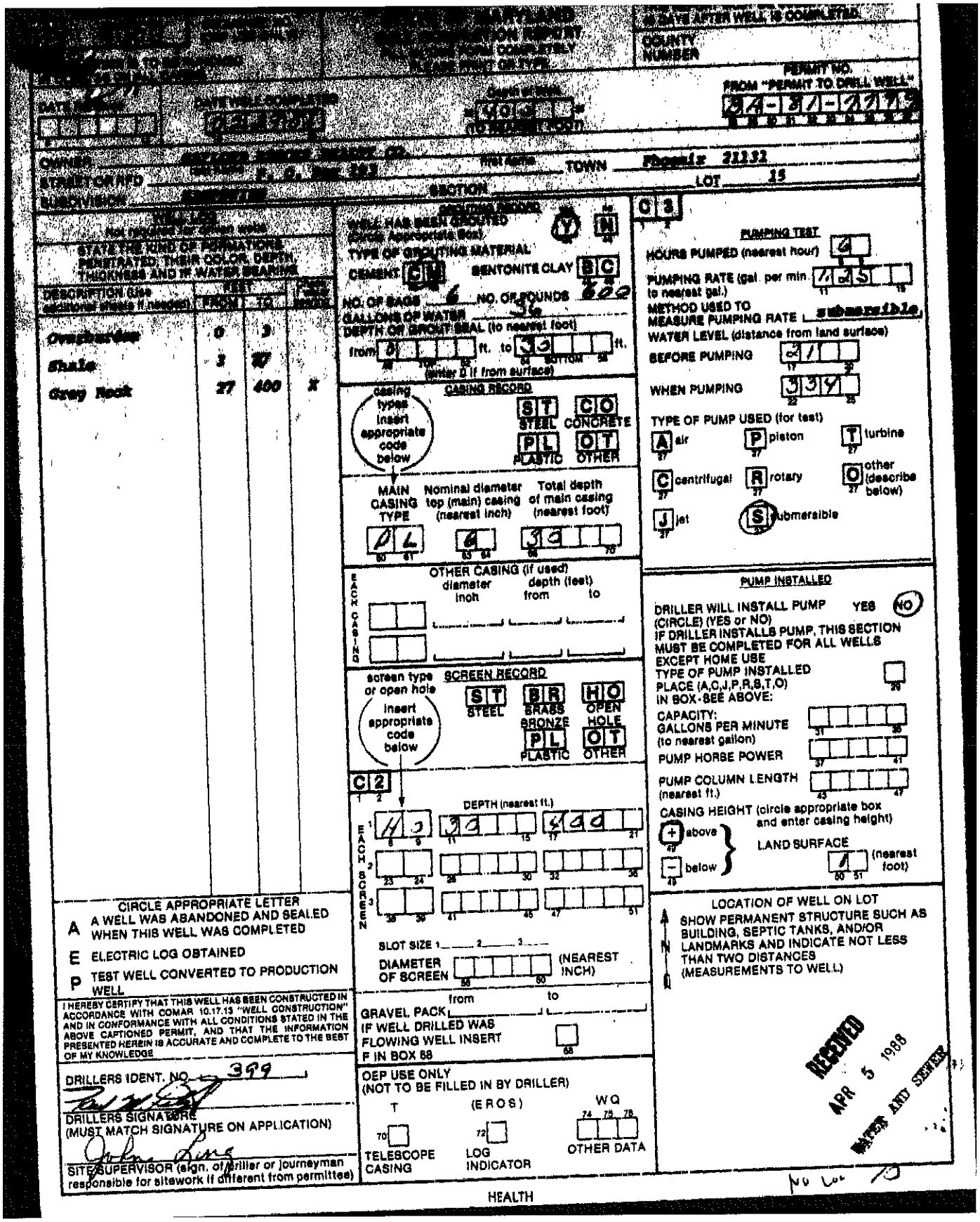


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



10

3614 Hampshire Glen Ct BA817799



[illegible] MARYLAND
[illegible] REPORT
[illegible] COMPLETELY
PLEASE PRINT OR TYPE

[illegible] DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER

DATE RECEIVED
DATE WELL COMPLETED [illegible]
Depth of Well 400 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" 84-81-2779

OWNER [illegible] CO. First Name TOWN Phoenix 21131
STREET OR RFD [illegible] P. O. Box [illegible] SECTION LOT 15
SUBDIVISION [illegible]

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	27	
Grey Rock	27	400	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
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 30 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	30

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

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

C2
EACH SCREEN
DEPTH (nearest ft.)
1 HO 30 400
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (EROS) LOG INDICATOR WQ OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 125
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 21
WHEN PUMPING 334
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 (CIRCLE) (YES or NO) YES 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:
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
− below
LAND SURFACE 1 (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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
John Long
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

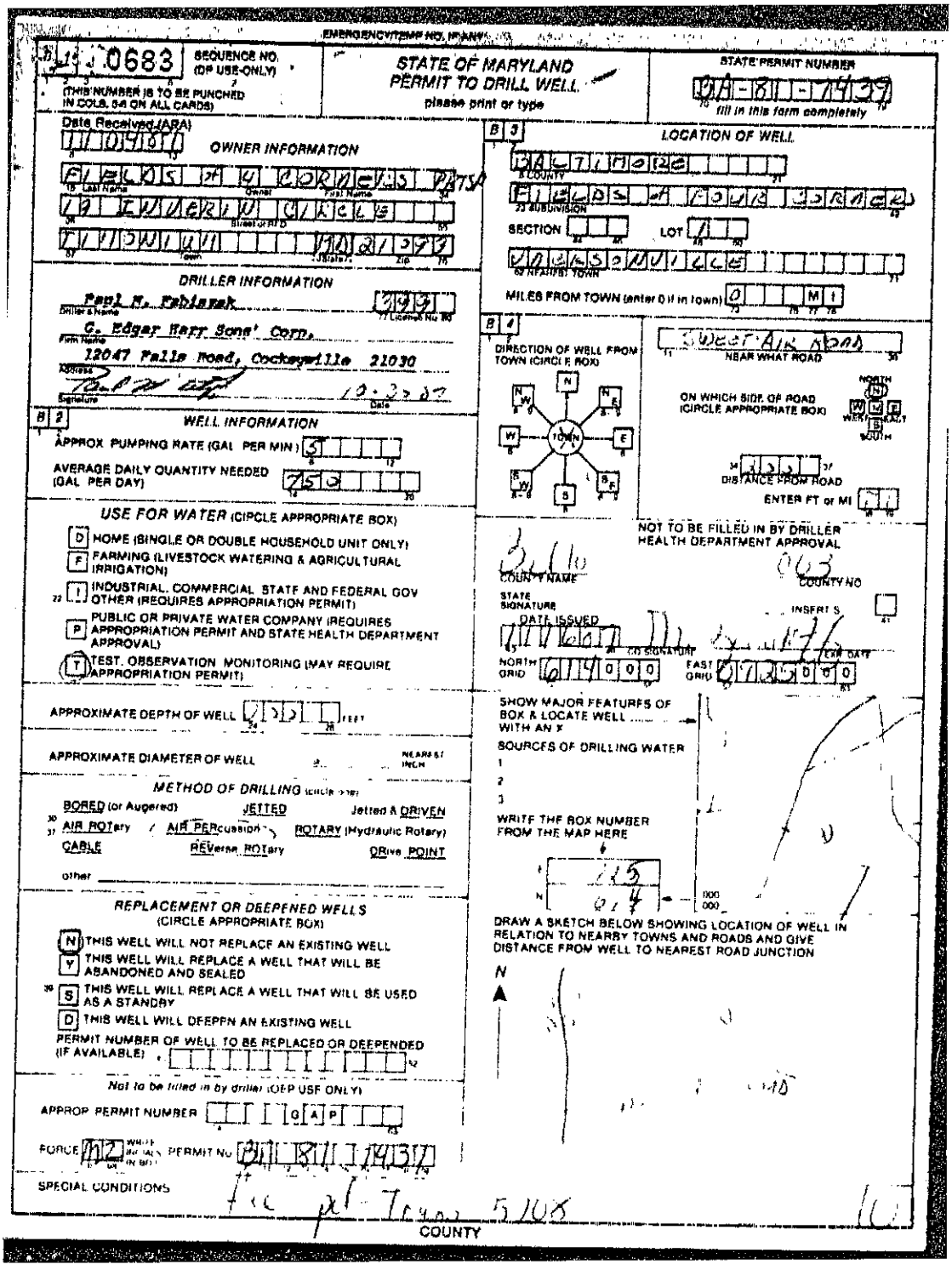
LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

RECEIVED APR 5 1988 WATER AND SEWER

No Loc 10

HEALTH

14351 Hampshire Knob Dr BA817439



EMERGENCY/TEMP NO. IF ANY

0683 SEQUENCE NO. (DP USE-ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-81-7439
fill in this form completely

Date Received (ARA): 110401

OWNER INFORMATION

FIELDS of 4 CORNERS PATSP
Last Name / Owner / First Name
19 INVERIN CIRCLE
Street or RFD
TIMONIUM MD 21093
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name / Licence No.
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature — 10-3-87 Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: M2 — WRITE INITIALS IN BOX — PERMIT No. BA 81 7439

SPECIAL CONDITIONS: Fee pd - Trans 5108

B 3 LOCATION OF WELL

BALTIMORE
COUNTY
FIELDS of FOUR CORNERS
SUBDIVISION
SECTION — LOT 1
JACKSONVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

SWEET AIR ROAD
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: 1

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Bello — COUNTY NO.: 063
STATE SIGNATURE — INSERT S
DATE ISSUED: 111607 — CO SIGNATURE — EXP. DATE
NORTH GRID: 614000 — EAST GRID: 0725000

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 225
N 614

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

COUNTY

14351 Hampshire Knob Dr BA817439

CT 5496 — SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS ON ALL CARDS)

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.
COUNTY NUMBER

DATE Received
DATE WELL COMPLETED 10 A 87
Depth of Well 300 ft (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7439

OWNER Fields of 4 Corners Partnership (last name) (first name)
STREET OR RFD 19 Inverin Circle TOWN Timonium, Md 21093
SUBDIVISION Fields of Four Corners SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
Overburden	0	68	
Gray Rock	68	300	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO OF BAGS 10 NO. OF POUNDS 1200
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 70 ft (enter 0 if from surface)

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal) 175
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 39
WHEN PUMPING 41'6"
TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine
(C) centrifugal (R) rotary (O) other (describe below)
(J) jet (S) submersible

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	70

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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
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 (−) below LAND SURFACE (nearest foot) 1

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

C 2

DEPTH (nearest ft.)	
140	700
300	

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

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)

RECEIVED DEC 1987

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 10.17.10 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 394
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E R O S) WQ
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

HEALTH No Loc.

14352 Hampshire Knob Dr BA817041

EMERGENCY/TEMP NO. IF ANY

SURFACE NO. (OFFICE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: BA-81-7097

fill in this form completely

OWNER INFORMATION

Last Name: GOLDBERG — First Name: QUINN

Street or RFD: 10 BOX 116

Town: WHITEMARSH — State: MD — Zip: 21237

DRILLER INFORMATION

Driller's Name: Paul M. Fahtaznk — Driller's License No.: 399

Firm Name: G. Edgar Barr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] — Date: 7/1/87

LOCATION OF WELL

B 3

County: BALTO

Subdivision: [illegible]

Section: — Lot: 21

Nearest Town: [illegible]

Miles from town (enter 0 if in town): 0 M

B 4

Direction of well from town (circle box): N, NW, NE, W, TOWN, E, SW, SE, S

Near what road: [illegible]

On which side of road (circle appropriate box): NORTH, WEST, EAST, SOUTH

Distance from road: 20 FT

Enter FT or M

WELL INFORMATION

B 2

Approx. pumping rate (gal. per min.): 5

Average daily quantity needed (gal. per day): 150

USE FOR WATER (CIRCLE APPROPRIATE BOX)

H HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

A FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto — COUNTY NO.: 03

OEP SIGNATURE: — STATE HEALTH (INSERT 3)

DATE ISSUED: 9/11/87 — CO-SIGNATURE: [signature] — DATE:

NORTH GRID: 61900 — EAST GRID: 29650

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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

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 725

N 619

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

R 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

D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: — GAP

FORCE IN BOX — TO WRITE IN DATA & PERMIT No.: BA-81-7097

SPECIAL CONDITIONS: No Lee

10

14352 Hampshire Knob Dr BA817041

C1 4367 * SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN L.S. 3-6 C.W. ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 04 08 88

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AA-81-7041

OWNER GAYLORD BROOKS REALTY CO. (last name) (first name)

STREET OR RFD P. O. Box 103 TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 21

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	25	
Gray Rock	25	300	X

Well No. 1 - 300' - DRY
Well No. 2 - 300' - DRY
Well No. 3 - 300' - DRY
Well No. 4 - 200' - DRY
Well No. 5 - 300' - DRY

(BACKFILLED)

OK - NO open holes
*No tag observed MAZ 5/9/88

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)

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 (TOP) to 26 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	26

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

STEEL (ST) BRASS BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

C2

EACH SCREEN	DEPTH (nearest ft.)	
1	110	260 / 300
2		
3		

SLOT SIZE 1 ___ 2 3

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (TELESCOPE CASING) (E R O S) (LOG INDICATOR) WQ (OTHER DATA)

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal per min to nearest gal.) 24

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37' 6"

WHEN PUMPING 323' 8"

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 (CIRCLE) (YES or NO) YES (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

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 (−) below LAND SURFACE (nearest foot)

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)

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 10 17 13 "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 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

RECEIVED APR 11 1988 WATER AND SEWER

COUNTY NL

EMERGENCY/TEMP NO. IF ANY

B 12-3493 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED ON COLS. 5-8 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
BA-81-2803
fill in this form completely

Date Received (APA) 1-21-88

OWNER INFORMATION

Last Name / Owner / First Name: GOODSELL
Street or R-D: P.O. Box 1113
Town / State / Zip: Phoenix MD 21131

DRILLER INFORMATION

Paul M. Fabiszak — 399 — Driller's Name / License No.
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature] Date: 1-21-88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

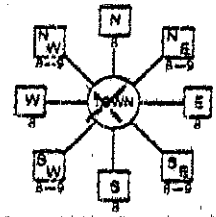
APPROP. PERMIT NUMBER GAP
FORCE WRITE INITIALS IN BOX PERMIT No. BA-81-2803

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: Hampshire
SECTION LOT 20
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town) 2 M 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Jacksonville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200
ENTER FT or MI F

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. 10
STATE SIGNATURE INSERT S
DATE ISSUED 1-21-88 DO SIGNATURE [signature]

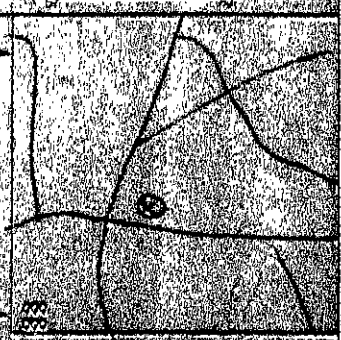
NORTH GRID 614000 EAST GRID 1125000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

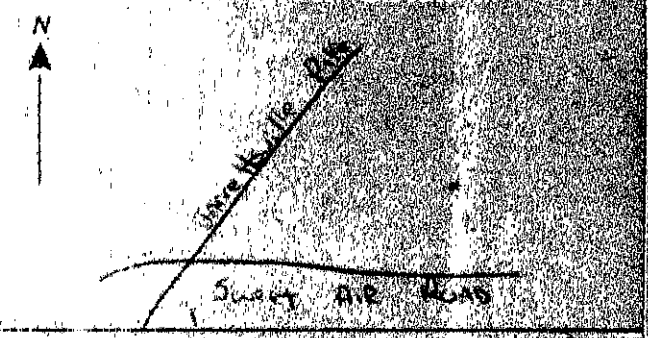
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 925
N 614



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



SPECIAL CONDITIONS Fee Pd. 10/87

COUNTY 10

14355 Hampshire Knob Dr BA817803

C1 4091 SEQUENCE NO (OEP USE ONLY)

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

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 03/23/88

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-7803

OWNER GAYLORD BROOKS REALTY CO.

STREET OR RFD P. O. Box 193 (last name / first name) TOWN Phoenix 21131

SUBDIVISION HAMPSHIRE SECTION LOT 20

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 FROM	FEET TO	Check if water bearing
Overburden	0	30	
Shale/Earth	30	39	
Gray Rock	39	200	X
Well No. 1 - 300' - DRY			
(Backfilled) OK 3/28/88 MAZ			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO OF BAGS 8 NO OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 40 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft)		
1	40	40	200
2			
3			

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.P.S.) W.O.

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min to nearest gal) 667

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 8"

WHEN PUMPING 135 10"

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 (CIRCLE) (YES or NO) YES 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:

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 / below LAND SURFACE (nearest foot) 1

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 10.17.13 "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. 1399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N

HEALTH

10

HILLENDALE HEIGHTS RD

3400 Hillendale Heights Rd BA 73-3256

B 1 5730 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: BA-73-3256
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 070776

OWNER: ~~BALTIMORE~~ BA Co~~[illegible]~~ Board of Education (COL. 18 LAST NAME) (FIRST NAME) COL. 34
STREET OR RFD: 6901 N. Charles St~~[illegible]~~ COL. 36 COL. 55
POST OFFICE: Towson, Maryland ~~[illegible]~~ COL. 57 COL. 76

B 1 CONTINUED (SEQ. NO.)
DRILLER INFORMATION
DATE: 6/24/76 LICENSE NUMBER: 154
WATER, INCORPORATED (FIRST NAME) (DRILLER) (LAST NAME)
SIGNATURE: John D Wells

B 2 (SEQ. NO.)
WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 25
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 12000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D NONE (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL: 300 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: BA74GAP022
ENGINEER REVIEW DISTRICT NO.
FORCE: RL WRITE INITIALS IN BOX
CONDITIONS: A E N S G W Q C L U — W Q

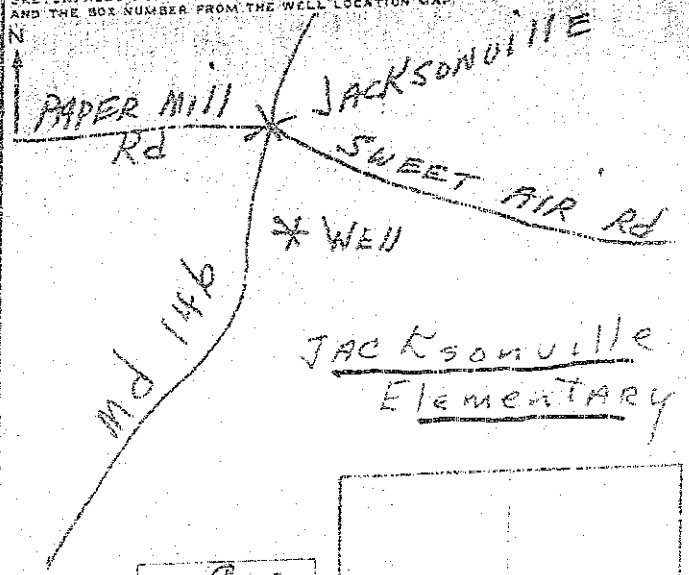
B 4 CONTINUED (SEQ. NO.)
HEALTH DEPARTMENT APPROVAL
STATE HEALTH (CIRCLE BOX): 3
BALTIMORE (COUNTY NAME) (COUNTY NO.)
DATE: 070276 (MO. DAY YR.)
APPROVED BY: R. A. Schmidt

B 5 (SEQ. NO.)
SPECIAL CONDITIONS 3-63 (WRA USE ONLY)

B 3 (SEQ. NO.)
LOCATION OF WELL
COUNTY: BALTIMORE (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION
SECTION LOT
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (ENTER 0 IF IN TOWN): .5

B 4 (SEQ. NO.)
DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: Md. 146
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N SOUTH S EAST E WEST W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 500

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW BY MEANS OF AN "X" THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 920 N 610
NORTH COORDINATE: 610000
EAST COORDINATE: 0920000
ELEVATION AT WELL HEAD (FEET)

0/5 5.5
0/0 5.0

10th

3409 Timberdale Heights Rd 21234

CARD 21A 9/71

C 1 8386 (SEQUENCE NO. - DNRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 092776 8-13
DATE WELL COMPLETED 8/3/76 (CARD 2 76) 18 23
DEPTH OF WELL 300 (TO NEAREST FOOT) 22 26
PERMIT NO. FROM "PERMIT TODAY" "WELL" BA-76-02256 28 29 30 31 32 33 34 35 36 37
DRILLERS IDENTIFICATION NO. 154

OWNER BOARD OF EDUCATION — BALTIMORE COUNTY (LAST NAME / FIRST NAME)
STREET OR RFD 6901 N. CHARLES ST POST OFFICE TOWSON MD. 21204

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
FILL & R.T.	0	5	
TOP SOIL	5	7	
RED CLAY	7	9	
BROWN EARTH	9	30	
" SHALE	30	37	
W. SCHIST	37	300 +	

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y NO N 44
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT C M 46 BENTONITE CLAY B C 45 46
NO. OF BAGS 10 NO. OF POUNDS
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. 52 TO 39 FT. 54 58
(ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL S T; CONCRETE C O; PLASTIC P L; OTHER O T

MAIN CASING TYPE	NOMINAL DIAMETER (TOP) (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	40
60 61	64 66	70

OTHER CASING (IF USED)
EACH CASING — DIAMETER (INCH) — DEPTH (FEET) FROM — TO

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL S T; BRASS OR BRONZE B R; OPEN HOLE H O; PLASTIC P L; OTHER O T

C 2 (1 2 3 SEQ. NO. 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN				
1	0 (7 8 9)	37 (11 12 13)	300 (17 18 19 20 21)	
2	(23 24)	(26 27 28)	(30 31 32)	(36 37)
3	(35 39)	(41 42 43)	(45 46 47)	(51 52)

SLOT SIZE 1. 2. 3.
DIAMETER OF SCREEN (NEAREST INCH) FROM 56 60 TO
GRAVEL PACK
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (C.R.O.S.)
70 TELESCOPE CASING; 72 LOG INDICATOR; W. D. 74 75 76 OTHER DATA AVAILABLE

C 3 (1 2 3 SEQ. NO. 6)

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR) 24 8 9
PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 15 11 15
METHOD USED TO MEASURE PUMPING RATE WITH BUCKET
WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 36 (NEAREST FOOT) 17 20
WHEN PUMPING 40 (NEAREST FOOT) 22 25
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
AIR A 27; PISTON P 27; TURBINE T 27; CENTRIFUGAL C 27; ROTARY R 27; OTHER (DESCRIBE BELOW) O 27; JET J 27; SUBMERSIBLE S 27

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE / − BELOW LAND SURFACE 1 (NEAREST FOOT) 49 50 51

LOCATION OF WELL ON LOT
N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

PITLESS ADAPTER

CIRCLE APPROPRIATE BOXES
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) WATER, INCORPORATED
SIGNATURE J. Lee Dilello

ORIGINAL

SEQUENCE NO. (DENV USE ONLY) 7054

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received 3/11/92

DATE WELL COMPLETED 07/15/92

Depth of Well 301 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-92-05-4544

OWNER BOARD OF EDUCATION BALTIMORE COUNTY - JACKSONVILLE ELEM.
(last name) (first name)

STREET OR RFD 3400 HILLENDALE HIEGHTS TOWN JACKSONVILLE

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 FROM	FEET TO	Check if water bearing
DIRT	0	1	
SOFT BR. MICA	1	29	
SOFT BR. MICA	23	24	X
BLUE & BR. SCHIST	24	32	
BR. MICA SCHIST	32	33	X
BLUE MICA SCHIST	33	58	
BR. MICA SCHIST	58	59	X
BLUE SCHIST	59	301	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1316

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 29 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	31

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO	31	301
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK from _____ to _____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 24

PUMPING RATE (gal. per min. to nearest gal.) 75

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15

WHEN PUMPING 40

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 (CIRCLE) (YES or NO) YES 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:

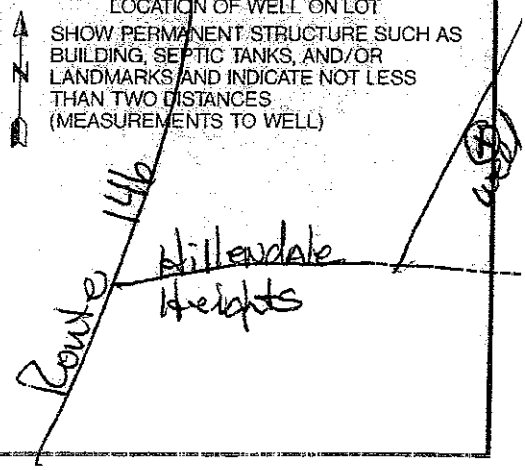
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
+ above / − below LAND SURFACE 2 (nearest foot)

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)



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 256

DANA KYKER JR. II
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T	(E.R.O.S.)	W Q
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

ORIGINAL

3400 Hillendale Heights Rd BA920544

JACKSON CABIN RD

3601 Jackson Cabin Rd BA817445

EMERGENCY/TEMP NO IF ANY

B 1 | 0685 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-5 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-81-7945
fill in this form completely

Date Received (APA): 10/30/87

OWNER INFORMATION
Fiedler, Richard & Jewell
Owner — First Name
Street or RFD: 1 Jackson Cabin Rd
Town: Finksburg | State: MD | Zip: 21048

DRILLER INFORMATION
Paul M. Fabiszak — 399 — 77 License No
Driller's Name
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Rd., Cockeysville 21030
Address
Signature — 10-30-87 Date

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

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

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

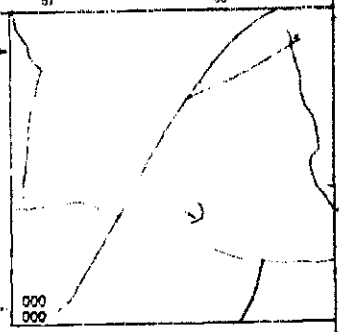
Not to be filled in by driller (OEP USE ONLY)
APPROP PERMIT NUMBER: GAP
FORCE: WRITE INITIALS IN BOX — PERMIT No BA-81-7945

LOCATION OF WELL
B 3
8 COUNTY: Carroll
23 SUBDIVISION: Fiedler Property
SECTION — LOT: 3
32 NEAREST TOWN: Sykesville
MILES FROM TOWN (enter 0 if in town): 0 M

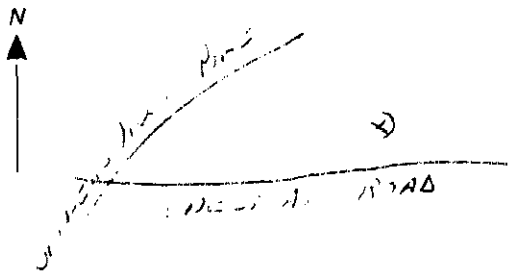
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW; TOWN
NEAR WHAT ROAD: Sheet Air Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), EAST (E), SOUTH (S)
DISTANCE FROM ROAD
ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME — COUNTY NO: 13
STATE SIGNATURE — INSERT S
DATE ISSUED: 10/87
CO SIGNATURE — EXP DATE
NORTH GRID: 10140000
EAST GRID: 0125000

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 920
N 610



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



SPECIAL CONDITIONS

COUNTY

3601 Jackson Cabin Rd BA817445

C1 4361 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received 8 13 | DATE WELL COMPLETED 15 20 | Depth of Well 22 26 (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)
STREET OR RFD 19 Inverin Circle TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 30

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 FROM	FEET TO	Check if water bearing
Overburden	0	68	
Gray Rock	68	500	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y 43 no N 44
TYPE OF GROUTING MATERIAL
CEMENT CM 45 46 BENTONITE CLAY BC 45 46
NO. OF BAGS NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft to 54 BOTTOM 58 ft
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE 60 61 | Nominal diameter top (main) casing (nearest inch) 63 64 | Total depth of main casing (nearest foot) 66 70

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

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

C2
EACH SCREEN — DEPTH (nearest ft.)
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60 (NEAREST INCH)

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

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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 8 9
PUMPING RATE (gal. per min to nearest gal.) 11 15
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17 20
WHEN PUMPING 22 25
TYPE OF PUMP USED (for test)
A air 27 | P piston 27 | T turbine 27
C centrifugal 27 | R rotary 27 | O other (describe below) 27
J jet 27 | S submersible 27

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above 49 / − below 49 LAND SURFACE 50 51 (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 10.17.13 "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.

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

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)

RECEIVED
APR 11 1988
WATER AND SEWER

3601 Jackson Cabin Rd BA945459

EMERGENCY/TEMP NO IF ANY

B 1 7098 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA - 94 - 5459
fill in this form completely

Date Received (APA): 4 10 01 (MM DD YY)

OWNER INFORMATION

Last Name: Clarkcuc210 — Owner: Joe — First Name
Street or RFD: 3601 Jackson Cabin Road
Town: Phoenix — State: MD — Zip: 21131

DRILLER INFORMATION

Driller's Name: Paul M. Faliszak — License No.: M W D 3 9 9
Firm Name: G. Edgar Harn Sons' Corp
Address: 12047 Falls Rd Cockeysville 21030
Signature: [signature] — Date: 4/9/01

WELL INFORMATION

B 2
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- [X] 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): BA - 81 - 7145

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

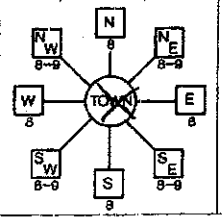
APPROP. PERMIT NUMBER: ------G---

PERMIT No. BA-94-5459

LOCATION OF WELL

B 3
COUNTY: Baltimore
SUBDIVISION: Fields of Four Corners
SECTION: — LOT: 30
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 0 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: 3601 Jackson Cabin Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 100 FT (ENTER FT OR MI)

TAX MAP: ____ BLK: ____ PARCEL ____

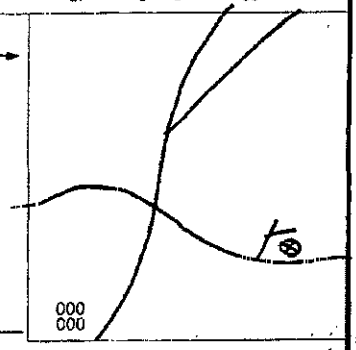
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Baltimore — COUNTY NO.: 03
STATE SIGNATURE: ____ INSERT S
DATE ISSUED: 4 10 01 — CO SIGNATURE: [signature] — EXP DATE
NORTH GRID: 613 000 — EAST GRID: 420 000

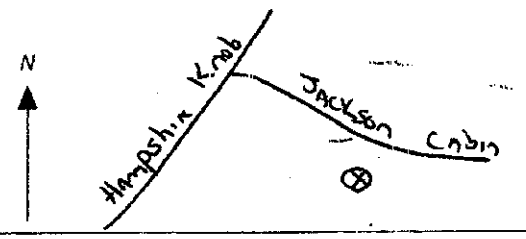
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610



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



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

D-10

DENV-Permit 97

② COUNTY

3601 Jackson Cabin Rd BA945459

C 1 5013 — SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 04 19 01

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA 94 5459

OWNER Clariczzio Joe (last name, first name)

STREET OR RFD 3601 Jackson Cabin Road TOWN Jacksonville

SUBDIVISION Fields of Four Corners SECTION LOT 30

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 FROM	FEET TO	check if water bearing
Overburden	0	15	
Soft Shale	15	55	
Gray Rock	55	300	x
water at 180'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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 AD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M S D 049

Thomas M. Colt

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 54 ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.)

EACH SCREEN				
1	110	60	300	
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

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 6.97

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 87 ft.

WHEN PUMPING: 194 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 (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: S

CAPACITY: GALLONS PER MINUTE (to nearest gallon): 5

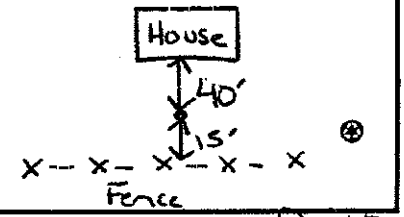
PUMP HORSE POWER: 1/2

PUMP COLUMN LENGTH (nearest ft.): 250

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE: 1 (nearest foot)

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)



DENV-CR97 COUNTY

P-10

3602 Jackson Cabin Rd BA817502

EMERGENCY/TEMP NO. IF ANY

B 1 0702 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 BA-87-7[illegible]
fill in this form completely

Date Received (APA) 11/17/87

OWNER INFORMATION

Reed Soil Cores
Last Name / Owner / First Name

19 Inverness Circle
Street or RFD

Timonium MD 21093
Town / State / Zip

DRILLER INFORMATION

Paul M. FAbiszak 399
Driller's Name / License No

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature 11/17/87 Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No BA-87-7[illegible]

LOCATION OF WELL

Baltimore
COUNTY

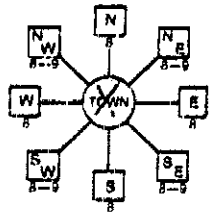
[illegible] Manor Acres
SUBDIVISION

SECTION LOT 2

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sweet Air Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 12/2/87 CO SIGNATURE EXP DATE

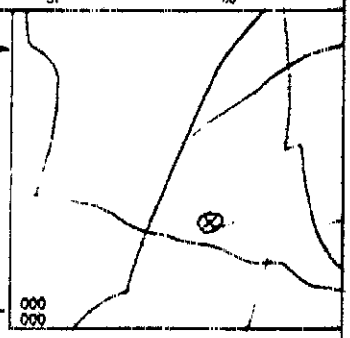
NORTH GRID 61400 EAST GRID 0427000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

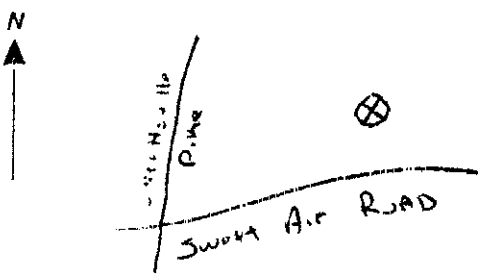
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 925
N 614



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



SPECIAL CONDITIONS Fee pd - Trans 5765

1 COUNTY

10

3602 Jackson Cabin Rd BA817502

C1 4084 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 03 02 88

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7502

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 2

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	48	
Gray Rock	48	250	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y (yes) N (no)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 50 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	50

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.) — EACH SCREEN

1	40	50 / 250
2		
3		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR W.O. OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min to nearest gal.) 4.39

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 3710"

WHEN PUMPING 2238"

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE 1 (nearest foot)

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)

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

HEALTH

3603 Jackson Cabin Rd BA817444

EMERGENCY/TEMP NO IF ANY

B 1 0686 SEQUENCE NO (OP 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: BA-81-7444
fill in this form completely

Date Received (APA): 10/18

OWNER INFORMATION

Fields of Dreams
Last Name / Owner / First Name

17 Lwvekin Circle
Street or R F D

Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399 — 77 License No 80
Driller's Name

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Rd., Cockeysville 21030
Address

Signature — 10-30-97
Date

B 2 **WELL INFORMATION**

APPROX PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 753

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE N WRITE INITIALS IN BOX PERMIT No. BA 81 7444

B 3 **LOCATION OF WELL**

COUNTY

23 SUBDIVISION: Fields of Dreams

SECTION LOT 9

42 NEAREST TOWN: Jacksonville

MILES FROM TOWN (enter 0 if in town) 0 M 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NW, NE, W, TOWN, E, SW, SE, S

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD 220

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto — COUNTY NO: 03

STATE SIGNATURE — INSERT S

DATE ISSUED 10/28/97 — CO SIGNATURE — EXP DATE

NORTH GRID 614000 — EAST GRID 0125000

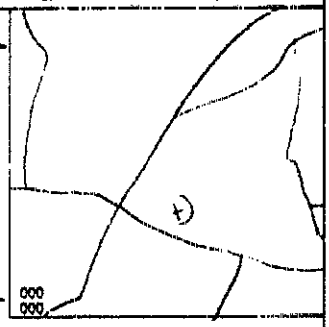
SHOW MAJOR FEATURES OR BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

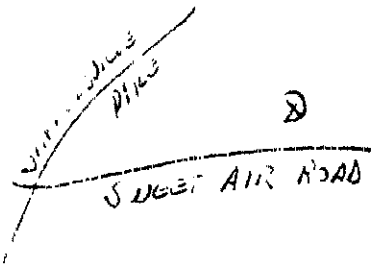
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 925
N 610



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



SPECIAL CONDITIONS

1. Use 21-1 Low Flow 5707 10

3603 Jackson Cabin Rd BA817444

C1 4363 SEQUENCE NO. (DENV USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 10 08 88

Depth of Well (TO NEAREST FOOT) 250

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 29

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 FROM	FEET TO	Check if water bearing
Overburden	0	38	
Shale	38	81	
Grey Rock	81	250	X

Well No. 1 - 300' - DRY
Well No. 2 - 300' - DRY

(BACKFILLED)

OK MAZ 4/28/88

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL, (to nearest foot)

from ft. to 13 ft. (enter 0 if from surface)

CASING RECORD (casing types - insert appropriate code below)

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
		13

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD (screen type or open hole - insert appropriate code below)

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
1	13	23
2		
3		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

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.) WO

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 submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 34

WHEN PUMPING 35

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 (CIRCLE) (YES or NO) YES 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:

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 / - below LAND SURFACE (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 10.17.13 "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. 113

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

RECEIVED APR 11 1988

3604 Jackson Cabin Rd BA817503

EMERGENCY/TEMP NO IF ANY

0703 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: BA-Y1-7[illegible]B
fill in this form completely

Date Received (APA): 1/1/[illegible]

OWNER INFORMATION

Last Name / Owner / First Name: Fields of Four Corners
Street or RFD: 19 Injerin Circle
Town: Timonium
State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak
License No: [illegible]
Firm Name: G. Edgar Harr Sons' Crop.
Address: 12047 FAlls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: WRITE INITIALS IN BOX PERMIT No: [illegible]

B 3 LOCATION OF WELL

COUNTY: [illegible]
SUBDIVISION: Fields of Four Corners
SECTION: LOT: 3
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW
NEAR WHAT ROAD: Sweet Air Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 200
ENTER FT or MI: Ft

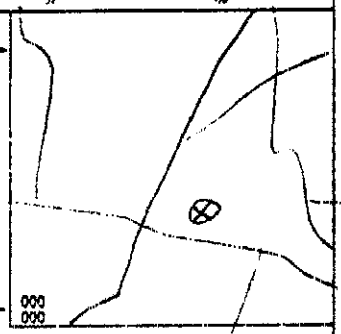
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP DATE
NORTH GRID: 614000 EAST GRID: 0125000

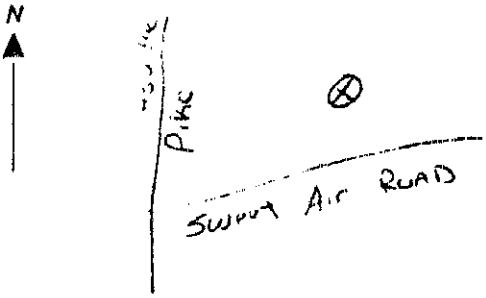
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 923
N 614



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



SPECIAL CONDITIONS: Fee [illegible] - Trans 5764

10

COUNTY

3604 Jackson Cabin Rd BA817503

C1 4059 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Rec'd
DATE WELL COMPLETED 03/08/88
Depth of Well 300 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7503

OWNER Fields of Four Corners Partnership
STREET OR RFD 19 Inverin Circle (last name / first name) TOWN Timonium 21093
SUBDIVISION Fields of Four Corners SECTION LOT 3

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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	43	
Gray Rock	43	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 8 NO OF POUNDS 760
GALLONS OF WATER 40
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 45 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
(casing types - insert appropriate code below)
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	45

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C2

EACH SCREEN

	DEPTH (nearest ft.)	
1	110	45 to 300
2		to
3		to

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal per min to nearest gal.) 6.67
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37 8'
WHEN PUMPING 40 3 "

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 (CIRCLE) (YES or NO) YES (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:
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 / (−) below LAND SURFACE (nearest foot) 1

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 10.17.13 "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 244
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

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)
N

RECEIVED
MAR 17 1988
WATER AND SEWER

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E R O S.) WO
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

HEALTH

NU Loc. ,)

3605 Jackson Cabin Rd BA817525

EMERGENCY/TEMP NO IF ANY

.0726 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
fill in this form completely

Date Received (APA)

OWNER INFORMATION
Last Name / First Name / Street or RFD / Town / State / Zip

DRILLER INFORMATION
Driller's Name / License No
Firm Name
Address
Signature / Date

WELL INFORMATION
APPROX PUMPING RATE (GAL PER MIN)
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

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

APPROXIMATE DEPTH OF WELL ____ FEET

APPROXIMATE DIAMETER OF WELL ____ NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)
APPROP PERMIT NUMBER GAP
FORCE ACT (WRITE INITIALS IN BOX) PERMIT No

SPECIAL CONDITIONS

LOCATION OF WELL
COUNTY
SUBDIVISION
SECTION / LOT
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW / N / NE / W / TOWN / E / SW / S / SE

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD
ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME
STATE SIGNATURE / COUNTY NO.
DATE ISSUED / INSERT S
CO SIGNATURE
NORTH GRID 0000 / EAST GRID 0000 / EXP DATE

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
N

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

N

COUNTY

3605 Jackson Cabin Rd BA817525

SEQUENCE NO. (OEP USE ONLY): 4076
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 03/21/88

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 04-81-7345

OWNER (last name): FIELDS OF FOUR CORNERS PARTNERSHIP
STREET OR RFD: 19 Inverin Circle (first name)
SUBDIVISION: FIELDS OF FOUR CORNERS SECTION ____ TOWN: Timonium 21093 LOT: 28

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 FROM	FEET TO	Check if water bearing
Overburden	0	68	
Grey Rock	68	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) N
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 14 NO. OF POUNDS 1400
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 70 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	70

OTHER CASING (If used) (EACH CASING)

diameter inch	depth (feet) from	to

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

C2

(EACH SCREEN)	DEPTH (nearest ft.)	
1	40	70
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6
PUMPING RATE (gal. per min to nearest gal.): 7.2
METHOD USED TO MEASURE PUMPING RATE: submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 261'
WHEN PUMPING: 349'11"
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 (CIRCLE) (YES or NO): YES (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:
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 / [−] below LAND SURFACE (nearest foot)

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)

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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

HEALTH

No Cover 13

3606 Jackson Cabin Rd BA817504

EMERGENCY/TEMP NO IF ANY

B 1 0704 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: BA-81-75 4
fill in this form completely

Date Received (APA): 11

OWNER INFORMATION

Last Name / Owner / First Name: FILLIDS & 4 CORNERS PRTSP
Street or RFD: 19 INVERN CIRCLE
Town: MONTUM State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul I. Fabiszak License No: 399
Firm Name: 62 Edgar Harr Sons'Corp.
Address: 12047 FAlls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: WRITE INITIALS IN BOX PERMIT No: [illegible]

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FILLIDS & 4 CORNERS
SECTION: LOT: 4
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

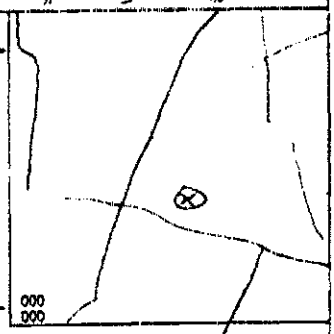
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW
NEAR WHAT ROAD: Sweet Air Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO
STATE SIGNATURE / INSERT S
DATE ISSUED
CO SIGNATURE / EXP DATE
NORTH GRID: 000 EAST GRID: 000

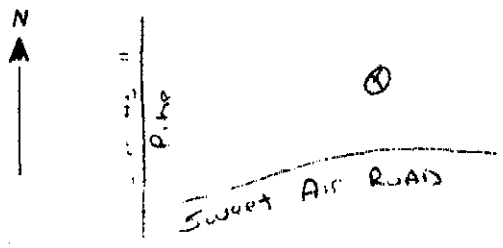
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X



SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610

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



SPECIAL CONDITIONS: Fee pd - Trans 5763 10

COUNTY

3606 Jackson Cabin Rd BA817504

C1 4360 SEQUENCE NO. (DENV USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION 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 FROM	FEET TO	Check if water bearing
Overburden	0	3	
Shale	3	32	
Gray Rock	32	300	X

Well No. 1k - 300' DRY

(BACKFILLED)

OK MAZ 4/28/88

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 10 17 13 "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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from TOP ft. to BOTTOM ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot)

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

EACH CASING

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WO OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE (nearest foot)

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)

RECEIVED
APR 11 1988
WATER AND SEWER

COUNTY

3607 Jackson Cabin Rd BA817524

EMERGENCY/TEMP NO. IF ANY

B 1 E 0725 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: BA-81-7524
fill in this form completely

Date Received (APA): 11/1/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS FRSP
Street or RFD: 19 INVERIN CIRCLE
Town: TIMONIUM State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 019
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: SE WRITE INITIALS IN BOX PERMIT No: BA-81-7524

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNERS
SECTION: LOT: 27
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

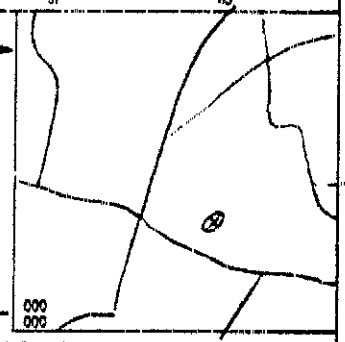
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] COUNTY NO.: [illegible]
STATE SIGNATURE: INSERT S
DATE ISSUED: 12/1/87
CO SIGNATURE: EXP DATE:
NORTH GRID: 614000 EAST GRID: 0126000

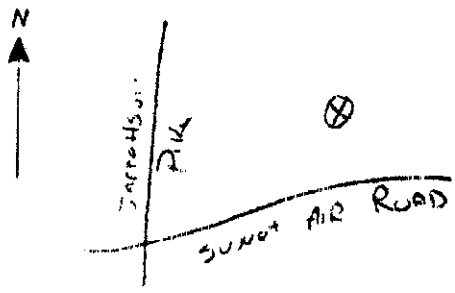
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 926
N 614



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



SPECIAL CONDITIONS: Fee pd - trans 5767 10

COUNTY

3607 Jackson Cabin Rd BA817524

C1 · 4362 SEQUENCE NO. (DENV USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 04 28 88

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 88-81-[illegible]

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 27

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 FROM	FEET TO	Check if water bearing
Overburden	0	43	
Gray Rock	43	300	X

Well No. 1 - 300' - DRY
(BACKFILLED) No open holes
4/28/88 Unable to verify MAZ

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 8 NO. OF POUNDS 322
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 45 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	45

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

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

C2

DEPTH (nearest ft.)
EACH SCREEN
1 110 65 325
2
3

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

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour)
PUMPING RATE (gal. per min. to nearest gal.) 50
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING [illegible]
WHEN PUMPING 26[illegible]
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 (CIRCLE) (YES or NO) YES 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:
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
− below
LAND SURFACE (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 10.17.13 "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. [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

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)

RECEIVED APR 11 1988 WATER AND SEWER

COUNTY NL

3608 Jackson Cabin Rd BA817505

EMERGENCY/TEMP NO IF ANY

B 2 0705 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

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

DRILLER INFORMATION

Driller's Name: Paul [illegible] Lubiszak — License No.

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] — Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER

FORCE SE WRITE INITIALS IN BOX PERMIT No.

SPECIAL CONDITIONS Fee [illegible] 5762 10

COUNTY

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION — LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: West Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD 200

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO

STATE SIGNATURE — INSERT S

DATE ISSUED

CO SIGNATURE — EXP DATE

NORTH GRID 0 0 0 0 — EAST GRID 0 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.

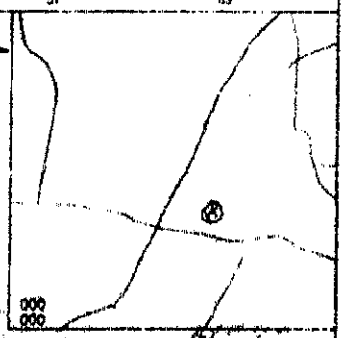
2.

3.

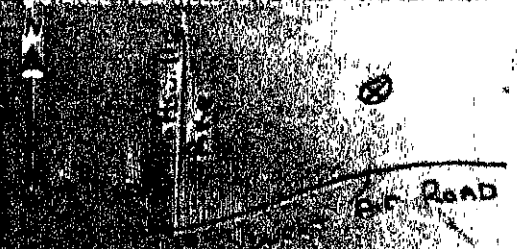
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610



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



3608 Jackson Cabin Rd BA817505

C 1 · 4052 — SEQUENCE NO (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO
I FROM PERMIT TO DRILL WELL

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name) (first name)
STREET OR RFD 19 Inverin Circle TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS 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 FROM	FEET TO	Check if water bearing
Overburden	0	38	
Gray Rock	38	250	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)
TYPE OF GROUTING MATERIAL
CEMENT [C M] BENTONITE CLAY [B C]
NO OF BAGS 8 NO OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from ft to ft
(enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below
[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P	4	40

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
FAITH CASING			

SCREEN RECORD
screen type or open hole — insert appropriate code below
[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

	DEPTH (nearest ft.)		
1	40	40	35
2			
3			

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

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal) 24
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 14
WHEN PUMPING 44

TYPE OF PUMP USED (or bail)
[A] air [P] piston [T] turbine
[C] centrifugal [R] rotary [O] other (describe below)
[J] jet [S] submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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
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 [−] below LAND SURFACE (nearest foot)

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)

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 10.17.12 "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 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING
(E,R,O,S) — LOG INDICATOR
WQ — OTHER DATA

RECEIVED
MAR 21 1988
WATER AND SEWER

3609 Jackson Cabin Rd BA817523

EMERGENCY/TEMP NO. IF ANY

0724 SEQUENCE NO. (DP USE ONLY)

IF THIS NUMBER IS TO BE PUNCHED IN CODING ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: BA-81-7523

fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

Last Name / Owner: FIELDS of 4 CORNERS PROP
First Name:
Street or R-D: 19 TWIN CIRCLE
Town: TEMPLEVILLE
State: MD
Zip: 21613

DRILLER INFORMATION

Driller's Name: Paul M. Rabinowitz
License No.: 399
Firm Name: C. Miller Parr Sons' Corp.
Address: 12067 Falls Road, Cockeysville 21030
Signature:
Date: 11/17/87

LOCATION OF WELL

County: QUEEN ANNE'S
Subdivision: FIELDS of FOUR CORNERS
Section: Lot: 26
Nearest Town: CENTREVILLE
Miles from Town (enter 0 if in town): 0 M
Direction of well from town (circle box): NW N NE W TOWN E SW S SE
Near what road: Sweet Air Road
On which side of road (circle appropriate box): N W E S
Distance from road: 200 ft
Enter Ft. or Mi.: Ft

WELL INFORMATION

Approx. pumping rate (gal. per min.):
Average daily quantity needed (gal. per day): 750

USE OF WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT).
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER.
HEALTH DEPARTMENT APPROVAL

County Name: QUEEN ANNE'S
County No.: 18
State Signature:
Insp'r #:
Date Issued: 12-3-87
Co. Signature:
Exp. Date:
North Grid: 1114000
East Grid: 1142500

Approximate Depth of Well: 200 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: 2 1/2

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
R THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND DESTROYED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL

Permit Number of Well to be Replaced or Deepened (if available):

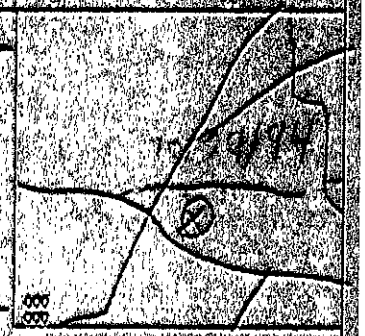
Approp. Permit Number:
Permit No.: BA-81-7523

Special Conditions: Lot 26 Sec 5 5748

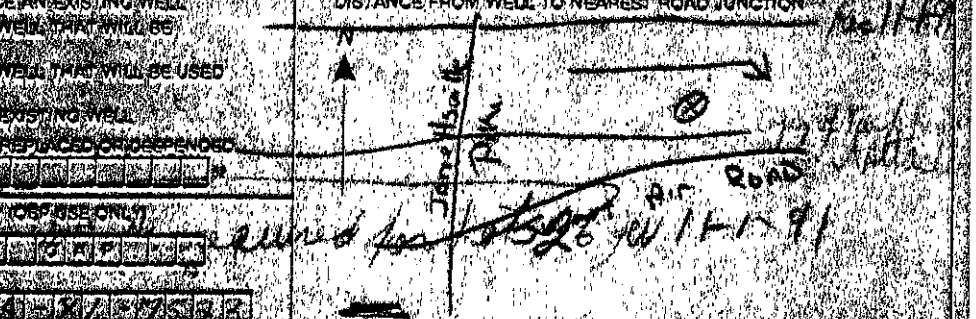
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

Sources of Drilling Water:
1.
2.
3.

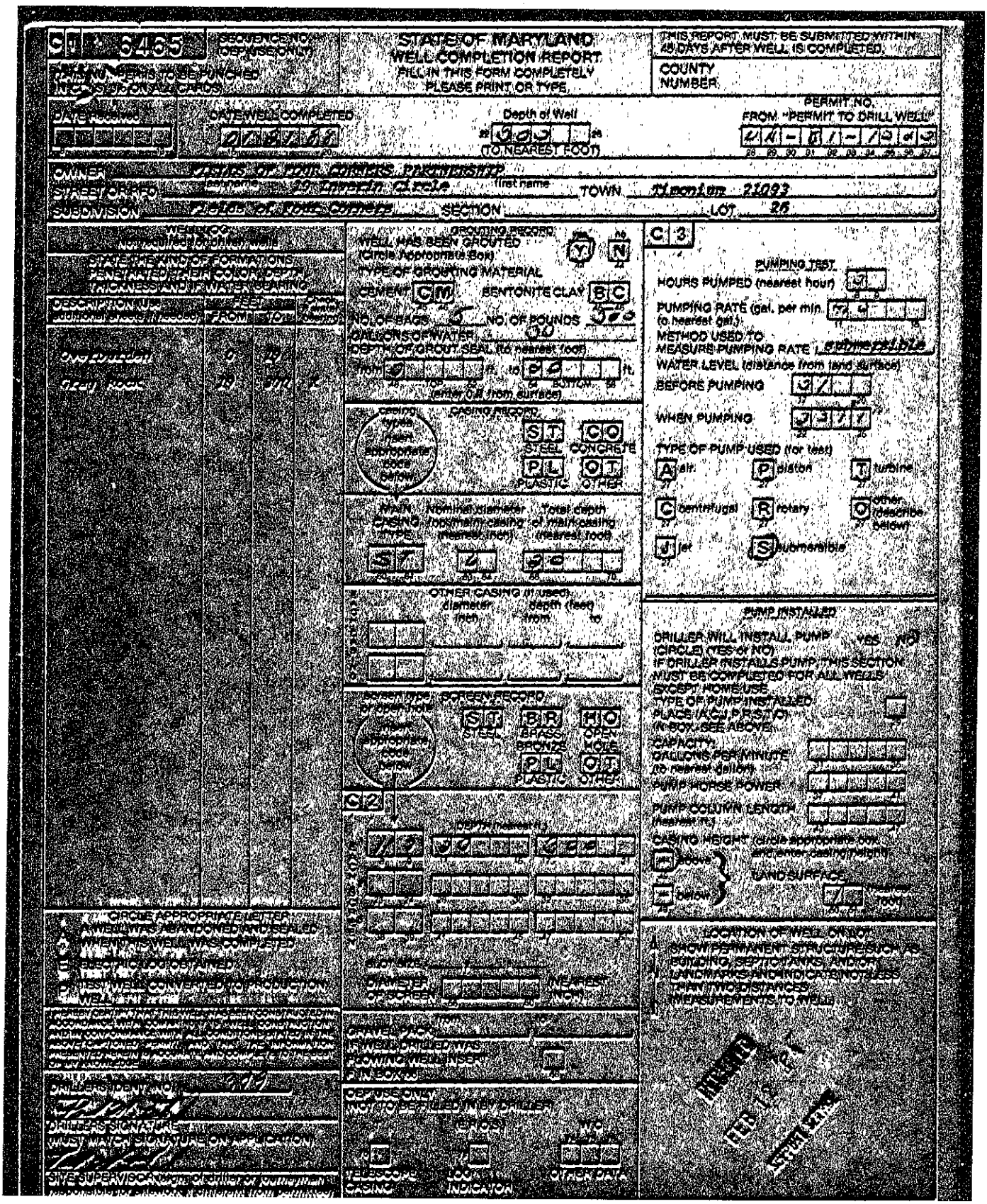
Write the box number from the map here:
E 925
N 610



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



3609 Jackson Cabin Rd BA817523



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.

COUNTY NUMBER

SEQUENCE NO. (DEP USE ONLY)

PERMIT NO. TO BE PUNCHED IN CARD(S)

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

TOWN

SECTION

LOT

WELL LOG
Not required on driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE additional sheets if needed)	FEET FROM	FEET TO	Water Bearing
Over Burden	0	29	
Hard Rock	29	370	X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft.

(enter 0 if from surface)

CASING RECORD

Casing types (insert appropriate code below)

STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE	Nominal diameter (approximate) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	370

OTHER CASING (if used)

	diameter inch	depth (feet) from	to

SCREEN RECORD

Screen type or open hole (insert appropriate code below)

STEEL ST BRASS BRONZE BR OPEN HOLE HO

PLASTIC PL OTHER OT

	DEPTH (nearest ft.)	

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT Y IN BOX

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

(CHECK) W/C

TELESCOPE CASING LOCK INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min (to nearest gal.))

METHOD USED TO MEASURE PUMPING RATE Estimated

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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,S,T,O) IN BOX, SEE ABOVE)

CAPACITY, GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (feet/est ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above LAND SURFACE

below (feet/est ft.)

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED

B WHEN THIS WELL WAS COMPLETED

C ELECTRIC LOG(S) RUN

D TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH A COMPLETE AND WORKABLE 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

DRILLER'S IDENT. NO.

DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DRIVE SUPERVISOR (Name of driller or foreman in charge of driving operations if different from driller)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND IND CATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS) TO WELL

RECEIVED
FEB 14 2005
WRA PERMITS

3610 Jackson Cabin Rd BA817506

EMERGENCY/TEMP NO IF ANY

B 1 0706 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: BA-81-0506
fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

Fields of 4 Corners PRSP
Last Name / Owner / First Name

19 INVERIN CIRCLE
Street or RFD

TIMONIUM MD 21093
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name / License No

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature: [signature] — Date: 11/17/87

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: WRITE INITIALS IN BOX — PERMIT No: BA-81-0506

B 3 LOCATION OF WELL

Baltimore
COUNTY

Fields of Four Corners
SUBDIVISION

SECTION — LOT 6

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

Sweet Air Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO.

STATE SIGNATURE — INSERT S

DATE ISSUED — CO SIGNATURE — EXP DATE

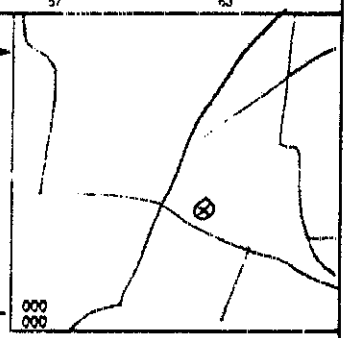
NORTH GRID: 614000 — EAST GRID: 0726000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

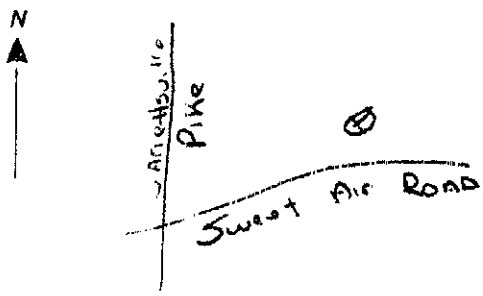
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 926
N 614



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



SPECIAL CONDITIONS: Fee pd - Trans 5761

10

COUNTY

3610 Jackson Cabin Rd BA817506

C1 4056 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 03/17/87

Depth of Well: 350 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 87-17-7356

OWNER: FIELDS OF FOUR CORNERS PARTNERSHIP (last name)
STREET OR RFD: 19 Inverin Circle (first name) TOWN: Timonium 21093
SUBDIVISION: FIELDS OF FOUR CORNERS SECTION: LOT: 6

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 FROM	FEET TO	Check if water bearing
Overburden	0	5	
Shale	5	50	
Gray Rock	50	250	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM — BENTONITE CLAY BC
NO. OF BAGS 10 — NO OF POUNDS 1013
GALLONS OF WATER 63
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 54 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	342

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C2

EACH SCREEN — DEPTH (nearest ft.)

1	110	342 to 350
2		
3		

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 85
METHOD USED TO MEASURE PUMPING RATE: submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 360
WHEN PUMPING 1110

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 (CIRCLE) (YES or NO) YES 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:
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 / − below LAND SURFACE (nearest foot) 1

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 10 17 13 "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 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)

RECEIVED
MAR 21 1988
WATER AND SEWER

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING
(E R O S) — LOG INDICATOR
WO — OTHER DATA

HEALTH

3611 Jackson Cabin Rd BA817522 PERMIT NO. (IF ANY)

B 1 | 0723 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

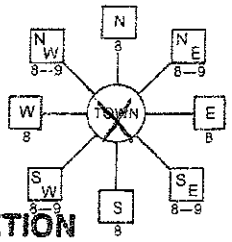
STATE PERMIT NUMBER: BA-81-7522
fill in this form completely

Date Received (APA): 7/17/87

OWNER INFORMATION
Fields of 4 Corners Prop
Last Name / Owner / First Name
19 Inverin Circle
Street or RFD
Timonium MD 21093
Town / State / Zip

DRILLER INFORMATION
Paul M. Fabiszak — 399 — Driller's Name / License No
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature — 11/17/87 Date

LOCATION OF WELL
B 3
Baltimore — COUNTY
Fields of Four Corners — SUBDIVISION
SECTION — LOT 215
Jacksonville — NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) — MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Sweet Air Road — NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH
200 — DISTANCE FROM ROAD
ENTER FT or MI: FT

B 2
WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

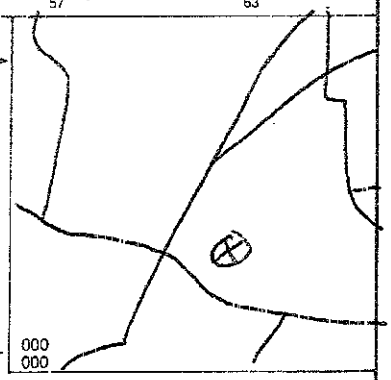
NO COMPLETION REPORT RECEIVED

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Bal'o — COUNTY NO: 03
STATE SIGNATURE — INSERT S
DATE ISSUED: 12/03/87 — CO SIGNATURE — EXP. DATE
NORTH GRID: 61[illegible]000 — EAST GRID: 092600

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

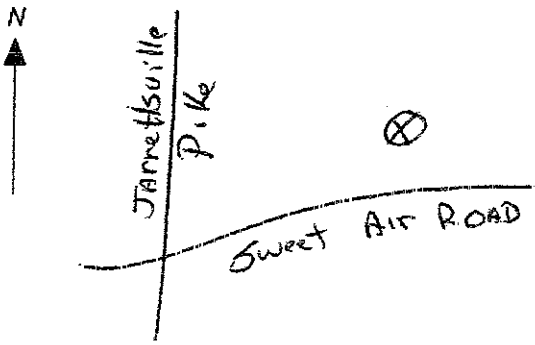
METHOD OF DRILLING (circle one)
BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other

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 920
N 610


REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: SF — WRITE INITIALS IN BOX — PERMIT No BA-81-7522

SPECIAL CONDITIONS: Fee Pds - Trans 5746

10

3612 Jackson Cabin Rd BA817440

C1 5495 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: DHC 2 2 1987
DATE WELL COMPLETED: 12 08 87
Depth of Well: 200 (TO NEAREST FOOT)
PERMIT NO. FROM 'PERMIT TO DRILL WELL: BA-81-7440

OWNER Fields of 4 Corners Partnership
STREET OR RFD 19 Inverin Circle (last name / first name) TOWN Timonium, MD 21093
SUBDIVISION Fields of Four Corners SECTION LOT 7

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 FROM	FEET TO	Check if water bearing
Overburden	0	30	
Gray Rock	30	200	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)
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 (TOP) to 32 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	32

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C2

	DEPTH (nearest ft)	
1 EACH SCREEN	40	32 to 200
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 6
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 26'
WHEN PUMPING 135'

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 (CIRCLE) (YES or NO) YES (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:
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
1 (nearest foot)

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)

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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

3615 Jackson Cabin Rd BA817521

EMERGENCY/TEMP NO IF ANY

B 1 0720 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: [illegible]
fill in this form completely

Date Received (APA): / / / / /

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS PRTSP
Street or RFD: 19 INVERSO CIRCLE
Town: TIMONIUM State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. FAbiszak License No: 399
Firm Name: G. Edgar Harr Sons' Copp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 2
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: WRITE INITIALS IN BOX PERMIT No: [illegible]

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNERS
SECTION: LOT: 266
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

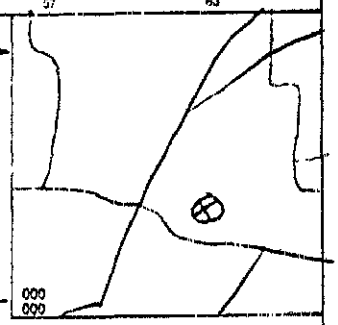
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP DATE
NORTH GRID: 114000 EAST GRID: [illegible]000

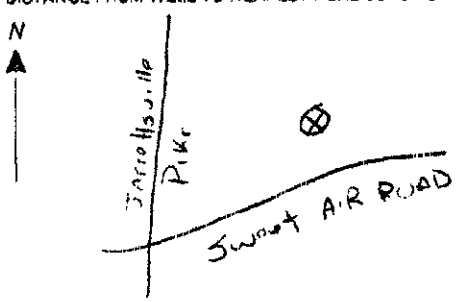
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 614



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



SPECIAL CONDITIONS: Fire pd - Trans 5747 10

COUNTY

3615 Jackson Cabin Rd BA817521

C 1 6402 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 12/18/87

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7521

OWNER Fields of 4 Corners Prtsp.

STREET OR RFD last name 10 Inverin Circle first name TOWN Timonium, MD 21093

SUBDIVISION Fields of Four Corners 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 FROM	FEET TO	Check if water bearing
Overburden	0	30	
Gray Rock	30	200	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO OF POUNDS 60*
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft TOP to 32 ft BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	32

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	32	200
2			
3			

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 11
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34
WHEN PUMPING 35

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 (CIRCLE) (YES or NO) YES 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:
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 (nearest foot) 1

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)

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 10 17 13 "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. 395

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WO
TELESCOPE CASING LOG INDICATOR OTHER DATA

RECEIVED DEC 21 1987

HEALTH

3616 Jackson Cabin Rd BA817518

EMERGENCY/TEMP NO IF ANY

B 1 - 0717 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: BA-81-7518
fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS OF 4 CORNERS
Street or RFD: 19 INVERIN CIRCLE
Town: TIMONIUM
State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak
License No: 399
Firm Name: G. Edgar Harr Sons'Corp.
Address: 12047 FAlls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL.

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: WRITE INITIALS IN BOX PERMIT No: BA-81-7518

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS OF FOUR CORNERS
SECTION: LOT: 20
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW
NEAR WHAT ROAD: Sweet Air Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 800
ENTER FT or MI: Ft

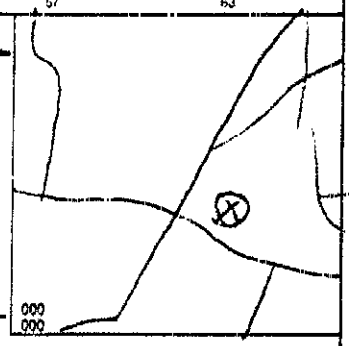
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] COUNTY NO.: [illegible]
STATE SIGNATURE: INSERT S
DATE ISSUED: 11-17-87
CO SIGNATURE: EXP DATE:
NORTH GRID: 014000 EAST GRID: 0926000

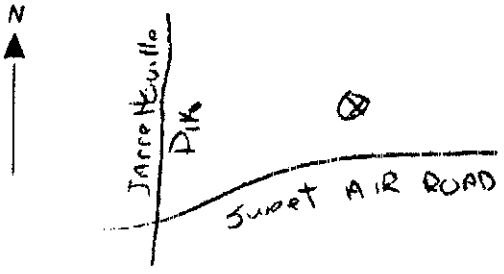
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610



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



SPECIAL CONDITIONS: Fee pd - Trans 5750 10

COUNTY

C1 6410 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received
DATE WELL COMPLETED 12 09 87
Depth of Well 300 (TO NEAREST FOOT)
PERMIT NO FROM "PERMIT TO DRILL WELL" BA-81-7518

OWNER Fields of 4 Corners Partnership
STREET OR RFD 19 Inverin Circle (last name / first name) TOWN Timonium, Md 21093
SUBDIVISION Fields of Four Corners SECTION LOT 20

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 FROM	FEET TO	Check if water bearing
Overburden	0	58	
Gray Rock	58	300	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL:
CEMENT (CM) BENTONITE CLAY BC
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft TOP to 60 ft BOTTOM (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	60

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C2

EACH SCREEN — DEPTH (nearest ft.)

1	40	60 to 300
2		
3		

SLOT SIZE 1 ... 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min to nearest gal.) 5.95
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 41'9"
WHEN PUMPING 235'6"
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 (CIRCLE) (YES or NO) YES (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:
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 / − below LAND SURFACE (nearest foot) 1

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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

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.)
N

RECEIVED JAN 14 '88

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WO
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

3617 Jackson Cabin Rd BA817443

EMERGENCY/TEMP NO IF ANY

B 1 0689 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 BA-81-7443
fill in this form completely

Date Received (APA) 10/28/87

OWNER INFORMATION
Fields, Mr. & Mrs. James
Last Name, Owner, First Name
Interlaken Circle
Street or RFD
Thurmont, MD 21788
Town, State, Zip

DRILLER INFORMATION
Mr. Paul M. Fabiszak 399
Driller's Name, 77 License No 80
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Rd., Cockeysville 21030
Address
Signature 10-30-87 Date

WELL INFORMATION
APPROX PUMPING RATE (GAL PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

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

Commercial 6/10/03

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)
APPROP PERMIT NUMBER GAP
FORCE WRITE INITIALS IN BOX PERMIT No BA 81 7443

LOCATION OF WELL
B 3
Carroll # COUNTY
Fields Mr. & Mrs. James 23 SUBDIVISION
SECTION LOT 23
Taneytown 32 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW N NE W TOWN E SW S SE

Sweet Air Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH W WEST N EAST S SOUTH

DISTANCE FROM ROAD 200
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Carroll COUNTY NO 03

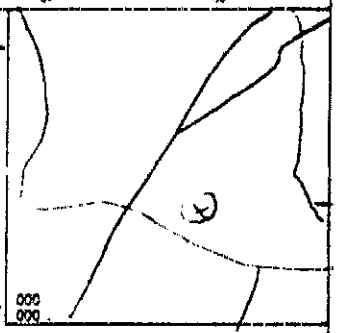
STATE SIGNATURE INSERT S
DATE ISSUED 11/05/87 CO SIGNATURE EXP DATE

NORTH GRID 619000 EAST GRID 1072500

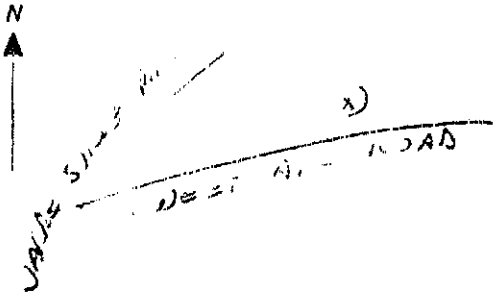
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 926
N 618



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



SPECIAL CONDITIONS Use well-flow 5702

10
COUNTY

3617 Jackson Cabin Rd BA817443

C 1 6407 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Rec'd

DATE WELL COMPLETED 12/18/87

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL" BA-31-7443

OWNER Fields of 4 Corners Partnership
STREET OR RFD 19 Inverin Circle (last name / first name) TOWN Mountain, MD 21093
SUBDIVISION Fields of Four Corners SECTION LOT 23

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 FROM	FEET TO	Check if water bearing
Overburden	0	21	
Gray Rock	21	300	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY BC
NO. OF BAGS 4 NO OF POUNDS 400
GALLONS OF WATER 24
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 23 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	23

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

EACH SCREEN	DEPTH (nearest ft.)	
1	23	300
2		
3		

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal per min to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 126
WHEN PUMPING 236
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 (CIRCLE) (YES or NO) YES (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:
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 / (−) below LAND SURFACE (nearest foot) 1

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)

RECEIVED DEC 21 1987

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 10.17.13 "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 390
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

T	(E R O S)	WO
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

HEALTH

No Loc.

3618 Jackson Cabin Rd BA817519

EMERGENCY/TEMP NO. IF ANY

B 1 0718 SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN DLS, 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: BA-81-7517

fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

FIELDS of 4 CORNERS PRISO

Last Name / Owner / First Name

19 INJERIN CIRCLE

Street or RFD

Timonium MD 21093

Town / State / Zip

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak — License No: 399

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 FAlls Road, Cockeysville 21030

Signature: [signature] — Date: 11/17/87

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: SE — WRITE INITIALS IN BOX — PERMIT No. BA-81-7517

B 3 LOCATION OF WELL

Baltimore

County

FIELDS of FOUR CORNERS

Subdivision

SECTION — LOT 21

Nearest Town

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

Sweet Air Road

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200

ENTER FT or MI: Ft

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto — COUNTY NO.: 003

STATE SIGNATURE — INSERT S

DATE ISSUED: 12/30/87 — CO SIGNATURE — EXP. DATE

NORTH GRID: 614000 — EAST GRID: 0426000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

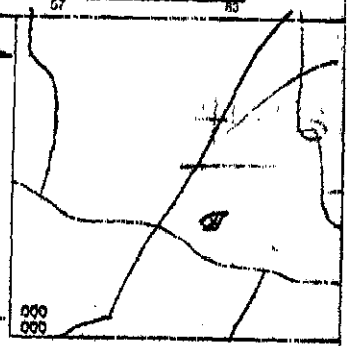
SOURCES OF DRILLING WATER

1.
2.
3.

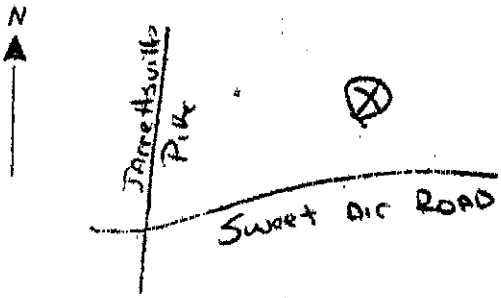
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 614



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



SPECIAL CONDITIONS: Fee pd - Trans 5749

10

COUNTY

3618 Jackson Cabin Rd BA817519

C1 5322 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 091688

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": CA-81-7519

OWNER: FIELDS OF FOUR CORNERS PRTSP (last name / first name)

STREET OR RFD: 19 INVERN CIRCLE TOWN: TIMONIUM 21093

SUBDIVISION: FIELDS OF FOUR CORN SECTION: LOT: 21

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	3	
SHALE	3	62	
GRAY ROCK	62	300	

WELL #1 - 300' DRY
WELL #2 - 400' DRY
(BACKFILLED)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)

TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 12 NO. OF POUNDS: 1200

GALLONS OF WATER: 72

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 65 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	65

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	110	65	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3
PUMPING TEST

HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min. to nearest gal.): 3

METHOD USED TO MEASURE PUMPING RATE: SUBMERSIBLE

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 36

WHEN PUMPING: 254

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 (CIRCLE) (YES or NO): YES 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

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, − below LAND SURFACE 1 (nearest foot)

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)

RECEIVED
SEP 28 1988
WATER AND SEWER

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 10.17.13 "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. 0399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WO OTHER DATA

COUNTY

3620 Jackson Cabin Rd BA817520

EMERGENCY/TEMP NO IF ANY

B 1 0719 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: B1-21-7

fill in this form completely

Date Received (APA): 1/1/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS PRTSP

Street or RFD: 19 INVERIN CIRCLE

Town: TIMONIUM State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 399

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: 56 WRITE INITIALS IN BOX PERMIT No: B1-21-7

B 3 LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION: FIELDS of FOUR CORNERS

SECTION: LOT: 22

NEAREST TOWN: JACKSONVILLE

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO

STATE SIGNATURE / INSERT S

DATE ISSUED

CO SIGNATURE / EXP DATE

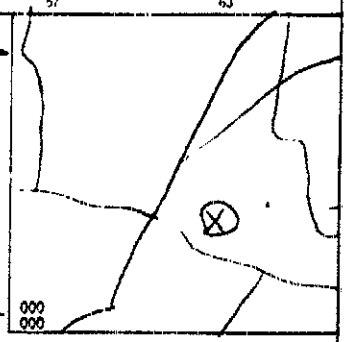
NORTH GRID: 014000 EAST GRID: 0920000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

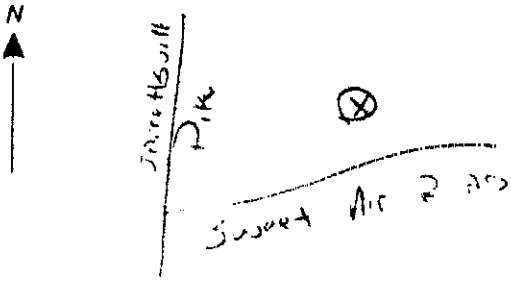
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 926
N 614



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



SPECIAL CONDITIONS: Fee Pd - Trans 5748

10

3620 Jackson Cabin Rd BA817520

C1 8984 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 012788

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" 64-31-1020

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 22

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 FROM	FEET TO	Check if water bearing
Overburden	0	20	
Gray Rock	20	300	X

Well No. 1 - 300' - DRY (Backfilled)

OK GAZ 2/16/87

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 4 NO. OF POUNDS 400

GALLONS OF WATER 24

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 20 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	20

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN			
1	110	20	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WO OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal per min to nearest gal.) 2.07

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37

WHEN PUMPING 260.4

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 (CIRCLE) (YES or NO) YES 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:

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 / - below LAND SURFACE 1 (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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

RECEIVED FEB 08 '88 DEPUTY SECRETARY

HEALTH

3620 Jackson Cabin Rd BA817520

C1 9235 SEQUENCE NO (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 1 1 2 7 9 1

Depth of Well 5 0 0 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" 8 A - 8 1 - 7 5 2 0

OWNER Blue Ribbon Homes
last name 10 Patchwork Court first name
STREET OR RFD TOWN Monkton, MD 21111
SUBDIVISION Fields of Four Corners SECTION LOT 22

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 FROM	FEET TO	Check if water bearing
Gray Rock	300	500	X

*DEEPENED EXISTING 300' WELL TO 500'

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

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER
N/A

MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot)

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

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

C2
EACH SCREEN — DEPTH (nearest ft.)
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal) 1 1
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 5 3
WHEN PUMPING 1 0 1
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 (CIRCLE) (YES or NO) YES 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:
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
− below
LAND SURFACE 1 (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. 300

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

COUNTY

1981 cards 10

JACKSON RIDGE CT

3103 Jackson Ridge Ct BA811825

EMERGENCY/TEMP NO IF ANY

B 1 2909 SEQUENCE NO (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-8 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
fill in this form completely

Date Received

OWNER INFORMATION
Last Name / Owner / First Name
Street or RFD
Town / State / Zip

DRILLER INFORMATION
Driller's Name
Firm Name
Address
Signature / Date

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

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

APPROXIMATE DEPTH OF WELL
APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING (CIRCLE)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR ROTary (AIR PERcussion) ROTARY (Hydraulic Rotary)
CABLE REVerse ROTary DRive POINT
other

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)
APPROP PERMIT NUMBER G A P
FORCE (WRITE INITIALS IN BOX) PERMIT NO

SPECIAL CONDITIONS

B 3 LOCATION OF WELL
COUNTY
SUBDIVISION
SECTION LOT
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) M

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD
IN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
(DISTANCE FROM ROAD)
ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME
OEP SIGNATURE
DATE ISSUED
NORTH GRID
EAST GRID

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

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

3103 Jackson Ridge Ct BA811825

C 1 1710 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER 2 2 Aug 83

DATE Received

DATE WELL COMPLETED 07 29 83

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-1-1825

OWNER (last name) Jackson Ridge (first name) Developers

STREET OR RFD 1089 Elrod Ct TOWN Towson

SUBDIVISION Jackson Ridge SECTION LOT 26

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	10	
SHALE	10	57	
GREY ROCK	57	300	X

RECEIVED
AUG 01 1983
[illegible]

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO. OF POUNDS 600
GALLONS OF WATER 35
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 60 ft. BOTTOM (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST | Nominal diameter top (main) casing (nearest inch) 6 | Total depth of main casing (nearest foot) 60

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

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

C 2

EACH SCREEN

	DEPTH (nearest ft.)		
1	40	60	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL, INSERT # IN BOX 66

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 422
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 38' 6"
WHEN PUMPING 288' 7"
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

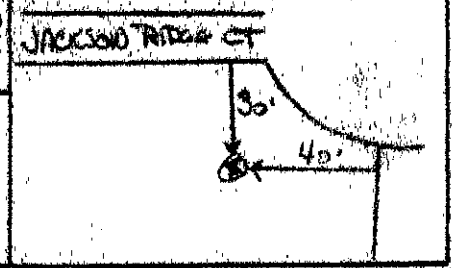
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above – below LAND SURFACE (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 10.17.10 "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. 420
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) [signature]
SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee) [signature]

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)



OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.C.S.) W.C.
TELESCOPE CASING LOG INDICATOR OTHER DATA

HEALTH

3104 Jackson Ridge Ct BA733448

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

DNR 214 (9/77)

C Y 7198 — SEQUENCE NO. (WRA USE ONLY) — (SEQ. NO.) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 9-14-76

DATE WELL COMPLETED 09/11/76

DEPTH OF WELL 110 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-83-9445

DRILLERS IDENTIFICATION NO. 88

102036

OWNER Miller Carl (LAST NAME, FIRST NAME)

STREET OR RFD 14331 Old York RD POST OFFICE Phoenix MD

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Earth	0	14	
Brown Mica	14	47	
Gray Mica	47	110	✓

6 GPM 37'

7 GPM 56

3 GPM 94

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) — YES (Y) / NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) BENTONITE CLAY (B C)

NO. OF BAGS 4 NO. OF POUNDS 376

GALLONS OF WATER 24

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 20 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T), CONCRETE (C O), PLASTIC (P L), OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	49

OTHER CASING (IF USED)

EACH CASING — DIAMETER (INCH) — DEPTH (FEET) FROM — TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T), BRASS OR BRONZE (B R), OPEN HOLE (H O), PLASTIC (P L), OTHER (O T)

C 2 (SEQ. NO.)

EACH SCREEN — DEPTH (NEAREST WHOLE FOOT)

		FROM	TO
1	H O	47	110
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.A.S.)

TELESCOPE CASING — LOG INDICATOR — OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE 1 HR SUB

WATER LEVEL (DISTANCE FROM LAND SURFACE) (NEAREST FOOT)

BEFORE PUMPING 22

WHEN PUMPING 46 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) / NO (N)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

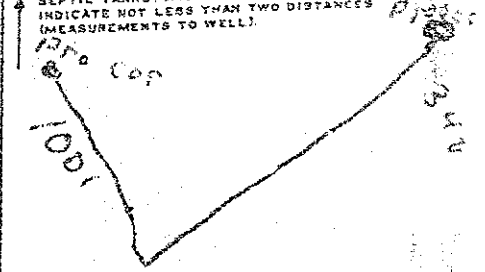
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE / (-) BELOW LAND SURFACE (NEAREST FOOT) 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME (PLEASE PRINT) Greg Baker

SIGNATURE Greg Baker

ORIGINAL

3105 Jackson Ridge Ct BA813595

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

SEQUENCE NO. (DEP USE ONLY): 2474

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

DEP PERMIT NUMBER: BA-81-3595

fill in this form completely

Date Received: 03/13/85

OWNER INFORMATION

Last Name / Owner: JACKSON RIDGE DEV

First Name:

Street or RFD: 11 GLEN ELLEN CT

Town: TOWSON

Phone: 410 321 2027

DRILLER INFORMATION

Driller's Name: Sandy B. Cochran

License No.: 1120

Firm Name: C. EDGAR HARR & SONS CORP.

Address: 12017 Falls Rd. Cockeysville 21030

Signature: Sandy B. Cochran

Date: 3-11-85

LOCATION OF WELL

County: BALTIMORE

Subdivision: JACKSON RIDGE

Section: ____ Lot: 21

Nearest Town: JACKSONVILLE

Miles from town (enter 0 if in town): 1 MI

Direction of well from town (circle box): NW N NE W TOWN E SW S SE

Near what road: JACKSON RIDGE CT

On which side of road (circle appropriate box): NORTH EAST SOUTH WEST

Distance from road: 200 FT

Enter FT or MI: FT

WELL INFORMATION

Approx. pumping rate (gal. per min.): 5

Average daily quantity needed (gal. per day): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

County Name: Baltimore

County No.: 03

OEP Signature:

State Health Insert #:

Date Issued: 03/28/85

Co-signature: Susan Farneta

Exp. Date:

North Grid: 616000

East Grid: 923000

Approximate depth of well: 200 feet

Approximate diameter of well: 6 nearest 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

Permit number of well to be replaced or deepended (if available):

Show major features of box & locate well with an X

Sources of drilling water

1

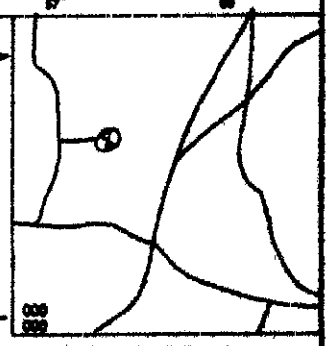
2

3

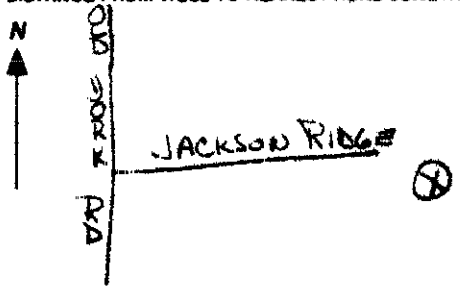
Write the box number from the map here

E 923

N 616



Draw a sketch below showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction



Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: SF (write initials in box)

PERMIT No.: BA-81-3595

SPECIAL CONDITIONS

F. ZAMEN 823-2755 HEALTH

3105 Jackson Ridge Ct BA813595

C1 - 0638 SEQUENCE NO. (CEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 1-6 ON ALL CARDS)

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.

COUNTY NUMBER 04/10/85

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-3595

DATE Received

DATE WELL COMPLETED 040485

Depth of Well 125 (TO NEAREST FOOT)

OWNER Jackson Ridge Dev. (last name / first name)
STREET OR RFD Glen Ellen Ct TOWN Towson 21204
SUBDIVISION Jackson Ridge SECTION LOT 27

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	25	
SHALE + EARTH	25	40	
GRAY ROCK	40	125	X

CIRCLE APPROPRIATE LETTER
WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
ELECTRIC LOG OBTAINED
WELL CONVERTED TO PRODUCTION

[illegible] THIS WELL HAS BEEN CONSTRUCTED IN [illegible] "WELL CONSTRUCTION" [illegible] ALL CONDITIONS STATED IN THE [illegible] AND THAT THE INFORMATION [illegible] ACCURATE AND COMPLETE TO THE BEST

[illegible] APPLICATION)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 40 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	42

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	42	125
2			
3			

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

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

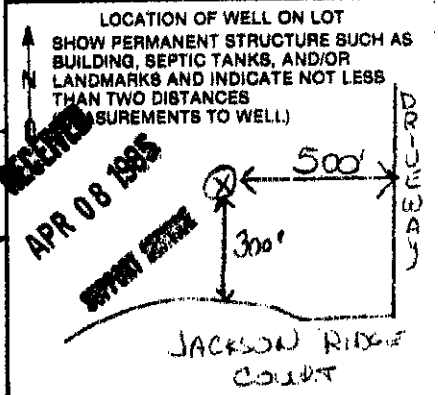
CEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min to nearest gal.) 14.28
METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 278"
WHEN PUMPING 286"
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 (CIRCLE) (YES or NO) YES 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:
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, − below LAND SURFACE 1 (nearest foot)

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.)



RECEIVED APR 08 1985 SUPPORT SERVICE

HEALTH

10

3106 Jackson Ridge Ct BA811910

EMERGENCY/TEMP NO IF ANY

B 1 2921 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER BA-81-1910
fill in this form completely

Date Received 01 22 83

OWNER INFORMATION
JACKSON RIDGE DEV.
Last Name / Owner / First Name
1 GLENWELLEN CT.
Street or RFD
TOWSON MD 21204
Town / State / Zip

DRILLER INFORMATION
Sandy B Cochran 120
Driller's Name / License No.
G. EDGAR HARR SONS CORP.
Firm Name
12047 FALLS RD Cockeysville 21030
Address
Sandy B Cochran 2-28-83
Signature / Date

WELL INFORMATION
APPROX PUMPING RATE (GAL PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE (F) WRITE INITIALS IN BOX PERMIT No. BA-81-1910

LOCATION OF WELL
8 COUNTY: BALTIMORE
23 SUBDIVISION: JACKSON RIDGE
SECTION LOT 14
52 NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town) 1 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
(N) (NW) (NE) (W) TOWN (E) (SW) (S) (SE)

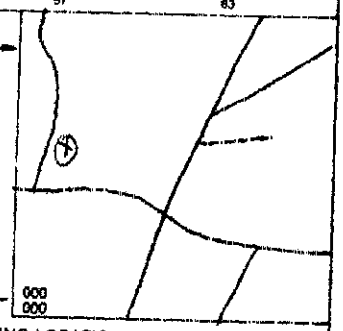
NEAR WHAT ROAD: JACKSON RIDGE CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) (32) (E) EAST (S) SOUTH

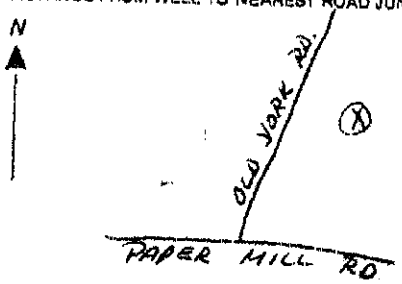
DISTANCE FROM ROAD 300
ENTER FT or MI (F)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME Baltimore COUNTY NO 03
OEP SIGNATURE
STATE HEALTH INSERT S
DATE ISSUED 01 27 83 CO SIGNATURE Quinn Jarrett EXP DATE
NORTH GRID 61500 EAST GRID 01220 0

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 922
N 615



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



SPECIAL CONDITIONS

823-6750 666-0132 HEALTH

10

3106 Jackson Ridge Ct BA811910

C 1 1247 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

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

COUNTY NUMBER 5F 9/15/83

DATE Received

DATE WELL COMPLETED 09 06 83

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' BA-811-1910

OWNER Jackson Ridge Developers

STREET OR RFD 1 last name Glen Ellen Ct first name TOWN Towson 21204

SUBDIVISION Jackson Ridge SECTION 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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	5	
BROWN SHALE	5	73	
GREY ROCK	73	325	X

RECEIVED SEP 15 1983 WATER RESOURCES

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF SACKS 9 NO. OF POUNDS 405
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 75 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	75

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	75	325
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
GRAVEL PACK, from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT # IN BOX 65

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 5
PUMPING RATE (gal per min to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 35
WHEN PUMPING 220

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 (CIRCLE) (YES or NO) YES
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:
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 / − below LAND SURFACE (nearest foot) 1

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

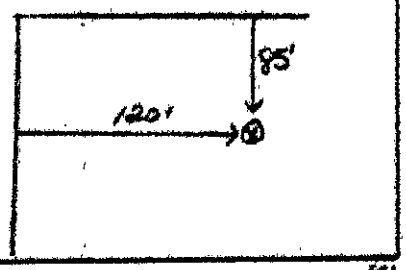
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 129

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

HEALTH

10

3107 Jackson Ridge Ct BA812070

EMERGENCY/TEMP NO. IF ANY

B 1 4710 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: BA-81-5079
fill in this form completely

Date Received: 072083

OWNER INFORMATION

Last Name / Owner / First Name: JACKSON RIDGE DEV.
Street or RFD: 1 GLENELLEN CT
Town: TOWSON State: MD Zip: 21204

DRILLER INFORMATION

Driller's Name: Sandy B. Cochran License No: 720
Firm Name: G. EDGAR HARR SONS CORP.
Address: 12047 FALLS RD. COCKEYSVILLE 21030
Signature: Sandy B. Cochran Date: 9-19-83

B 2 **WELL INFORMATION**

APPROX PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

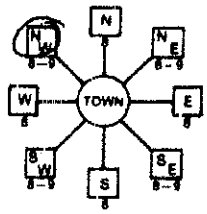
APPROP PERMIT NUMBER: GAP

FORCE: 3F WRITE INITIALS IN BOX PERMIT No: BA 81 5070

B 3 **LOCATION OF WELL**

COUNTY: BALTIMORE
SUBDIVISION: JACKSON RIDGE
SECTION: LOT: 5
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: JACKSON RIDGE CT

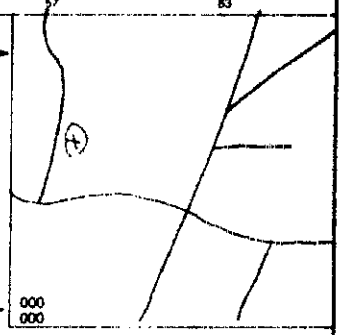
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD: 50
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Baltimore COUNTY NO: 003
OEP SIGNATURE: STATE HEALTH INSERT S:
DATE ISSUED: 072183 CO SIGNATURE: [signature] EXP DATE:
NORTH GRID: 615000 EAST GRID: 0922000

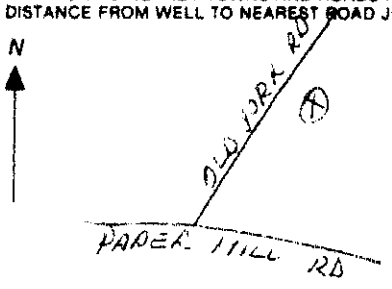
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X



SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 922
N 615

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



SPECIAL CONDITIONS

HEALTH

3107 Jackson Ridge Ct BA812070

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

COUNTY NUMBER: R 14 [illegible]

DATE WELL COMPLETED: 100783

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-2010

OWNER: Jackson Ridge Dev.

STREET OR RFD: Kilmellen Ct (first name) TOWN: Towson 21204

SUBDIVISION: Jackson Ridge SECTION: LOT: 3

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	10	
BROKEN ROCK & DIRT	10	73	
GRAY ROCK	73	300	X
1500		10	2

RECEIVED OCT 13 1983 [illegible]

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): Y (yes) N (no)

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS: 10 NO. OF POUNDS: 1000

GALLONS OF WATER: 60

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 75 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	75

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

EACH CASING: 8 x 12

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	75	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN: 1 (NEAREST INCH)

GRAVEL PACK from 0 to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T: TELESCOPE CASING; (E.R.O.S.): LOG INDICATOR; WQ: OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal per min to nearest gal.): 100

METHOD USED TO MEASURE PUMPING RATE: SUBMERSIBLE

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 28.34

WHEN PUMPING: 105.1

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 (CIRCLE) (YES or NO): YES 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:

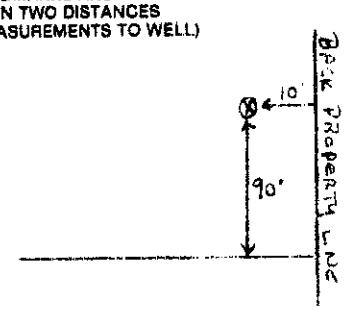
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above, − below LAND SURFACE 1 (nearest foot)

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)



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 10.17.13 "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. 120

Sandy B. [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

[illegible]

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

HEALTH

JARRETTSVILLE PIKE

14021 Jarrettsville Pike BA816964

C 1 1478 — SEQUENCE NO. (OEP USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED: 06 21 1997

DATE WELL COMPLETED: 08 12 97

DEPTH OF WELL (TO NEAREST FOOT): 300

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-81-4964

OWNER: SWIFT, AUDRA M.

STREET OR RFD: 14021 Jarrettsville Pike — TOWN: Phoenix

SUBDIVISION: Jarrettsville Pike 14021 — 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 FROM	FEET TO	Check if water bearing
dirt	0	3	
soft brown rock	3	46	
med hard brown rock	46	48	
hard gray rock	48	52	x
med hard brown rock	52	57	
hard gray rock	57	70	
med hard brown rock	70	71	
hard gray rock	71	73	
med hard brown rock	73	75	
hard gray rock	75	77	
med hard brown rock	77	79	
hard gray rock	79	86	
med hard brown rock	86	88	x
hard gray rock	88	92	
med hard gray rock	92	106	
hard gray rock	106	180	
soft gray rock	180	191	
med hard gray rock	191	197	
soft gray rock	197	199	
hard gray rock	199	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL: CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT TO 49 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types — insert appropriate code below: STEEL [ST] CONCRETE [CO] PLASTIC [PL] OTHER [OT]

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	4	50

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below: STEEL [ST] BRASS BRONZE [BR] OPEN HOLE [HO] PLASTIC [PL] OTHER [OT]

C 2

EACH SCREEN	DEPTH (NEAREST FT.)		
1	HO	49	178
2	HO	199	309
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 4

PUMPING RATE (gal. per min to nearest gal.): 3

METHOD USED TO MEASURE PUMPING RATE: TIMER

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 33

WHEN PUMPING: 190

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 (CIRCLE) (YES or NO): YES / 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:

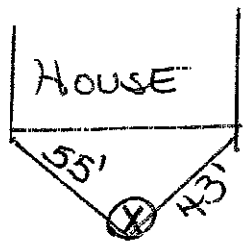
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above / - below LAND SURFACE: 1 (NEAREST FOOT)

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)



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 10.17.13 "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. 9

Earl Jones
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T [ ] TELESCOPE CASING — (E.R.O.S) [ ] LOG INDICATOR — W Q [ ] OTHER DATA

ORIGINAL

14023 Jarrettsville Pike BA816369

C 1 7529 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 1-6 ON ALL CARDS)

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.

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-1637

DATE Received JUL 15 1987

DATE WELL COMPLETED 06 09 87

Depth of Well 280 (TO NEAREST FOOT)

OWNER last name Owings first name John

STREET OR RFD 111 Sunnymeadow Lane TOWN Reisterstown 21136

SUBDIVISION Woodside Heights SECTION 4 LOT 28

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 FROM	FEET TO	Check if water bearing
Clay,red	0	3	
Clay,yellow	3	6	
Sand,lt brown fine	6	27	
Sand,dk brown fine	27	49	
Sand,dk. brown course	49	75	
Rock,lt gray medium	75	116	X
Rock,dk gray with quartz	116	147	X
Rock,lt gray medium	147	280	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — Y N
TYPE OF GROUTING MATERIAL
CEMENT CM — BENTONITE CLAY BC
NO. OF BAGS 15 — NO. OF POUNDS 1410
GALLONS OF WATER 105
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP, enter 0 if from surface) to 77 ft. (BOTTOM)

CASING RECORD
(casing types — insert appropriate code below)
ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	77

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole (insert appropriate code below)
ST STEEL — BR BRASS BRONZE — HC OPEN HOLE — PL PLASTIC — OT OTHER

EACH SCREEN

	DEPTH (nearest ft.)	
1 HO	77	280
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

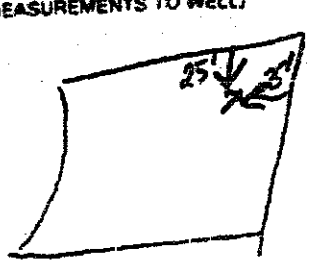
GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE 1 gallon bucket stop watch
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43
WHEN PUMPING 251
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 INSTALLER
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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:
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 / − below LAND SURFACE 2 (nearest foot)

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)



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 26.17.13 "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. 365
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — (E R O S) — WQ
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

4

ORIGINAL

EMERGENCY/TEMP. NO. IF ANY

B 1 4778 SEQUENCE NO. (DEP 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

DEP PERMIT NUMBER: BA-81-0451
fill in this form completely

Date Received (DEP Use Only)

OWNER INFORMATION

MCCAMEY, JACK
Last Name 15 — Owner — 34 Middle

14106 JARRETTSVILLE PIKE
Street or RFD

PHOENIX, MD 21131
Town 57 — State — 75 Zip

B 1 Continued — DRILLER INFORMATION

JOHN B. COCHRAN — 120
Driller's Name — 77 License No. 80

COCHRAN WELL CO., INC.
Firm Name

COCKEYSVILLE, MD 21030
Address

John B. Cochran
Signature — Date

B 2 — WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 24 — FEET 28

APPROXIMATE DIAMETER OF WELL — NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (OR AUGERED) — JETTED — JETTED & DRIVEN
30 37 AIR ROTARY — AIR PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE ROTARY — DRIVE POINT
other

REPLACEMENT OR DEEPENED 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
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 42 52

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER 54 — [G][A][P] — 63

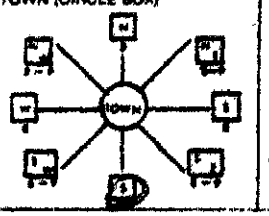
FORCE 64 68 — WRITE INITIALS IN BOX — PERMIT NO. 70 71 72 73 74 75 76 77 78 79

B 3 — LOCATION OF WELL

COUNTY 9 BALTIMORE 21
SUBDIVISION 29 49
SECTION 44 48 — LOT 48 52
NEAREST TOWN 62 JARRETTSVILLE 70
MILES FROM TOWN (enter 0 if in town) 72 [M] [T] 75 76

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14106 JARRETTSVILLE PIKE
11 — NEAR WHAT ROAD — 38

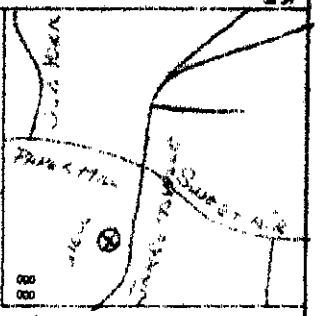
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH [N] [NW] WEST [W] [E] EAST [S] SOUTH

80
34 — DISTANCE FROM ROAD — 37
(CIRCLE APPROPRIATE BOX)

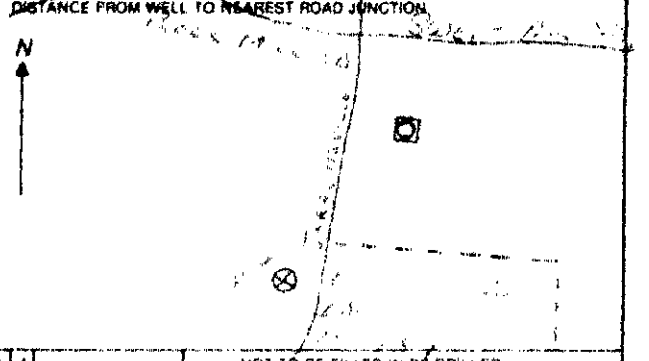
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 128
N 619



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



B 4 — NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO.

DEP SIGNATURE — STATE HEALTH (CIRCLE BOX) [S] 41
DATE ISSUED 42 47
CO SIGNATORY

NORTH GRID 48 — EAST GRID 55 — EXPIRES

B 5 — SPECIAL CONDITIONS 63

HEALTH

14106 Jarrettsville Pike BA810451

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

DATE WELL COMPLETED: 12/17/87

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO.: [illegible]

OWNER: Koerner William

STREET OR RFD: 14106 Jarrettsville Pike TOWN: Phoenix 21131

SUBDIVISION: 14106 Jarrettsville Pike SECTION: LOT:

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET FROM	TO	WATER BEARING
OVERBURDEN	0	9	
BROWNSHALE	9	63	
GRAY ROCK	63	300	X
WELL #2 (300 DRY) BACKFILLED			
WELL #3 (300 DRY)			
WELL #4 (300 DRY)			

RECEIVED JAN 8 1988 SUPPORT SERVICES

WELL HAS BEEN GROUTED (Circle Appropriate Box): Y N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS: 8 NO. OF POUNDS: 100

GALLONS OF WATER: 70

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 65 ft (enter 0 if from surface)

CASING RECORD

CASING TYPE (insert appropriate code below): ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter (nearest inch)	Total depth of main casing (nearest foot)
ST	6	65

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

SCREEN RECORD

Screen type or openhole (insert appropriate code below): ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
HO	65	300

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX: F

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 1

METHOD USED TO MEASURE PUMPING RATE: AIR

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 34

WHEN PUMPING: 275

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 (CIRCLE APPROPRIATE BOX): YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (in nearest gallon)

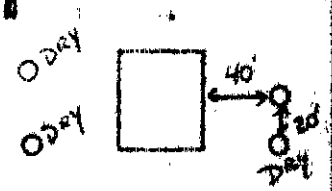
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above, − below LAND SURFACE

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)



JARRETTSVILLE PIKE

CIRCLE APPROPRIATE BOX

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 10.17.13 "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: 100

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): Harold Wade

SITE SUPERVISOR: sign of driller or journeyman responsible for sitework if different from permittee

HEALTH

10

14202 Jarrettsville Pike BA920770

EMERGENCY/TEMP NO IF ANY

B 1 00832 SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: 03-13-0770
fill in this form completely

Date Received (APA): 0 13 2 9 2

OWNER INFORMATION

Last Name / Owner / First Name: [illegible]
Street or RFD: 14202 Jarrettsville Pike
Town / State / Zip: [illegible]

DRILLER INFORMATION

Driller's Name: [illegible] License No
Firm Name: [illegible]
Address: [illegible]
Signature: [illegible] Date: 7-20-92

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 4
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: NE WRITE INITIALS IN BOX PERMIT No. 03-13-0770

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION:
SECTION: LOT:
NEAREST TOWN: JACK OLLIVE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: 14202 Jarrettsville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

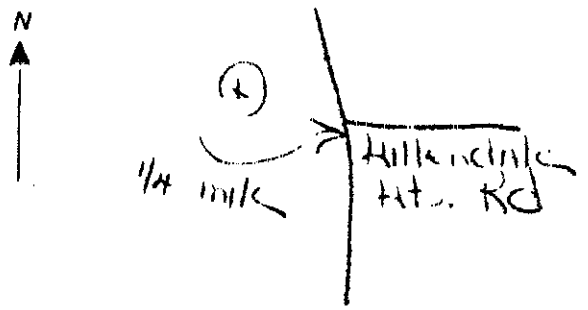
DISTANCE FROM ROAD: 49
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] COUNTY NO: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 07 22 92 CO SIGNATURE: [illegible] EXP DATE:
NORTH GRID: 614000 EAST GRID: 0924000

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 420
N 610

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



SPECIAL CONDITIONS: KL D-10

COUNTY

C 1 15667 — SEQUENCE NO (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED
DATE WELL COMPLETED 07 23 92
DEPTH OF WELL 450 (TO NEAREST FOOT)
PERMIT NO FROM "PERMIT TO DRILL WELL" BA-92-0770

OWNER Penoyer, Marian
STREET OR RFD 14202 Jarrettsville Pike TOWN Phoenix 21131
SUBDIVISION 14202 Jarrettsville Pike 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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	35	
hard gray rock	35	39	
med hard brown rock	39	41	
hard gray rock	41	44	
med hard gray rock	44	45	
hard gray rock	45	49	
med hard brown rock	49	54	
hard gray rock	54	57	
hard brown rock	57	58	X
hard gray rock	58	61	
med hard brown rock	61	62	
hard gray rock	62	81	
med hard gray rock	81	95	
hard gray rock	95	450	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO OF BAGS 8 NO OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT TO 38 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	40

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
OTHER CASING			

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

C 2

DEPTH (NEAREST FT.)

OPEN HOLE	HO	38 to 450
SCREEN 1		
SCREEN 2		
SCREEN 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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal. per min. to nearest gal.) 1.8
METHOD USED TO MEASURE PUMPING RATE timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 52
WHEN PUMPING 425

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 (CIRCLE) (YES or NO) YES 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:
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 10.17.13 "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 304
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) David Kelly
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Wade Harrison

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)

21' LPL

39' House

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

HEALTH

14209 Jarrettsville Pike BA950857 EMERGENCY/TEMP NO IF ANY

B 1 | 4738 | SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-95-0857

fill in this form completely

Date Received (APA): 11 30 05

OWNER INFORMATION
Pyramid Contracting
Last Name / Owner / First Name
14140 Parke Longct Suite F
Street or RFD
Chantilly VA 20151
Town / State / Zip

DRILLER INFORMATION
Craig A Nemec MWD 513
Driller's Name / License No
C. Wayne Caswell Inc
Firm Name
Jarrettsville Md 21084
Address
Signature / Date 11-29-05

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 24
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

B 3 LOCATION OF WELL
Baltimore
COUNTY
Verizon Wireless
SUBDIVISION
SECTION / LOT
Jacksonville
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

14209 Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200 FT (ENTER FT OR MI)

TAX MAP: ____ BLK: ____ PARCEL ____

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL COMMERICIAL DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST OBSERVATION MONITORING
- G GEO-THERMAL

NO COMPLETION REPORT RECEIVED

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO: 003

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 12/01/05 CO SIGNATURE: Susan Garnett EXP. DATE

NORTH GRID: 615 000 EAST GRID: 925 000

APPROXIMATE DEPTH OF WELL: 300 FEET

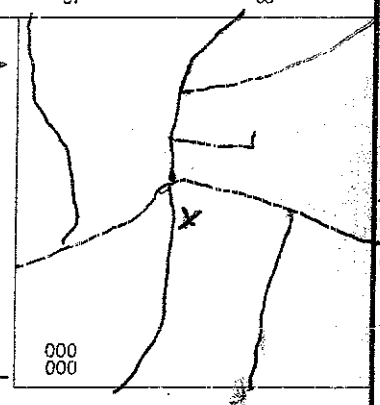
APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) / JETTED / Jetted & DRIVEN
AIR-ROTary / AIR-PERcussion / ROTARY (Hydraulic Rotary)
CABLE / REVerse-ROTary / DRive-POINT
other ____

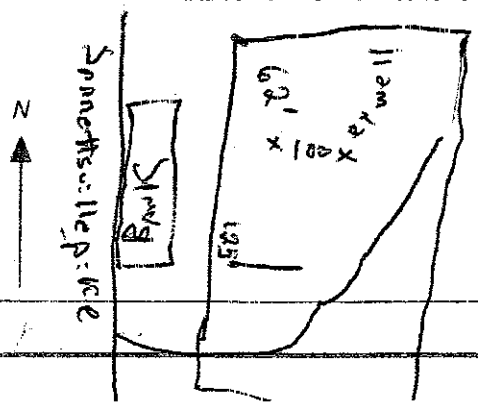
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610



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



REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): BA-94-3202

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP PERMIT NUMBER: ---------G---

PERMIT No: BA-95-0857

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

D 10

DENV-Permit 97

WAP sent down to MDE.

① ORIGINAL

14209 Jarrettsville Pike BA943922

EMERGENCY/TEMP NO. IF ANY

B 1 5195 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER BA-94-3922
fill in this form completely

Date Received (APA) 3 9 99 (MM DD YY)

C/o Craig Rabano

OWNER INFORMATION

Bell Atlantic Mobile
Last Name / Owner / First Name

9000 Junction Drive
Street or RFD

Annapolis Md 20701
Town / State / Zip

DRILLER INFORMATION

Michael Barlow MWD 355
Driller's Name / License No.

Michael Barlow Well Drilling Soc Inc
Firm Name

912 Fawn G Joppa 21085
Address

[signature] 3/5/99
Signature / Date

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)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER G-A-P

PERMIT No. BA-94-3922

B 3 LOCATION OF WELL

Baltimore
COUNTY

SUBDIVISION

SECTION / LOT

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N / NE / E / SE / S / SW / W / NW — TOWN

14209 Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH / WEST / EAST / SOUTH

600 DISTANCE FROM ROAD FT
ENTER FT OR MI

TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore County 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE / INSERT S

DATE ISSUED 3 10 99 (MM DD YY) M. Epps
CO SIGNATURE / EXP. DATE

NORTH GRID 613 000 EAST GRID 0924 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

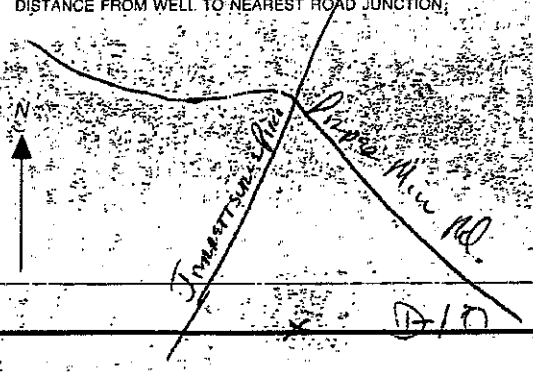
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610

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



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

DENV-Permit 97 © COUNTY

14209 Jarrettsville Pike BA943922

C 1 7076 — SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY — DATE Received MM DD YY

DATE WELL COMPLETED: 4-6-99

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 94 3922

OWNER: Bell Plantk Moblie (last name, first name)

STREET OR RFD: #14 209 Jarrettsville Pike TOWN: Jacksonville MD.

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 FROM	FEET TO	check if water bearing
Brown Mica Soil	0'	25'	
Light Brown Mica Soil	25'	35'	
Dark Brown Mica Soil w/ Large Quartz	35'	40'	✓
Gravel Med Hard	40'	400	✓
Gray Mica Rock		52	✓
		58	✓
		370	✓
Dry Holes Sealed w/ Rock	0	300	#1
Cuttings + Cement Grout	0	400	#2

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: yes Y / no 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 4 D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO: D

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT CM — BENTONITE CLAY BC

NO OF BAGS 11 — NO OF POUNDS 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 44 ft (TOP, BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	44

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from, to

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

C 2 — DEPTH (nearest ft.)

EACH SCREEN			
1	40	44	400
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from — to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E R O S.) W Q

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal per min.): 2

METHOD USED TO MEASURE PUMPING RATE: Watch & Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 42 ft

WHEN PUMPING: 108 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 (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

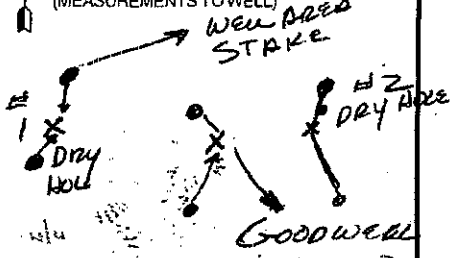
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above / − below — LAND SURFACE 1 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 — © COUNTY

P-10

14225 Jarrettsville Pike BA880148

EMERGENCY/TEMP NO IF ANY

8798 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: BA-880148
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

DRILLER INFORMATION

Earl D. Jones, Jr. 692-6981
Driller's Name — License No

Jones Well Drilling, Inc.
Firm Name

3700 Rush Rd. Jarrettsville, Md. 21084
Address

Signature — Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN)

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL ____ FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE — WRITE INITIALS IN BOX — PERMIT No.

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION: CHARLESVILLE MANOR

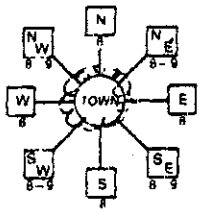
SECTION — LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Jarrettsville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD: 34 37

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO

STATE SIGNATURE — INSERT S

DATE ISSUED

CO SIGNATURE — EXP DATE

NORTH GRID 000 — EAST GRID 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

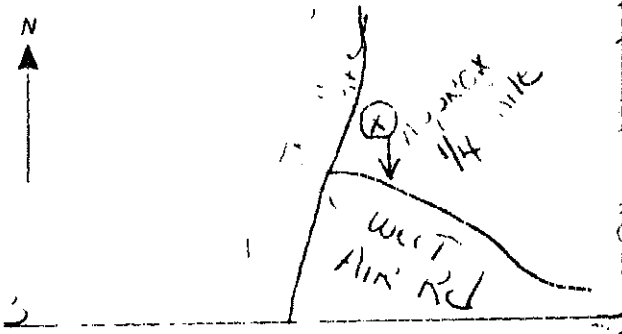
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E
N

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



COUNTY

14225 Jarrettsville Pike BA880148

C 1 . 4566 — SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED: 1 0 2 1 8 8

DEPTH OF WELL: 2 0 5 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": B A — 8 1 — 0 1 4 6

OWNER: Goertz, Patti — TOWN: Phoenix

STREET OR RFD: 14423 Jarrettsville Pike — SECTION: — LOT: 1

SUBDIVISION: Jacksonville Manor

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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	50	
med hard brown rock	50	65	X
hard brown rock	65	74	
med hard brown rock	74	76	
hard gray rock	76	98	
med hard gray rock	98	101	
hard gray rock	101	138	
med hard gray rock	138	140	
hard gray rock	140	167	
med hard gray rock	167	169	
hard gray rock	169	205	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N
TYPE OF GROUTING MATERIAL: CEMENT CM — BENTONITE CLAY BC
NO. OF BAGS: 17 — NO. OF POUNDS: 1700
GALLONS OF WATER: 102
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT TO 71 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PO	6	72

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

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

C 2

		DEPTH (NEAREST FT.)	
1	HO	71	205
2			
3			

SLOT SIZE 1 — 2 — 3
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from — to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

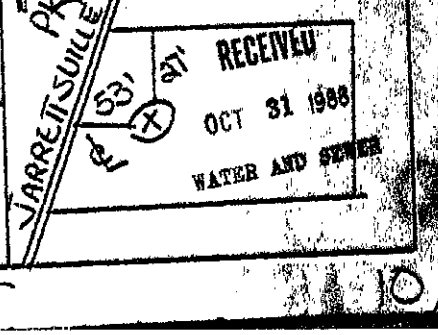
DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; W O OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min. to nearest gal.): 12
METHOD USED TO MEASURE PUMPING RATE: timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 42
WHEN PUMPING: 46
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 (CIRCLE) (YES or NO): YES / 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:
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 / − below LAND SURFACE (NEAREST FOOT)

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)



CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
B ELECTRIC LOG OBTAINED
C TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMMISSION WELL CONSTRUCTION AND IN CONFORMANCE WITH THE 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. 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE OF APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for site work if different from permittee)

HEALTH

10

14227 Jarrettsville Pike BA813777

C 1 3968 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 05 20 85

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' BA-81-5777

OWNER Miller : Scott

STREET OR RFD 1422 last name Jarrettsville Pike first name TOWN Phoenix 21131

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	5	
SHALE	5	84	
GRAY ROCK	84	500	X
WELL #1 - 300' DRY			
BACKFILLED			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 72
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 84 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	84

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	HO 84	500
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 175
METHOD USED TO MEASURE PUMPING RATE AIR
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45
WHEN PUMPING 480

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 (CIRCLE) (YES or NO) YES
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: J
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 5
PUMP HORSE POWER 3/4
PUMP COLUMN LENGTH (nearest ft.) 480
CASING HEIGHT (circle appropriate box and enter casing height) + above / - below LAND SURFACE 1 (nearest foot)

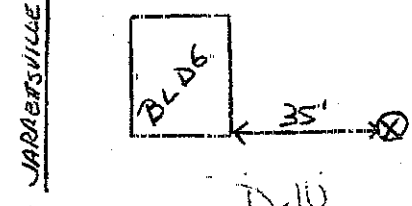
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 1200
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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)



HEALTH

14231 Jarrettsville Pike BA735118

DNR-214-17-771

C 1 9038 (SEQ. NO.) — SEQUENCE NO. (WRA USE ONLY)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 11807 8-13

DATE WELL COMPLETED 19 NOV 77 (15) 11/1/77 (20)

DEPTH OF WELL 350 (22) (TO NEAREST FOOT) (26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-735118 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 9

OWNER SPARKS STATE BANK (LAST NAME / FIRST NAME)

STREET OR RFD ____ POST OFFICE PHOENIX MD.

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Brown Lst	0	22	
Brownish gray rock	22	60	
Brownish gray mica rock	60	90	✓
Gray mica rock	90	350	✓

GROUTING RECORD

WELL WAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) (44) NO (N) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C) (M) (45 46) BENTONITE CLAY (B) (C) (45 46)

NO OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48) FT. TO 20 (52 54) FT. (58)

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T) CONCRETE (C O) PLASTIC (P L) OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	21 (66 70)

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T) BRASS OR BRONZE (B R) OPEN HOLE (H O) PLASTIC (P L) OTHER (O T)

C 2 (1 2 3) (SEQ. NO.) (6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

	FROM	TO
1 (4 0) (8 9)	20 (11 15)	350 (17 21)
2 (23 24)	(26 30)	(32 36)
3 (38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56 57) (NEAREST INCH)

FROM ____ TO ____

GRAVEL PACK ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) (F)

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

(T) (70) TELESCOPE CASING (E.R.O.S.) (72) LOG INDICATOR (W Q) (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3) (SEQ. NO.) (6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2 (11 15)

METHOD USED TO MEASURE PUMPING RATE TIMER

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 43 (17 20) (NEAREST FOOT)

WHEN PUMPING 248 (22 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR (A) (27) PISTON (P) (27) TURBINE (T) (27)

CENTRIFUGAL (C) (27) ROTARY (R) (27) OTHER (DESCRIBE BELOW) (O) (27)

JET (J) (27) SUBMERSIBLE (S) (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) ____ (31 35)

PUMP HORSE POWER ____ (37 41)

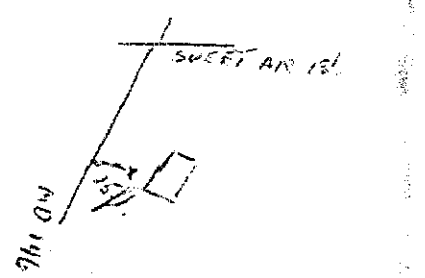
PUMP COLUMN LENGTH (NEAREST FOOT) ____ (43 47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE (−) BELOW (49) LAND SURFACE ____ (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE BOXES

(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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) EARL JONES

SIGNATURE Earl Jones

ORIGINAL

14237 Jarrettsville Pike BA842836

EMERGENCY/TEMP NO IF ANY

B 1 | 0616 | SEQUENCE NO (MDE 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

fill in this form completely

Date Received (APA) | OWNER INFORMATION

Jacksonville Pharmacy
Last Name / Owner / First Name

14237 Jarrettsville Pike
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M Fabiszak MLD 397
Driller's Name / License No

C. Edgar Hess Sons Corp
Firm Name

12047 Falls Rd Cockeysville 21030
Address

Signature 8 27 97
Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No

B 3 LOCATION OF WELL

Baltimore COUNTY

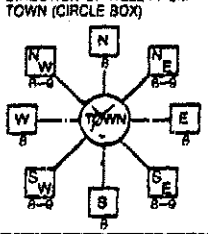
SUBDIVISION

SECTION LOT

Jacksonville NEAREST TOWN

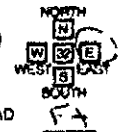
MILES FROM TOWN (enter 0 if in town) 0 M

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14231 Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 50 FT

TAX MAP ____ BLK ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO

STATE SIGNATURE ____ INSERT S

DATE ISSUED 8/27/97

CO SIGNATURE EXP DATE

NORTH GRID 000 EAST GRID 000

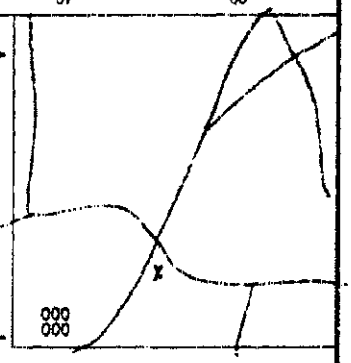
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

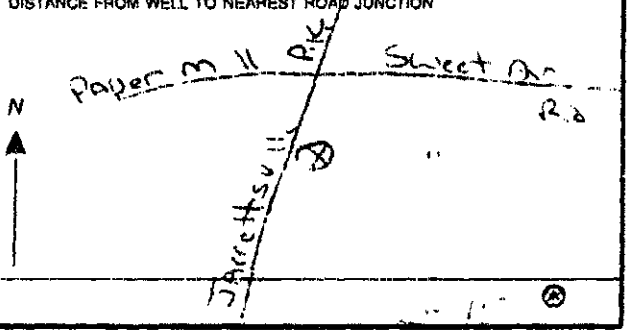
WRITE THE BOX NUMBER FROM THE MAP HERE

E 9720

N 6610



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



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

14237 Jarrettsville Pike BA842836

C 1 9084 SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER

SA/CO USE ONLY DATE Received MM DD YY 09 29 97

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO FROM PERMIT TO DRILL WELL

OWNER Jacksonville Charmack

STREET OR RFD [illegible] TOWN [illegible]

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 FROM	FEET TO	check if water bearing
[illegible]	[illegible]	3	
[illegible]	3[illegible]	[illegible]	
[illegible]			

[illegible] ED 1997

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED yes Y no 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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO: M D

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO OF BAGS 10 NO OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 40 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	40

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

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft) EACH SCREEN

1	40	40	600
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

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

T (E R O S) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1

PUMPING RATE (gal per min) 1.0

METHOD USED TO MEASURE PUMPING RATE A C

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft

WHEN PUMPING 575 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 WILL INSTALL 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 S

CAPACITY GALLONS PER MINUTE (to nearest gallon) 5

PUMP HORSE POWER 1

PUMP COLUMN LENGTH (nearest ft) 580

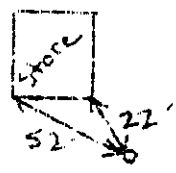
CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

− below 1 (nearest foot)

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)



D-10

14242 Jarrettsville Pike BA920465

SEQUENCE NO. (OEP USE ONLY) 1 6

NUMBER S TO BE PUNCHED (1-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE RECEIVED 8 11792 13

DATE WELL COMPLETED 15 6 26 92 20

DEPTH OF WELL 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL 28 HA-92-046 37

OWNER Jones, Dottie

STREET OR RFD 2415 Old Bosely Rd. TOWN Timonium 21093

SUBDIVISION 14242 Jarrettsville Pike 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 FROM	FEET TO	Check if water bearing
dirt	0	5	
soft brown rock	5	30	
hard gray rock	30	36	
hard brown rock	36	38	
hard gray rock	38	52	
hard tan rock	52	53	
hard gray rock	53	56	
hard tan rock	56	57	
hard gray rock	57	89	
med hard gray rock	89	81	
hard gray rock	91	164	
med hard gray rock	164	190	
hard gray rock	190	236	
med hard gray rock	236	278	
hard gray rock	278	280	X
med hard gray rock	280	296	
hard gray rock	296	400	X

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 10.17.13 "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. 304

David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y 44 / no N 44

TYPE OF GROUTING MATERIAL

CEMENT C M 45 46 BENTONITE CLAY B C 45 46

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 48 TOP 52 FT. TO 63 54 BOTTOM 58 FT

(ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below

S T STEEL C O CONCRETE P L PLASTIC O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T 60 61	6 63 64	65 66 70

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

S T STEEL B R BRASS BRONZE H O OPEN HOLE P L PLASTIC O T OTHER

C 2 1 2

EACH SCREEN

	DEPTH (NEAREST FT.)	
1	H 0 8 9	63 11 15 — 400 17 21
2	23 24	26 30 — 32 36
3	38 39	41 45 — 47 51

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN 56 60 (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

C 3 1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 6 8 9

PUMPING RATE (gal. per min. to nearest gal.) 5 11 15

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 61 17 20

WHEN PUMPING 372 22 25

TYPE OF PUMP USED (for test)

A air 27 — P piston 27 — T turbine 27

C centrifugal 27 — R rotary 27 — O other (describe below) 27

J jet 27 — S submersible 27

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES / 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / - below 49 — LAND SURFACE — 41 (NEAREST FOOT) 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)

N

40' Jarrettsville Pike

5' Stove Walls

HEALTH

12

14258 Jarrettsville Pike BA737935

02/28/2006 12:10 4108874817 GROUNDWATER PAGE 02

C 1 6640 SEQUENCE NO. (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS 5-8 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

Date Received (WRA use only) 1-31-81 DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-73-7935

OWNER EXXON COMPANY, U.S.A. (last name / first name)

STREET OR RFD 1501 S. CLINTON STREET TOWN BALTIMORE, MD. 21224

SUBDIVISION CORNER Jarrettsville Pike + Paper Mill 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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	9	
BROWN SHALE	9	38	
GRAY ROCK	38	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL: CEMENT CN BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft. (enter 0 if from surface)

CASING RECORD
casing types (insert appropriate code below): ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	42

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

SCREEN RECORD
screen type or openhole (insert appropriate code below): ST STEEL, BR BRASS, BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (seq. no.)

EACH SCREEN	DEPTH (nearest ft.)	
HO	42	300

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3 (seq no)

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 6.06

METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35.0

WHEN PUMPING 280.72

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 (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

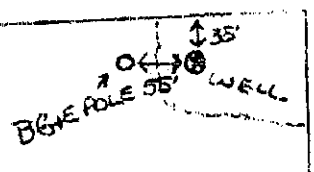
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height): + above, − below LAND SURFACE 1 (nearest foot)

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)



CIRCLE APPROPRIATE BOX
- 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO 120

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) 0 0 1 2 3 1

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

14307 Jarrettsville Pike BA814344

C1 8482 — SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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

45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

PERMIT NO.

DATE Received 4 28 86

DATE WELL COMPLETED 9 22 86

Depth of Well 600 ft (TO NEAREST FOOT)

FROM PERMIT TO DRILL WELL BA-81-83

OWNER Fetmisano Michael (last name, first name)

STREET OR RFD 4401 Harford Rd TOWN Balto 21237

SUBDIVISION Jarrettsville Pike 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 necessary)	FEET FROM	FEET TO	Circle if water bearing
OVERBURDEN	0	44	
GRAY ROCK	44	600	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 1 NO. OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 44 ft (enter 0 if from surface)

CASING RECORD
(Casing types inserted - appropriate box below)

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter of casing (in)	Total depth of casing (ft)	Amount left in well (ft)
ST	5"	44	

OTHER CASING (if used)

(Type)	(Depth) (ft)

SCREEN RECORD
(Screen type - appropriate box below)

(ST) STEEL (BR) BRASS BRONZE (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

Nominal diameter of screen (in)	Type	Length (ft)	Depth to top of screen (ft)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT E IN BOX 68

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 4 E

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40

WHEN PUMPING 44 F

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 (CIRCLE) (YES or NO) YES

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

CAPACITY GALLONS PER MINUTE (to nearest gal.)

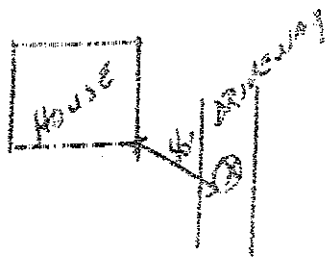
PUMP HORSE POWER

PUMP COLUMN LENGTH (in feet)

CASING HEIGHT ABOVE LAND SURFACE (enter 0 if below surface)

(+) above (-) below LAND SURFACE 4 ft

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES (SUCH AS BUILDING, SEPTIC TANKS AND OR LANDMARK) AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE LETTER
A IF WELL WAS ABANDONED AND SEALED (GIVEN THIS WELL WAS COMPLETED)

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL WAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CONSTRUCTION PERMIT AND THAT THE INFORMATION PRESENTED HEREON IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT NO 123

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for all work if different from permittee)

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

T (TELESCOPE CASING) E R S (LOG INDICATOR) WQ (OTHER DATA)

ORIGINAL

14307 Jarrettsville Pike BA814485

C 1 8620 SEQUENCE NO. (DEP USE ONLY)

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

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

STATE OF MARYLAND

40 DAYS AFTER WELL IS SOLD, ETC.

COUNTY NUMBER

PERMIT NO.

DATE Received: APR 28 1995

DATE WELL COMPLETED: 04 12 95

Depth of Well: 600 ft (TO NEAREST FOOT)

FROM PERMIT TO DRILL NO.: BA-811-4485

OWNER: Palmisano Michael

STREET OR RFD: 14307 Jarrettsville Rd TOWN: Baltimore 21234

SUBDIVISION: Jarrettsville Pike SECTION: LOT:

WELL LOG

Not required for dry wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Overburden	0	45	
Gray Rock	45	600	X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): Y N

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 45 ft (enter 0 if from surface)

CASING RECORD

Casing types (insert appropriate code or N/A)

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter (inches)	Total depth (nearest foot)
ST	6	45

OTHER CASING (if used)

Casing type	Diameter (inches)	Depth from	Depth to

SCREEN RECORD

Screen type (if used)

ST STEEL BW BRASS WIRE PL PLASTIC SO SLOTTED OPEN HOLE OT OTHER

C 2

4.0	45	600	

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT Y IN BOX

PUMPING TEST

HOURS PUMPED (nearest hour): 6

PUMPING RATE (GPM) (nearest gal.): 17

METHOD USED TO MEASURE PUMPING RATE: Sudden

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 40

WHEN PUMPING: 42

TYPE OF PUMP USED (Circle)

A air P piston T turbine

C centrifuge R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (Y) NO (N)

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

CAPACITY GALLONS PER MINUTE

PUMP HORSE POWER

PUMP DELIVERY HEIGHT (in feet)

CASING HEIGHT (Circle one) ABOVE GROUND / BELOW GROUND

SPACE

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 WAS CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 REGULATIONS AND IN CONFORMANCE WITH ALL OPTIONS STATED IN THE ABOVE CAPTIONED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE

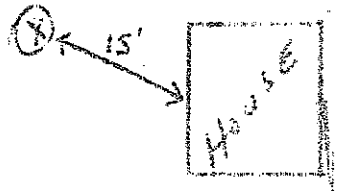
DRILLER IDENT NO.: 140

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (if other than driller or landowner responsible for drilling if different from permittee)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND WHICH ARE NOT LESS THAN TWO DISTANCES MEASUREMENTS TO EACH



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

	YES	NO
TELESCOPED CASING		
LOG INSPECTOR		
OTHER DATA		

10

ORIGINAL

14307 Jarrettsville Pike BA814486

C1 08621 SEQUENCE NO (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-81-4486

DATE Received: APR 28 1986

DATE WELL COMPLETED: 04 28 86

Depth of Well: 300 (TO NEAREST FOOT)

OWNER: Palmisano Michael (last name, first name)

STREET OR RFD: 9621 Harford Rd TOWN: Balto 21234

SUBDIVISION: Jarrettsville Pike 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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	46	
GRAY ROCK	46	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): Y (yes) N (no)

TYPE OF GROUTING MATERIAL: CEMENT CM; BENTONITE CLAY BC

NO OF BAGS 7 NO OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 46 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	46

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

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

C2

EACH SCREEN	DEPTH (nearest ft)		
1	HO	46	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3
PUMPING TEST

HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min to nearest gal.): 1 ~~37~~

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 41

WHEN PUMPING: 286 ~~7~~

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 (CIRCLE) (YES or NO): YES 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

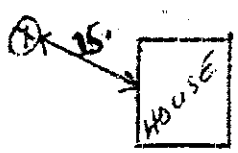
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above; − below LAND SURFACE 1 (nearest foot)

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)



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 10.17.13 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. 120

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T TELESCOPE CASING; (E R O S) LOG INDICATOR; W Q OTHER DATA

ORIGINAL

14311 Jarrettsville Pike BA881665

Mar-02-2006 11:24am From-MDE WMA 410 537 3163 T-336 P 011/017 F-133

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

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

COUNTY NUMBER

STATE USE ONLY
DATE Received: DEC 12 1989

DATE WELL COMPLETED: 11 28 89

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-88-1665

OWNER: S. L. KIMBALL CO., INC.
STREET OR RFD: 3507 Hampshire Glen Ct. TOWN: Phoenix 21131
SUBDIVISION: 14311 Jarrettsville Pike 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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Brown Shale	15	19	
Gray Rock	19	300	X
Well No. 1 - 500' - DRY (BACKFILLED)			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) NO (N)
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 5 NO. OF POUNDS 500
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 20 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	20

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	140	200 to 300
2		
3		

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 5
METHOD USED TO MEASURE PUMPING RATE: submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40
WHEN PUMPING 235

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 (CIRCLE) (YES or NO): YES (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:
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 / (−) below LAND SURFACE (nearest foot) 1

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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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)
N

10

14315 Jarrettsville Pike BA940785

C 1 5048 — SEQUENCE NO. (DENV USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received JUN 28 1994

DATE WELL COMPLETED * Revised 05 10 95

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-94-0785

OWNER Grahamp Ltd Prtsp (last name / first name)
STREET OR RFD Jarrettsville Pike TOWN Phoenix, MD 21131
SUBDIVISION Four Corners Square SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Gray Rock	15	500	x
water was encountered at 230 & 450'			

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED

WELL HYDROFRACTURED — yes [Y] no [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 IDENT. NO. L2 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Marty Dwyer
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [C M] BENTONITE CLAY [B C]
NO. OF BAGS 6 NO OF POUNDS 600
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 20 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L	6	20

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

SCREEN RECORD
screen type or open hole — insert appropriate code below: [S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	110	200
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING
(E.R.O.S.) — LOG INDICATOR
W Q — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 1
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 105
WHEN PUMPING 383

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 (CIRCLE) (YES or NO) YES 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:
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 [–] below LAND SURFACE (nearest foot) 1

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)

N

NA

14315 Jarrettsville Pike BA940786

C 1 5027 — SEQUENCE NO. (DENV USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY — DATE Received

DATE WELL COMPLETED: 04 21 95

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-94-0786

OWNER: Grahamp Ltd Prtsp (last name / first name)

STREET OR RFD: Jarrettsville Pike — TOWN: Phoenix, MD 21131

SUBDIVISION: Four Corners Square — SECTION: — LOT: 2

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 FROM	FEET TO	Check if water bearing
Overburden	0	24	
Gray Rock	24	300	x
water was encountered at 75 & 250'			
Well #1 300' Dry (backfilled)			

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED: yes Y / no 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 IDENT. NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL: CEMENT CM — BENTONITE CLAY BC

NO. OF BAGS 7 — NO. OF POUNDS 100

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 28 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	27

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from to

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

C 2

EACH SCREEN		DEPTH (nearest ft)	
1	HO	27	300
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

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
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal per min. to nearest gal.): 6

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 30

WHEN PUMPING: 145

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 (CIRCLE) (YES or NO): YES / 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:

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 / − below — LAND SURFACE 1 (nearest foot)

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)

N

NA

14315 Jarrettsville Pike BA940991

C1 5056 — SEQUENCE NO. (DENV USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received: JUN 28 1995

DATE WELL COMPLETED: 05 30 95

Depth of Well: 500 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-94-0991

OWNER Grahamp Ltd Prtsp (last name) (first name) TOWN Phoenix, MD 21131

STREET OR RFD Jarrettsville Pike

SUBDIVISION Four Corners Square SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
overburden	0	15	
Gray Rock	15	500	x
water was encountered at 55 & 375'			

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED: yes (Y) no (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 IDENT NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)

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 (TOP) to 20 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	20

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL — BR BRASS BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	480	200	500
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

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

T ____ (E.R.O.S) ____ W Q ____

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 1

PUMPING RATE (gal per min to nearest gal) 11

METHOD USED TO MEASURE PUMPING RATE A.C

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40

WHEN PUMPING 450

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 (CIRCLE) (YES or NO) YES (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:

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
- − below

LAND SURFACE (nearest foot) 1

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)

N

NA

14335 Jarrettsville Pike BA814511

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

C 1 4663 — SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

THIS REPORT ... 45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

DATE Received JAN 27 1986

DATE WELL COMPLETED 01 18 86

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-4511

OWNER KOERNER WILBUR (last name, first name)

STREET OR RFD 14335 JARRETTSVILLE PIKE TOWN PHOENIX 21131

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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	16	
hard gray rock	16	19	
med-hard brown rock	19	22	
hard gray rock	22	28	
med-hard brown rock	28	29	
hard gray rock	29	38	
med-hard brown rock	38	39	
hard gray rock	39	44	
med-hard gray rock	44	45	X
hard gray rock	45	170	
med-hard gray rock	170	172	X
hard gray rock	172	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO OF BAGS 8 NO OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 22 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	23

OTHER CASING (if used)

CASING TYPE	diameter inch	depth (feet) from	to

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

C 2

SCREEN NO.	TYPE	DEPTH (nearest ft.)	
1	HO	22	200
2			
3			

SLOT SIZE ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3 REPL

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 5
METHOD USED TO MEASURE PUMPING RATE TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING 38
WHEN PUMPING 180

TYPE OF PUMP USED (for test)
A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible

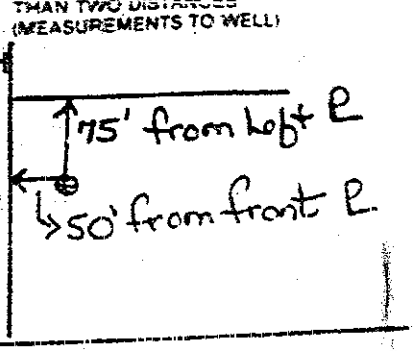
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE
CAPACITY GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) (+) above (−) below LAND SURFACE 1 (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 10.17.13 "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 9
Earl Jones
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Earl Jones
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

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)



OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING
LOG INDICATOR
OTHER DATA

ORIGINAL

14340 Jarrettsville Pike BA946775

B 1 | 7082 | SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6775

fill in this form completely

Date Received (APA): 071202

OWNER INFORMATION
Klein Family Devel. Corp
Last Name / Owner / First Name
2011 Klein's Plaza Dr.
Street or RFD
Forest Hill MD 21050
Town / State / Zip

DRILLER INFORMATION
Michael Barlow MWD 355
Driller's Name / License No
Michael Barlow Well Drilling
Firm Name
522 Underwood Lane Bel Air MD 21014
Address
Signature 7/8/02 Date

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

B 3 — LOCATION OF WELL
COUNTY: Baltimore
SUBDIVISION:
SECTION: LOT:
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 1 M

B 4 — DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD: Jarrettsville Pike
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH
DISTANCE FROM ROAD: 200 ENTER FT OR M: FT
TAX MAP: ____ BLK: ____ PARCEL ____

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST OBSERVATION MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Balto COUNTY NO: 03
STATE SIGNATURE: ____ INSERT S
DATE ISSUED: 071902 CO SIGNATURE: Diana Palmetto EXP DATE
NORTH GRID: 614 000 EAST GRID: 924 000

APPROXIMATE DEPTH OF WELL: 300 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 ____

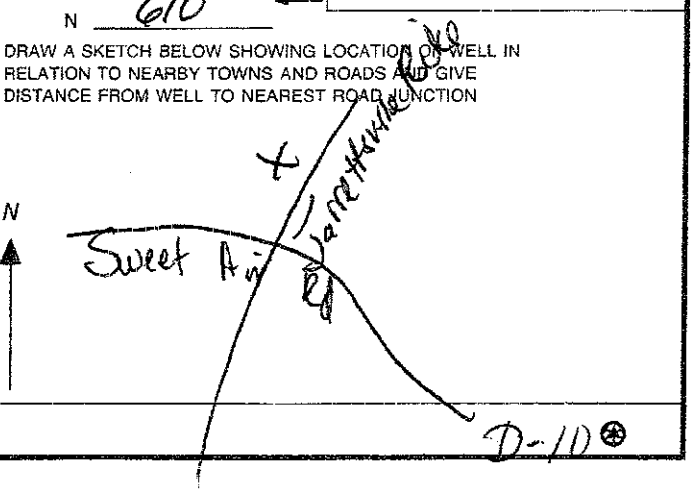
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): ____

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 920
N 610

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP PERMIT NUMBER: BA1999G012
PERMIT No: BA-94-6775

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

DENV-Permit 97

① ORIGINAL

14340 Jarrettsville Pike BA946775

C 1 03695 SEQUENCE NO. (MDE USE ONLY)

1 2 3 5 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received DEC 02 2002 (8 13)

DATE WELL COMPLETED (MM DD YY) 12-25-02 (15 20)

Depth of Well 22 300' 26 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-94-6775 (28 29 30 31 32 33 34 35 36 37)

OWNER Klein Family Devel Corp. (last name / first name)

STREET OR RFD 2014 Kleins Plaza Dr. TOWN Forest Hill md 21050

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 FROM	FEET TO	check if water bearing
Deepend Existing Well	168'	300'	
Didn't hit Water			

Revised 11/21/02

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y / no 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.: MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO.: MWD 342

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N (44 44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM / BENTONITE CLAY BC (45 46)

NO. OF BAGS N/A NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (to nearest foot) from Deepen Existing Well ft. to _____ ft. (48 TOP 53 54 BOTTOM 58) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	6' (63 64)	Deepen Existing Well (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO (8 9)	50' (11 15)	300' (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) (56 60)

from _____ to _____

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

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

T (70) (E.R.O.S.) (72) W Q D (74 75 76)

TELESCOPE CASING / LOG INDICATOR / OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)

PUMPING RATE (gal. per min.) 1.4 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 ft. (17 20)

WHEN PUMPING 151 ft. (22 25)

TYPE OF PUMP USED (for test)
- A air (27)
- P piston (27)
- T turbine (27)
- C centrifugal (27)
- R rotary (27)
- O other (describe below) (27)
- J jet (27)
- S submersible (27)

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)

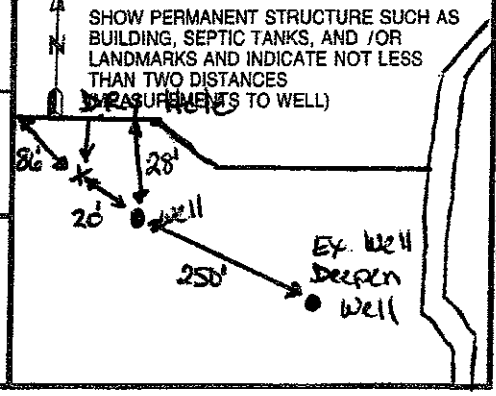
PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)
- + above
- – below (49)

LAND SURFACE 1 (nearest foot) (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)



DENV-GR00 STATE

14342 Jarrettsville Pike BA946325

C 1 | 1656 (MDE USE ONLY)

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

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received SEP 25 2002

DATE WELL COMPLETED 06-27-02

Depth of Well 300' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-94-6325

OWNER Klein family Devel Corp.

STREET OR RFD 2014 Keins Plaza Dr. TOWN Forest Hill, Md. 21050

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 FROM	FEET TO	check if water bearing
Soft Brown Mica Soil	0'	20'	
Soft Brown Mica Rock	20'	54'	
Med Hard To Soft Gray Mica Rock	54'	300'	✓
Hit Waterat		63'	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) no (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.: MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO.: MWD367

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (C M) BENTONITE CLAY (B C)

NO. OF BAGS 3 NO. OF POUNDS 564

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot) from 0' (TOP) ft to 56' (BOTTOM) ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6"	57'

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

(S T) STEEL (B R) BRASS BRONZE (P L) PLASTIC (H O) OPEN HOLE (O T) OTHER

C 2 DEPTH (nearest ft)

EACH SCREEN

1	240	56' 300'
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

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

T (EROS) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.11

METHOD USED TO MEASURE PUMPING RATE Watch & Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 60' ft

WHEN PUMPING 132' 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 WILL INSTALL 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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

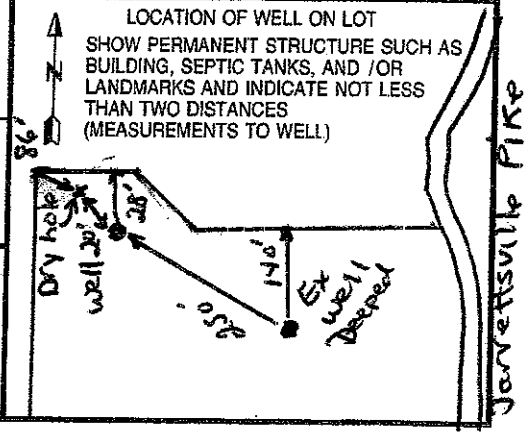
CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (–) below LAND SURFACE

1 (nearest) foot

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)



14342 Jarrettsville Pike BA946324

May-12-2006 02:31pm From-MDE WMA 410 537 3163 T-800 P 008/009 F-876

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received DEC 02 2002

DATE WELL COMPLETED 07-09-02

Depth of Well 300' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-94-6324

OWNER Klein Family Devel Corp.
STREET OR RFD Kleins Plaza Dr TOWN Forest Hill
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 FROM	FEET TO	check if water bearing
Deeper Existing Well			
Med. Hard Gray Mica Rock	70'	300'	
Dry Hole	0'	300'	
Sealed w/ Rock Cuttings & Cement Grout			
Revised 11/21/02			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes Y / NO 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.: MD D 355 1
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC NO: __ D ____ 1

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / NO N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO OF BAGS 3000 NO. OF POUNDS ____
GALLONS OF WATER ____
DEPTH OF GROUT SEAL (to nearest foot) Existing Well
from ____ ft TOP to ____ ft BOTTOM
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

	MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
	ST	6"	Existing Well

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft)		
1	HO	70	300'
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W Q D
TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 5.
METHOD USED TO MEASURE PUMPING RATE Water Meter
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37 ft
WHEN PUMPING 300 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

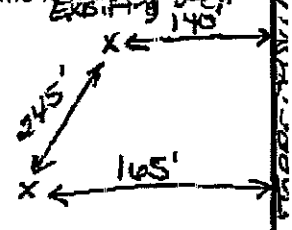
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES / NO

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
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 / − below LAND SURFACE (nearest) foot

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)



DENV-CR00

STATE

14342 Jarrettsville Pike BA946324

May-12-2006 02:31pm From-MDE WMA 410 537 3163 T-800 P 009/008 F-876

(MDE USE ONLY)

1 2 3 8
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD CCYY 5 SEP 25 132002

DATE WELL COMPLETED MM DD YY 15 06-25-02 20

Depth of Well 22 300' 28 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' 28 BA-94-6324 37

OWNER Klein Family Devel Corp (last name first)
STREET OR RFD 2014 Kleins Plaza Dr. TOWN Forest Hill. Md. 21050
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 FROM	FEET TO	check if water bearing
Deepest Operating Well	168'	300'	
Didn't hit Water			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y 50 no 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: MWD355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO: MWD362
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y 44 no N 44
TYPE OF GROUTING MATERIAL (circle one)
CEMENT CM 45 46 BENTONITE CLAY BC 45 46
NO OF BAGS ____ NO. OF POUNDS ____
GALLONS OF WATER ____
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 to 54 BOTTOM 58 ft
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST 60 61
Nominal diameter top (main) casing (nearest inch) 6 63 64
Total depth of main casing (nearest foot) DEPTH OF EXISTING WELL 66

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

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

C 2 1 2
DEPTH (nearest ft)
EACH SCREEN
1. NO 8 9 from 50' 11 15 to 300' 17 21
2. 23 24 25 30 32 38
3. 39 39 41 45 47 51

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ 55 60 (NEAREST INCH)
from ____ to: ____
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

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

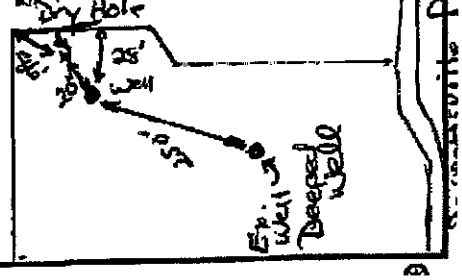
C 3 1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 3 8 9
PUMPING RATE (gal per min) 1.5 11 15
METHOD USED TO MEASURE PUMPING RATE Bucket & Watch
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50' 17 20 ft
WHEN PUMPING 250' 22 25 ft

TYPE OF PUMP USED (for test)
A air 27 P piston 27 T turbine 27
C centrifugal 27 R rotary 27 O other (describe below) 27
J jet 27 S submersible 27

PUMP INSTALLED
DRILLER WILL INSTALL 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 ____ 28
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)
+ 49 above LAND SURFACE
- 49 below
1 (nearest foot) 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)



14345 Jarrettsville Pike BA940089

C 1 5337 — SEQUENCE NO. (OEP USE ONLY) (1 2 3 6)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED: APR 26 1994 (8–13)
DATE WELL COMPLETED: 04 01 94 (15–20)
DEPTH OF WELL: 400 (22–26) (TO NEAREST FOOT)
PERMIT NO. FROM PERMIT TO DRILL WELL: BA—94—0089 (28–37)

OWNER: Lintz, Marie
STREET OR RFD: 14345 Jarrettsville Pike TOWN: Phoenix 21131
SUBDIVISION: 14345 Jarrettsville Pike 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 FROM	FEET TO	Check if water bearing
well deepened from 70' to 400'			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)
TYPE OF GROUTING MATERIAL
CEMENT C M (45 46) BENTONITE CLAY B C (45 46)
NO. OF BAGS ____ NO. OF POUNDS ____
GALLONS OF WATER ____
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM ____ (48–52) FT TO ____ (54–58) FT
TOP BOTTOM (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
S T STEEL; C O CONCRETE; P L PLASTIC; O T 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) — EACH CASING
diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
S T STEEL; B R BRASS BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (1 2)
DEPTH (NEAREST FT.)

EACH SCREEN			
1	H O (8 9)	0 (11–15)	400 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (55–60) (NEAREST INCH)
from ____ to ____
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

C 3 (1 2)
PUMPING TEST
HOURS PUMPED (nearest hour) (8 9)
PUMPING RATE (gal per min to nearest gal.) 2 (11–15)
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING (17–20)
WHEN PUMPING (22–25)
TYPE OF PUMP USED (for test)
A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (nearest ft.) (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above (49) } LAND SURFACE
– below (49) } (50 51) (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 10.17.13 "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. 304
David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Harvey W Knoppe
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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)
N

Deepened existing well

ORIGINAL

10

14346 Jarrettsville Pike BA947704

C 1 2379 — SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM JAN 15 2004

DATE WELL COMPLETED MM 11 DD 21 YY 2003

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA 94 7704

OWNER Gaylord Brooks Realty (last name / first name)

STREET OR RFD 14346 Jarrettsville Pike TOWN Jacksonville

SUBDIVISION Ratterman Property 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 FROM	FEET TO	check if water bearing
Overburden	0	30	
Gray Rock	30	300	x
water at 60', 130' & 240'			
#1 well 550' (backfilled)			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: yes (Y) / no (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.: MWD120

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JSD052

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) / no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO. OF POUNDS 808

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft. to 33 (BOTTOM) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	35

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

EACH SCREEN		DEPTH (nearest ft) from	to
1	HO	35	302
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA: X

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5.45

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.

WHEN PUMPING 235 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 (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

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

1 (nearest) foot

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)

N

NA

DENV-CR00 ORIGINAL

14346 Jarrettsville Pike BA947704

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd , Baltimore, Maryland 21230 (410) 537-3784

****

WATER WELL ABANDONMENT - SEALING REPORT FORM

****

AUG 2004

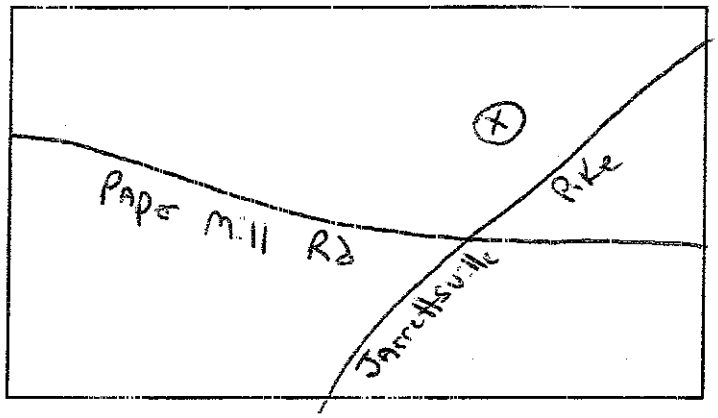
SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 7/23/04 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) 1 dry hole BA - 94 - 7704
* PERMIT NUMBER OF REPLACEMENT WELL BA - 94 - 7704
* PERSON ABANDONING WELL: Michael Isom
WELL DRILLERS LICENSE NUMBER: 162
CIRCLE: MWD/MSD/MGD
* OWNER'S NAME: Gaylord Brooks
* WELL LOCATION:
COUNTY: Baltimore
NEAREST TOWN: Jacksonville
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: Rotterman Property
SECTION: _____ LOT: _____
NEAREST ROAD: Jarrettsville Pike

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:
X DRILLED _____ JETTED
_____ BORED/AUGERED _____ HAND DUG
_____ OTHER (specify) _____

* USE CODE:
X DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:
X STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify)

* SIZE OF CASING: 6 INCHES IN DIAMETER
* DEPTH OF WELL: 140 FEET DEEP
* WAS ANY CASING REMOVED? ___ YES X NO
if yes, length removed, in feet: _____
* WAS CASING RIPPED OR PERFORATED? ___ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
Portland Cement	140	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN | 162 LICENSE # | MWD/MSD/MGD CIRCLE ONE | 7-23-04 DATE

14350 Jarrettsville Pike BA811747

C1 1654 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER [illegible]

DATE Received

DATE WELL COMPLETED 27 June 83

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-1797

OWNER Lintz Edith (last name, first name)

STREET OR RFD 1380 Linder Ave TOWN Arbutus 21227

SUBDIVISION 14350 Jarrettsville Pike 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 FROM	FEET TO	Check if water bearing
Brown dirt	0	8	
soft brown rock	8	14	
med brown rock	14	18	
gray rock	18	100	
gray mica rock	100	278	
" " "	278	325	

RECEIVED JUL 13 1983

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 5 NO. OF POUNDS 500
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 21 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	23

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from, to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	22	325
2			
3			

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

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

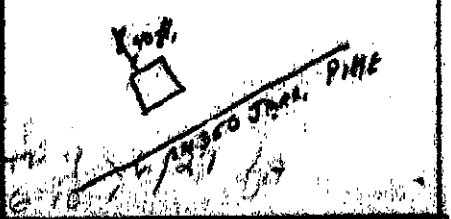
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WD
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min to nearest gal.) 1
METHOD USED TO MEASURE PUMPING RATE TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING 41
WHEN PUMPING 280
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 (CIRCLE) (YES or NO) YES 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:
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, − below LAND SURFACE 1 (nearest foot)

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)



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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE SEEING CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S IDENT. NO. [illegible]

[illegible] SIGNATURE ON APPLICATION)

[illegible] of owner or journeyman [illegible]

14350 Jarrettsville Pike BA811747

EMERGENCY/TEMP NO IF ANY

B 1 3470 SEQUENCE NO (OEP 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

OEP PERMIT NUMBER BA 81 1747
fill in this form completely

Date Received 062183

OWNER INFORMATION

Lintz Edith Estate
Last Name / Owner / First Name
1320 Linder Ave
Street or RFD
Arbutus MD 21227
Town / State / Zip

DRILLER INFORMATION

EARL JONES
Driller's Name
License No 9
JONES WELL DRILLING
Firm Name
JARRETTSVILLE Md
Address
Earl Jones 16 June 82
Signature Date

c/o Mr. McCombs

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- X THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

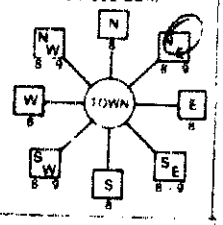
FORCE 3P WRITE INITIALS IN BOX PERMIT No BA 81 1747

B 3 LOCATION OF WELL

BALTIMORE
COUNTY
SUBDIVISION
SECTION LOT
JACKSONVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14350 JARRETTSVILLE PIKE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S

260
DISTANCE FROM ROAD
ENTER FT or MI FT

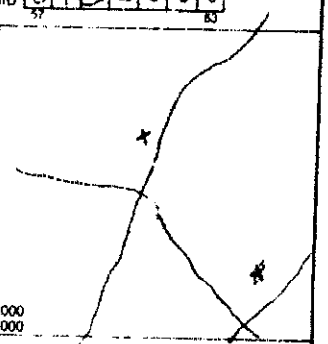
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore 003
COUNTY NAME COUNTY NO
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 062383
CO SIGNATURE EXP DATE
NORTH GRID 616000 EAST GRID 0925000

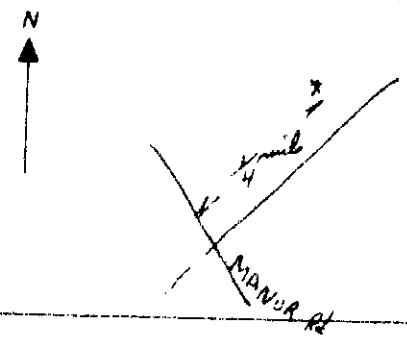
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 925
N 616



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



SPECIAL CONDITIONS

10

HEALTH

14405 Jarrettsville Pike BA810491

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

#1 5637 SEQUENCE NO. (DEP USE ONLY)

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

BH-81-0491

Date Received

OWNER INFORMATION

FELTS | T | WILLIAM

14405 JARRETTSVILLE PIKE

PHOENIX | MD | 21131

B1 Continued DRILLER INFORMATION

EARL JONES 009

Driller's Name

JONES WELL DRILLING

Firm Name

JARRETTSVILLE MD

Address

Signature

B2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 125 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

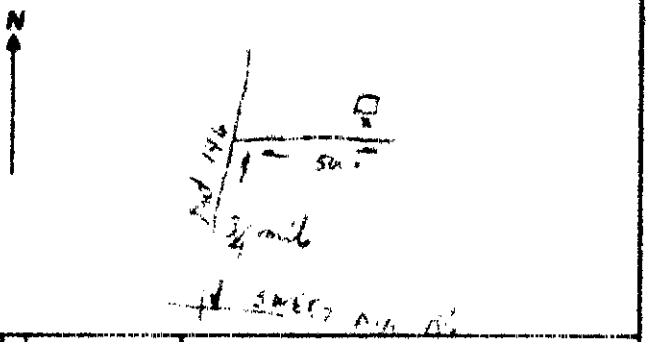
METHOD OF DRILLING (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN

AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY DRIVE POINT

other



REPLACEMENT OR DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No.

B3 LOCATION OF WELL

COUNTY BALTIMORE

SUBDIVISION

SECTION LOT

NEAREST TOWN JACKSONVILLE

MILES FROM TOWN 1

B4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

SOUTH SIDE AVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

60 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

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

S 925

N 610

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

Rd 146

50

3/4 mile

B4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

DEP SIGNATURE STATE HEALTH CIRCLE BOX

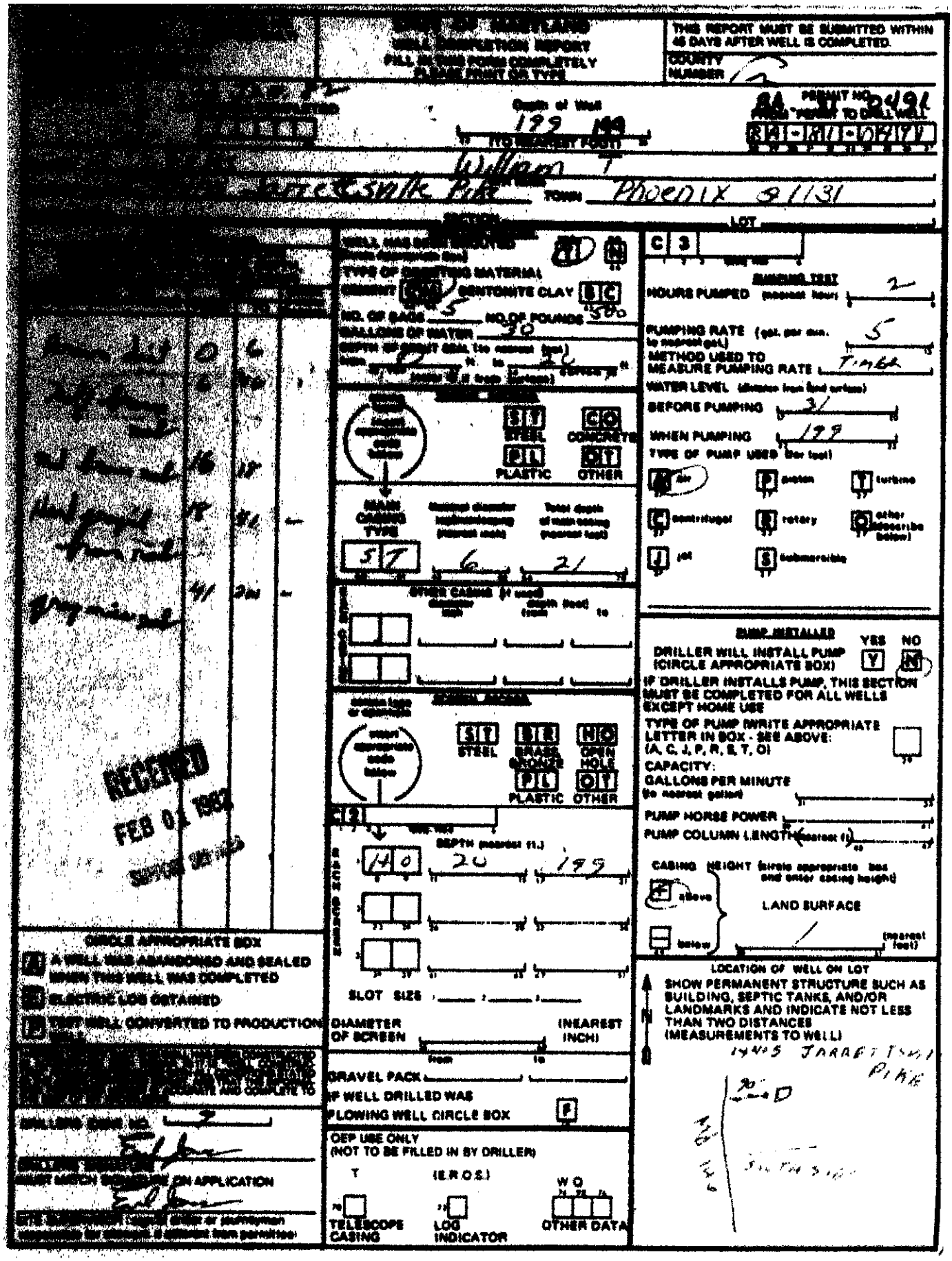
DATE ISSUED

NORTH GRID EAST GRID EXPIRES

B5 SPECIAL CONDITIONS

14405 Jarrettsville Pike BA810491

[illegible] WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE



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

COUNTY NUMBER

Depth of Well 199 (TO NEAREST FOOT)

PERMIT NO. BA 81 0491
FROM PERMIT TO DRILL WELL BA-81-0491

William T
Jarrettsville Pike TOWN Phoenix 21131

SECTION LOT

[illegible]	0	6	
[illegible]	6	[illegible]	
[illegible]	16	18	
[illegible]	18	41	—
[illegible]	41	200	—

RECEIVED FEB 01 1982 [illegible]

WELL HAS BEEN DISINFECTED (circle appropriate box) T N

TYPE OF GROUTING MATERIAL
CEMENT [illegible] BENTONITE CLAY B C
NO. OF BAGS 5 NO. OF POUNDS 500
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft. (water if from surface)

SURFACE CASING
(insert appropriate code below)
S T STEEL C O CONCRETE
P L PLASTIC O T OTHER

MAIN CASING TYPE	Nominal diameter (approximate casing) (nearest inch)	Total depth of main casing (nearest foot)
S T	6	21

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

SCREEN SECTION
(insert appropriate code below)
S T STEEL B R BRASS BRONZE H O OPEN HOLE
P L PLASTIC O T OTHER

C 2

SCREEN	DEPTH (nearest ft.)	
1 H O	20	199
2		
3		

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

DEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 5
METHOD USED TO MEASURE PUMPING RATE Timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31
WHEN PUMPING 199
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 (CIRCLE APPROPRIATE BOX) YES Y NO N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)
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
− below
LAND SURFACE 1 (nearest foot)

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)
14405 JARRETTSVILLE PIKE
90' D
SOUTH SIDE

CIRCLE APPROPRIATE BOX
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
C ELECTRIC LOG OBTAINED
F TEST WELL CONVERTED TO PRODUCTION WELL

[illegible] ACCURATE AND COMPLETE TO

DRILLERS IDENT. NO. 2

DRILLERS SIGNATURE

MUST MATCH SIGNATURE ON APPLICATION

SITE SUPERVISOR (signed driller or journeyman responsible for allowance if different from permittee)

14407 Jarrettsville Pike BA882487

C 1 3576 — SEQUENCE NO. (OEP USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE RECEIVED: JUN 22 1990 (8–13)
DATE WELL COMPLETED: 06 02 90 (15–20)
DEPTH OF WELL: 350 (22–26) (TO NEAREST FOOT)
PERMIT NO. FROM PERMIT TO DRILL WELL: BA-88-2487 (28–37)

OWNER: SUTTON, RUBY
STREET OR RFD: 14409 Jarrettsville Pike TOWN: Phoenix
SUBDIVISION: Jarrettsville Pike 14407 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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	30	
med brown rock	30	38	
hard gray & brown	38	45	
med hard tan rock	45	46	
hard gray rock	46	53	
soft brown rock	53	54	x
hard gray rock	54	68	
soft tan rock	68	69	x
hard gray rock	69	143	
med hard gray rock	143	144	
hard gray rock	144	168	
med hard gray rock	168	169	
hard gray rock	169	350	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y (44) / no N (44)
TYPE OF GROUTING MATERIAL
CEMENT: C M (45–46) BENTONITE CLAY: B C (45–45)
NO. OF BAGS: 11 NO. OF POUNDS: 1100
GALLONS OF WATER: 66
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM: 0 (48 TOP) 52 FT TO: 42 (54 BOTTOM) 58 FT
(ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L (60–61)	6 (63–64)	43 (66–70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
S T STEEL — B R BRASS BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

C 2 (1–2)

EACH SCREEN	DEPTH (NEAREST FT.)		
1	H O (8–9)	42 (11–15)	350 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3 (1–2)

PUMPING TEST
HOURS PUMPED (nearest hour): 4 (8–9)
PUMPING RATE (gal per min to nearest gal.): 2 (11–15)
METHOD USED TO MEASURE PUMPING RATE: TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 28 (17–20)
WHEN PUMPING: 300 (22–25)
TYPE OF PUMP USED (for test)
A air (27) — P piston (27) — T turbine (27)
C centrifugal (27) — R rotary (27) — O other (describe below) (27)
J jet (27) — S submersible (27)

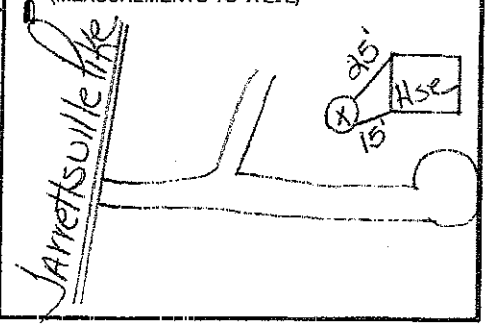
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES / NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J P R,S,T,O) IN BOX - SEE ABOVE: (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon): (31–35)
PUMP HORSE POWER: (37–41)
PUMP COLUMN LENGTH (nearest ft.): (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above / − below (49) — LAND SURFACE — 1 (50–51) (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 10.17.13 "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. 304
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): Dave Kelly
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): Dave Kelly

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)



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

ORIGINAL

17

14430 Jarrettsville Pike BA816351

C 1 117 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

DATE RECEIVED: APR 10 1987

DATE WELL COMPLETED: 03 27 87

DEPTH OF WELL: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-6351

OWNER: RUHL, ROBERT
STREET OR RFD: 14430 Jarrettsville Pike
TOWN: Phoenix
SUBDIVISION: Jarrettsville Pike 14430 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 FROM	FEET TO	Check if water bearing
brown dirt	0	9	
red dirt	9	20	
soft red/brown rock	20	45	
soft brown rock	45	50	
hard brown rock	50	52	
hard gray rock	52	60	X
hard brown rock	60	61	
hard gray rock	61	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) N
TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS: 13 NO. OF POUNDS: 1300
GALLONS OF WATER: 78
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 53 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	54

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below: (ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2

EACH SCREEN		DEPTH (NEAREST FT.)	
1	HO	54	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3 Repl

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min. to nearest gal.): 3
METHOD USED TO MEASURE PUMPING RATE: TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 35
WHEN PUMPING: 290
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 (CIRCLE) (YES or NO): YES (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:
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 (-) below LAND SURFACE: 1 (NEAREST FOOT)

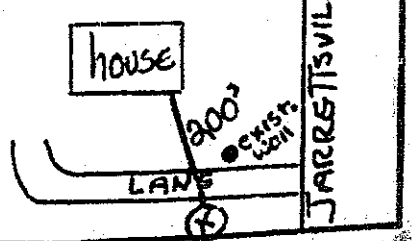
CIRCLE APPROPRIATE LETTER
A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E — ELECTRIC LOG OBTAINED
P — TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 9
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): Earl Jones
SITE SUPERVISOR (sign, as driller or journeyman responsible for sitework if different from permittee): Earl Jones

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

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)



ORIGINAL

14432 Jarrettsville Pike BA941407

EMERGENCY/TEMP NO IF ANY

B 1 | 361F | SEQUENCE NO (MDF 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: BA-94-1407
fill in this form completely

Date Received (APA): 11/21/95

OWNER INFORMATION

Last Name: Ruhl | Owner: Robert | First Name: Pike
Street or RFD: 14430 Jarrettsville
Town: Phoenix | State: MD | Zip: 21131

DRILLER INFORMATION — CIRCLE MSD/MGD/MWD

Driller's Name: David Kelly | License No: 304
Firm Name: Jones Well Drilling Inc
Address: 3700 Rush Rd Jarrettsville MD 21084
Signature: David Kelly | Date: 11/14/95

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P — PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T — TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER: GAP

FORCE: ME (WRITE INITIALS IN BOX) PERMIT No: BA-94-1407

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION:
SECTION: LOT:
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: 14430 Jarrettsville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 125

ENTER FT OR MI: FT

TAX MAP | BLK | PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Baltimore | COUNTY NO: 03
STATE SIGNATURE: | INSERT S:
DATE ISSUED: 11/21/95 | CO SIGNATURE: | EXP DATE:
NORTH GRID: 616000 | EAST GRID: 1925000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

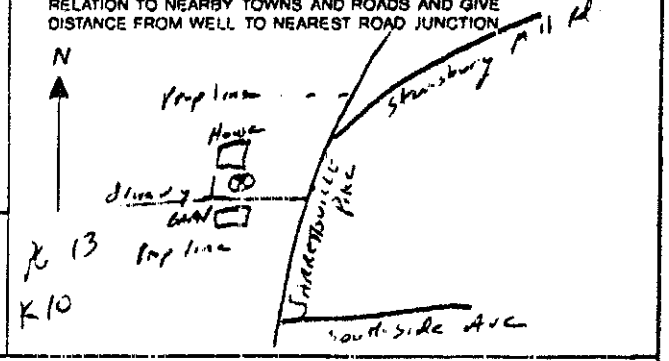
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E: 920
N: 610

X

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



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

666-2924 (H+W)

KATIE RD

SEQUENCE NO. (DP USE ONLY) 0716

(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 BA-XX-7517

fill in this form completely

Date Received (APA) 11/17/87

OWNER INFORMATION

FIELDS OF FOUR CORNERS

Last Name / Owner / First Name

INTERSTATE CIRCLE

Street or RFD

Edgewood MD 21013

Town / State / Zip

LOCATION OF WELL

B 3

Baltimore

County

FIELDS OF FOUR CORNERS

23 SUBDIVISION

SECTION LOT 12

JARRETTSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M I

DRILLER INFORMATION

Paul M. Fabiszak 3979

Driller's Name / 77 License No

G. Edgar Harr Sons' Corp.

Firm Name

12047 Falls Road, Cockeysville 21030

Address

Signature 11/17/87 Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, TOWN

Sweet Air Road

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH, WEST, EAST, SOUTH

2000 DISTANCE FROM ROAD

ENTER FT or MI F

WELL INFORMATION

B 2

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO.

STATE SIGNATURE / INSERT S

DATE ISSUED 11-17-87 CO SIGNATURE EXP. DATE

NORTH GRID 6170000 EAST GRID 0126000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

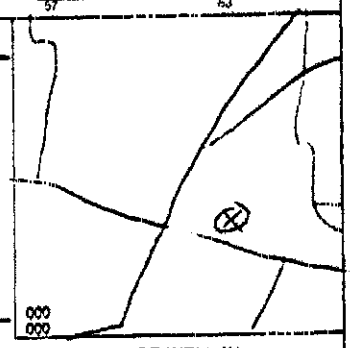
2

3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 922

N 618



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

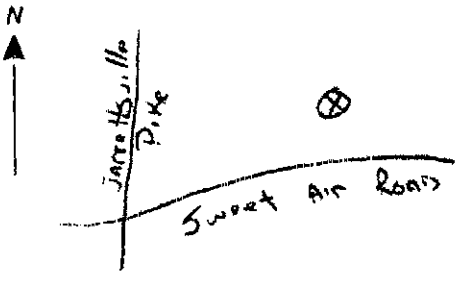
other

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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



Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE E WRITE INITIALS IN BOX PERMIT No BA-XX-7517

SPECIAL CONDITIONS Fill Pd - Trans 5757

10

COUNTY

14403 Katie Rd BA817517

C1 6466 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 01/21/88

Depth of Well 330 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 04-01-7511

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name)
STREET OR RFD 19 Inverin Circle (first name) TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 19

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 FROM	FEET TO	Check if water bearing
Overburden	0	58	
Gray Rock	58	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO OF BAGS 12 NO OF POUNDS 113
GALLONS OF WATER 12
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 60 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
Casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C2

DEPTH (nearest ft.)

EACH SCREEN		
1	40	60 to 330
2		
3		

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

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

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 350
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 351"
WHEN PUMPING 357"
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 (CIRCLE) (YES or NO) YES (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:
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 (−) below LAND SURFACE (nearest foot) 1

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 10 17 13 "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 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

RECEIVED FEB 08 88

14405 Katie Rd BA817516

EMERGENCY/TEMP NO IF ANY

B 1 0715 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
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS 4 CORNERS PRTSP
Street or RFD: 19 INVERIN CIRCLE
Town: TIMONIUM
State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul L. Fabiszak
License No
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 2003
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 2
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 720

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

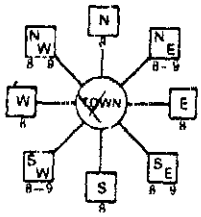
FORCE WRITE INITIALS IN BOX PERMIT No

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNER
SECTION LOT
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200
ENTER FT or MI FT

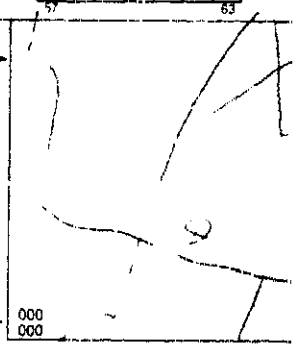
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP DATE
NORTH GRID 0000 EAST GRID 0000

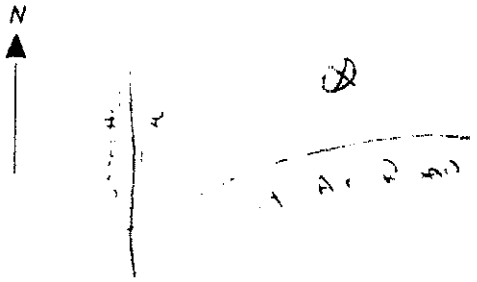
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E
N



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



SPECIAL CONDITIONS

COUNTY

14405 Katie Rd BA817516

C1 4070 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 03/17/88

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 88-81-7016

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)
STREET OR RFD 19 Inverin Circle TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 18

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 FROM	FEET TO	Check if water bearing
Overburden	0	59	
Gray Rock	59	250	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 60 12
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 60 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	110	60	250
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 46 5"
WHEN PUMPING 206 10"

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 (CIRCLE) (YES or NO) YES 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:
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 / - below LAND SURFACE (nearest foot) 1

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

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)
N

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

HEALTH

No Loc. 10

14406 Katie Rd BA817507

C1 4069 SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 031788

Depth of Well 150 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 24-81-7507

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 8

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 FROM	FEET TO	Check if water bearing
Overburden	0	30	
Gray Rock	30	150	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 73
GALLONS OF WATER 2
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 32 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	32

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	110	32	150
2			
3			

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

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min. to nearest gal.) 14.29
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 36.8"
WHEN PUMPING 36.8"
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 (CIRCLE) (YES or NO) YES 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:
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 / − below LAND SURFACE 1 (nearest foot)

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)

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

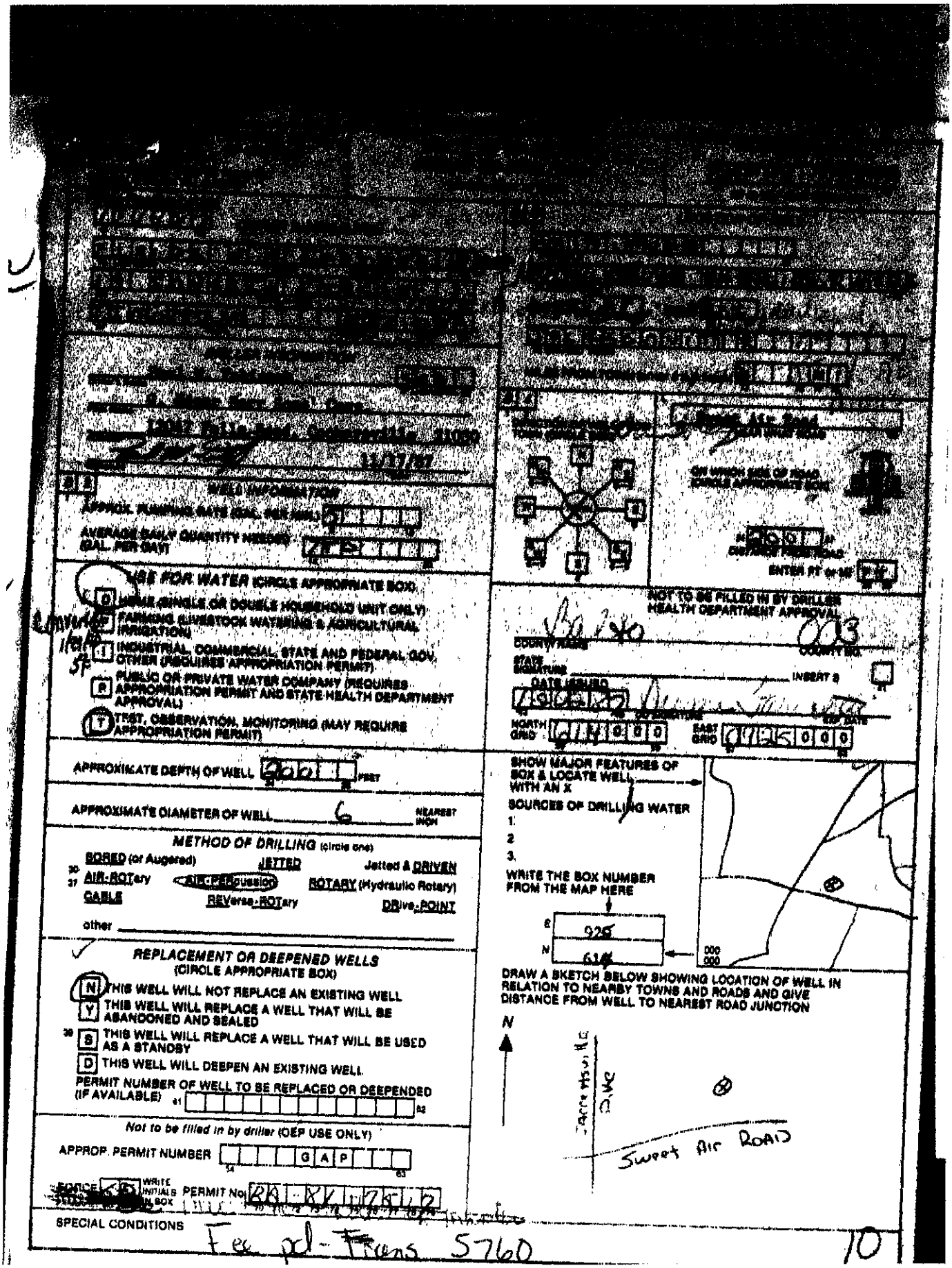
HEALTH

No Loc. 13

14406 Katie Rd BA817507

[redacted]

11/17/87



WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER GAP

WRITE INITIALS IN BOX PERMIT No. BA-87-7562

SPECIAL CONDITIONS Fee pd - Trans 5760

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Balto COUNTY NO. 003

STATE SIGNATURE INSERT S

DATE ISSUED 11/20/87 DO SIGNATURE EXP DATE

NORTH GRID 614000 EAST GRID 0725000

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 925
N 614

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

Sweet Air Road

10

14407 Katie Rd BA817515

EMERGENCY/TEMP NO IF ANY

B 1 0714 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: BA-81-7515
fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS DRISP
Street or RFD: 19 INVERIN CIRCLE
Town: Monium
State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak
License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature]
Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: 11 WRITE INITIALS IN BOX PERMIT No: BA-81-7515

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNERS
SECTION: LOT: 11
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW, TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

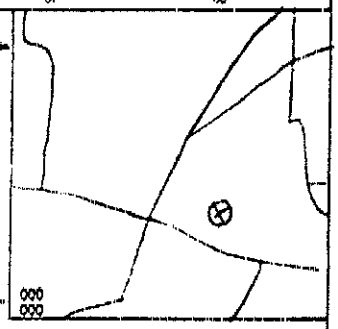
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO.
STATE SIGNATURE / INSERT S
DATE ISSUED: 11/17/87
CO-SIGNATURE / EXP. DATE
NORTH GRID: 614000
EAST GRID: 0126000

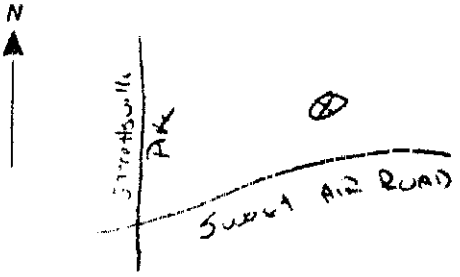
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 614



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



SPECIAL CONDITIONS: Tie pl - Trans 5753

10

COUNTY

14407 Katie Rd BA817515

C1 6483 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3/4 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 012659

Depth of Well 275 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7515

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)
STREET OR RFD 19 Inverin Circle TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 17

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 FROM	FEET TO	Check if water bearing
Overburden	0	76	
Gray Rock	76	275	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 15 NO OF POUNDS 1500
GALLONS OF WATER 93
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 77 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	77

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

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

C2
DEPTH (nearest ft.)
EACH SCREEN
1 HO 77 275
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 10.71
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 56
WHEN PUMPING 1363"
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 (CIRCLE) (YES or NO) YES 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:
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
− below
LAND SURFACE 1 (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 10.17.13 "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. 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

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)

RECEIVED FEB 12 '88 SUPPORT SERVICE

HEALTH

No Loc. 10

14408 Katie Rd BA817508

EMERGENCY/TEMP NO. IF ANY

B 0708 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: BA-81-7508
fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS PRISO
Street or RFD: 19 INVERIN CIRCLE
Town: Mt Ulum State: MD Zip: 21073

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL, GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: SE WRITE INITIALS IN BOX PERMIT No: BA-81-7508

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNERS
SECTION: LOT: 9
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: Ft

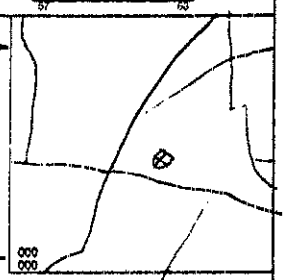
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO.: 03
STATE SIGNATURE: INSERT S
DATE ISSUED: 11/20/87 CO SIGNATURE EXP DATE
NORTH GRID: 615000 EAST GRID: 0125000

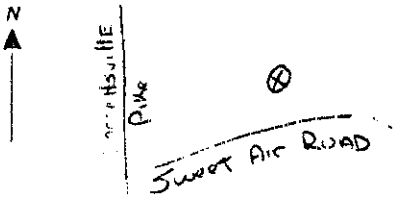
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 925
N 610



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



SPECIAL CONDITIONS: Fee pd - Trans 5759 10

COUNTY

14408 Katie Rd BA817508

C 1 5315 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 34 (35), ALL CARDS)

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.

COUNTY NUMBER

DATE Received
DATE WELL COMPLETED
Depth of Well (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP
STREET OR RFD 19 Inverin Circle (last name / first name) TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 9

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 FROM	FEET TO	Check if water bearing

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)
TYPE OF GROUTING MATERIAL
CEMENT (C M) BENTONITE CLAY (B C)
NO. OF BAGS NO. OF POUNDS 12
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from ft. to ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)

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

SCREEN RECORD
screen type or open hole insert appropriate code below
(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

C 2
DEPTH (nearest ft.) EACH SCREEN #1 #2 #3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 66

DEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
W Q OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour)
PUMPING RATE (gal per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
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 (CIRCLE) (YES or NO) YES 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:
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 (−) below LAND SURFACE (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 WAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 719
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

LOCATION OF WELL ON LOT
A N D
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

COUNTY NC

14409 Katie Rd BA817514

EMERGENCY/TEMP NO. IF ANY

B 1 . 0713 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: BA-81-7514
fill in this form completely

Date Received (APA): 11/17/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS PRTSP
Street or RFD: 19 INVERIN CIRCLE
Town: TIMONIUM
State / Zip: MD 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak
License No.: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: Paul M Fabiszak
Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 20 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: WRITE INITIALS IN BOX PERMIT No.

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNERS
SECTION: LOT: 16
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

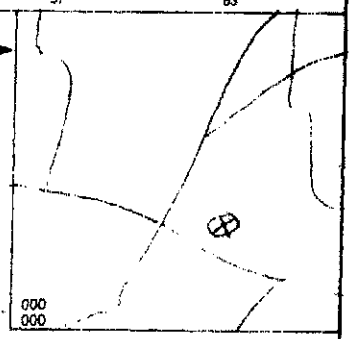
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO.
STATE SIGNATURE / INSERT S
DATE ISSUED
CO SIGNATURE / EXP. DATE
NORTH GRID: 014000 EAST GRID: 0126000

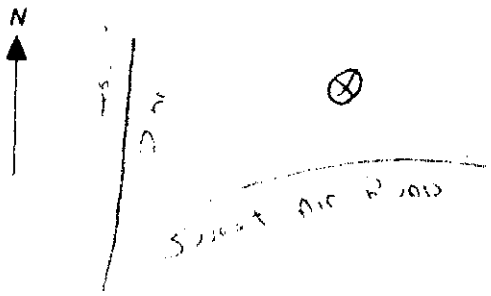
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 614



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



SPECIAL CONDITIONS

COUNTY

10

14409 Katie Rd BA817514

[illegible] (OFF USE ONLY)
[illegible] TO BE PUNCHED [illegible] ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 012687

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7514

OWNER: FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD: 19 Inverin Circle TOWN: Timonium 21093

SUBDIVISION: FIELDS OF FOUR CORNERS SECTION: LOT: 16

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 FROM	FEET TO	Check if water bearing
Overburden	0	30	
Gray Rock	30	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): Y (yes) N (no)
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 (TOP) to 30 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	30

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	30	300
2			
3			

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

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (TELESCOPE CASING) (E.R.O.S.) (LOG INDICATOR) WQ (OTHER DATA)

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min. to nearest gal.): 345
METHOD USED TO MEASURE PUMPING RATE: submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 42
WHEN PUMPING: 235.10"
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 (CIRCLE) (YES or NO): YES 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:
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, − below LAND SURFACE 1 (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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

RECEIVED FEB 08 '88

HEALTH

10

14410 Katie Rd BA817509

EMERGENCY/TEMP NO IF ANY

B 1 0709 SEQUENCE NO. (OP 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 BA-81-75[illegible]
fill in this form completely

Date Received (APA) 11/11/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS PRTSP
Street or RFD: 19 INVERIN CIRCLE
Town: TIMONIUM State: MD Zip: 31093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

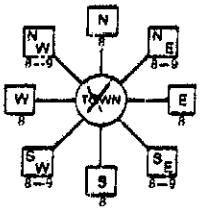
FORCE WRITE INITIALS IN BOX PERMIT No. BA-81-75[illegible]

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIELDS of FOUR CORNERS
SECTION LOT 10
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Sweet Air Road

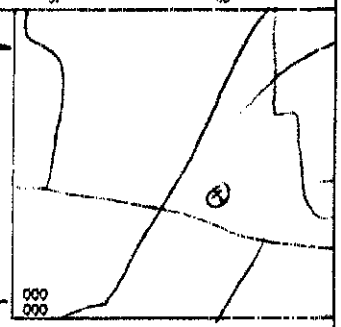
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD 200
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL.

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP DATE
NORTH GRID 615000 EAST GRID 0925000

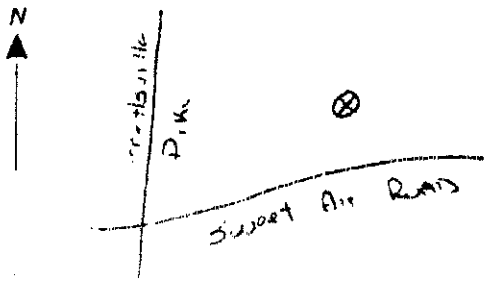
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X



SOURCES OF DRILLING WATER
1
2
3

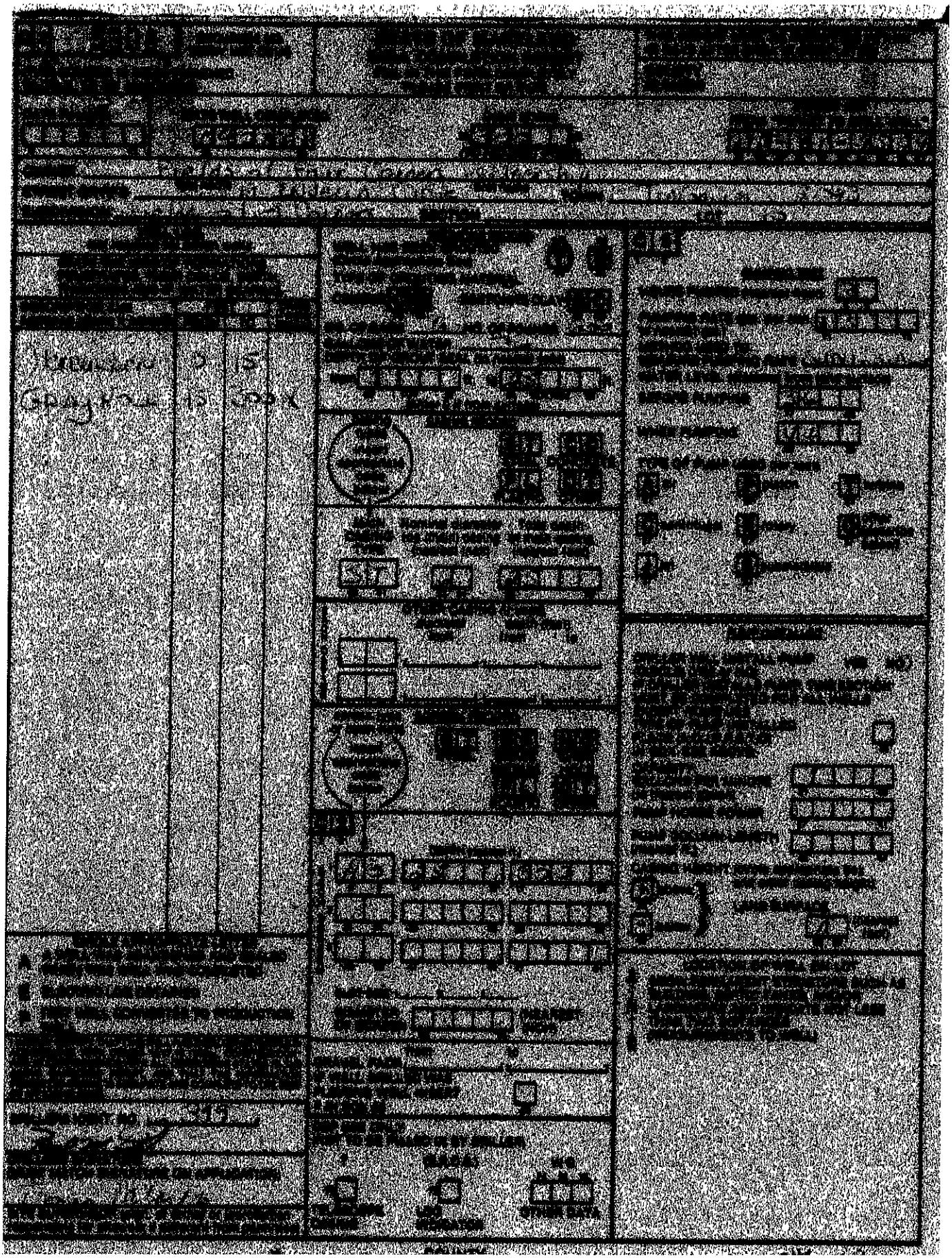
WRITE THE BOX NUMBER FROM THE MAP HERE
E 925
N 619

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



SPECIAL CONDITIONS Fields of 4 Corners - Fuel Tanks 5758 10

COUNTY



14411 Katie Rd BA817512

EMERGENCY/TEMP NO IF ANY

B 1 0712 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: BA-31-7512
fill in this form completely

Date Received (APA): 11/1/87

OWNER INFORMATION

Last Name / Owner / First Name: FIELDS of 4 CORNERS PRTSD

Street or RFD: 19 INVERIN CIRCLE

Town: TEMONIUM State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 333

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: WRITE INITIALS IN BOX PERMIT No: BA-31-7512

B 3 LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION: FIELDS of FOUR CORNERS

SECTION: LOT: 15

NEAREST TOWN: JACKSONVILLE

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP DATE

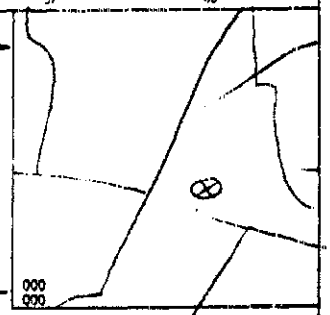
NORTH GRID: 014000 EAST GRID: 0126000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

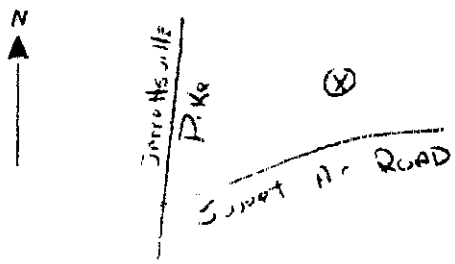
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 619



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



SPECIAL CONDITIONS: Tee pd - Town 5755 10

COUNTY

C 1 | 9034 | SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 04 05 86

Depth of Well: 300 m (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7513

OWNER: FIELDS OF FOUR CORNERS (last name)

STREET OR RFD: 19 Inverin Circle (first name) TOWN: Timonium 21093

SUBDIVISION: FIELDS OF FOUR CORNERS SECTION: LOT: 15

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 FROM	FEET TO	Check if water bearing
Overburden	0	33	
Grey Rock	33	300	X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL

CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS 1 NO OF POUNDS 70

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 3 ft (TOP) to 34 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T	6	34

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole — insert appropriate code below

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN		
1	110	340 to 350
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 256

WHEN PUMPING 305

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 (CIRCLE) (YES or NO) YES / 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:

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 / [−] below LAND SURFACE 1 (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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

RECEIVED
APR 11 1986
WATER AND SEWER

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

T (E.R.O.S.) WO

TELESCOPE CASING / LOG INDICATOR / OTHER DATA

HEALTH

N.L.

14411 Katie Rd BA882892

EMERGENCY/TEMP NO IF ANY

B 1 0671 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-88-2892
fill in this form completely

Date Received (APA): 101890

OWNER INFORMATION
Last Name / Owner / First Name: Koch Tom
Street or RFD: 19 Taverin Circle
Town: Timonium
State: MD
Zip: 21093

DRILLER INFORMATION
Driller's Name: Paul M. Fabiszak
License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road Cockeysville 21030
Signature:
Date: 10-12-90

B 2 WELL INFORMATION
APPROX PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

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

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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~~ Additional Supply
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

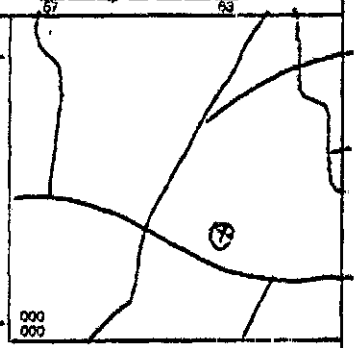
Not to be filled in by driller (OEP USE ONLY)
APPROP PERMIT NUMBER: GAP
FORCE: NE WRITE INITIALS IN BOX PERMIT No. BA-88-2892

B 3 LOCATION OF WELL
COUNTY: Baltimore
SUBDIVISION: Fields of Four Corners
SECTION: LOT: 15
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 0 MI

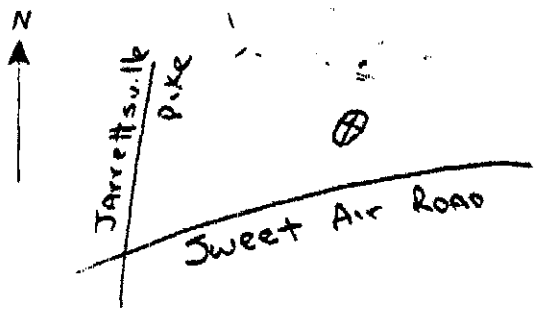
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW
NEAR WHAT ROAD: Sweet Air Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Xxxx COUNTY NO.: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 101890
CO SIGNATURE: EXP DATE
NORTH GRID: 614000 EAST GRID: 0426000

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 920
N 610



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



SPECIAL CONDITIONS

COUNTY

14411 Katie Rd BA882892

C1 4638 SEQUENCE NO. (DENV USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received: 011791

DATE WELL COMPLETED: 122790

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 88-88-2892

OWNER: Koch Tom (last name, first name)

STREET OR RFD: 19 Inverin Circle TOWN: Timonium, MD 21093

SUBDIVISION: Fields of Four Corners SECTION: LOT: 15

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 FROM	FEET TO	Check if water bearing
Overburden	0	5	
Brown Shale	5	31	
Gray Rock	31	200	X

Well #1 250' (Dry)-backfilled

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS: 9 NO. OF POUNDS: 900

GALLONS OF WATER: 54

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 33 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	33

EACH CASING — OTHER CASING (if used): diameter inch, depth (feet) from to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	33	200
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3
PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min to nearest gal.): 6

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 33

WHEN PUMPING: 133

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 (CIRCLE) (YES or NO) YES 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:

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, − below — LAND SURFACE 1 (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. 314

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

New Lot

No Map Available

D-11

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

T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; W Q OTHER DATA

COUNTY

14412 Katie Rd BA817441

EMERGENCY/TEMP NO. IF ANY

B 1 .0688 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: BA-81-7441
fill in this form completely

Date Received (APA): 11 09 87

OWNER INFORMATION

FIELDS of 4 CORNERS PRISA
Last Name / Owner / First Name

19 INVERIN CIRCLE
Street or RFD

TIMONIUM MD 21093
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name / License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Rd., Cockeysville 21030
Address

Signature — 10-30-87 Date

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
30 37 AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT

other

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: MZ WRITE INITIALS IN BOX — PERMIT No: BA-81-7441

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

FIELDS of FOUR CORNERS
SUBDIVISION

SECTION — LOT 77

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

Sweet Air Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 400

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto — 003
COUNTY NAME — COUNTY NO.

STATE SIGNATURE — INSERT S

DATE ISSUED: 11 11 87 — CO SIGNATURE — EXP. DATE

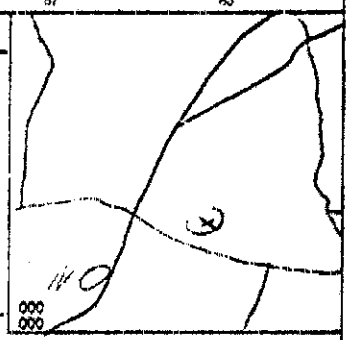
NORTH GRID: 614000 — EAST GRID: 0925000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

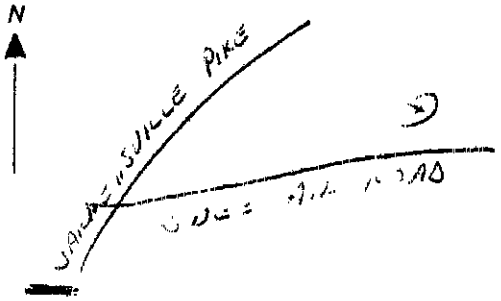
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE: 250

E 925
N 614



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



SPECIAL CONDITIONS: fee pl-trans 5703

10

COUNTY

(OEP USE ONLY)

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

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 01/19/82

Depth of Well: 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7441

OWNER: Fields of Four Corners Partnership (last name / first name)

STREET OR RFD: 19 Inverin Circle TOWN: Timonium 21093

SUBDIVISION: FIELDS OF FOUR CORNERS SECTION: LOT: 11

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 FROM	FEET TO	Check if water bearing
Overburden	0	72	
Grey Rock	72	250	X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) N

TYPE OF GROUTING MATERIAL

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 14 NO OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 73 ft.

(enter 0 if from surface)

CASING RECORD

Casing types — insert appropriate code below:

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	73

OTHER CASING (if used)

	diameter inch	depth (feet) from	to

SCREEN RECORD

Screen types or open hole — insert appropriate code below:

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

[C2]

	DEPTH (nearest ft.)	

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

[C3]

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min to nearest gal.) 154

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27

WHEN PUMPING 226

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 (CIRCLE) (YES or NO) YES (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:

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 (nearest foot) 1

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 10.17.16 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T [ ] TELESCOPE CASING

(E,R,O,S.) [ ] LOG INDICATOR

W Q [ ] [ ] [ ] OTHER DATA

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.)

RECEIVED FEB 12 '82

ORIGINAL

10

14413 Katie Rd BA817442

EMERGENCY/TEMP NO. IF ANY

B 1 T 0687 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: BA-81-17442
fill in this form completely

Date Received (APA): 11/09/87

OWNER INFORMATION
Last Name / Owner: FIELDS
First Name: of COLONELS RISE
Street or RFD: 19 LUCIAN QUEEN
Town: TIMONIUM
State: MD
Zip: 21093

DRILLER INFORMATION
Driller's Name: Paul M. Fabiszak
License No: 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Rd., Cockeysville 21030
Signature: Paul M. Fabiszak
Date: 10-30-87

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

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

APPROXIMATE DEPTH OF WELL: 350 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: MZ (WRITE INITIALS IN BOX) PERMIT No: BA-81-17442

B 3 **LOCATION OF WELL**
COUNTY: BALTIMORE
SUBDIVISION: FIELDS OF FOUL CANNELS
SECTION: LOT: 12
NEAREST TOWN: JARRETTSVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW, TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 350
ENTER FT or MI: FT

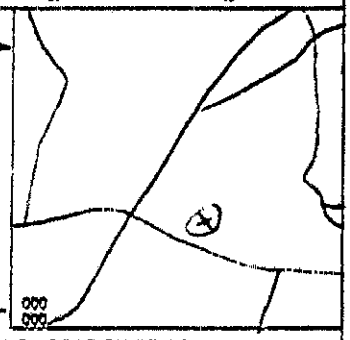
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO.: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 11/16/87 CO SIGNATURE EXP. DATE
NORTH GRID: 614000 EAST GRID: 347500

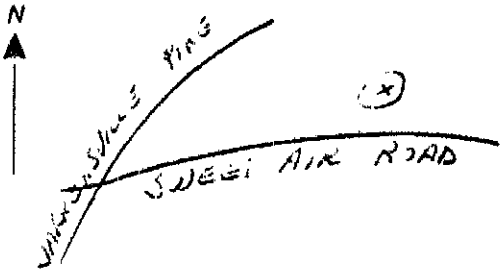
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 92
N 61



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



SPECIAL CONDITIONS: Use Rd - Trans 5704

10

COUNTY

14413 Katie Rd BA817442

C1 6461 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 THRU ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 01/19/88

Depth of Well 130 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7442

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name)

STREET OR RFD 19 Inverin Circle (first name) TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 14

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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Grey Rock	15	150	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 5 NO. OF POUNDS 300
GALLONS OF WATER 3
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft TOP to 20 ft BOTTOM
(enter 0 if from surface)

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal. per min. to nearest gal.) 10 GPM
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25
WHEN PUMPING 35

TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine
(C) centrifugal (R) rotary (O) other (describe below)
(J) jet (S) submersible

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	20

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C2

EACH SCREEN — DEPTH (nearest ft.)

1	110	130
2		
3		

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

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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:
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 (-) below LAND SURFACE (nearest foot) 1

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 10.17.13 "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. 349

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (EROS) WO
TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT
A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

RECEIVED FEB 01 '88 SUPPORT SERVICE

HEALTH

No Loc. 13

14414 Katie Rd BA817510

EMERGENCY/TEMP NO. IF ANY

B 1 0710 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: BA-81-7510
fill in this form completely

Date Received (APA): 11/1/87

OWNER INFORMATION

Last Name / Owner / First Name: FIFIDS of 4 CORNERS PRTSD
Street or RFD: 19 INJERIN CIRCLE
Town: TIMONIUM State: MD Zip: 21093

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No: 399
Firm Name: G. Edgar Harr Sons' Copp.
Address: 12047 FAlls Road, Sockeysville 21030
Signature: [signature] Date: 11/17/87

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: SE WRITE INITIALS IN BOX PERMIT No: BA-81-7510

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FIFIDS of FOUR CORNERS
SECTION: LOT: 12
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW (8-9) — TOWN

NEAR WHAT ROAD: Sweet Air Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

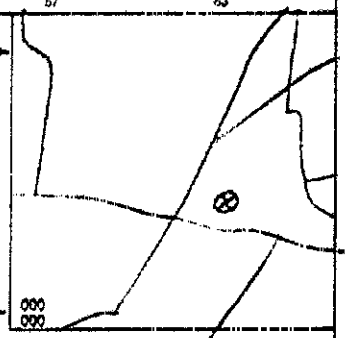
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] COUNTY NO.: [illegible]
STATE SIGNATURE: INSERT S
DATE ISSUED: 12/02/87 CO-SIGNATURE EXP. DATE
NORTH GRID: 615000 EAST GRID: 0926000

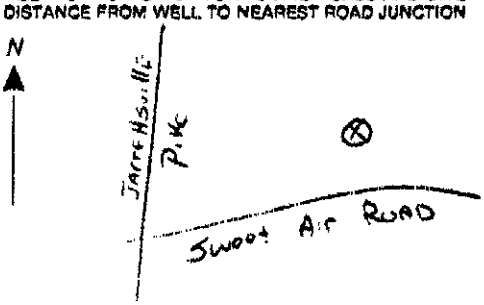
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 926
N 615



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



SPECIAL CONDITIONS: Fee pd - Trans 5757 10

COUNTY

14414 Katie Rd BA817510

C1 - 6448 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
COUNTY NUMBER

DATE Received
DATE WELL COMPLETED 01/15/88
Depth of Well 175 ft (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-1501

OWNER FIELDS OF FOUR CORNERS
STREET OR RFD 19 Inwin Circle (last name / first name) TOWN Timonium 21093
SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 12

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 FROM	FEET TO	Check if water bearing
Overburden	0	38	
Gray Rock	38	175	X

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 10.17.13 "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 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 8 NO OF POUNDS 302
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 40 ft BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

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

C2
EACH SCREEN

	DEPTH (nearest ft.)	
1	130	175
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 25
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31
WHEN PUMPING 135 9"

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 (CIRCLE) (YES or NO) YES 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:
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 / - below LAND SURFACE (nearest foot) 1

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)

RECEIVED FEB 08 '88 WATER SUPPLY

HEALTH

14415 Katie Rd BA884051

EMERGENCY/TEMP NO IF ANY

B 1 00899 SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

DRILLER INFORMATION

Driller's Name / License No

Firm Name

Address

Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL ____ FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW N NE W TOWN E SW S SE

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N WEST W E EAST S SOUTH

DISTANCE FROM ROAD 100

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP DATE

NORTH GRID 0000 EAST GRID 0000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

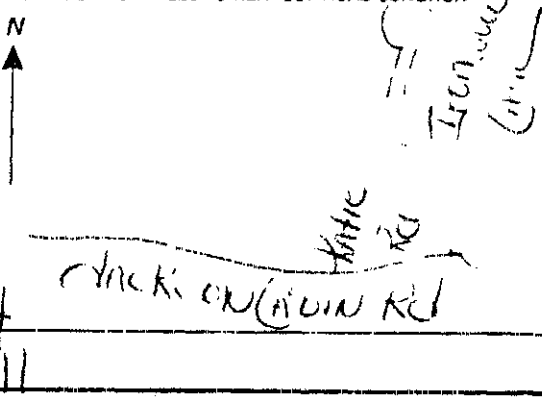
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 1360
N 0160

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



COUNTY

C 1 5429 — SEQUENCE NO (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED 04 01 93

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-88-4051

OWNER Miller, Ed

STREET OR RFD 13939 Bleeheim Rd. TOWN Phoenix 21131

SUBDIVISION Harlans Woods SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	18	
hard gray rock	18	28	
med hard brown rock	28	31	
hard gray rock	31	44	
hard brown rock	44	52	x
hard gray rock	52	78	x
med hard brown rock	78	82	
hard gray rock	82	94	
soft brown rock	94	95	
hard gray rock	95	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT TO 52 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types (insert appropriate code below)

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	53

OTHER CASING (If used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

DEPTH (NEAREST FT.)

HO	52	300

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST
C 3

HOURS PUMPED (nearest hour) 7

PUMPING RATE (gal per min to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 160

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 (CIRCLE) (YES or NO) YES 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:

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 / - below LAND SURFACE

1 (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 10.17.13 "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 304

David Kelly

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Donald Yonson

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

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

T TELESCOPE CASING ____ (E R O S) LOG INDICATOR ____ WQ OTHER DATA ____

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.)

Drilled on approved state

HEALTH

14416 Katie Rd BA817511

EMERGENCY/TEMP NO IF ANY

B 1 _0711 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: BA-81-7511
fill in this form completely

Date Received (APA): 11/11/87

OWNER INFORMATION

FIELDS of 4 Corners PRISP
Last Name / Owner / First Name
19 INVERIN CIRCLE
Street or RFD
TIMONIUM MD 21093
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak
Driller's Name — License No
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature — Date 11/17/87

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

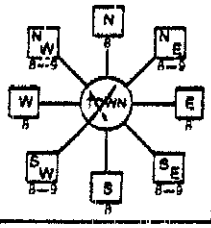
FORCE CE WRITE INITIALS IN BOX PERMIT No BA-81-7511

B 3 LOCATION OF WELL

BALTIMORE
COUNTY
FIELDS of FOUR CORNERS
SUBDIVISION
SECTION — LOT 13
JACKSONVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) C M 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sweet Air Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

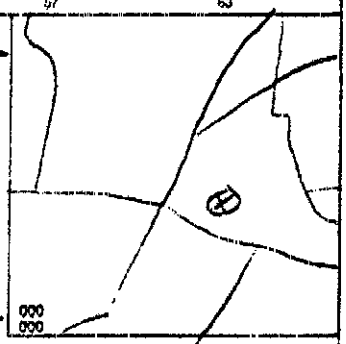


DISTANCE FROM ROAD 200
ENTER FT or MI F +

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO.
STATE SIGNATURE — INSERT S
DATE ISSUED
CO SIGNATURE — EXP DATE
NORTH GRID 614000 — EAST GRID 1126000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

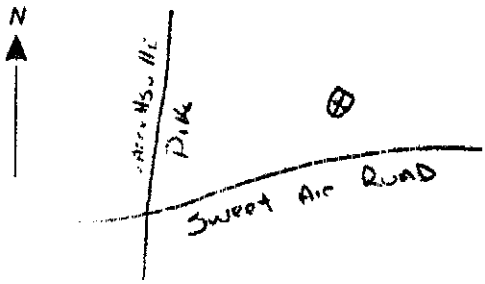


SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 926
N 614

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



SPECIAL CONDITIONS Fax pl - Trans 5756 10

COUNTY

14416 Katie Rd BA817511

C1 · 6463 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 01 18 88

Depth of Well 175 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 89-01-7511

OWNER FIELDS OF FOUR CORNERS PARTNERSHIP (last name / first name)

STREET OR RFD 19 Inverin Circle TOWN Timonium 21093

SUBDIVISION FIELDS OF FOUR CORNERS SECTION LOT 13

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 FROM	FEET TO	Check if water bearing
Overburden	0	38	
Gray Rock	38	175	X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 40 ft (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

EACH CASING — diameter inch — depth (feet) from — to

screen type or open hole insert appropriate code below

SCREEN RECORD

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN

1	HO	40	175
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR W.O. OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min to nearest gal.) 75

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 1"

WHEN PUMPING 14 7 1"

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE 1 (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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

RECEIVED FEB 01 '88 SUPPORT SERVICE

HEALTH

No Loc. 13

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

APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-14-[illegible]
fill in this form completely

Date Received (APA): 11/17/14

OWNER INFORMATION

10 Last Name: MUNCK | Owner | First Name: ED
Street or RFD: 3939 BIENNE MILL RD
Town: PHOENIX | 70 State: MD | Zip: 21131

DRILLER INFORMATION

Driller's Name: Dave Kelly (609-693-1304) | 77 License No: 80
Firm Name: Jones Well Drilling Corp
Address: 100 Tenth Rd Cumberland
Signature: Dave Kelly | Date: 1-15-93

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P — PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T — (EST.) OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)
CABLE | Rotary | DRIVE-POINT
other

REPLACEMENT OR DEEPENED 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
- D — THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: [illegible] GAP

FORCE: S | WRITE INITIALS IN BOX | PERMIT No.: BA-14-4052

SPECIAL CONDITIONS

LOCATION OF WELL

COUNTY: HARFORD
SUBDIVISION: Jackson Woods
SECTION | LOT: 2
NEAREST TOWN: Jackson Grove
MILES FROM TOWN (enter 0 if in town): 0 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

NEAR WHAT ROAD: Ironwood Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 190 FEET | ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] | COUNTY NO.: 13
STATE SIGNATURE | INSERT 8
DATE ISSUED: [illegible]/13 | CO-SIGNATURE | EXP. DATE
NORTH GRID: 13000 | EAST GRID: [illegible]0000

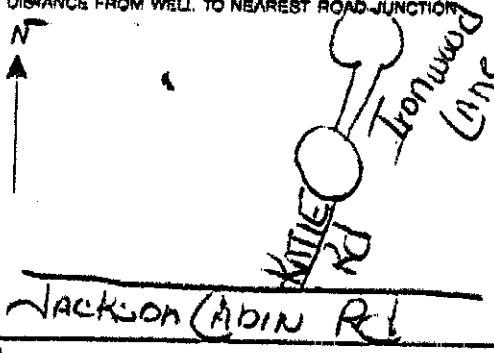
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 426
N 618

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



B11

COUNTY

14417 Katie Rd BA884052

C 1 5427 SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED: 4 0 1 9 3

DEPTH OF WELL: 2 0 0 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": B A - 8 8 - 4 0 5 2

OWNER: Miller, ed

STREET OR RFD: 13939 Blenheim Rd. TOWN: Phoenix 21131

SUBDIVISION: Harlans Woods SECTION: LOT: 2

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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	16	
hard gray rock	16	23	
hard brown rock	23	25	
hard gray rock	25	32	
med hard gray rock	32	33	X
hard gray rock	33	35	
med hard gray rock	35	36	X
hard gray rock	36	40	
hard tan rock	40	46	X
hard gray rock	46	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL: CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 5 NO. OF POUNDS 600

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT TO 2 8 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L	6	3 0

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from to

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

C 2

DEPTH (NEAREST FT.) — EACH SCREEN

H 0	2 8	2 0 0

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST
C 3

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 1 7

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 2 6

WHEN PUMPING: 2 7

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 (CIRCLE) (YES or NO) YES 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:

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, - below LAND SURFACE 0 (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 15.17.18 "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. 304

David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

Drilled on Approved Stake

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR W O OTHER DATA

HEALTH

10

14418 Katie Rd BA940596

EMERGENCY/TEMP NO. IF ANY

B 1 4670 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: CA-94-0516
fill in this form completely

Date Received (APA): 5/2/94

OWNER INFORMATION

MILLER ED
Last Name / Owner / First Name

13939 BLEUHEIM RD
Street or RFD

PHOENIX MD 21131
Town / State / Zip

DRILLER INFORMATION MSD/MGD/MWD

Dave Kelly 692-6981 304
Driller's Name / License No. 80

Jones Well Drilling Inc
Firm Name

3700 Kush Rd Darrettsville 21084
Address

Dave Kelly 7-21-94
Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: NE WRITE INITIALS IN BOX PERMIT No. CA-94-0516

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

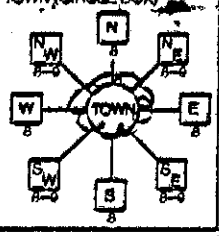
HARLANS WOODS
SUBDIVISION

SECTION LOT 5

HACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



IRONWOOD LANE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD: 150

ENTER FT OR MI: FT

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 5/2/94 M. Egan
CO SIGNATURE / EXP. DATE

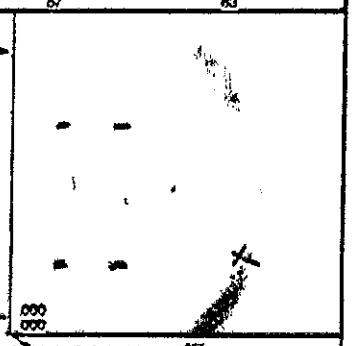
NORTH GRID: 613000 EAST GRID: 1128000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

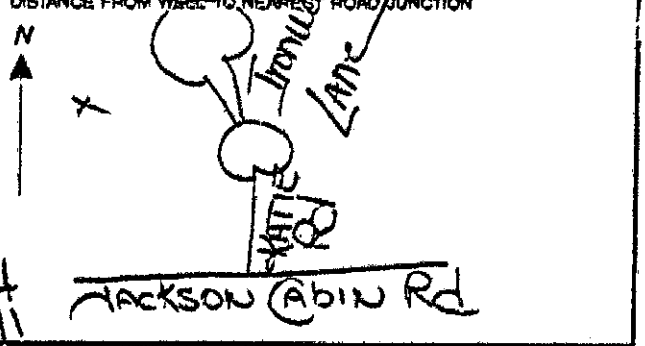
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



14 B11

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

D-10

COUNTY

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

SEQUENCE NO. (DEP USE ONLY): Cd 5148

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

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

COUNTY NUMBER:

DATE RECEIVED: 09/06/95

DATE WELL COMPLETED: 10/29/95

DEPTH OF WELL: 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-91-0596

OWNER: Miller Ed

STREET OR RFD: 12920 Blenheim Rd. TOWN: Phoenix 21131

SUBDIVISION: Harlans Woods SECTION: LOT: F

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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	18	
hard gray rock	18	26	
med hard brown rock	26	29	X
hard gray rock	29	38	
med hard brown rock	38	40	
hard gray rock	40	67	
hard dark gray rock	67	69	
hard gray rock	69	71	
hard light gray rock	71	93	
hard gray rock	93	146	
med hard gray rock	146	182	
hard gray rock	182	358	
med hard gray rock	358	366	X
hard gray rock	366	482	
hard dark gray rock	482	500	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES [Y] NO [N]

TYPE OF GROUTING MATERIAL: CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS: 5 NO. OF POUNDS: 600

GALLONS OF WATER: 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT TO 22 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
Casing types (insert appropriate code below): STEEL [ST] CONCRETE [CO] PLASTIC [PL] OTHER [OT]

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	22

OTHER CASING (if used)

	diameter inch	depth (feet) from	to

SCREEN RECORD
Screen type or open hole (insert appropriate code below): STEEL [ST] BRASS BRONZE [BR] OPEN HOLE [HO] PLASTIC [PL] OTHER [OT]

C 2

	DEPTH (NEAREST FT.)	
	from	to
1	NO	22
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: from ____ to ____

IF WELL DRILLED WAS FLOWING WELL, INSERT # IN BOX 68: ____

PUMPING TEST
C 3

HOURS PUMPED (nearest hour): 2

PUMPING RATE (gal. per min. to nearest gal.): 8

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 24

WHEN PUMPING: 171

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 (CIRCLE) (YES or NO): YES 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:

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 / - below LAND SURFACE (NEAREST FOOT): 1

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)

Drilled on Approved Stake

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 10.17.10 "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. 304

DRILLERS SIGNATURE: David Keller

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee): Donald Davison

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

T [ ] (E.R.O.S.) [ ] W.O. [ ]

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

HEALTH

A-10

14419 Katie Rd BA930032

EMERGENCY/TEMP NO IF ANY

B 1 — 7876 — SEQUENCE NO (DP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLs. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: 18-13-0042
fill in this form completely

Date Received (APA): 04/09/94

OWNER INFORMATION

Last Name: Kelly — First Name: Owner
Street or RFD: [illegible]
Town: [illegible] — State: MD — Zip:

DRILLER INFORMATION

Driller's Name: Louis Kelly — License No: 0641
Firm Name: Kelly Well Drilling Inc
Address: 700 High St Carroll ville MD
Signature: Louis Kelly — Date: 3-31-93

WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN): 4
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: WC (WRITE INITIALS IN BOX) PERMIT No. 18-13-0042

SPECIAL CONDITIONS

LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: OAKLAND WOODS
SECTION: — LOT: 3
NEAREST TOWN:
MILES FROM TOWN (enter 0 if in town): 0 M 1

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

NEAR WHAT ROAD: Ivenwood Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 150
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Baltimore — COUNTY NO.
STATE SIGNATURE — INSERT S
DATE ISSUED: 04/19/94 — CO SIGNATURE — EXP. DATE
NORTH GRID: 60000 — EAST GRID: 110000

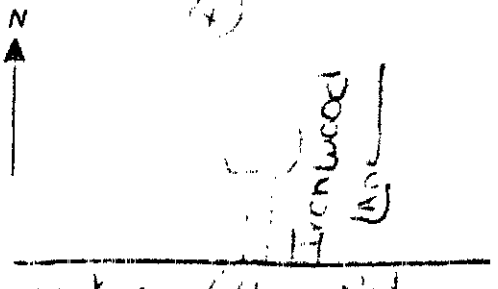
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 120
N 610

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



COUNTY

14419 Katie Rd BA930032

C1 5426 SEQUENCE NO. (DEP USE ONLY)

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

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.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED 04 08 93

DEPTH OF WELL 275 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-93-0032

OWNER Miller, Ed

STREET OR RFD 13939 Blenheim Rd. TOWN Phoenix 21121

SUBDIVISION Harlans Woods SECTION LOT 2

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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	20	X
hard gray rock	20	28	
soft brown rock	28	30	X
med hard gray rock	30	33	
soft brown rock	33	36	
med hard gray rock	36	39	X
soft brown rock	39	40	
hard gray rock	40	45	
med hard gray rock	45	275	X

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 15.17.13 "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. 304

David Kerr
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 23 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	24

OTHER CASING (if used)

EACH CASING: diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (NEAREST FT.)

EACH SCREEN: HO 23 275

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min. to nearest gal.) 17

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17

WHEN PUMPING 18

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 (CIRCLE) (YES or NO) YES 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:

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 / - below LAND SURFACE 1 (NEAREST FOOT)

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)

Drilled On Approved Stake

HEALTH

14420 Katie Rd BA940595

EMERGENCY/TEMP NO. IF ANY

B-1 4671 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-94-0595
fill in this form completely

Date Received (APA): 072894

OWNER INFORMATION

MILLER ED
Last Name / Owner / First Name

13939 BLENHEIM RD
Street or RFD

PHOENIX MD 21131
Town / State / Zip

DRILLER INFORMATION MSD/MGD/MWD

Dave Kelly 692-6981 304
Driller's Name / License No.

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Jarrettsville 21084
Address

Dave Kelly 7-21-94
Signature / Date

B-2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No. BA-94-0595

B-3 LOCATION OF WELL

BALTIMORE
COUNTY

HARLANS WOODS
SUBDIVISION

SECTION LOT 4

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B-4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW — TOWN

Ironwood Lane
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH

250
DISTANCE FROM ROAD

ENTER FT OR MI FT

TAX MAP. ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ____ INSERT B

DATE ISSUED 072894 M. Epps
CO SIGNATURE / EXP. DATE

NORTH GRID 614000 EAST GRID 0926000

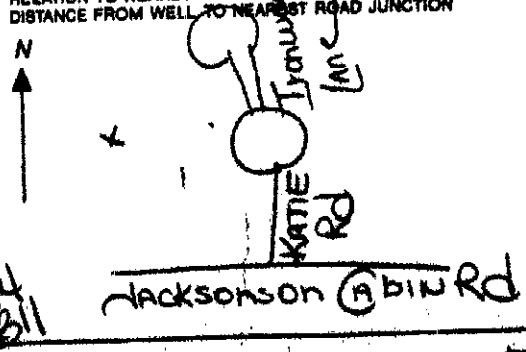
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



14 B11

D-10

592-6246

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

14420 Katie Rd BA940595

C [redacted] 7 SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE RECEIVED 12 1 694 — DATE WELL COMPLETED 1 1 4 9 4 — DEPTH OF WELL 3 0 0 (TO NEAREST FOOT) — PERMIT NO. FROM PERMIT TO DRILL WELL B A - 9 4 - 0 5 9 5

OWNER Miller, Ed

STREET OR RFD 13930 Blenheim Rd. TOWN Phoenix 21204

SUBDIVISION Harlans Woods SECTION 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 FROM	FEET TO	Check if water bearing
dirt	0	1	
med hard tan rock	1	18	
hard gray rock	18	21	
med hard/hard tan	21	29	
med/med soft tan	29	37	
med/med hard tan	37	42	
med/med soft tan	42	61	X
med hard tan rock	61	72	
med soft tan rock	72	73	
hard gray rock	73	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT C M — BENTONITE CLAY B C

NO. OF BAGS 5 — NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT TO 2 0 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below

S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L	6	2 1

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

SCREEN RECORD
screen type or open hole insert appropriate code below

S T STEEL — B R BRASS BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

C 2

EACH SCREEN		DEPTH (NEAREST FT.)	
1	S T	2 0	7 4
2	H O	7 4	3 0 0
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING — (E.R.O.S.) LOG INDICATOR — W Q OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min to nearest gal.) 1 3

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 3 3

WHEN PUMPING 3 4

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 (CIRCLE) (YES or NO) YES 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:

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 — − below — LAND SURFACE 1 (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 10.17.13 "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. 304

David Kerry
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

15' RPL

50' COURT

HEALTH

D-1

MEREDITH RIDGE RD

3400 Meredith Ridge Rd BA946974

EMERGENCY/TEMP NO IF ANY

B V 6504 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER: BA-94-6974

fill in this form completely

Date Received (APA): 9 13 02

OWNER INFORMATION

Meredith Ridge Assoc Inc (Last Name / First Name)

P.O. Box 400 (Street or RFD)

Phoenix MD 21131 (Town / State / Zip)

DRILLER INFORMATION

Paul M. Fabiszak — M W D 399 (Driller's Name / License No.)

G. Edgar Harr Sons' Corp. (Firm Name)

12047 Falls Road, Cockeysville 21030 (Address)

Signature — 8/2/02 (Date)

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER ----G---

PERMIT No BA-94-6974

B 3 LOCATION OF WELL

Baltimore (COUNTY)

TCG Property (SUBDIVISION)

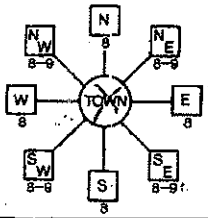
SECTION — LOT 13

Jacksonville (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 0 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jarrettsville Pike (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 300 FT (ENTER FT OR MI)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto CO (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE ____ INSERT S

DATE ISSUED 9 13 02 — CO SIGNATURE — EXP DATE

NORTH GRID 616 000 — EAST GRID 925 000

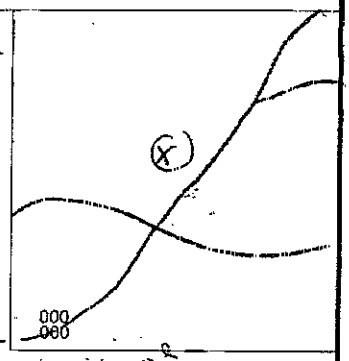
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well
2
3

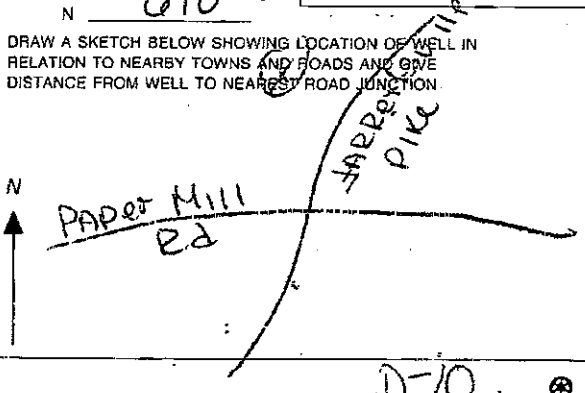
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610



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



SPECIAL CONDITIONS

D-10

DENV-Permit 97

② COUNTY

3400 Meredith Ridge Rd BA946974

C 1 17910 — SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 10 08 2002

Depth of Well: 340 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6975

OWNER: Merddith Ridge Assoc Inc/

STREET OR RFD: Jarrettsville Pike

TOWN: Jacksonville

SUBDIVISION: TCG Property

SECTION:

LOT: 13

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 FROM	FEET TO	check if water bearing
(Overburden	0	40	
Gray Rock	40	340	x
water at 100' &	280'		

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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.: MWD399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JSD048

Marty Dunn

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS: 6 NO. OF POUNDS: 80

GALLONS OF WATER: 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft to 32 (BOTTOM) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	45

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS [BZ] BRONZE [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.) from	to
1	HO	45 — 340
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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 ____

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 4

PUMPING RATE (gal. per min.): 3.00

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 63 ft

WHEN PUMPING: 258 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 (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.

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 ____ (nearest) foot

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)

N

NA

DENV-CR00

COUNTY

3401 Meredith Ridge Rd BA946973

EMERGENCY/TEMP NO. IF ANY

B 1 6503 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6973 (70–79)
fill in this form completely

Date Received (APA): 9 13 02 (8 MM 55 YY 13)

OWNER INFORMATION

Meredith Ridge Assoc. Inc (15 Last Name, Owner, First Name 34)

P.O. Box 400 (36 Street or RFD 55)

Phoenix MD 21131 (57 Town, 70 State, 72 Zip 76)

DRILLER INFORMATION

Paul M. Fabiszak M W D 399 (Driller's Name 76, License No. 81)

C. Edgar Harr Sons' Corp. (Firm Name)

12047 Falls Road, Cockeysville 21030 (Address)

Signature: [signature] Date: 8/2/02

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

22

APPROXIMATE DEPTH OF WELL: 250 FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ __ - __ __ - __ __ __ __ 52

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

APPROP. PERMIT NUMBER: _ _ _ _ _ G _ _ _

PERMIT No. BA94-6973 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

BAltimore (6 COUNTY 21)

TCG Property (23 SUBDIVISION 42)

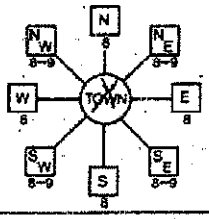
SECTION ____ (44–46) LOT 12 (48–50)

Jacksonville (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 0 M I (73–78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jarrettsville Pike (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), 32, EAST (E), SOUTH (S)

34 300 37 DISTANCE FROM ROAD — Ft (ENTER FT OR MI 38–39)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

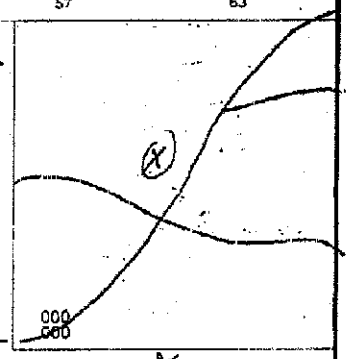
Dalto CO3 (COUNTY NAME, COUNTY NO.)

STATE SIGNATURE ____ INSERT S → 41

DATE ISSUED: 9 13 02 (43 MM DD YY 48) M. Fabiszak (CO SIGNATURE) EXP. DATE

NORTH GRID 615 000 (50–55) EAST GRID 0925 000 (57–63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →



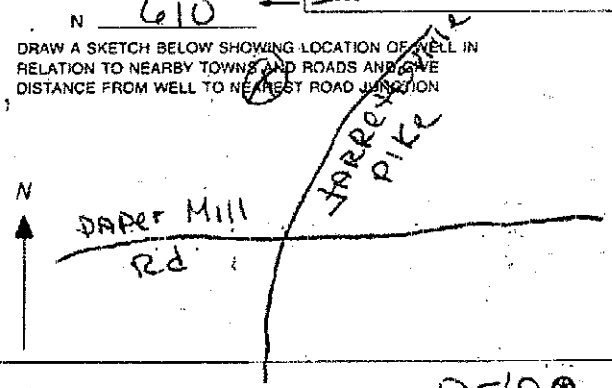
SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610

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



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

D-10

DENV-Permit 97

COUNTY

3401 Meredith Ridge Rd BA946973

C 1 17903 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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 17

ST/CO USE ONLY — DATE Received

DATE WELL COMPLETED: 10 02 2002

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA - 94 - 6873

OWNER: Meredith Ridge Assoc Inc

STREET OR RFD: Marrettsville Pike — TOWN: Jacksonville

SUBDIVISION: TCG Property — SECTION: — LOT: 12

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 FROM	FEET TO	check if water bearing
Overburden	0	50	
Gray Rock	50	300	x
water at 220'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES [Y] NO [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.: MWD399 — DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JSD048 — Marty Dwyer

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] — BENTONITE CLAY [BC]

NO. OF BAGS 1 — NO. OF POUNDS 40

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 44 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL — [CO] CONCRETE — [PL] PLASTIC — [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
DL	6	55

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL — [BR] BRASS — [BRONZE] — [PL] PLASTIC — [HO] OPEN HOLE — [OT] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN			
1	240	55	300
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 58

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

T ____ (E.R.O.S.) ____ W.O. ____

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 8.33

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 77 ft.

WHEN PUMPING: 228 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: 1

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.

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 / [-] below LAND SURFACE (nearest foot)

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)

N/A

DENV-CR00 — COUNTY

3403 Meredith Ridge Rd BA946972

EMERGENCY/TEMP NO IF ANY

B 1 6502 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6972
fill in this form completely

Date Received (APA): 9 13 02 (MM DD YY)

OWNER INFORMATION

Meredith Ridge Assoc. Inc
Last Name — Owner — First Name

P.O. Box 400
Street or RFD

Phoenix — MD — 21131
Town — State — Zip

DRILLER INFORMATION

Paul M. Fabiszak — M W D 399
Driller's Name — License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature — 8/2/02 Date

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 250

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER - - - - - - G - - -

PERMIT No. BA 94 6972

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

TCG Property
SUBDIVISION

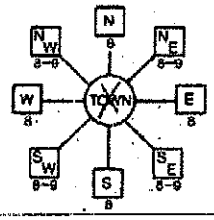
SECTION — LOT 11

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 300 FT (ENTER FT OR MI)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Harford — 03
COUNTY NAME — COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED 9 13 02 — CO SIGNATURE — EXP. DATE

NORTH GRID 615000 — EAST GRID 0924000

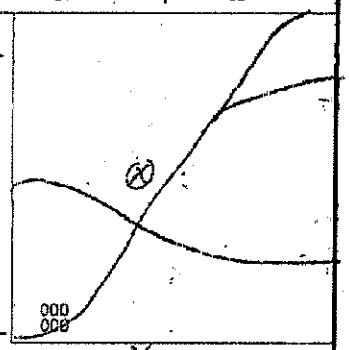
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well
2
3

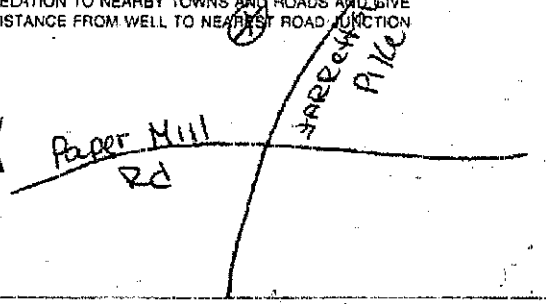
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610



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



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

D-10

DENV-Permit 97

② COUNTY

3403 Meredith Ridge Rd BA946972

C 1 17935 SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY: 11 05 2002

Depth of Well: 460 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 94 6972

OWNER: Meredith Ridge Assoc Inc

STREET OR RFD: Jarrettsville Pike TOWN: Jacksonville

SUBDIVISION: TCG Property SECTION: LOT: 11

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	555	460	x
water at 410' & 425'			

4'

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y no 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.: MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JSD 048

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT CM BENTONITE CLAY BC

NO OF BAGS: 11 NO. OF POUNDS: 1150

GALLONS OF WATER: 66

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 44 ft (TOP, BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE: PL 2 | Nominal diameter top (main) casing (nearest inch): 6 | Total depth of main casing (nearest foot): 6

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

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

C 2 DEPTH (nearest ft.)

EACH SCREEN			
1	10	61	460
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 PUMPING TEST
143-2

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal per min.): 6.00

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 89 ft

WHEN PUMPING: 274 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 (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.

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, − below LAND SURFACE 1 (nearest foot)

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)

NA

10

DENV-CR00

COUNTY

3404 Meredith Ridge Rd BA946975

C 1 17600 SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received NOV 14 2002
8 13

DATE WELL COMPLETED
MM 10 DD 01 YY 2002
15 20

Depth of Well 22 500' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
BA - 94 - 6975
28 29 30 31 32 33 34 35 36 37

OWNER (last name) Meredith Ridge Assoc Inc (first name)
STREET OR RFD Jarrettsville Pike TOWN Jacksonville
SUBDIVISION TCG Property SECTION LOT 14

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	55	500	x
water at 390'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (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.: MD 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

I.C. NO.: JS 0048

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N) 44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (C M) 45 49 BENTONITE CLAY (B C)

NO OF BAGS 10 NO OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP 48 52) to 40 ft. (BOTTOM 54 58)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	60
60 61	63 64	66 70

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

(S T) STEEL (B R) BRASS (H O) OPEN HOLE (P L) PLASTIC BRONZE (O T) OTHER

C 2

DEPTH (nearest ft)

EACH SCREEN			
1	460 (8 9)	60 (11 15)	500 (17 21)
2	(23 24)	(28 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)

from ____ to ____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ____ (68)

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 4 (8 9)

PUMPING RATE (gal per min.) 2.66 (11 15)

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45 ft. (17 20)

WHEN PUMPING 353 ft. (22 25)

TYPE OF PUMP USED (for test)
- (A) air (27)
- (P) piston (27)
- (T) turbine (27)
- (C) centrifugal (27)
- (R) rotary (27)
- (O) other (describe below) (27)
- (J) jet (27)
- (S) submersible (27)

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)
(+) above (-) below (48 49) LAND SURFACE
____ (nearest) foot (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)

N

NA

DENV-CR00 STATE

3405 Meredith Ridge Rd BA946971

EMERGENCY/TEMP NO. IF ANY

B 1 6501 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA 94-6971 (70–79)
fill in this form completely

Date Received (APA): 9130 (8 MM DD YY 13)

OWNER INFORMATION

Meredith Ridge Assoc Inc (15 Last Name, Owner, First Name 34)

PO Box 400 (36 Street or RFD 55)

Phoenix Md 21131 (57 Town, 70 State, 72 Zip 76)

DRILLER INFORMATION

Paul M. Fabiszak MW D 399 (Driller's Name 76, License No. 81)

G. Edgar Harr Sons Corp (Firm Name)

12047 Falls Rd. Cockeysville 21030 (Address)

[signature] 8-2-02 (Signature, Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ __ - __ __ - __ __ __ __ 52

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

APPROP. PERMIT NUMBER: _ _ _ _ _ _ G _ _ _

PERMIT No. BA 94-6971 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Baltimore (8 COUNTY 21)

TCG Property (23 SUBDIVISION 42)

SECTION (44–46) LOT 10 (48–50)

Jacksonville (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 0 (73–76 77 78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N (8), NE (8–9), E (8), SE (8–9), S (8), SW (8–9), W (8), NW (8–9), TOWN

Jarrettsville Pike (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

34 300 37 DISTANCE FROM ROAD — ENTER FT OR MI: Ft (38–39)

TAX MAP ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto (COUNTY NAME) — CCD (COUNTY NO.)

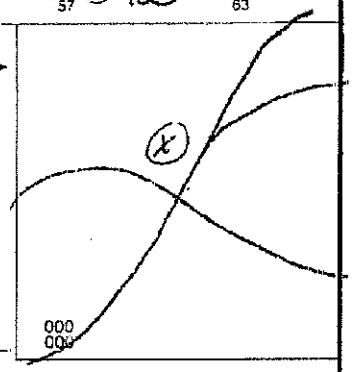
STATE SIGNATURE ____ INSERT $ → 41

DATE ISSUED: 9130 (43 MM DD YY 48) — M. Epp. (CO SIGNATURE) — EXP. DATE

NORTH GRID: 617 000 (50–55) — EAST GRID: 0925 000 (57–63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 Well
2
3

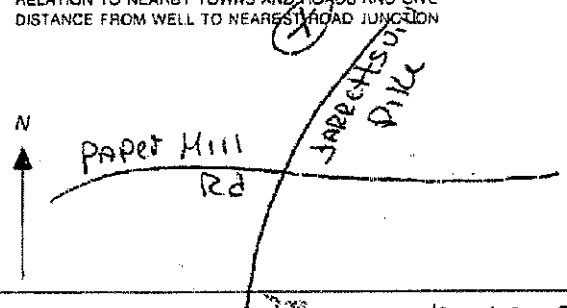


WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610

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



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

D-10

DENV-Permit 97

② COUNTY

3405 Meredith Ridge Rd BA946971

C 1 17902 SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10-03-02

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA - 94 - 6971

OWNER Meredith Ridge Assoc Inc

STREET OR RFD Jarrettsville Pike TOWN Jacksonville

SUBDIVISION TCG Property SECTION LOT 10

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 FROM	FEET TO	check if water bearing
Overburden	0	35	
Gray Rock	35	300	x
water at 115' &	200'		

4

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 048

Marty Dwan

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 35 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	36	40 50

EACH CASING — OTHER CASING (if used): diameter inch, depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft)

EACH SCREEN

1	40	40	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 143 2 3 40

PUMPING RATE (gal. per min.) 5.35

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 60 ft.

WHEN PUMPING 266 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 (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.

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 − below LAND SURFACE 1 (nearest foot)

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)

NA

10

DENV-CR00 COUNTY

3406 Meredith Ridge Rd BA946976

EMERGENCY/TEMP NO IF ANY

B 1 6506 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: CA-94-6976
fill in this form completely

Date Received (APA): 9 13 02 (MM DD YY)

OWNER INFORMATION

Meredith Ridge Assoc Inc
Last Name — Owner — First Name

P.O. Box 400
Street or RFD

Phoenix — MD — 21131
Town — State — Zip

DRILLER INFORMATION

Paul M. Fabiszak — M W D 399
Driller's Name — License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature — 8/2/02 Date

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _ _ _ _ _ G _ _ _

PERMIT No BA-94-6976

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

TCG Property
SUBDIVISION

SECTION — LOT 15

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW, N, NE, W, TOWN, E, SW, S, SE

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 300 ENTER FT OR MI: Ft

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto — COUNTY NO: 03

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 9 13 02 — CO SIGNATURE: M. Espo. — EXP. DATE

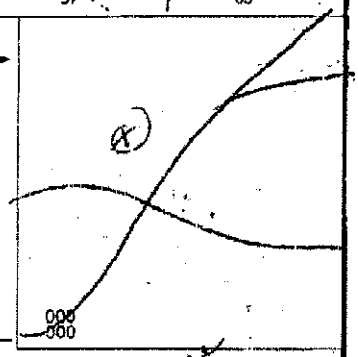
NORTH GRID: 610 000 — EAST GRID: 0424 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

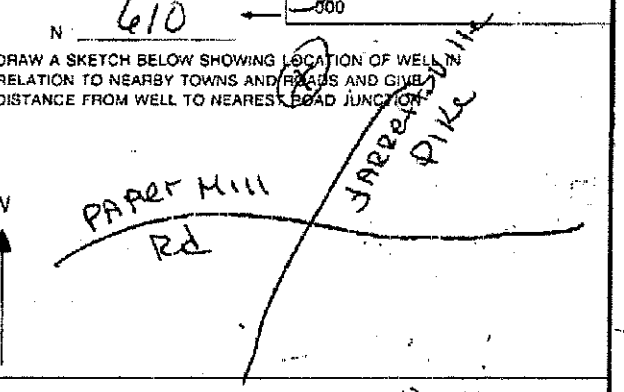
SOURCES OF DRILLING WATER
1 well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



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

D-10

DENV-Permit 97

② COUNTY

3406 Meredith Ridge Rd BA946976

C 1 **17931** SEQUENCE NO. (MDE USE ONLY)

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

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 2011

STICO USE ONLY
DATE Received MM DD YY
8 13

DATE WELL COMPLETED 10 30 2002 (15 20)

Depth of Well 22 500 26 (TO NEAREST FOOT)

PERMIT NO./ FROM PERMIT TO DRILL WELL BA - 94 - 6876 (28 29 30 31 32 33 34 35 36 37)

OWNER Meredith Ridge Assoc Inc

STREET OR RFD Jarrettsville Pike TOWN Jacksonville

SUBDIVISION TCG Property SECTION LOT 15

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 FROM	FEET TO	Check if water bearing
Overburden	0	55	
Gray Rock	55	500	x
water at 85'			
well #1 600' Dry (Backfilled)			
5			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (yes) Y (no) 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.: MWD399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: 35D048
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (yes) Y (no) N (44)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM (45 46) BENTONITE CLAY BC (45)
NO. OF BAGS 17 NO. OF POUNDS
GALLONS OF WATER 182
DEPTH OF GROUT SEAL (to nearest foot)
from 8 (48 TOP 52) ft. to 61 (54 BOTTOM 58) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	61 (66 70)

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to
2		

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

C 2 (1 2)

EACH SCREEN 1	HO (8 9)	61 (11 15)	500 (17 21)
2	(23 24)	(26)	(30 32 38)
3	(38 39)	(41)	(45 47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)
from ____ to ____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 65

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

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)
PUMPING RATE (gal. per min.) 120 (11 15)
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 55 (17 20) ft
WHEN PUMPING 381 (22 25) ft
TYPE OF PUMP USED (for test)
A air (27), P piston (27), T turbine (27), C centrifugal (27), R rotary (27), O other (describe below) (27), J jet (27), S submersible (27)

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)
+ above, − below (49) LAND SURFACE
1 (nearest foot) (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)
N
NA

RECEIVED
JUN 26 2003
GROUND WATER MANAGEMENT

DENV-CR00 COUNTY D-80

3407 Meredith Ridge Rd BA946970

EMERGENCY/TEMP NO IF ANY

B 1 1150 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER BA-94-6970
fill in this form completely

Date Received (APA) 9 13 02

OWNER INFORMATION

Meredith Ridge Assoc. Inc
Last Name Owner First Name

PO Box 400
Street or RED

Phoenix MD 21131
Town State Zip

DRILLER INFORMATION

Paul M Fabiszak MW D399
Driller's Name License No.

G Edgar Harr Sons Corp
Firm Name

12047 Falls Road Cockeysville 21030
Address

Signature Date 8-2-02

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER G

PERMIT No BA-94-6970

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

TCG Property
SUBDIVISION

SECTION LOT 9

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NW NE W TOWN E SW SE S

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N W WEST 32 E EAST S SOUTH

300
DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: BLK. PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Dalto CO3
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 9 13 02 M. Epps
CO SIGNATURE EXP DATE

NORTH GRID 616 000 EAST GRID 0925 000

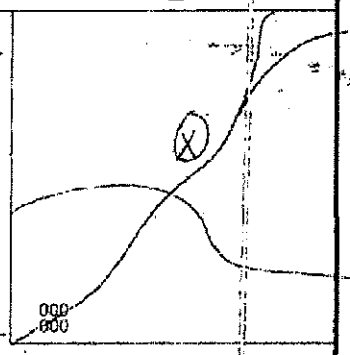
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 Well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610



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

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

D70

DENV-Permit 97

② COUNTY

3407 Meredith Ridge Rd BA946970

C 1 **17927** SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 10 25 2002

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6910

OWNER: Meredith Ridge Assoc. Inc.
STREET OR RFD: Jarrettsville Pike (first name) TOWN: Jacksonville
SUBDIVISION: TCG Property SECTION: LOT: 9

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	55	300	x
water at 110', 135' & 250'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no 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: MWD399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC NO: JSD048
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 13 NO. OF POUNDS 1300
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft to 52 BOTTOM ft
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL / CO CONCRETE / PL PLASTIC / OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	62

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	HO	62 to 300
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING / LOG INDICATOR / OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 9.37
METHOD USED TO MEASURE PUMPING RATE: Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 54 ft
WHEN PUMPING: 232 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 (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
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 / – below LAND SURFACE: 1 (nearest foot)

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)

N

NA

JD-10

DENV-CR00

COUNTY

3409 Meredith Ridge Rd BA946969

EMERGENCY/TEMP NO. IF ANY

B 1 1149 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6969
fill in this form completely

Date Received (APA): 91302

OWNER INFORMATION

Meredith Ridge Assoc. Inc
Last Name / Owner / First Name

PO Box 400
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabrszak MWD 399
Driller's Name / License No.

G Edgar Harr Sons Corp
Firm Name

[illegible] Falls Road Cockeysville 21030
Address

[signature] 8-2-02
Signature / Date

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No. BA 94-6969

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

TCG Property
SUBDIVISION

SECTION ___ LOT 8

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MILES

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW — TOWN

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

300
DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: ___ BLK: ___ PARCEL: ___

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto CO3
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ___ INSERT S

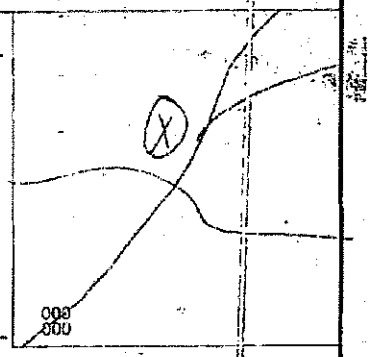
DATE ISSUED: 91302 M. Egro
CO SIGNATURE / EXP. DATE

NORTH GRID: 1016000 EAST GRID: 0925000

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
E 920
N 610



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

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

D-10

DENV/Permit 97

© COUNTY

3409 Meredith Ridge Rd BA946969

C 1 17929 — SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY — DATE Received MM DD YY

DATE WELL COMPLETED: 10 28 2002

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6969

OWNER: Meredith Ridge Assoc

STREET OR RFD: Jarrettsville Pike — TOWN: Jacksonville

SUBDIVISION: TCG Property — SECTION: — LOT: 8

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 FROM	FEET TO	check if water bearing
Overburden	0	40	
Gray Rock	40	400	x
water at 250' & 300'			
#1 well 560' (backfilled)			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: yes Y / no 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 W D 3 9 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): [signature]

LIC. NO.: J S D 0 4 8

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT CM — BENTONITE CLAY BC

NO. OF BAGS: 8 — NO. OF POUNDS: 800

GALLONS OF WATER: 48

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 35 ft (TOP / BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	48

OTHER CASING (if used): EACH CASING — diameter inch, depth (feet) from / to

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

C 2 — DEPTH (nearest ft.): EACH SCREEN

1	HO	48	400
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from / to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.) W.Q.

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 — PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min.): 2.14

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 52 ft.

WHEN PUMPING: 382 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 (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.

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 / − below — LAND SURFACE (nearest foot)

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)

N

RECEIVED
JUN 26 2003
GROUND WATER MANAGEMENT

DENV-CR00 — COUNTY

3411 Meredith Ridge Rd BA946968

EMERGENCY/TEMP NO. IF ANY

B 1 1148 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-1968
fill in this form completely

Date Received (APA): 4 13 02

OWNER INFORMATION
Meredith Ridge Assoc. Inc (Last Name / Owner / First Name)
P O Box 400 (Street or RFD)
Phoenix MD 21131 (Town / State / Zip)

DRILLER INFORMATION
Paul M. Fabiszak MWD399 (Driller's Name / License No.)
G Edgar Harr Sons Corp (Firm Name)
12847 Falls Road Cockeysville 21030 (Address)
Signature _____ Date 8202

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET
APPROXIMATE DIAMETER OF WELL: 10 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____G_____
PERMIT No. BA-94-1968

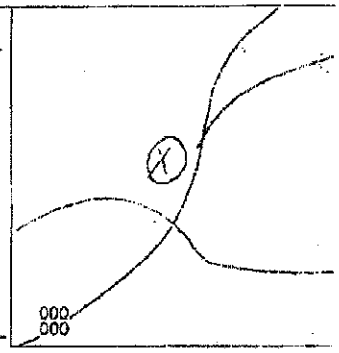
B 3 — LOCATION OF WELL
Baltimore (COUNTY)
T.C.G. Property (SUBDIVISION)
SECTION _____ LOT 7
Jacksonville (NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town): 0

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE (8–9)

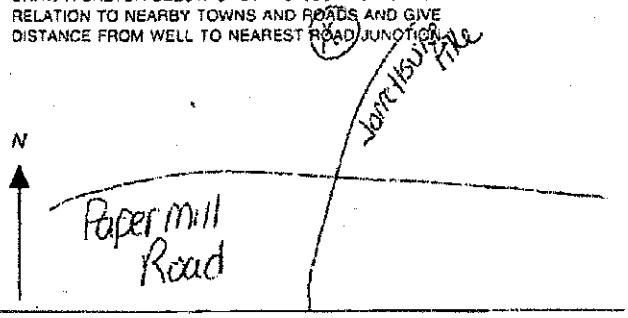
Jarrettsville Pike (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 300 FT (ENTER FT OR MI)
TAX MAP _____ BLK _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Baltimore (COUNTY NAME) 03 (COUNTY NO.)
STATE SIGNATURE _____ INSERT S
DATE ISSUED 4 15 02 — CO SIGNATURE — EXP DATE
NORTH GRID 615000 — EAST GRID 425000

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
E 920
N 610



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



SPECIAL CONDITIONS
10.

DENV-Permit 97 — @ COUNTY

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. 352321

C 1 0875 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received mm dd yy

DATE WELL COMPLETED - mm 06 dd 18 yy 2003

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6968

OWNER Meredith Ridge Assoc. Inc
STREET OR RFD Jarrettsville Pike (last name / first name) TOWN Jacksonville
SUBDIVISION TCG Property SECTION LOT 7

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 FROM	FEET TO	check if water bearing
Overburden	0	30	
Gray Rock	30	400	x

water at 75' & 260'

#1 well 500' (backfilled)

RECEIVED
JUL 22 2003
GROUND WATER MANAGEMENT

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (yes Y / no 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. MWD120
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC NO. JSD048

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT C M — BENTONITE CLAY B C
NO. OF BAGS 9 — NO. OF POUNDS 900
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 36 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
- S T — STEEL
- C O — CONCRETE
- P L — PLASTIC
- O T — OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	138

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below:
- S T — STEEL
- B R — BRASS / BRONZE
- H O — OPEN HOLE
- P L — PLASTIC
- O T — OTHER

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	C 2	40	38
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

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 ____
TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 1.27
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 52 ft
WHEN PUMPING 346 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 (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.
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
- − below

LAND SURFACE (nearest foot)

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)

N

NA
ME 5/21/04

DENV-GR00 COUNTY 10

3412 Meredith Ridge Rd BA946977

EMERGENCY/TEMP NO. IF ANY

B 1 6507 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6977
fill in this form completely.

Date Received (APA): 9 13 02 (MM DD YY)

OWNER INFORMATION

Meredith Ridge Assoc Inc
Last Name / Owner / First Name

P.O. Box 400
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — M W D 399
Driller's Name / License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

Signature: [signature] — Date: 8/2/02

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ __ - __ __ - __ __ __ __ 52

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

APPROP. PERMIT NUMBER: _ _ _ _ _ _ G _ _ _

PERMIT No: BA-94-6977

B 3 LOCATION OF WELL

Baltimore
COUNTY

TCG Property
SUBDIVISION

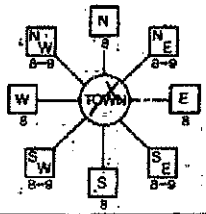
SECTION: __ LOT: 16

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

300 DISTANCE FROM ROAD — FT

ENTER FT OR MI

TAX MAP: ____ BLK: ____ PARCEL: ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto — COUNTY NAME / COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 9 13 02 — M. Epps — CO SIGNATURE / EXP DATE

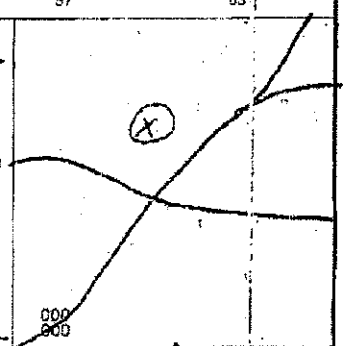
NORTH GRID: 616 000 — EAST GRID: 0925 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

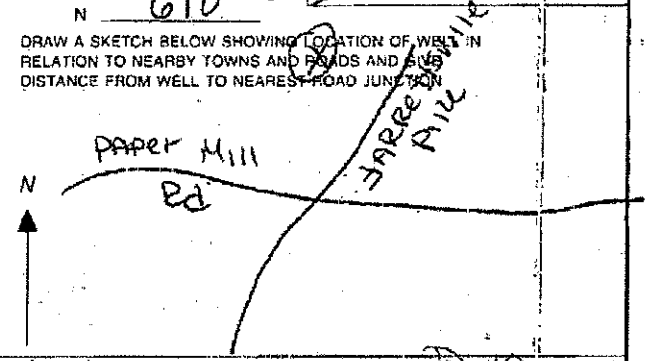
SOURCES OF DRILLING WATER
1 well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



D-10

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

DENV-Permit 97

② COUNTY

3412 Meredith Ridge Rd BA946977

C 1 17937 SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED: 11 05 2002

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 94 - 6977

OWNER: Meredith Ridge Assoc Inc

STREET OR RFD: Jarrettsville Pike (first name) TOWN: Jacksonville

SUBDIVISION: TCG Property SECTION: LOT: 16

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	55	400	x
water at 100' & 300'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no 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. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD048

Marty Dick

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 72 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 48 ft (TOP, BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	60

OTHER CASING (if used): EACH CASING — diameter inch, depth (feet) from to

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

C 2 DEPTH (nearest ft.)

EACH SCREEN			
1	HO	60	400
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ___ to ___

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

T (E.R.O.S.) W.Q.

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal per min.): 3.15

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 47 ft

WHEN PUMPING: 314 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 (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.

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 / − below

LAND SURFACE (nearest foot)

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)

NA

9/15/05

10

DENV-CR00 COUNTY

3413 Meredith Ridge Rd BA946967

C 1 17926 (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received NOV 14 2002

DATE WELL COMPLETED MM 10 DD 23 YY 2002

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA 94 6967

OWNER Meredith Ridge Assoc

STREET OR RFD Jarrettsville Pike (last name / first name) TOWN Jacksonville

SUBDIVISION TCG Property SECTION LOT 6

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 FROM	FEET TO	check if water bearing
Overburden	0	50	
Gray Rock	50	340	x
water at 90' & 215'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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. MWD399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD048

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO OF BAGS 6 NO OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft to 32 (BOTTOM) ft

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	57

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS [BZ] BRONZE [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2

DEPTH (nearest ft.) EACH SCREEN

1	HO 57	340
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

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.06

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 283 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 (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

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 [−] below LAND SURFACE (nearest) foot

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)

N

NA

DENV-CR00 STATE

3414 Meredith Ridge Rd BA946978

EMERGENCY/TEMP NO. IF ANY

B 1 6598 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6978
fill in this form completely

Date Received (APA): 91302

OWNER INFORMATION
Meredith Ridge Assoc Inc (Last Name / Owner / First Name)
P.O. Box 400 (Street or RFD)
Phoenix MD 21131 (Town / State / Zip)

DRILLER INFORMATION
Paul M. Fabiszak — M W D 399 (Driller's Name / License No.)
G. Edgar Hart Sons' Corp (Firm Name)
12047 Falls Road, Cockeysville 21030 (Address)
Signature: [signature] Date: 8/2/02

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
[I] INDUSTRIAL, COMMERICIAL DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

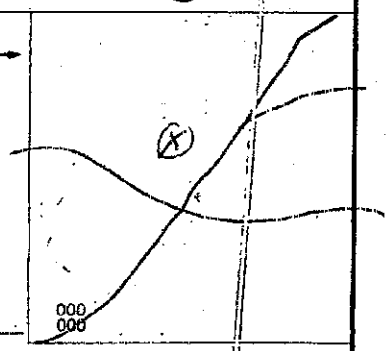
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER: G
PERMIT No. BA-94-6978

LOCATION OF WELL
Baltimore (COUNTY)
TCG Property (SUBDIVISION)
SECTION: LOT: 17
Jacksonville (NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town): 0 M I

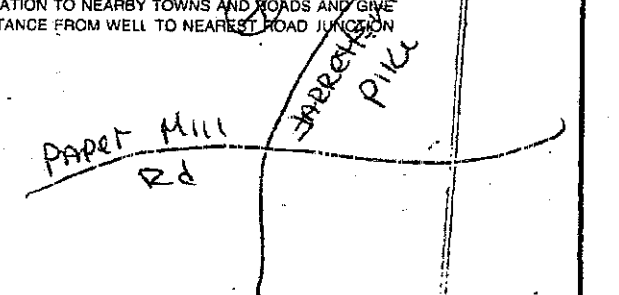
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE
Jarrettsville Pike (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 300 ENTER FT OR MI
TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Harford COUNTY NO.: 03
STATE SIGNATURE: INSERT S
DATE ISSUED: 91302 CO SIGNATURE: M. Egan EXP. DATE:
NORTH GRID: 6116000 EAST GRID: 0425000

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
E 920
N 610



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



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
D-10

DENV-Permit 97 ② COUNTY

3414 Meredith Ridge Rd BA946978

C 1 17907 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM 10 DD 04 YY 2002

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA - 94 - 6978

OWNER Meredith Ridge Assoc Inc

STREET OR RFD Jarrettsville Pike TOWN Jacksonville

SUBDIVISION TCG Property SECTION LOT 17

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	55	500	x
water at 300' & 380'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD048

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 12

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 48 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	60

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.) EACH SCREEN

1	HO	60	502
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN ___ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 from ___ to ___

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.20

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft

WHEN PUMPING 234 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 (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

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 − below LAND SURFACE 1 (nearest foot)

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)

N/A

10

DENV-CR00

COUNTY

BALTIMORE COUNTY ENVIRONMENTAL PROTECTION AND RESOURCE MANAGEMENT

WATER WELL FRACTURING REPORT

WELL PERMIT NUMBER: BA 94 - 6978 ELECTION DISTRICT: 10

ADDRESS: _____

SUBDIVISION: Meredith Ridge LOT NUMBER: 17

OWNER/ MAILING ADDRESS: Harvard Homes 10045 Red Run Blvd, Suite 150

TOWN: Owings Mills ZIP CODE: 21117 PHONE: _____

WELL INFORMATION:

CASING DEPTH: 60' CASING TYPE: ☐ ST ☑ PVC DIAMETER: 6"

WELL DEPTH: 500 STATIC WATER LEVEL: 50'

YIELD PRIOR TO HYDROFRACTURE: 120 GPM

ANY WELLS LOCATED WITHIN 100 FEET OF WELL TO BE HYDROFRACTURED? NO

IF YES, DATE GROUNDWATER MANAGEMENT NOTIFIED: _____

HYDROFRACTURING INFORMATION:

Date Initiated: 4/12/05 Date Completed: 4/13/05

SINGLE PACKER: ☐ ZONE FRACTURING: ☑ (PLEASE ATTACH ACTIVITY LOG)

DEPTH OF PACKER SETTING: _____ SOURCE OF WATER: Hydrant

VOLUME OF WATER USED: 16,500 GALLONS

WAS WATER PUMPED OUT PRIOR TO CONDUCTING YIELD TEST? ☐ Yes ☑ No

IF YES, DATE: _____ VOLUME: _____

OBSERVATIONS: No Connections with wells on adjacent lots were observed.

YIELD OF WELL AFTER HYDROFRACTURE: 7.5 GPM (SUBMIT SEPARATE YIELD TEST)

WORK PERFORMED BY: Ed Allen COMPANY: Hart Hydro Fracture, LLC

LICENSE #: MSD 162 DATE: 4/20/05

SUBMIT THIS REPORT TO: GROUND WATER MANAGEMENT-DEPRM, 401 BOSLEY AVE, SUITE 416, TOWSON MD 21204, 410-887-2762, FAX: 410-887-4817

HARR HYDRO FRACTURE, LLC
12047 FALLS ROAD
HUNT VALLEY, MD 21030
410-252-3191
410-560-0784 FAX

HYDRO FRACTURE REPORT

Date Performed: 4-12-05 Job Location: Meredith Ridge (TCG Property) lot 17

Tag Number: BA-94-6978 Well Depth: 500 feet Casing: 60 feet

Zone Spacing: 40 feet Customer: Harvard Homes

Set Number	Top Packer Depth	Bottom Packer Depth	Max PSI	Min PSI	Total Volume
1	480'		2000psi	1300psi	1500 gal
2	440	480	1800	1200	1500
3	400	440	2800	1000	1500
4	360	400	2600	1050	1500
5	320	360	1900	1300	1500
6	280	320	3000	1150	1500
7	240	280	3000	1300	1500
8	200	240	1450	950	1500
9	160	200	1200	750	1500
10	120	160	2200	550	1500
11	80	120	900	500	1500
12					

3414 Meredith Ridge Rd BA946965

EMERGENCY/TEMP NO IF ANY

B 1 1145 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6965
fill in this form completely

Date Received (APA): 09 13 02

OWNER INFORMATION

Meredith Ridge Assoc. Inc
Last Name / Owner / First Name

PO Box 400
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M Fabiszak MWD 399
Driller's Name / License No.

G Edgar Harr Sons Corp
Firm Name

12047 Falls Road Cockeysville 21030
Address

Signature / Date: 8-2-02

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

B 3 LOCATION OF WELL

Baltimore
COUNTY

TCG Property
SUBDIVISION

SECTION ____ LOT 4

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 300 FT

ENTER FT OR MI

TAX MAP: ____ BLK: ____ PARCEL ____

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION MONITORING
- [G] GEO THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Dalto CO3
COUNTY NAME / COUNTY NO

STATE SIGNATURE ____ INSERT S →

DATE ISSUED: 9 13 02 M. Sopp
CO SIGNATURE / EXP. DATE

NORTH GRID: 616 000 EAST GRID: 0925 000

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

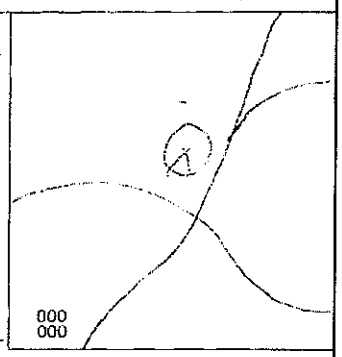
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

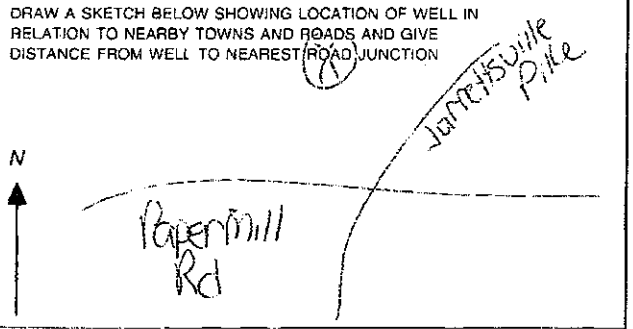
SOURCES OF DRILLING WATER
1 Well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



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

APPROP PERMIT NUMBER ____ G ____

PERMIT No BA-94-6965

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

D-10.

DENV Permit 97

② COUNTY

3414 Meredith Ridge Rd BA946965

C 1 | 17916 | SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY (8 7 13)

DATE WELL COMPLETED: 10 (MM) 18 (DD) 2002 (YY) (15 20)

Depth of Well: 22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6965 (28 29 30 31 32 33 34 35 36 37)

OWNER (last name, first name): Meredith Ridge Assoc Inc

STREET OR RFD: Jarrettsville Pike TOWN: Jacksonville

SUBDIVISION: TCG Property SECTION: 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 FROM	FEET TO	check if water bearing
Overburden	0	50	
Gray Rock	50	500	x
water at 300'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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. MWD399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC/NO. JSD048

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 10 NO. OF POUNDS 1080

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft to 40 (54 BOTTOM 58) ft

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	55 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 — DEPTH (nearest ft.) — EACH SCREEN

	from	to
1	40 (8 9)	55 (11 15)
2	502 (17 21)	(23 24 26) (30 32 36)
3	(38 39 41)	(45 47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: from ____ to ____ (68)

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

T (70) (EROS.) (72) WQ (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6 (8 9)

PUMPING RATE (gal. per min.): 1.87 (11 15)

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 42 (17 20) ft.

WHEN PUMPING: 376 (22 25) ft

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

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)

[+] above [−] below (49) LAND SURFACE

1 (nearest foot) (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)

N

NA

10

DENV-CR00

COUNTY

3415 Meredith Ridge Rd BA946964

C 1 17928 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received [redacted]

DATE WELL COMPLETED: 10 28 2002

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6964

OWNER: Meredith Ridge Assoc.
STREET OR RFD: Jarrettsville Pike
TOWN: Jacksonville
SUBDIVISION: TCG Property
SECTION:
LOT: 3

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 FROM	FEET TO	check if water bearing
Overburden	0	55	
Gray Rock	55	300	x
water at 70', 100' & 120'			
#1 well 400' (backfilled)			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: yes [Y] no [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.: MWD399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: JS D048
Matt Duncan
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 600
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 40 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE: PL
Nominal diameter top (main) casing (nearest inch): 6
Total depth of main casing (nearest foot): 60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

DEPTH (nearest ft.)

EACH SCREEN			
1	HO	60	300
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		

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 11.53
METHOD USED TO MEASURE PUMPING RATE: Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 44 ft
WHEN PUMPING: 122 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 (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.
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
1 (nearest foot)

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)
N
NA

D10

DENV-CR00 COUNTY

3415 Meredith Ridge Rd BA946964

EMERGENCY/TEMP NO. IF ANY

B 1 1144 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-6964
fill in this form completely

Date Received (APA): 91302

OWNER INFORMATION

Meredith Ridge Assoc Inc
Last Name / Owner / First Name

P.O. Box 400
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M Fabiszak MW D399
Driller's Name / License No.

G. Edgar Harr Sons Corp
Firm Name

12047 Falls Rd Cockeysville 21030
Address

Signature / Date 8-2-02

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No BA-94-6964

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

TCG Property
SUBDIVISION

SECTION ____ LOT 3

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW — TOWN

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD 300 Ft
ENTER FT OR MI

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ____ INSERT S →

DATE ISSUED 91302 M Eng.
CO SIGNATURE / EXP. DATE

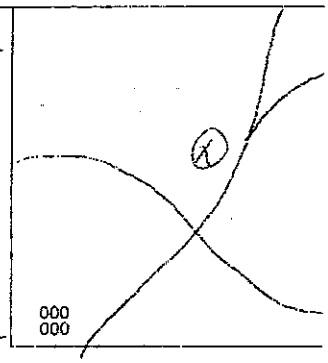
NORTH GRID 615 000 EAST GRID 0926 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

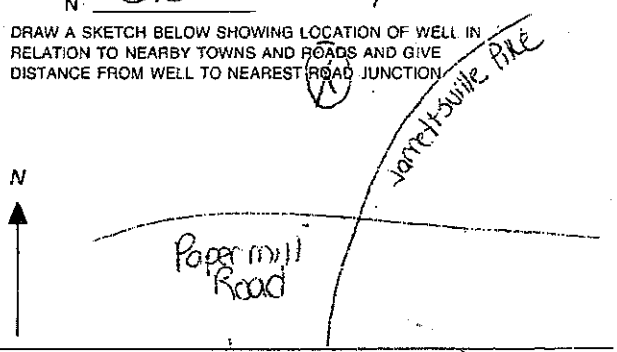
SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



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

D-10

DENV-Permit 97

② COUNTY

3417 Meredith Ridge Rd BA946966

EMERGENCY/TEMP NO. IF ANY

B 1 1146 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-69166
fill in this form completely

Date Received (APA): 91302

OWNER INFORMATION

Meredith Ridge Assoc. Inc
Last Name — Owner — First Name

PO Box 400
Street or RFD

Phoenix MD 21131
Town — State — Zip

DRILLER INFORMATION

Paul M Fabiszak MWD 399
Driller's Name — License No.

G Edgar Hair & Sons Corp
Firm Name

12347 Falls Rd Cockeysville 21030
Address

Signature — Date: 8-2-02

B 2 **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): — — — — — — — — —

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

APPROP. PERMIT NUMBER: — — — — — G — — —

PERMIT No. BA-94-69166

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

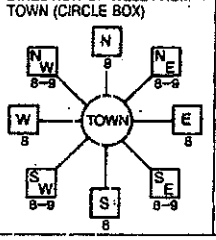
TCG Property
SUBDIVISION

SECTION — LOT: 54

Jacksonville
NEAREST TOWN

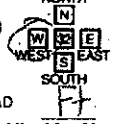
MILES FROM TOWN (enter 0 if in town): 0 M

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 300 FT
ENTER FT OR MI

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Harford — 03
COUNTY NAME — COUNTY NO.

STATE SIGNATURE — INSERT S

DATE ISSUED: 91302 — CO SIGNATURE — EXP DATE

NORTH GRID: 1615000 — EAST GRID: 0924000

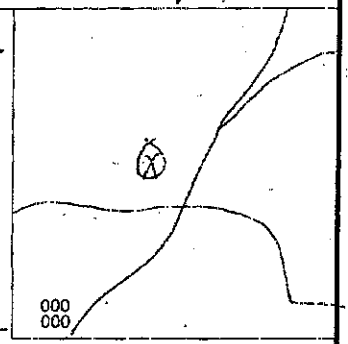
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well
2
3

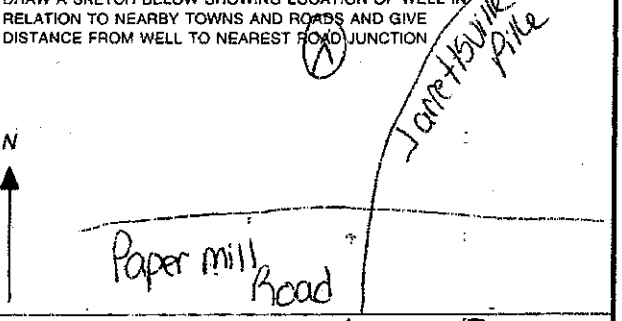
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 1610



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



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

DENV-Permit 97 — © COUNTY

3417 Meredith Ridge Rd BA946966

C 1 17917 — SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 10 18 2002

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA - 94 - 6966

OWNER: Meredith Ridge Assoc Inc (last name, first name)

STREET OR RFD: Jeffrettsville Pike TOWN: Jacksonville

SUBDIVISION: TCG Property 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 FROM	FEET TO	check if water bearing
Overburden	0	35	
Gray Rock	35	300	x
water at 70' & 105'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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 W D 3 9 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO.: J S D 0 4 8

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS 8 NO. OF POUNDS 85

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 35 ft

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	43

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[S T] STEEL [B R] BRASS [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft)		
1	240	43	302
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

from	to

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 16.66

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 53 ft.

WHEN PUMPING: 63 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 (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

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 [−] below LAND SURFACE

1 (nearest) foot

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)

N

NA

10

DENV-CR00

COUNTY

3418 Meredith Ridge Rd BA946963

EMERGENCY/TEMP NO. IF ANY

B 1 7555 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
BA 94-6963
fill in this form completely

Date Received (APA) 09 13 02

OWNER INFORMATION

Meredith Ridge Assoc Inc
Last Name Owner First Name

P O Box 400
Street or RFD

Phoenix MD 21131
Town State Zip

DRILLER INFORMATION

Paul M Fabiszak MWD399
Driller's Name License No.

G Edgar Harr Sons Corp
Firm Name

12047 Falls Rd Cockeysville 21030
Address

Signature Date 8-2-02

B 3 LOCATION OF WELL

Baltimore
COUNTY

~~ICG Property~~ Meredith Ridge
SUBDIVISION

SECTION LOT 2

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N 8, NW 8-9, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N, W 32 E, WEST S EAST, SOUTH

300
DISTANCE FROM ROAD Ft
ENTER FT OR MI

TAX MAP: BLK PARCEL

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL COMMERICIAL DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST OBSERVATION MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 9 13 02 M. Gray
CO SIGNATURE EXP. DATE

NORTH GRID 615 000 EAST GRID 0925 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

ORED (or Augered) JETTED Jetted & DRIVEN
IR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
ABLE REVerse-ROTary DRive-POINT
her

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

MIT NUMBER OF WELL TO BE REPLACED OR DEEPENED VAILABLE)

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

OP PERMIT NUMBER G

PERMIT No BA-94-6963

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

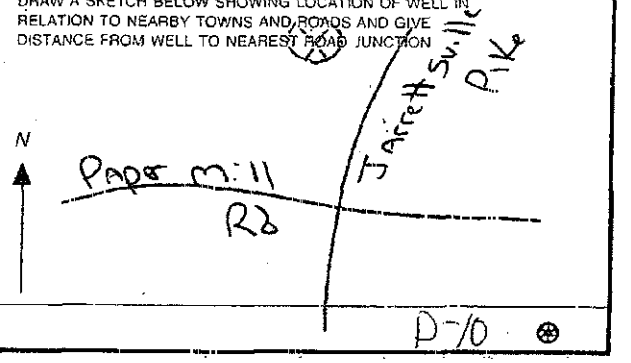
SOURCES OF DRILLING WATER
1 Well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



IAL CONDITIONS
PROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

D-10

197

COUNTY

3418 Meredith Ridge Rd BA946963

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 3565 — SEQUENCE NO. (MDE USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY — DATE Received (MM DD YY): 6 – 13

DATE WELL COMPLETED (MM DD YY): 02 11 2003 (15–20)

Depth of Well (TO NEAREST FOOT): 22 400 26

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 6963 (28–37)

OWNER: Meredith Ridge Assoc Inc

STREET OR RFD: Jarrettsville Pike (last name / first name) TOWN: Jacksonville

SUBDIVISION: Meredith Ridge SECTION: LOT: 2

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 FROM	FEET TO	check if water bearing
Overburden	0	60	
Gray Rock	60	400	x
water at 90' & 360'			
#1 well 400' (backfilled)			
#2 well 500' (backfilled)			
#3 well 400' (backfilled)			
#4 well 560' (backfilled)			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (yes / no): N

CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
ELECTRIC LOG OBTAINED
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 THE INFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M W D 3 9 9

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: J S D 0 4 8

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) / no N (44)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM — BENTONITE CLAY BC

NO. OF BAGS 10 (45–46) NO. OF POUNDS 1000 (45–46)

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52) ft to 40 (54–58) ft
TOP / BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	64 (66–70)

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL — BR BRASS / BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN

1	340 (8–9)	64 (11–15)	400 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56–60) (NEAREST INCH)

from ____ to ____

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8–9)

PUMPING RATE (gal. per min.) 5.21 (11–15)

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 57 (17–20) ft

WHEN PUMPING 351 (22–25) ft

TYPE OF PUMP USED (for test)

A air (27) — P piston (27) — T turbine (27)
C centrifugal (27) — R rotary (27) — O other (describe below) (27)
J jet (27) — S submersible (27)

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)
+ above (49) / – below (49) LAND SURFACE
1 (nearest foot) (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)

N

NA

R00 — COUNTY

10

3418 Meredith Ridge Rd BA946963

Logged

BALTIMORE COUNTY ENVIRONMENTAL PROTECTION AND RESOURCE MANAGEMENT

WATER WELL FRACTURING REPORT

WELL PERMIT NUMBER: BA94 - 6963 ELECTION DISTRICT: 10

ADDRESS: Meredith Ridge - TCG property

SUBDIVISION: Gaylord Brooks Realty LOT NUMBER: 2

OWNER/ MAILING ADDRESS: _____

TOWN: Jacksonville ZIP CODE: _____ PHONE: 410 - 667 - 0800

WELL INFORMATION:

CASING DEPTH: 64' CASING TYPE: ☐ ST ☐ PVC DIAMETER: 6"

WELL DEPTH: 400' STATIC WATER LEVEL: 32'

YIELD PRIOR TO HYDROFRACTURE: _____ GPM

ANY WELLS LOCATED WITHIN 100 FEET OF WELL TO BE HYDROFRACTURED? _____

IF YES, DATE GROUNDWATER MANAGEMENT NOTIFIED: _____

HYDROFRACTURING INFORMATION:

Date Initiated: 12/3/02 Date Completed: 12/6/02

SINGLE PACKER: ☑ ZONE FRACTURING: ☑ (PLEASE ATTACH ACTIVITY LOG)

DEPTH OF PACKER SETTING: _____ SOURCE OF WATER: hydrant

VOLUME OF WATER USED: 10,800 GALLONS

WAS WATER PUMPED OUT PRIOR TO CONDUCTING YIELD TEST? ☐ Yes ☐ No

IF YES, DATE: _____ VOLUME: _____

OBSERVATIONS: _____

YIELD OF WELL AFTER HYDROFRACTURE: _____ GPM (SUBMIT SEPARATE YIELD TEST)

WORK PERFORMED BY: Dick / Mike COMPANY: Northeast Water / Harr

LICENSE #: MSD162 DATE: 12/6/02

SUBMIT THIS REPORT TO: GROUND WATER MANAGEMENT-DEPRM, 401 BOSLEY AVE, SUITE 416, TOWSON MD 21204, 410-887-2762, FAX: 410-887-4817

\\NCH_NW\VOL2\SHARED\SHRGWM\Individual Folders\Sue Farinetti\Hydrofracture Report.doc

BALTIMORE COUNTY ENVIRONMENTAL PROTECTION AND RESOURCE MANAGEMENT

WATER WELL FRACTURING REPORT

ZONE FRACTURING ACTIVITY LOG

Well Permit BA-94-6963 Election District: 10

Well Address: Lot 2 Meredith Ridge

ZONE FRACTURE SPACING: 30'

Single Packer ✓ Multiple Set ✓

SET NUMBER	TOP ZONE (Ft.)	BOTTOM ZONE (Ft.)	MAX. PRESSURE (PSI)	MIN. PRESSURE (PSI)	VOLUME OF WATER USED (Gal.)
1	380'	Single			1800
2	350'	380'	1500	700.	1800
3	320'	350'	3000	3000	0
4	290'	320'	1900	1100	1800
5	260'	290'	3000	3000	0
6	230'	260'	3000	3000	0
7	200'	230'	3000	3000	0
8	170'	200'	3000	3000	0
9	140'	170'	900	400	1800
10	110'	140'	1100	800	1800
	80'	110'	500	200	1800

SUBMIT THIS REPORT TO: GROUND WATER MANAGEMENT-DEPRM, 401 BOSLEY AVE, SUITE 416, TOWSON MD 21204, 410-887-2762, FAX: 410-887-4817

OVERSHOT CT

1 Overshot Ct BA815729

May-12-2006 02:29pm From-MDE WMA 410 537 3163 T-800 P 005/009 F-876

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | please print or type | fill in this form completely

Date Received 095586

OWNER INFORMATION

GOULDRD BROOKS RCTY
Last Name Owner First Name

PO BOX 193
Street or RFD

PHOENIX MD 21131
Town State Zip

DRILLER INFORMATION

Sandy B. Cochran 126
Driller's Name License No.

G. Edgar Harr Sons' Corp
Firm Name

12047 Falls Rd., Cockeysville 21030
Address

Sandy B. Cochran 9-18-86
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SE WRITE INITIALS IN BOX PERMIT No. BA-81-5729

SPECIAL CONDITIONS

LOCATION OF WELL

BALTIMORE
COUNTY

OVERSHOT
SUBDIVISION

SECTION LOT 29

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 17 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW, TOWN

Jarrettsville Pike
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH

700
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 10 03 86 Susan Farinetti
CO SIGNATURE EXP. DATE

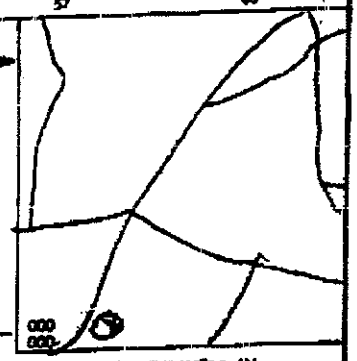
NORTH GRID 611000 EAST GRID 0023000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

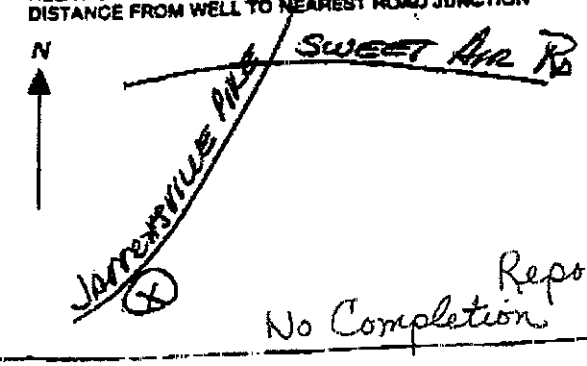
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

920 E 920
610 N 610



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



Report
No Completion

10

ORIGINAL

2 Overshot Ct BA814273

May-12-2006 02:29pm From-MDE WMA 410 537 3163 T-800 P 004/009 F-876

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

NUMBER

DATE Received: [illegible]

DATE WELL COMPLETED: 040387

Depth of Well: 375 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-4273

OWNER: Gaylord Brooks (last name) (first name)

STREET OR RFD: PO Box 193 TOWN: Phoenix 21131

SUBDIVISION: ~~Hillendale Heights~~ SECTION: OVERSHOT LOT: 1 test well

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	35	
SHALE/EARTH	35	61	
GRAY ROCK	61	375	X

WELL #1 - 100' DRY
WELL #2 - 300' DRY
(BACKFILLED)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): Y N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 63 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	63

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

EACH CASING

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	63	375
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WO OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 12

METHOD USED TO MEASURE PUMPING RATE: SUBMERSIBLE

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 46

WHEN PUMPING: 230

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 (CIRCLE) (YES or NO): YES 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:

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, − below LAND SURFACE 1 (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 10.17.13 "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. 120

[signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

[signature]

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

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)

10

ORIGINAL

2 Overshot Ct BA816571

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

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER

DATE Received: MAY 10 1987

DATE WELL COMPLETED: 042387

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-6571

OWNER: Gaylord Brooks Realty Co. (last name) (first name)

STREET OR RFD: P. O. Box 193 TOWN: Phoenix 21131

SUBDIVISION: OVERSHOT SECTION: LOT: 1

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 FROM	FEET TO	Check if water bearing
OVERBURDEN	0	50	
GRAY ROCK	50	300	

WELL #1 - 100 - DRY
(BACKFILLED)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): Y N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS: 8 NO OF POUNDS: 800

GALLONS OF WATER: 68

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	50

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

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	50	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WQ OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 1

METHOD USED TO MEASURE PUMPING RATE: Air

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 45

WHEN PUMPING: 280

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 (CIRCLE) (YES or NO): YES 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:

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, − below LAND SURFACE 1 (nearest foot)

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)

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

ORIGINAL

PAPER MILL RD

3101 Paper Mill Rd BA810625

(OEP USE ONLY)
(THIS NUMBER TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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

COUNTY NUMBER

Date Received (OEP use only)
MAR 4 '92

DATE WELL COMPLETED 03 31 92

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 911-81-2625

OWNER Balto. County Dept of Recreation & Parks (last name) (first name)

STREET OR RFD 301 W Washington Ave TOWN Towson, MD - 21204

SUBDIVISION Pikesville SECTION Pleasant Hill LOT

Use Only Area 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 FROM	FEET TO	Check if water bearing
Dirt (topsoil)	0	1	
Silt & Sandstone Layers	1	10	
Sandstone & Limestone	10	26	
Clay rock	26	200	✓

WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)

TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 4 NO. OF POUNDS 752
GALLONS OF WATER 93
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft. (enter 0 if from surface)

CASING RECORD

casing types (insert appropriate code below): (ST) STEEL (CC) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter new/used casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	36

OTHER CASING (if used)

	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole (insert appropriate code below): (ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2 (Map No.)

DEPTH (nearest ft.)

HO	36	200

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W O
(T) TELESCOPE CASING (L) LOG INDICATOR OTHER DATA

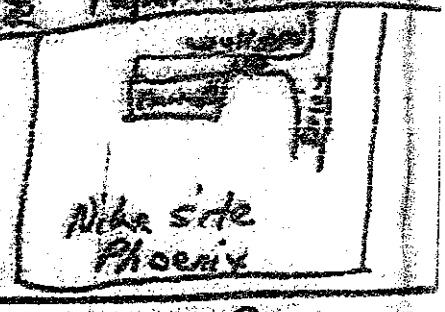
C 3 (Bore No.)

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 33
WHEN PUMPING 35
TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) sailey

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)
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 (−) below LAND SURFACE 2 (nearest foot)

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



CIRCLE APPROPRIATE BOX
(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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION SUBMITTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT NO 1328

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR: signed driller or journeyman responsible for sitework if different from permittee

ORIGINAL

1 of 1

3101 Paper Mill Rd BA883797

C 1 4135 SEQUENCE NO. (OEP USE ONLY) (1 2 3 6)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED (8–13): [illegible]

DATE WELL COMPLETED (15–20): 11 14 91

DEPTH OF WELL (22–26): 550 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL (28–37): BA-88-3797

OWNER: Baltimore County Office of Central Services

STREET OR RFD: 401 Bosley Avenue TOWN: Towson 21204

SUBDIVISION: 3101 Paper Mill Rd. 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 FROM	FEET TO	Check if water bearing
soft brown dirt	0	38	
hard tan & gray rock	38	41	
med tan rock	41	42	
hard gray rock	42	43	
med tan rock	43	44	
med hard tan rock	44	47	
soft tan rock	47	48	
med hard tan & gray	48	58	
hard gray rock	58	315	
med hard tan rock	315	321	X
hard gray rock	321	470	
med hard gray rock	470	473	
hard gray rock	473	540	
med hard green rock	540	545	
hard gray rock	545	550	
150' dry hole			
150' dry hole			
Abandoned & sealed			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) / no N (44)
TYPE OF GROUTING MATERIAL
CEMENT CM (45 46) BENTONITE CLAY BC (45 46)
NO. OF BAGS 10 NO OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 (48 TOP 52) FT TO 40 (54 BOTTOM 58) FT
(ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
STEEL ST | CONCRETE CO | PLASTIC PL | OTHER OT

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	41 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

DEPTH (NEAREST FT.) — EACH SCREEN

1	H 0 (8 9)	40 (11 15)	550 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)
PUMPING RATE (gal. per min. to nearest gal.) 1 (11 15)
METHOD USED TO MEASURE PUMPING RATE: timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 (17 20)
WHEN PUMPING 405 (22 25)
TYPE OF PUMP USED (for test)
A air (27) | P piston (27) | T turbine (27) | C centrifugal (27) | R rotary (27) | O other (describe below) (27) | J jet (27) | S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES / 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) (31 35)
PUMP HORSE POWER (37 41)
PUMP COLUMN LENGTH (nearest ft.) (43 47)
CASING HEIGHT (circle appropriate box and enter casing height) above + (49) / below − (49) LAND SURFACE 1 (50 51) (NEAREST FOOT)

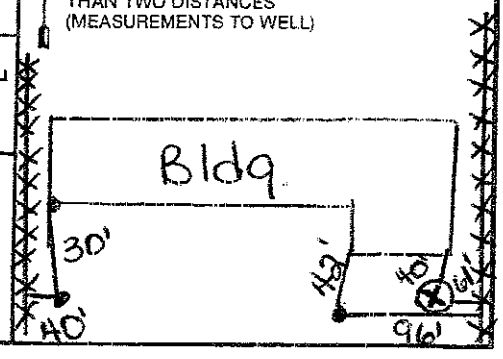
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 304
David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Harvey Knopp JR
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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)



ORIGINAL

3112 Paper Mill Rd BA940774

May-12-2006 02:30pm From-MDE WMA 410 537 3163 T-800 P 007/009 F-876

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

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER

DATE RECEIVED: MAR 0 [illegible] 1993

DATE WELL COMPLETED: 02 07 95

DEPTH OF WELL: 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-94-0774

OWNER: Moore, Bradley

STREET OR RFD: 3112 Paper Mill Rd. TOWN: Phoenix 21131

SUBDIVISION: Jackson Ridge SECTION: LOT: 19

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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	32	
med hard gray rock	32	43	
soft brown rock	43	45	
med hard brown rock	45	48	
soft brown rock	48	51	x
med hard brown rock	51	56	
soft brown rock	56	59	
med hard brown rock	59	68	
med hard gray rock	68	73	
med hard brown rock	73	74	
med hard gray rock	74	83	
med hard brown rock	83	92	x
hard gray rock	92	97	
med hard brown rock	97	98	x
hard gray rock	98	116	
med hard gray rock	116	119	
hard gray rock	119	147	
med hard gray rock	147	162	
hard gray rock	162	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO OF BAGS 17 NO. OF POUNDS 1700
GALLONS OF WATER 102
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT TO 66 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	68

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole: [ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C2

DEPTH (NEAREST FT.)

EACH SCREEN		from	to
	H0	66	200
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from ___ to ___
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 8
PUMPING RATE (gal per min to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE: timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 47
WHEN PUMPING 53

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 (CIRCLE) (YES or NO): YES (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:
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 10.17.13 "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 304
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) David Kelly
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Arnold Morrison

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

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)

N

15' LPL

30' BPL

ORIGINAL

10

3112 Paper Mill Rd BA944113

C 1 | 1454 (1 2 3 5) SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY: JUL 15 1999 (8 13)

DATE WELL COMPLETED: 06 (MM) 22 (DD) 99 (YY) (15 20)

Depth of Well: 22 175 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA - 94 - 4113 (28 29 30 31 32 33 34 35 36 37)

OWNER Moore (last name) Brad (first name)

STREET OR RFD 3112 Paper Mill Road TOWN Jacksonville

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 FROM	FEET TO	check if water bearing
Overburden	0	45	
Gray Rock	45	175	x
water at 70'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) no (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 W D 3 9 9
Tal M. Tay
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: J S D 0 4 8
Matt Dixon
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N) (44 44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC) (45 46)

NO OF BAGS 14 NO OF POUNDS 1480 (45 46)

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft to 50 (54 BOTTOM 58) ft

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	50 (66 70)

OTHER CASING (if used) (EACH CASING)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

(ST) STEEL (BR) BRASS BRONZE (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

C 2 (1 2)

DEPTH (nearest ft) (EACH SCREEN)

1	40 (8 9)	50 (11 15)	175 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)

from ____ to ____

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

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

T (70) (E R O S) (72) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA (74 75 76)

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 1 (8 9)

PUMPING RATE (gal per min) 10.0 (11 15)

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 (17 20) ft

WHEN PUMPING 155 (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 (27)

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)

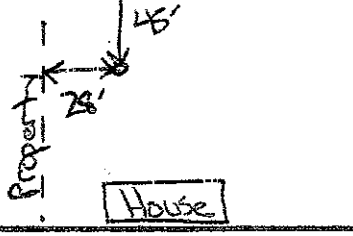
PUMP COLUMN LENGTH (nearest ft) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49) LAND SURFACE (–) below (49)

1 (nearest foot) (50 51)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



3116 Paper Mill Rd BA940775

Mar-02-2006 11:25am From-MDE WMA 410 537 3163 T-336 P 016/017 F-133

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER

DATE RECEIVED: MAR 13 1995

DATE WELL COMPLETED: 02 14 95

DEPTH OF WELL: 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-94-0775

OWNER: Moore, Bradley

STREET OR RFD: 3112 Paper Mill Rd. TOWN: Phoenix 21131

SUBDIVISION: Jackson Ridge SECTION: LOT: 29

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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	11	
hard gray rock	11	23	
hard brown rock	23	24	
hard gray rock	24	28	
med hard brown rock	28	30	
hard gray rock	30	36	
hard brown rock	36	38	X
hard gray rock	38	49	
med hard brown rock	49	51	
hard gray rock	51	92	
med hard gray rock	92	104	
hard gray rock	104	169	
med hard gray rock	169	191	
hard gray rock	191	317	
med hard gray rock	317	319	X
hard gray rock	319	450	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) NO (N)
TYPE OF GROUTING MATERIAL:
CEMENT (CM) BENTONITE CLAY (BC)
NO OF BAGS 6 NO OF POUNDS 600
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT TO 200 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	210

OTHER CASING (if used) — BACK CASING

diameter inch	depth (feet) from	to

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

C2

DEPTH (NEAREST FT.)

EACH SCREEN			
1	HO	200	450
2			
3			
4			

SLOT SIZE 1 ___ 2 ___ 3 ___
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT ____ IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6
PUMPING RATE (gal per min to nearest gal.): 2
METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 34
WHEN PUMPING: 350

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 (CIRCLE) (YES or NO): 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:
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 / - below LAND SURFACE: 1 (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 10.17.13 "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 304
David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Arnold Harrison
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E R O S) LOG INDICATOR
W Q OTHER DATA

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)

Drilled on approved stake

ORIGINAL

10

EMERGENCY (TEMP NO. IF ANY)

B 1 — 0772 — SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL.
please print or type

STATE PERMIT NUMBER: [illegible]
fill in this form completely

Date Received (APA): 1 3 0 10

OWNER INFORMATION

Reddick Jerome II
Last Name — Owner — First Name

P O Box 9747
Street or RFD

Towson MD 21204
Town — State — Zip

DRILLER INFORMATION

Paul M. Fabi[illegible] 399
Driller's Name — License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road Cockeysville 21030
Address

Signature — 12-3-90 Date

B 2 — **WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P — PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T — TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTER — Jetted & DRIVEN
AIR-ROTARY — AIR-PERCussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRIVE-POINT
other:

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- N — THIS WELL WILL NOT REPLACE AN EXISTING WELL
- R — 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
- D — THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED IF AVAILABLE:

NOT TO BE FILLED IN BY DRILLER (DP USE ONLY)
APPROP. PERMIT NUMBER: [illegible]
FORCE [illegible] WATER PERMIT NO. [illegible]

SPECIAL CONDITIONS:

B 3 — **LOCATION OF WELL**

Baltimore
COUNTY

Schneiders Property
SUBDIVISION

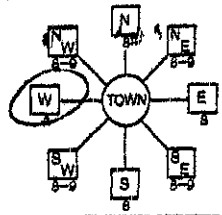
SECTION — LOT

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Paper Mill Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2000
DISTANCE FROM ROAD

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

BALTO
COUNTY NAME — COUNTY NO. 03

STATE SIGNATURE — INSERT S

DATE ISSUED — CO SIGNATURE — EXP. DATE

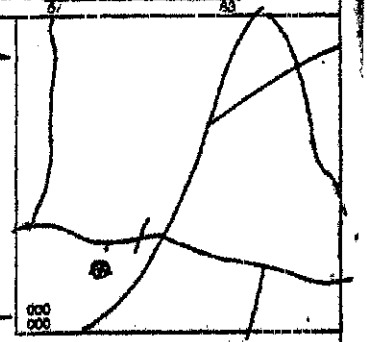
NORTH GRID 610000 — EAST GRID 920000

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 920
N 610



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



COUNTY

3117 Paper Mill Rd BA883040

C1 4640 SEQUENCE NO. (DENV USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY DATE Received: 011791

DATE WELL COMPLETED: 010291

Depth of Well: 275 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-88-3040

OWNER: Rebold (last name) Jerome (first name)

STREET OR RFD: P.O. Box 9747 TOWN: Towson, MD 21204

SUBDIVISION: Schneider Property 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 FROM	FEET TO	Check if water bearing
Overburden	0	10	
Brown Shale	10	35	
Grey Rock	35	275	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 100

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 37 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	37

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

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

C2

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT PIN BOX

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, E, W, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min to nearest gal.): 6

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 73

WHEN PUMPING: 235

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 (CIRCLE) (YES or NO) YES 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

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, below LAND SURFACE (nearest foot)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; E ELECTRIC LOG OBTAINED; P TEST WELL CONVERTED TO PRODUCTION WELL

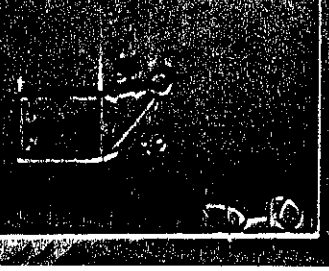
THIS IS TO CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMBINED WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CERTIFIED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DRILLERS IDENT NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or owner/mail responsible for sitework if different from permittee)

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)



COUNTY

3219 Paper Mill Rd BA731064

May-12-2006 02:26pm From-MDE WMA 410 537 3163 T-800 P 002/009 F-876

WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (OWRUST ONLY): 11 24 73
DATE WELL COMPLETED: 14 Nov 73 — 11 14 73
DEPTH OF WELL: 120 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-73-1064
DRILLERS IDENTIFICATION NO.: 9

OWNER: SCOUT (LAST NAME) — HENRY (FIRST NAME)
STREET OR RFD:
POST OFFICE: PHONIX Md

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Brown dirt	0	40	
Brown mica rock shale	40	60	✓
Gray mica rock	60	70	✓
" " "	70	120	

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES Y — NO N
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT C M — BENTONITE CLAY B C
NO. OF BAGS: 6 — NO. OF POUNDS: 600
GALLONS OF WATER: 24
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 40 (ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER
MAIN CASING TYPE: S T — NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6 — TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 40

OTHER CASING (IF USED): EACH CASING — DIAMETER (INCH) — DEPTH (FEET) FROM TO

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): S T STEEL — B R BRASS OR BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

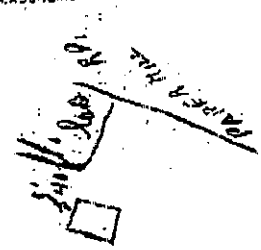
C 2 (SEQ. NO.)
EACH SCREEN — DEPTH (NEAREST WHOLE FOOT): FROM 40 — TO 120
SLOT SIZE 1. 2. 3.
DIAMETER OF SCREEN (NEAREST INCH)
GRAVEL PACK FROM TO
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: 68 F
DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING — LOG INDICATOR — OTHER DATA AVAILABLE

C 3 (SEQ. NO.)
PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR): 3
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 50
METHOD USED TO MEASURE PUMPING RATE: timer
WATER LEVEL (DISTANCE FROM LAND SURFACE): BEFORE PUMPING 25 (NEAREST FOOT) — WHEN PUMPING 100 (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): A AIR — P PISTON — T TURBINE — C CENTRIFUGAL — R ROTARY — O OTHER (DESCRIBE BELOW) — J JET — S SUBMERSIBLE

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y — NO N
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE — − BELOW — LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT)
SIGNATURE: Earl D. Jones Jr.

ORIGINAL

3224 Paper Mill Rd BA735642

May-12-2006 02:27pm From-MDE WMA 410 537 3163 T-800 P 003/009 F-876

0512

WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY): FEB 06 1979
DATE WELL COMPLETED: 2/2/79
DEPTH OF WELL (TO NEAREST FOOT): 148
PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-73-5648
DRILLERS IDENTIFICATION NO.: 154
022079

OWNER: ASCOT ESTATES
STREET OR RFD: World Trade Center
POST OFFICE: BALTIMORE, Md. 21202

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	3	
Brown Earth	3	42	
" Shale	42	58	
W. Schist	58	148	*

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES Y / NO N
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT C M / BENTONITE CLAY B C
NO. OF BAGS: 13 NO. OF POUNDS: 78
GALLONS OF WATER:
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 64 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL / C O CONCRETE / P L PLASTIC / O T OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN CASING) (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	65

OTHER CASING (IF USED)
EACH CASING: DIAMETER (INCH) / DEPTH (FEET) FROM / TO

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): S T STEEL / B R BRASS OR BRONZE / N O OPEN HOLE / P L PLASTIC / O T OTHER

C 2 (SEQ. NO.)
EACH SCREEN: DEPTH (NEAREST WHOLE FOOT) FROM 64 TO 148
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
GRAVEL PACK FROM TO
IF WELL DRILLED WAS A FLOWING WELL C RELE BOX F
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING / LOG INDICATOR / OTHER DATA AVAILABLE

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR): 6
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 6
METHOD USED TO MEASURE PUMPING RATE: WATER METER
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING: 20 (NEAREST FOOT)
WHEN PUMPING: 60 (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): A AIR / P PISTON / T TURBINE / C CENTRIFUGAL / R ROTARY / O OTHER (DESCRIBE BELOW) / J JET / S SUBMERSIBLE

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y / NO N
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE / − BELOW — LAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
PITLESS ADAPTER

CIRCLE APPROPRIATE BOXES
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT): Md. Drilling Co.
SIGNATURE: John D. Wells

ORIGINAL

3235 Paper Mill Rd BA943547

08/16/99 10:14 FAX 4102560730 RUPPERT 003

C 1 01349 SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER

RECEIVED SEP 17 1998

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 7 / 2 / 98

Depth of Well 150 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA 94 3547

OWNER RUPPERT (last name) WILLIAM (first name)

STREET OR RFD ROBERTS RD. TOWN JACKSONVILLE

SUBDIVISION SECTION LOT 8

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 FROM	FEET TO	check if water bearing
Brown Soil	0	20	
Gray mica Rock	20	150	
		50	✓
		100	✓
		120	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABAND WHEN THIS WELL W

E ELECTRIC LOG OBTA

P TEST WELL CONVER WELL

I HEREBY CERTIFY THAT THIS ACCORDANCE WITH COMAR 26 IN CONFORMANCE WITH ALL C CAPTIONED PERMIT, AND THA HEREIN IS ACCURATE AND KNOWLEDGE.

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 36

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 25 ft. (TOP / BOTTOM) (enter 0 ft from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	06	25

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

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

EACH: HO 25 150

Post-it® Fax Note 7671

To Rusty Noll	Date 6/8 # of pages 2
Co./Dept. Ridge	From Ed Griffiths
Phone #	Co. Ruppert Homes
Fax #	Phone # 410-256-0793
	Fax #

DRILLERS LIC NO.: ***UE CLOSE AT 4:30***

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JWD 341

Max S. Jones

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

WAS FLOWING WELL INSERT F IN BOX 69

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE watch bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 30 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 WILL INSTALL 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.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

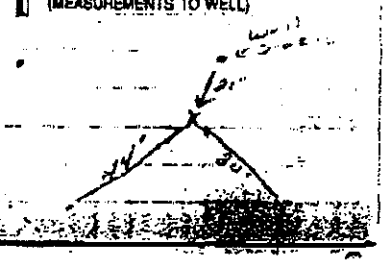
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above — LAND SURFACE

− below — 2 (nearest foot)

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)



3300 Paper Mill Rd BA736969

2298

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: BA 73-6969
FILL IN THIS FORM COMPLETELY

OWNER: ASCOT ESTATES INC.
STREET OR RFD:
POST OFFICE:

DRILLER INFORMATION

DATE: JULY 79 LICENSE NUMBER: 9
EARL JONES
SIGNATURE: Earl Jones

LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: ASCOT ESTATES
SECTION: 1 LOT: 2
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN: 1

WELL INFORMATION

MAXIMUM PUMPING RATE: 5
AVERAGE DAILY QUANTITY NEEDED: 400

USE FOR WATER

DIRECTION FROM TOWN

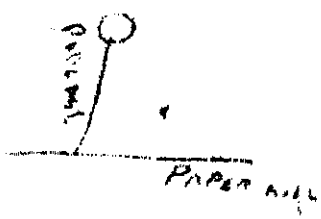
NORTH / EAST / NORTHEAST / SOUTHEAST / SOUTH / WEST / NORTHWEST / SOUTHWEST

PAPER MILL

DISTANCE FROM ROAD: 200

150 FEET

6 NEAREST INCH



920
610

RECEIVED
JUL 30 1979

3300 Paper Mill Rd BA736969

ASCOT ESTATES INC.

BALT. MD

WELL LOG

DESCRIPTION	FEET FROM	FEET TO	
Brown dist	0	5	
Soft brown mica rock	5	15	
grayish brown rock	15	43	
		73	-
gray mica rock	43	318	-
" " "	318	320	

RECEIVED
SEP 25 1979
DIV. SANITARY

GROUTING RECORD

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT — BENTONITE CLAY

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER

MAIN CASING TYPE: S T — NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6 — TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 21

OTHER CASING (IF USED) — DIAMETER (INCH) — DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL — B R BRASS OR BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 H O 20 320

SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK FROM TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING — LOG INDICATOR — OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR)

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 2

METHOD USED TO MEASURE PUMPING RATE Timer

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 35 (NEAREST FOOT)

WHEN PUMPING 200 (NEAREST FOOT)

TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX)

A AIR — P PISTON — T TURBINE — C CENTRIFUGAL — R ROTARY — S SUBMERSIBLE — J JET — O OTHER

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, R, P, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

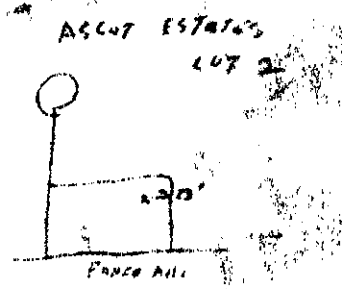
PUMP SOLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE — - BELOW — LAND SURFACE 1 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Earl Jones

SIGNATURE [signature]

HEALTH

10

3301 Paper Mill Rd BA737948

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG. ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: BA-[illegible]
FILL IN THIS FORM COMPLETELY

OWNER: [illegible] Inc.
STREET OR RFD: [illegible] Ctr., 245
POST OFFICE: [illegible] Md. [illegible]

B1 DRILLER INFORMATION
DATE: [illegible] JAN 81
[illegible] 5
[illegible]
SIGNATURE: [illegible]

B2 WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- [illegible]
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL: 200 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (NO CASING) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

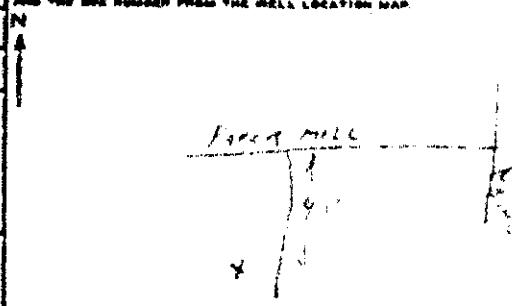
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- V THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER
ENGINEER REVIEW DISTRICT NO.
FORCE: WRITE INITIALS IN BOX
CONDITIONS: A E N A G R O C L U

B3 LOCATION OF WELL
COUNTY: BALTIMORE (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: ASCOT ESTATES
SECTION: 1 LOT: 9
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1

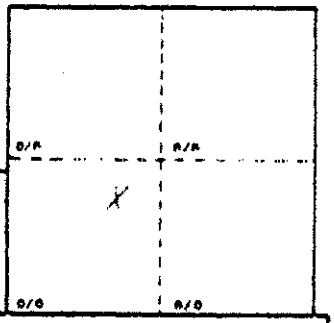
B4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: [illegible]
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 920 N 610

NORTH COORDINATE
EAST COORDINATE
ELEVATION AT WELL HEAD (FEET)



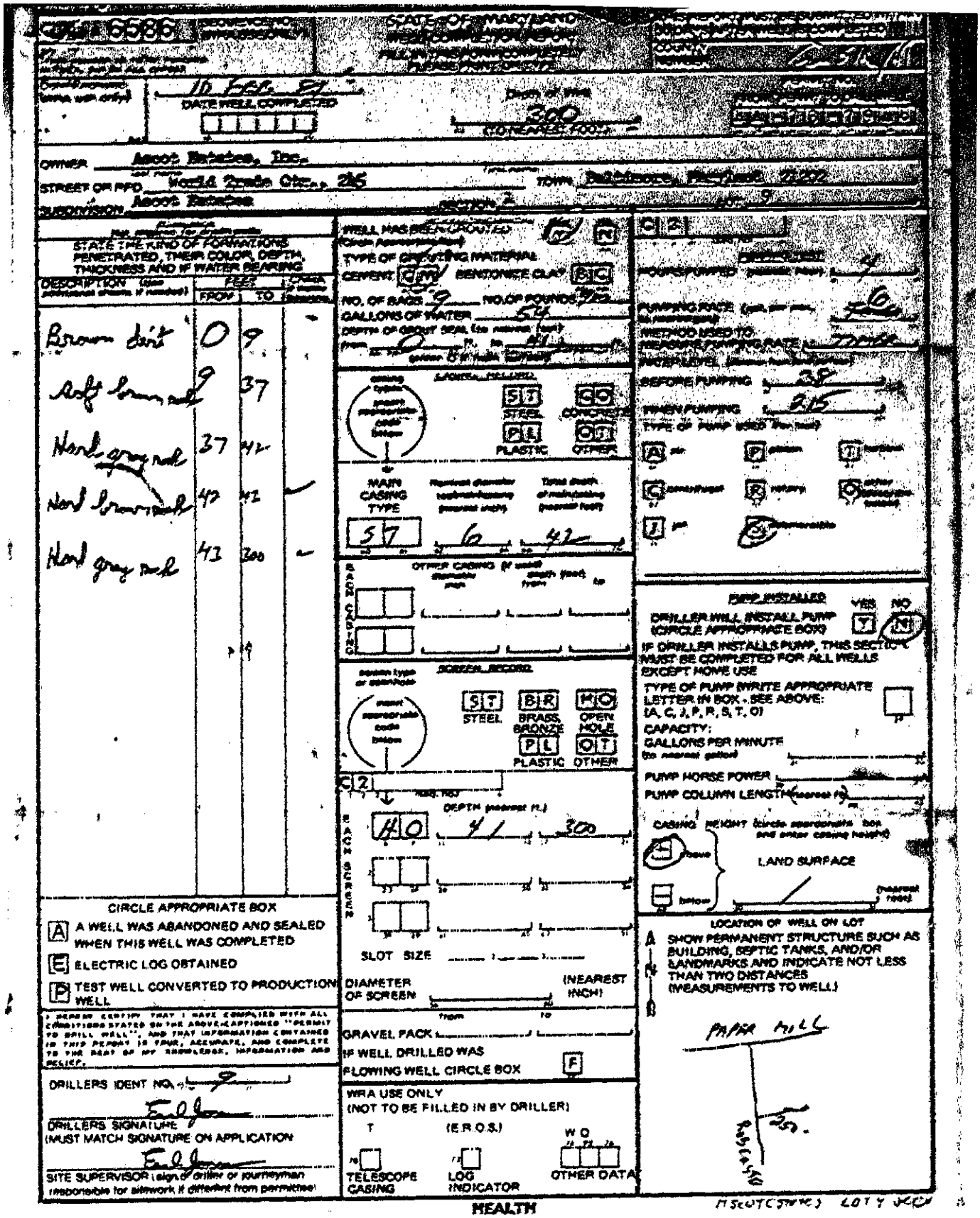
B4 HEALTH DEPARTMENT APPROVAL
STATE HEALTH (CIRCLE BOX): S
COUNTY NAME: BALTIMORE
COUNTY NO.
DATE: 02 04 81
APPROVED BY: [illegible]

B5 SPECIAL CONDITIONS PAID (WRA USE ONLY)

New Baltimore County [illegible] REQUIRED

HEALTH

11



STATE OF MARYLAND
WELL COMPLETION REPORT

Permit No. 6586

DATE WELL COMPLETED 10 Feb 87

Depth of Well 300 FT. TO NEAREST FOOT

OWNER Ascot Estates, Inc.

STREET OR RFD World Trade Ctr., 2nd TOWN Baltimore, Maryland 21202

SUBDIVISION Ascot Estates SECTION LOT 9

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET FROM	FEET TO	CHECK IF WATER BEARING
Brown dirt	0	9	
Soft brown rock	9	37	
Hard gray rock	37	42	
Hard brown rock	42	43	✓
Hard gray rock	43	300	✓

CIRCLE APPROPRIATE BOX

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE APPROVED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO. 9

DRILLERS SIGNATURE Earl Jones
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign if driller or journeyman responsible for sitework if different from permittee) Earl Jones

WELL HAS BEEN DISINFECTED Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 750

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot) From 0 ft. to 20 ft.

CASING INSTALLED

MAIN CASING TYPE	Nominal diameter (nearest inch)	Total depth of casing (nearest foot)
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER	6	42

OTHER CASING (if used)

	Nominal diameter (nearest inch)	from	to

SCREEN RECORD

	Nominal diameter (nearest inch)	from	to
ST STEEL, BR BRASS, BRONZE, PL PLASTIC, HO OPEN HOLE, OT OTHER			
2	HO	41	300

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

DEVELOPMENT
HOURS PUMPED 4
PUMPING RATE (gals. per min.) 6
METHOD USED TO MEASURE PUMPING RATE Meter
WATER LEVEL (Measured from land surface)
BEFORE PUMPING 35
WHEN PUMPING 215
TYPE OF PUMP USED (See code) A

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

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 / below LAND SURFACE (nearest foot)

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)

PAPER MILL

Rock Spring

HEALTH

(Scotchtown) Lot 9 Sec

3305 Paper Mill Rd BA736967

(3) (7-77) EMERGENCY NO. (If any) –

B 1 1055 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER [illegible]
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: Ascot Estates, Inc. (COL. 15 LAST NAME, FIRST NAME, COL. 34)
STREET OR RFD: World Trade Center, Suite 300 (COL. 36, COL. 55)
POST OFFICE: (COL. 57, COL. 76)

8-13

B 1 CONTINUED — DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6

DATE: July 79 LICENSE NUMBER: 9 (77–80)
FIRST NAME: Earl Jones DRILLER LAST NAME
SIGNATURE: [illegible]

B 2 — WELL INFORMATION
1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (8–12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 400 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- T TEST

(M, P: MUST HAVE STATE HEALTH DEPT. APPROVAL)

APPROXIMATE DEPTH OF WELL: 150 (24–28) FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER (54–63) G A P ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67–68) WRITE INITIALS IN BOX
CONDITIONS (70–79): A E N S G W Q C L U

B 3 — LOCATION OF WELL
1 2 3 (SEQ. NO.) 6

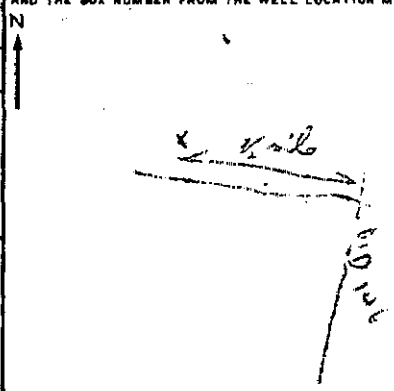
COUNTY: Baltimore (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: Ascot Estates
SECTION: 1 LOT: 10
NEAREST TOWN: Tacksonville
MILES FROM TOWN (ENTER O IF IN TOWN): 1 (73–76) M I (77–78)

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6

N NORTH, E EAST, N E NORTHEAST, S E SOUTHEAST
S SOUTH, W WEST, N W NORTHWEST, S W SOUTHWEST

NEAR WHAT ROAD: Paper Mill Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, SOUTH S, EAST E, WEST W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 150 (34–37) F T M I (38–39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 920 N 6m

NORTH COORDINATE (50–56)
EAST COORDINATE (57–63)
ELEVATION AT WELL HEAD (FEET) (55–68)

0/5 X 5/5
0/0

RECEIVED
JUL 30 1979

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX): Baltimore (COUNTY NAME, COUNTY NO.)
DATE: MO. 07 DAY 31 YR. 79 (43–46)
APPROVED BY: [illegible]

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

New Baltimore County Dept. Test Pr. HEALTH

3305 Paper Mill Rd BA736967

NR-254 (7-77)

C 1 6799 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)
DATE WELL COMPLETED: Sept 78 (15–20)
DEPTH OF WELL: 225 (TO NEAREST FOOT) (22–26)
PERMIT NO. FROM "PERMIT TO DRILL WELL": W [illegible] (28–37)
DRILLERS IDENTIFICATION NO.: 9

OWNER: ASCENT ESTATES INC. (LAST NAME / FIRST NAME)
STREET OR RFD: _____ POST OFFICE: UNI T. MD

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Brown soil	0	5	
soft brown rock	5	16	
Grey mica rock some brown clay	16	80	~
Grey mica rock	80	225	~

RECEIVED
SEP 18 1979
DIV. SANITARY ENGINEERING

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) (44) NO (N) (44)
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C) (M) (45 46) BENTONITE CLAY (B) (C) (45 46)
NO OF BAGS: 6 NO OF POUNDS: 600
GALLONS OF WATER: 30
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM: 0 (48–52) FT. TO: 20 (54–58) FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T) CONCRETE (C O) PLASTIC (P L) OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	21 (66–70)

OTHER CASING (IF USED)
EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T) BRASS OR BRONZE (B R) OPEN HOLE (H O) PLASTIC (P L) OTHER (O T)

C 2 (1 2 3 (SEQ. NO.) 6)

DEPTH (NEAREST WHOLE FOOT) — EACH SCREEN

	FROM	TO
1 (8 9)	210 (11–15)	220 (17–21)
2 (23 24)	(26–30)	(32–36)
3 (38 39)	(41–45)	(47–51)

SLOT SIZE 1. _____ 2. _____ 3. _____
DIAMETER OF SCREEN: 6 (56 60) (NEAREST INCH)
GRAVEL PACK: FROM _____ TO _____
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: (68 F)

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

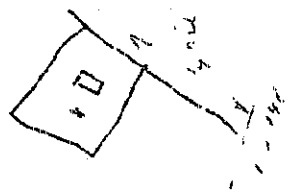
C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR): 1 (8 9)
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 3 (11–15)
METHOD USED TO MEASURE PUMPING RATE: T. [illegible]
WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING: 27 (17–20) (NEAREST FOOT)
WHEN PUMPING: 165 (22–25) (NEAREST FOOT)
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
AIR (A) (27) PISTON (P) (27) TURBINE (T) (27)
CENTRIFUGAL (C) (27) ROTARY (R) (27) OTHER (DESCRIBE BELOW) (O) (27)
JET (J) (27) SUBMERSIBLE (S) (27)

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX – SEE ABOVE: A, C, J, P, R, S, T, O) (29)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON): (31–35)
PUMP HORSE POWER: (37–41)
PUMP COLUMN LENGTH (NEAREST FOOT): (43–47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
(+) ABOVE / (–) BELOW LAND SURFACE: 1 (NEAREST FOOT) (49–51)

LOCATION OF WELL ON LOT
N
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES
(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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME
(PLEASE PRINT) Earl Trone
SIGNATURE [illegible]

HEALTH

10

3306 Paper Mill Rd BA733551

EMERGENCY NO. (If any) –

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: W.O.D. PARTNERSHIP
STREET NAME
ATTORNEY OR AGENT: 6500 FREDERICK PIKE
POST OFFICE: CATONSVILLE MD.

DRILLER INFORMATION

DATE: SEPT 13 '76
LICENSE NUMBER: 86
A.C. KEIDER & SON, INC.
FIRST NAME / DRILLER / LAST NAME
SIGNATURE:

LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: (NOT ABBREVIATE COUNTY NAME) PATAPSCO PARK
SECTION: SECT 1
LOT: 1
NEAREST TOWN: CATONSVILLE
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING, AGRICULTURE, IRRIGATION
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- (M) MUNICIPAL WATER SUPPLY
- (P) PRIVATE WATER COMPANY
  (M) AND (P) MUST HAVE STATE HEALTH DEPT. APPROVAL
- (N) NOT USED

APPROXIMATE DEPTH OF WELL: 135 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

POWER OR PERCUSSION: ROTARY (HYDRAULIC ROTARY)
AUGER: REVERSE-ROTARY
CABLE: REVERSE-JET

OTHER (DESCRIBE):

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (R) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (A) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL
  PRESENT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

ACCEPTED / REJECTED
REASONS FOR REJECTION, IF ANY:
SIGNATURE:

HEALTH DEPARTMENT APPROVAL

ACCEPTED / REJECTED
DATE: 9-23-76
SIGNATURE: [illegal]

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

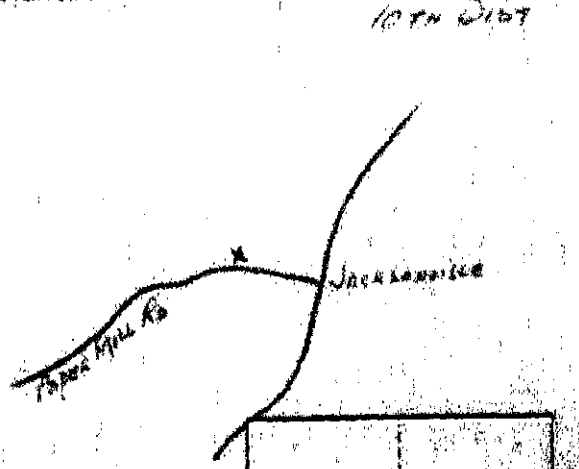
N NORTH, E EAST, NE NORTHEAST, SE SOUTHEAST
S SOUTH, W WEST, NW NORTHWEST, SW SOUTHWEST

NEAR WHAT ROAD: PAPER MILL RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, SOUTH, EAST, WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 250 FEET

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCES FROM WELL TO NEARBY ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

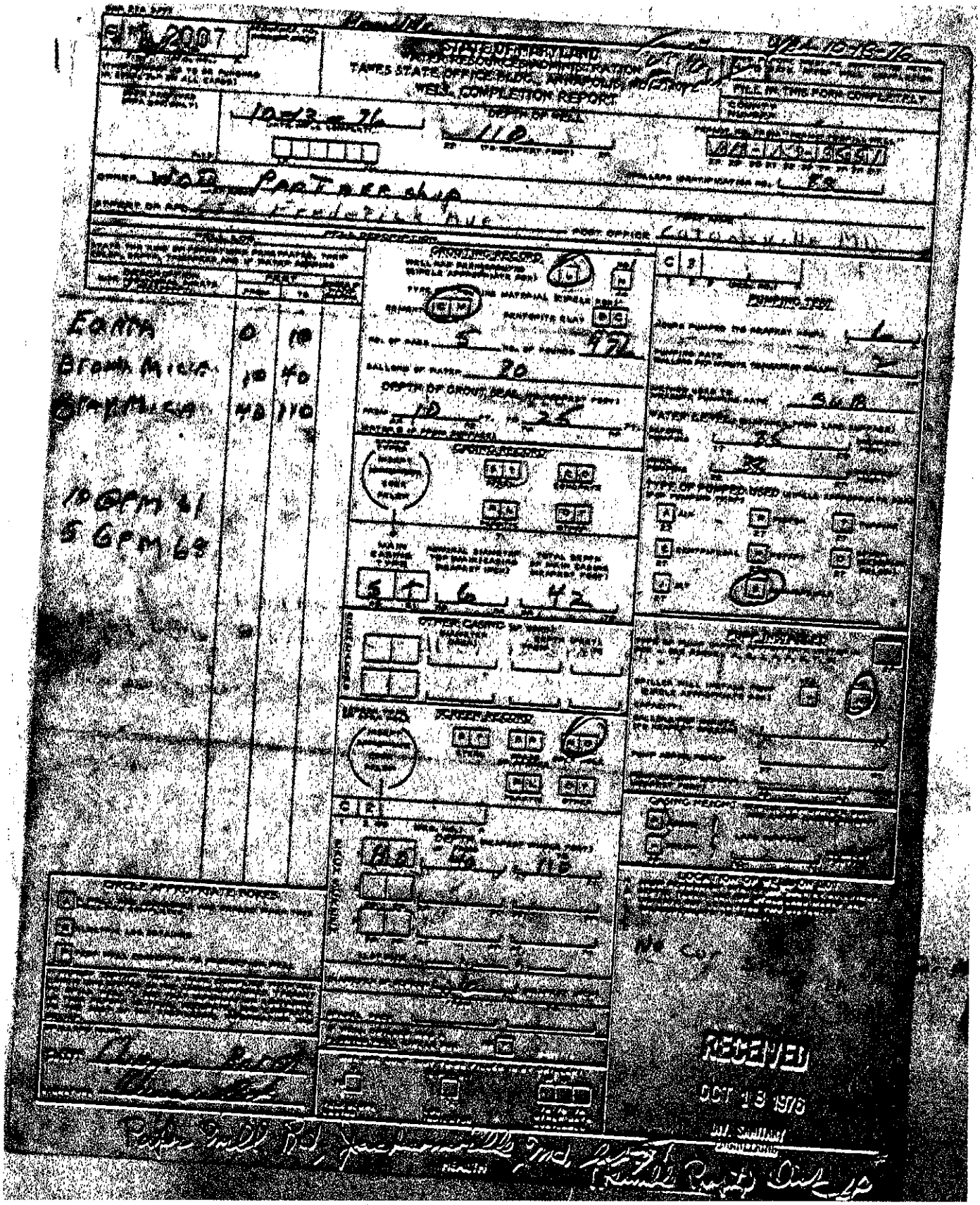


BOX NUMBER: E 720 / N 610

FOR OFFICE USE ONLY

247.5E

3306 Paper Mill Rd BA733551



3312 Paper Mill Rd BA736855

EXTENDED PAGE 3.1

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG. ANNAPOLIS, MD.
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED: JUL 3 1979

DATE WELL COMPLETED: 18 JULY 77

DEPTH OF WELL: 225 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 73 6865

DRILLERS IDENTIFICATION NO.: 9

07/8/79

OWNER: ASCOT ESTATES INC (LAST NAME) (FIRST NAME)

POST OFFICE: RALT MD 21262

STREET OR RFD

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	OWNER'S WATER BEARING
BROWN DIRT	0	6	
Brown sand & flint	6	60	
Gray micro sand	60	73	✓
" " "	73	225	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES Y NO N

TYPE OF GROUTING MATERIAL (CIRCLE BOX): COMMENT M BENTONITE CLAY B C

NO. OF BAGS 12 NO. OF POUNDS 120

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 62 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	62

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): S T STEEL; B R BRASS OR BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1 H O	62	225
2		
3		

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK FROM TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: 68 F

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

TELESCOPE CASING; LOG INDICATOR; DEPTH DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 10

METHOD USED TO MEASURE PUMPING RATE: TIMER

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 35 (NEAREST FOOT)

WHEN PUMPING: 172 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR; P PISTON; T TURBINE; C CENTRIFUGAL; R ROTARY; O OTHER (DESCRIBE BELOW); J JET; S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP INSTALLED (APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y NO N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE; − BELOW; LAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

F TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED PERMIT TO DRILL WELL, AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

IF CARE OF PRINT: EARL JONES

SIGNATURE: [signature]

ORIGINAL

3320 Paper Mill Rd BA736233

C 1 3108 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-[illegible]
BA-81-[illegible]

DATE Received [illegible] 1987

DATE WELL COMPLETED 02/18/87

Depth of Well 258 (TO NEAREST FOOT)

OWNER OBRECHT AND ASSOCIATES, INC. (first name) TOWN Timonium

STREET OR RFD 8475 Deerace Rd. LOT

SUBDIVISION Jarrettsville Pk & Paper Mill SECTION

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 FROM	FEET TO	Check if water bearing
soft brown dirt	0	45	
and hard brown	45	46	
and & and soft tan	46	70	
hard tan rock	70	73	
and hard tan rock	73	74	x
hard tan rock	74	79	
and hard gray rock	79	98	
and tan rock	98	99	
hard gray rock	99	109	
hard tan rock	109	110	
hard & and hard gray	110	258	
#1 300'			
#2 300'			
#3 300'			
#4 300'			
#5 300'			
#6 300'			
#7 500'			
[illegible]			
abandoned & sealed			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC) 1700
NO. OF BAGS 17 NO. OF POUNDS 102
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to [illegible] ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	5	72

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

EACH SCREEN

	DEPTH (nearest ft.)	
1	211	218
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN [illegible] (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

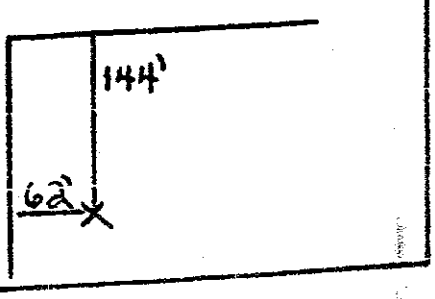
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min to nearest gal.) 14
METHOD USED TO MEASURE PUMPING RATE TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING [illegible]
WHEN PUMPING [illegible]

TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine
(C) centrifugal (N) rotary (O) other (describe below)
(J) jet (S) submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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:
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 (-) below LAND SURFACE (nearest foot)

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)



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 10.17.13 "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. [illegible]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Earl Jones
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Earl Jones

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

ORIGINAL

ROBCASTE RD

14100 Robcaste Rd BA818480

B 1 | 1555 | 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: BA-81-8480
fill in this form completely

Date Received (APA): 052508

OWNER INFORMATION

Last Name / Owner / First Name: BEST BEST ERU HOTEL
Street or RFD: 8 NORTH HOWARD ST.
Town: BALTIMORE State: MD Zip: 21201

DRILLER INFORMATION

Driller's Name: Sandy B. Cochran
Licence No.: 120
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Rd., Cockeysville 21030
Signature: [signature] Date: 5-23-88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 800 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: NZ WRITE INITIALS IN BOX PERMIT NO.: BA-81-8480

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FOUR PONDS NORTH
SECTION: LOT: TRACT A
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Robcastle Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

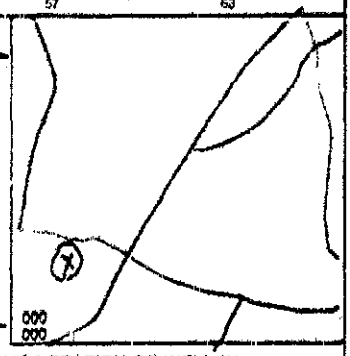
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO.: 003
STATE SIGNATURE: INSERT 5
DATE ISSUED: 062788 CO SIGNATURE: [signature] EXP. DATE
NORTH GRID: 615000 EAST GRID: 0122000

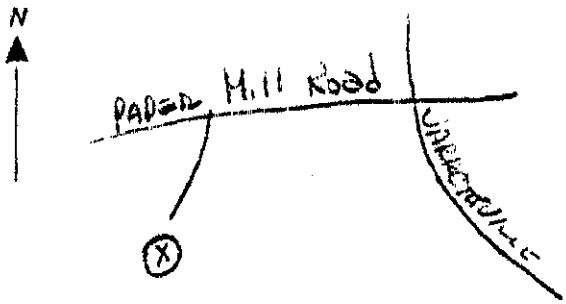
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 423
N 613



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



SPECIAL CONDITIONS

10

COUNTY

14100 Robcaste Rd BA818480

NR = Not Requested

C1 5312 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received | DATE WELL COMPLETED [illegible] | Depth of Well 550 (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" [illegible]

OWNER [illegible] (last name) (first name)
STREET OR RFD [illegible] TOWN [illegible]
SUBDIVISION [illegible] SECTION _____ LOT [illegible]

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 FROM	FEET TO	Check if water bearing
[illegible]	0	10	
[illegible]	10	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	150	[illegible]	
[illegible]	[illegible]		

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS [illegible] NO. OF POUNDS [illegible]
GALLONS OF WATER [illegible]
DEPTH OF GROUT SEAL (to nearest foot)
from [illegible] ft to 2[illegible] ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot)
[illegible] | [illegible] | [illegible]

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	[illegible]	[illegible]	[illegible]
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING | (E.R.O.S.) LOG INDICATOR | WO OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) [illegible]
PUMPING RATE (gal. per min to nearest gal.) [illegible]
METHOD USED TO MEASURE PUMPING RATE [illegible]
WATER LEVEL (distance from land surface)
BEFORE PUMPING [illegible]
WHEN PUMPING [illegible]
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 (CIRCLE) (YES or NO) YES 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:
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, − below LAND SURFACE [illegible] (nearest foot)

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)

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 10.17.18 "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. [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY NV

14101 Robcaste Rd BA817808

EMERGENCY/TEMP NO. IF ANY

B 1 3484 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: BA-81-7508
fill in this form completely

Date Received (APA): 02/01/85

OWNER INFORMATION

Last Name / Owner / First Name: GAYLORD BROOKS RETY
Street or RFD: PO BOX 193
Town: Phoenix MD 21131 (State / Zip)

DRILLER INFORMATION

Driller's Name: Saul M. Fabiczak — License No. 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, cockeysville 21030
Signature: [signature] Date: 1-27-88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (X) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: SE — WRITE INITIALS IN BOX — PERMIT No. BA-81-7808

B 3 LOCATION OF WELL

COUNTY: BALTIMORE
SUBDIVISION: FOUR PONDS NORTH
SECTION: LOT: 8
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Robcastle Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

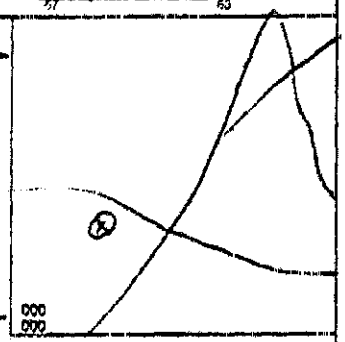
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: [illegible] — COUNTY NO.: 03
STATE SIGNATURE — INSERT S
DATE ISSUED: 02/03/88 — CO SIGNATURE — EXP. DATE
NORTH GRID: 618000 — EAST GRID: 0123000

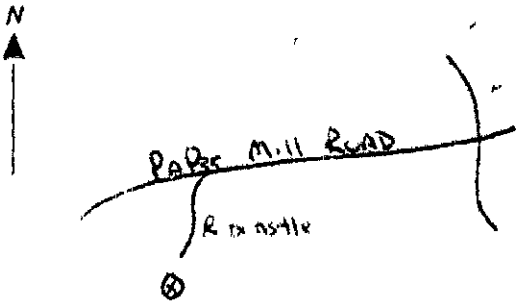
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 923
N 603



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



SPECIAL CONDITIONS: Fre Pd. 4653 — 10

14101 Robcaste Rd BA817808

C1 9959 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 10/23/85

Depth of Well 300 ft. (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-1808

OWNER Garland Brooks Realty (last name)
STREET OR RFD P.O. Box 193 (first name) TOWN Phoenix MD 21131
SUBDIVISION Four Ponds North SECTION LOT 8

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 FROM	FEET TO	Check (if water bearing)
Brown Shale	0	18	
Gray Rock	18	300	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 4 NO. OF POUNDS 500
GALLONS OF WATER 24
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 20 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types - insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	20

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
1			
2			

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

		DEPTH (nearest ft.)		
1				
2				
3				

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 66

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 4
PUMPING RATE (gal. per min. to nearest gal.) 15Y
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 29
WHEN PUMPING 235

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 (CIRCLE) (YES or NO) YES (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:
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 (-) below LAND SURFACE (nearest foot)

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)

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 10.17.15 "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. 206
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E,R,O,S,) W O
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

COUNTY NL

10

14102 Robcaste Rd BA944918

EMERGENCY/TEMP NO. IF ANY

B 1 | 08616 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-94-4918
fill in this form completely

Date Received (APA): 10 26 99 (MM DD YY)

OWNER INFORMATION
Last Name: Mann | First Name: K. Roger
Street or RFD: 14420 Misty Valley Rd.
Town: Phoenix | State: Md. | Zip: 21131

DRILLER INFORMATION
Driller's Name: Ricky C. Barber | License No.: M WD 368
Firm Name: Barber Brother's
Address: 2928 Brier Nursery Rd.
Signature: Ricky C. Barber | Date: 10-25-99

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)
- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 200 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER: GAP
PERMIT No: BA-94-4918

B 3 LOCATION OF WELL
COUNTY: Baltimore
SUBDIVISION: minor sub. Rebold / DieDeman
SECTION | LOT
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 1 M

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, SE, S

14102 Robcaste Rd.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 880 FT.
ENTER FT OR MI

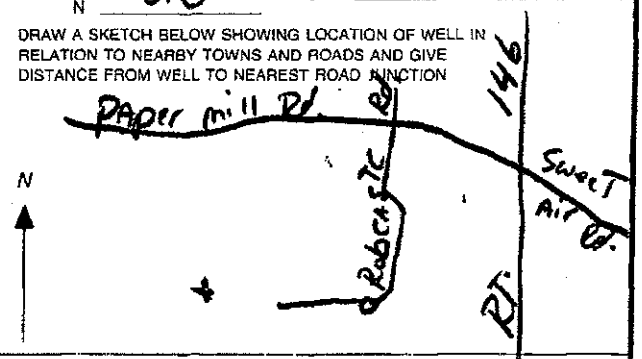
TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Baltimore County | COUNTY NO.: 003
STATE SIGNATURE | INSERT S
DATE ISSUED: 10 28 99 (MM DD YY) | CO SIGNATURE | EXP. DATE
NORTH GRID: 614 000 | EAST GRID: 0923 000

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
E 920
N 610

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



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
D-10

DENV-Permit 97 | COUNTY

14102 Robcaste Rd BA944918

C 1 1630 SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED 12-1-99

Depth of Well 450 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-94-4918

OWNER MANN K. Roger
STREET OR RFD 14420 Misty Valley Rd. TOWN Phoenix Md. 21131
SUBDIVISION Minor Sub Rebold Dieterman property 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 FROM	FEET TO	check if water bearing
Red Clay	0	2'	
Red mica	2'	5'	
Brown mica soil	5'	15'	
Gray mica Rock	15'	450'	
		1155	✓

628-7676

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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. MWD368
Richy C. Barber
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD368
Richy C. Barber

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1,410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 30 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	31

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2 DEPTH (nearest ft)

EACH SCREEN			
1	HO	30	450
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN _____ (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W.Q.
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.50

METHOD USED TO MEASURE PUMPING RATE Watch + Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 76 ft
WHEN PUMPING 233'4" 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 WILL INSTALL 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

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 / − below LAND SURFACE 1 (nearest foot)

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)



COUNTY

14103 Robcaste Rd BA817806

EMERGENCY/TEMP NO. IF ANY

B [illegible]3482 SEQUENCE NO. (OP 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: BA-BV-1802
fill in this form completely

Date Received (APA): 12/18

OWNER INFORMATION

Last Name: Gwynn Oak Bros LTY
First Name / Owner:
Street or RFD: PO Box 113
Town: Pikesville
State: MD
Zip: 21282

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak
License No: 509
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Road, Cockeysville 21030
Signature:
Date: 1-27-88

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: [illegible] WRITE INITIALS IN BOX PERMIT No. BA-BV-1802

LOCATION OF WELL

COUNTY: Baltimore
SUBDIVISION: Four Ponds North Phase II
SECTION: LOT: 6
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 1 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

NEAR WHAT ROAD: Robcastle Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

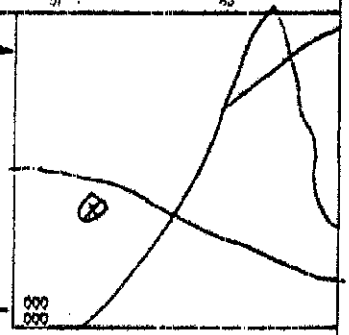
COUNTY NAME: Balto Co. COUNTY NO.: 03
STATE SIGNATURE: INSERT S
DATE ISSUED:
CO SIGNATURE: EXP. DATE:
NORTH GRID: 0114000 EAST GRID: 0123000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

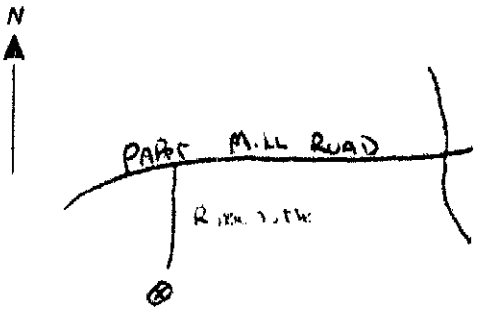
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 928
N 614



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



SPECIAL CONDITIONS: Fee #. 4051

10

COUNTY

14103 Robcaste Rd BA817806

C1 9946 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 06 05 88

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7800

OWNER: Gaylord Brooks Realty (last name / first name)

STREET OR RFD: P.O. Box 193 TOWN: Phoenix, MD 21131

SUBDIVISION: Four Ponds North SECTION: LOT: 6

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 FROM	FEET TO	Check if water bearing
Brown Shale	0	40	
Gray Rock	40	200	x

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 10.17.15 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 3 NO. OF POUNDS 100
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 42 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	42

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	42	200
2			
3			

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

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WO OTHER DATA

C2

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 1667
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25
WHEN PUMPING 426
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 (CIRCLE) (YES or NO) YES 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:
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 / − below LAND SURFACE 1 (nearest foot)

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)

10

COUNTY

14104 Robcaste Rd BA943983

EMERGENCY/TEMP NO. IF ANY

B 1 4063 SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(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
BA-94-3983
70 79
fill in this form completely

Date Received (APA) 032999
8 MM DD YY 13

OWNER INFORMATION

Diedeman Ronald
15 Last Name Owner First Name 34

3100 Paper Mill Road
36 Street or RFD 55

Phoenix MD 21131
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Wayne Caswell MWD 320
Driller's Name 76 License No. 81

C. WAYNE CASWELL, INC.
Firm Name

Jarrettsville, MD 21084
Address

[signature] 3-22-99
Signature Date

B 2 WELL INFORMATION
1 2

APPROX. PUMPING RATE (GAL PER MIN) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL
- [T] TEST, OBSERVATION MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER 6 GAP
54 63

FORCE ME WRITE INITIALS IN BOX PERMIT No. BA-94-3983
67 68 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

Baltimore
8 COUNTY 21

FOUR PONDS NORTH
23 SUBDIVISION 42

SECTION 44 46 LOT 10 48 50

Jacksonville
52 NEAREST TOWN 71

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

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N 8, NE 8-9, E 8, SE 8-9, S 8, SW 8-9, W 8, NW 8-9, TOWN

14101 Robcaste Rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, 32, E EAST, S SOUTH

34 50 37
DISTANCE FROM ROAD
ENTER FT OR MI FT
38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baldo 003
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 032999 M. Eno
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 614 000
50 55

EAST GRID 0924 000
57 63

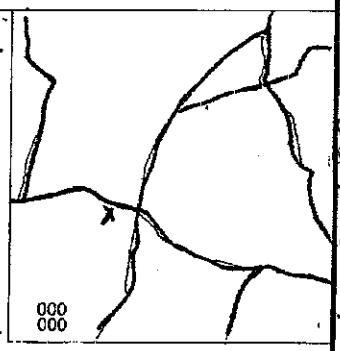
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

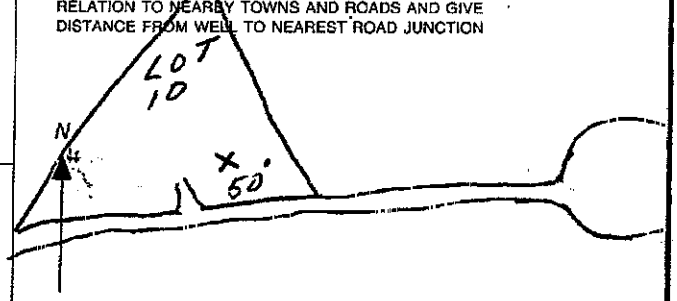
WRITE THE BOX NUMBER FROM THE MAP HERE

E 920

N 610



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



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

D-10

COUNTY

(W) 785-9999 ext. 248 (H) 410-527-0069

14104 Robcaste Rd BA943983

05/11/99 11:18 FAX 410 357 8826 STEVE BERGMAN 002

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

C1 6571 — SEQUENCE NO. (MDE USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 04 30 99

Depth of Well: 652 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-94-3983

OWNER Diedeman Ronald 795-9999 x 248 (last name)
STREET OR RFD 3100 Papa Mill Rd TOWN Phoenix, Md. 21131
SUBDIVISION Four Points North SECTION LOT 16

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 FROM	FEET TO	check if water bearing
Brown Loam	0	2	
Tan mica	2	10	
Grey rock	10	652	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no 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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. MWD 320
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC NO MWD 513
Craig Nemec
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 16 NO. OF POUNDS 948
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP (enter 0 if from surface) to 22 ft. BOTTOM

CASING RECORD
casing types Insert appropriate code below: ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	23

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole Insert appropriate code below: ST STEEL; BR BRASS BRONZE; HO OPEN HOLE; PL PLASTIC; OT OTHER

C2

EACH SCREEN	TYPE	DEPTH (nearest ft.)
1	HO	22 652
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 69: from ____ to ____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING; LOG INDICATOR; OTHER DATA

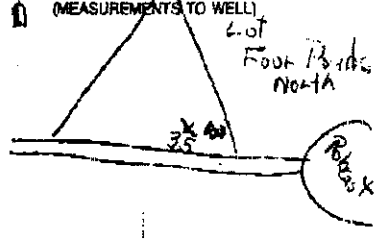
C3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal per min.) 2.0
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 27 ft
WHEN PUMPING 323 ft

TYPE OF PUMP USED (for test)
A air; P piston; T turbine; C centrifugal; R rotary; O other (describ below); J jet; S submersible

PUMP INSTALLED
DRILLER WILL INSTALL 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.
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 / − below LAND SURFACE (nearest foot) 1

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)



COUNTY

14105 Robcaste Rd BA817805

EMERGENCY/TEMP NO IF ANY

B 1 3481 SEQUENCE NO (DP USE ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS 1-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name Owner First Name

Street or RFD

Town State Zip

DRILLER INFORMATION

Driller's Name

First Name

Address

Signature Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN)

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL COMMERCIAL STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST OBSERVATION MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING

BORED (or Augered) JETTED Jetted & DRIVEN

AIR ROTary AIR PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse ROTary DRive POINT

other

REPLACEMENT OR DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER G A P

FEE CE PERMIT N

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

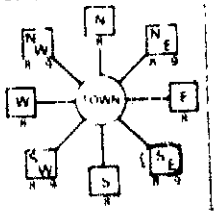
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN



Robcastle Road

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



NORTH N W 12 E WEST EAST S SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP DATE

NORTH GRID 0 0 0 EAST GRID 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

2

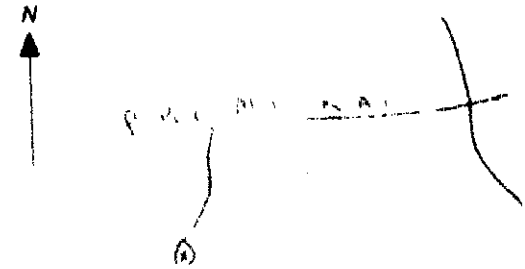
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 123

N 603

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

COUNTY

14105 Robcaste Rd BA817805

CR 9935 SEQUENCE NO. (DENY USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 062088

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-7805

OWNER Gaylord Brooks Realty (last name) (first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix, MD 21131

SUBDIVISION Four Ponds North SECTION 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 FROM	FEET TO	Check if water bearing
Brown Shale	0	43	
Gray Rock	43	300	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	45

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

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

DEPTH (nearest ft.) — EACH SCREEN

1 HO	45	300
2		
3		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 65

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 261

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 299

WHEN PUMPING 248

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 (CIRCLE) (YES or NO) YES 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:

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 / − below LAND SURFACE (nearest foot)

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)

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 10.17.13 "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. 300

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

COUNTY

10

14106 Robcaste Rd BA817012

EMERGENCY/TEMP NO. IF ANY

B 1 1591 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
BA-81-7012
Fill in this form completely

Date Received 6/29/87

OWNER INFORMATION
Gaylord Brooks BLTY
Last Name / Owner / First Name
P.O. Box 1033
Street or RFD
Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION
Paul M. Fabiszak 399
Driller's Name / License No.
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature 6/25/87 Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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

APPROXIMATE DEPTH OF WELL 100 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP 1
FORCE SD WRITE INITIALS IN BOX PERMIT No BA-81-7012

B 3 LOCATION OF WELL
Baltimore
COUNTY
Four Ponds North
SUBDIVISION
SECTION LOT 7
Jacksonville
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N, NW 8–9, NE 8–9, W 8, E 8, TOWN, SW 8–9, S 8, SE 8–9

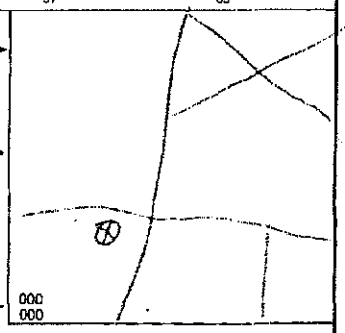
Robcastle Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W 32 E EAST, S SOUTH

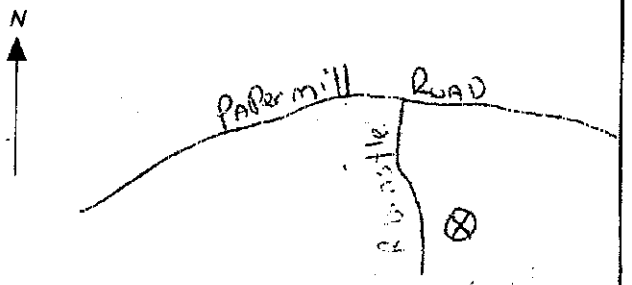
DISTANCE FROM ROAD 80
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
BALTO 013
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 7/08/87 CO SIGNATURE EXP. DATE
NORTH GRID 0000 EAST GRID 0000

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 928
N 619



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



SPECIAL CONDITIONS
10

HEALTH

14106 Robcaste Rd BA817012

C1 4241 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 102687

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-7012

OWNER Gaylord Brooks Realty (last name / first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix, Md 21131

SUBDIVISION Four Ponds North SECTION LOT 7

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 FROM	FEET TO	Check if water bearing
Brown Shale	0	22	
Gray Rock	22	300	x

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 10,17,13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 24 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	24

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from, to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	24	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING; (E R O S) LOG INDICATOR; W Q OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min to nearest gal.) 968

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)
BEFORE PUMPING 37
WHEN PUMPING 136

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 (CIRCLE) (YES or NO) YES 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:

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, − below LAND SURFACE 1 (nearest foot)

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)

HEALTH

10

14107 Robcaste Rd BA817424

EMERGENCY/TEMP NO. IF ANY

B 1 .0693 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: BA-81-7424
fill in this form completely

Date Received (APA): 11 07 87

OWNER INFORMATION

Gaylord Brooks Rlty.
Last Name / Owner / First Name

P.O. Box 1[illegible]
Street or RFD

Phoenix MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name — License No.

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Rd. Cockeysville 21030
Address

[signature] — 11-4-87
Signature — Date

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: NZ WRITE INITIALS IN BOX — PERMIT No. BA-81-7424

B 3 LOCATION OF WELL

Baltimore
COUNTY

Four Ponds North
SUBDIVISION

SECTION — LOT 3

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

Robcastle Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Bu Cto — COUNTY NAME
003 — COUNTY NO.

STATE SIGNATURE — INSERT S

DATE ISSUED: 11 13 87 — CO SIGNATURE — EXP DATE

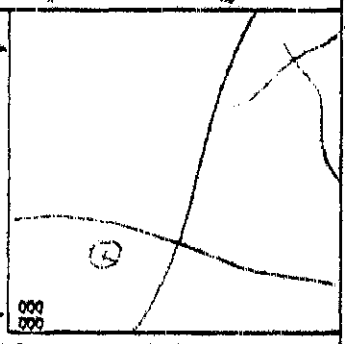
NORTH GRID: 613000 — EAST GRID: 0923000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

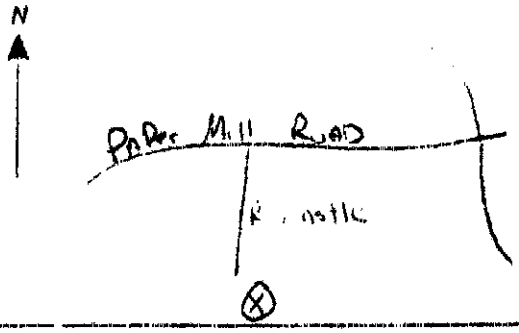
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 923
N 613



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



SPECIAL CONDITIONS: File RI [illegible] #[illegible] 10

COUNTY

14107 Robcaste Rd BA817424

C 1 5492 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 12/8/87

Depth of Well 350 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" D M - 0 1 - 1 4 2 4

OWNER Gaylord Brooks Realty (last name) (first name)

STREET OR RFD P. O. Box 193 TOWN Phoenix, Md 21131

SUBDIVISION Four Ponds North SECTION LOT 3

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 FROM	FEET TO	Check if water bearing
Overburden	0	38	
Gray Rock	38	350	x
Well #1 300' Dry (backfilled)			
Well #2 300' Dry (backfilled)			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 40 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	40	350
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 31
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43
WHEN PUMPING 85 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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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:
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 (−) below LAND SURFACE
1 (nearest foot)

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)

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING LOG INDICATOR OTHER DATA

RECEIVED
DEC 28 1987

HEALTH

No Loc

14107 Robcaste Rd BA947066

EMERGENCY/TEMP NO. IF ANY

B 1. 1970 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-7066
fill in this form completely

Date Received (APA): 10 16 02 (MM DD YY)

OWNER INFORMATION
Last Name: Bertazon — First Name: Louis
Street or RFD: 14107 Robcaste Rd.
Town: Phoenix — State: Md — Zip: 21131

DRILLER INFORMATION
Driller's Name: Dave Kelly — License No.: MWD 304
Firm Name: Jones Well Drilling Inc. 2108
Address: 3700 Rush Rd. Parrettsville
Signature: Dave Kelly — Date: 10-14-02

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE (GAL PER MIN.): 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
Repl drilled
- [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 DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP PERMIT NUMBER: ------G---
PERMIT No: BA-94-7066

B 3 **LOCATION OF WELL**
COUNTY: Baltimore
SUBDIVISION: Four Ponds North
SECTION: — LOT: 3
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, N-E, E, S-E, S, S-W, W, N-W, TOWN

14107 Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: FT
ENTER FT OR MI

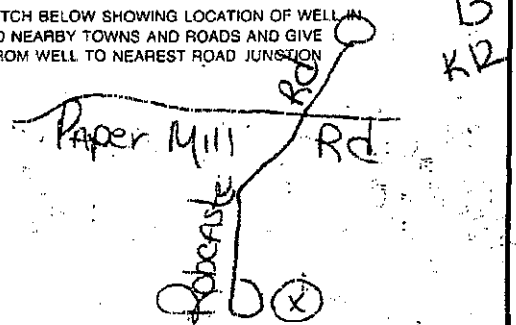
TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Balto — COUNTY NO: 03
STATE SIGNATURE: ____ INSERT S
DATE ISSUED: 10 16 02 — CO SIGNATURE: M. Epp — EXP. DATE
NORTH GRID: 613000 — EAST GRID: 0925000

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 920
N 610

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



B 3 K2

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

D-10

DENV-Permit 97 — ② COUNTY

U 410-666-1098
410-785-3383

14107 Robcaste Rd BA947066

C 1 17743 — SEQUENCE NO. (MDE USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY — DATE Received MM DD YY

DATE WELL COMPLETED 12 08 02 — Well #1 — Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA - 94 - 7066

OWNER: Bertazon Louis (last name, first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION: Four Ponds North — SECTION _____ — LOT 3

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 FROM	FEET TO	check if water bearing
soft brown dirt	0	49	
med hard tan rock	49	54	
hard gray/tan rock	54	61	
med hard tan/gray	61	68	
med/med hard tan	68	69	
hard tan rock	69	70	
med hard tan rock	70	73	x
med hard/hard gray	73	153	
med/med hard gray	153	154	
med hard/hard green	154	169	
med/med hard gray	169	221	x
med hard/hard gray	221	296	
med gray rock	296	297	
med hard/hard gray	297	363	
med/med hard gray	363	365	
hjard gray rock	365	400	
(2) 500' dry holes			
740' dry hole Abandoned & sealed			

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED: yes [Y] no [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.: MWD 304 — Dave Kelly (DRILLERS SIGNATURE, MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 509 — Harvey Knopp

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one): CEMENT [CM] BENTONITE CLAY [BC]

NO OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. TOP to 55 ft. BOTTOM (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: STEEL [ST] CONCRETE [CO] PLASTIC [PL] OTHER [OT]

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	56

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole, insert appropriate code below: STEEL [ST] BRASS BRONZE [BR] OPEN HOLE [HO] PLASTIC [PL] OTHER [OT]

C 2

SCREEN	TYPE	from	to
1	HO	55	162
2	ST	162	225
3	HO	225	400

SLOT SIZE 1 .040 2 ____ 3 ____

DIAMETER OF SCREEN 5 (NEAREST INCH)

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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 7

PUMPING RATE (gal. per min.) 2 • 50

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 47 ft.

WHEN PUMPING 330 ft.

TYPE OF PUMP USED (for test): air [A] piston [P] turbine [T] centrifugal [C] rotary [R] other (describe below) [O] jet [J] submersible [S]

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

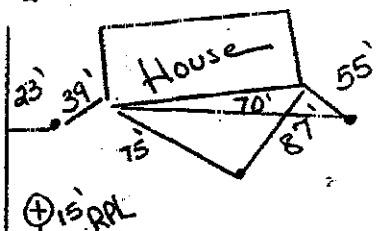
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): above [+] below [−] LAND SURFACE — 1 (nearest foot)

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)



DENV-CR00 — COUNTY

10

14107 Robcaste Rd BA947190

EMERGENCY/TEMP NO. IF ANY

B 1 2000 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-7190
fill in this form completely

Date Received (APA): 12 19 02

OWNER INFORMATION

Bertazon Louis
Last Name / Owner / First Name

14107 Robcaste Rd
Street or RFD

Phoenix Md 21131
Town / State / Zip

DRILLER INFORMATION

Dave Kelly MWD 304
Driller's Name / License No.

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Jarrettsville 21084
Address

Dave Kelly 12-12-02
Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I — INDUSTRIAL COMMERICIAL DEWATERING
- P — PUBLIC WATER SUPPLY WELL
- T — TEST OBSERVATION MONITORING
- G — GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 540 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: G

PERMIT No. BA 94-7190

B 3 LOCATION OF WELL

Baltimore Well #
COUNTY

Four Ponds North 2
SUBDIVISION

SECTION / LOT 3

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW

14107 Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

Approx 200 DISTANCE FROM ROAD — FT
ENTER FT OR MI

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 12 19 02 M. Exp
MM DD YY / CO SIGNATURE / EXP. DATE

NORTH GRID: 613 000 EAST GRID: 0926 000

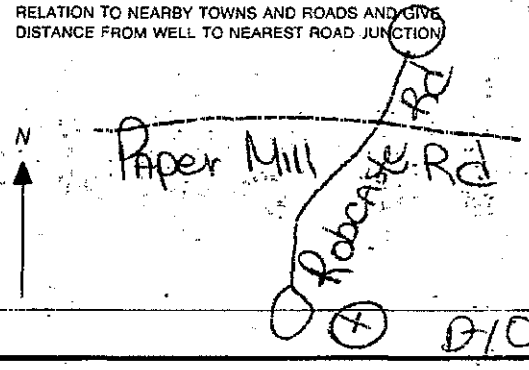
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



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

DENV-Permit 97

② COUNTY

14107 Robcaste Rd BA947190

C 1 17744 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

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

ST/CO USE ONLY — DATE Received MM DD YY

DATE WELL COMPLETED: MM 12 DD 02 YY 02

Well #2

Depth of Well: 540 (TO NEAREST FOOT)

PERMIT NO. FROM / PERMIT TO DRILL WELL: BA 94 7190

OWNER: Bertazon Louis (last name, first name)

STREET OR RFD: _____ TOWN: _____

SUBDIVISION: Four Ponds North SECTION: _____ LOT: 3

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 FROM	FEET TO	check if water bearing
med hard tan dirt	0	35	
hard tan rock	35	41	
med tan rock	41	44	
med soft tan rock	44	45	
med/med hard tan rock	45	51	
hard tan/gray rock	51	59	
med hard tan rock	59	60	
hard gray rock	60	64	
med/med hard tan	64	67	
med hard/hard tan	67	85	
med/med hard tan	85	87	
hard gray/green rock	87	163	
med hard green rock	163	166	
med hard/hard green	166	211	
med gray rock	211	212	x
med hard/hard gray	212	540	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no 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.: MWD 304

Dave Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 509

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM — BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 39 ft (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL — BR BRASS BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	39	540
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

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

T (E.R.O.S.) W Q

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 1

PUMPING RATE (gal. per min.): 5

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 47 ft.

WHEN PUMPING: 530 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 (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.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

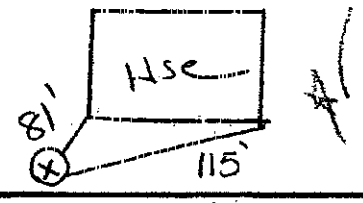
CASING HEIGHT (circle appropriate box and enter casing height)

+ above / – below LAND SURFACE: 1 (nearest foot)

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)

N



DENV-CR00 — COUNTY

10

14109 Robcaste Rd BA817010

EMERGENCY/TEMP NO. IF ANY

1592 SEQUENCE NO. (OEP 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	OEP PERMIT NUMBER BA-81-7010 fill in this form completely

Date Received 062987

OWNER INFORMATION

Last Name / Owner / First Name: GAYLORD BROOKS RUTH

Street of RFD: P.O. BOX 193

Town: PHOENIX State: MD Zip: 21131

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak License No. 3999

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road, Cockeysville 21030

Signature: [signature] Date: 6-25-87

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: 4 WRITE INITIALS IN BOX PERMIT No. BA-81-7010

B 3 LOCATION OF WELL

COUNTY: Baltimore

SUBDIVISION: Four Ponds North Phase II

SECTION: LOT: 2

NEAREST TOWN: Jacksonville

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Robcastle Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 0 ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Bolts COUNTY NO.: 03

OEP SIGNATURE: STATE HEALTH INSERT S

DATE ISSUED: 070889 CO SIGNATURE: [signature] EXP DATE

NORTH GRID: 613000 EAST GRID: 0923000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

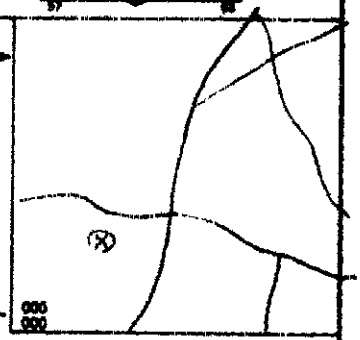
SOURCES OF DRILLING WATER

1.
2
3

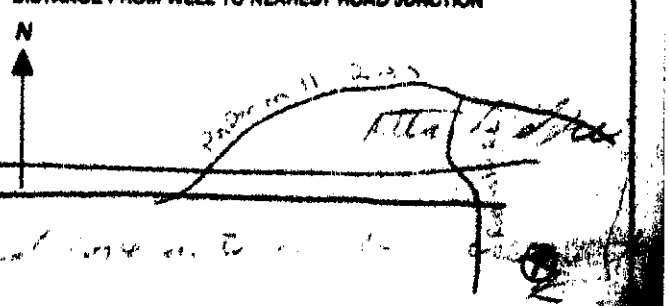
WRITE THE BOX NUMBER FROM THE MAP HERE

E 929

N 613



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



SPECIAL CONDITIONS: ~~no fee~~ fee paid 7884

HEALTH

14109 Robcaste Rd BA817010

C 1 [illegible] SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: [illegible]

DATE WELL COMPLETED: 06 30 88

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 11-81-2010

OWNER: GAYLORD BROOKS REALTY CO. (last name / first name)

STREET OR RFD: P. O. Box 193 TOWN: Phoenix 21131

SUBDIVISION: FOUR PONDS SECTION: LOT: 2

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 FROM	FEET TO	Check if water bearing
Overburden	0	26	
Gray Rock	26	300	X

Well No. 1 - 200' - DRY
Well No. 2 - 300' - DRY
Well No. 3 - 200' - DRY
Well No. 4 - 300' - DRY
Well No. 5 - 300' - DRY
Well No. 6 - 300' - DRY
Well No. 7 - 300' - DRY
Well No. 8 - 400' - DRY

(BACKFILLED)

OK GAZ 7-12-88

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) NO (N)

TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 5 NO. OF POUNDS: 300

GALLONS OF WATER: 30

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft (TOP) to 28 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	28

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

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	40	28	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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

T (E.R.O.S.) WQ

TELESCOPE CASING / LOG INDICATOR / OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 5

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 36

WHEN PUMPING: 236

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 (CIRCLE) (YES or NO) YES 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:

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, − below LAND SURFACE 1 (nearest foot)

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)

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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY NC

14110 Robcaste Rd BA817011

EMERGENCY/TEMP NO. IF ANY

B 1 - 1593 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: BA-81-7011

fill in this form completely

Date Received: 10 2 87

OWNER INFORMATION

Gaylord Brooks RLTY

Last Name / Owner / First Name

P. O. BOX 103

Street or RFD

Phoenix MD 21131

Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399

Driller's Name / License No.

G. Edgar Harr Sons' Corp.

Firm Name

12047 Falls Road, Cockeysville 21030

Address

Signature: [signature] Date: 6/25/87

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 75

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: SE WRITE INITIALS IN BOX — PERMIT No. BA-81-7011

B 3 LOCATION OF WELL

Baltimore

COUNTY

Four Ponds North

SUBDIVISION

SECTION — LOT 5 — Phase II

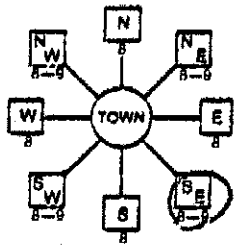
Jacksonville

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 MI

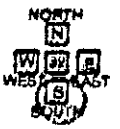
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 80

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

COUNTY NAME: 40 — COUNTY NO.: 003

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED: 020287 — CO SIGNATURE — EXP. DATE

NORTH GRID: 0 3 0 0 0 — EAST GRID: 0 9 2 3 0 0 0

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

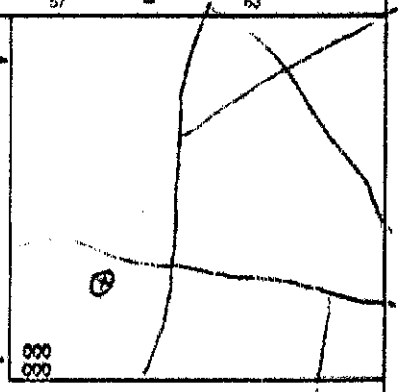
2

3

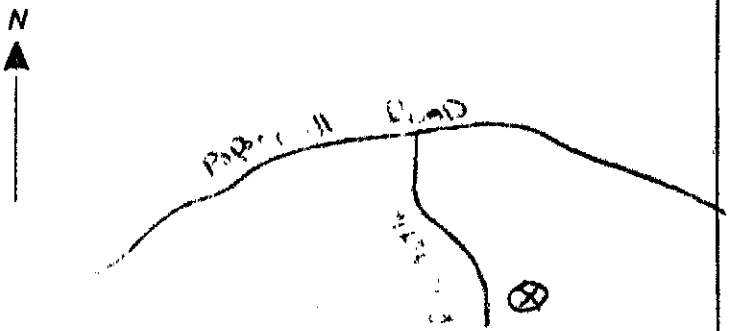
WRITE THE BOX NUMBER FROM THE MAP HERE

E 023

N 023



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



SPECIAL CONDITIONS

10

Robcaste Rd BA817011

4250 — SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 10 26 87

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-7011

OWNER Gaylord Brooks Realty

STREET OR RFD P.O. Box 193 (last name / first name) TOWN Phoenix, Md 21131

SUBDIVISION Four Ponds North 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 FROM	FEET TO	Check if water bearing
Brown Shale	0	42	
Gray Rock	42	200	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) N

TYPE OF GROUTING MATERIAL

CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS 8 NO. OF POUNDS 80

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 44 ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T	6	44

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

		DEPTH (nearest ft.)	
EACH SCREEN	1	H O	44 to 200
	2		
	3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33

WHEN PUMPING 236

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 (CIRCLE) (YES or NO) YES (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:

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 / (−) below LAND SURFACE 1 (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 10.17.13 "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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N

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

T (E,R,O,S.) WQ

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

HEALTH

11

14111 Robcaste Rd BA817410

EMERGENCY/TEMP NO. IF ANY

B 1 - 0682 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: BA-81-7410
fill in this form completely

Date Received (APA): 110981

OWNER INFORMATION

GAULORA BROOKS KLTY
Last Name / Owner / First Name
PO BOX 193
Street or RFD
PHOENIX MD 21131
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak — 399
Driller's Name / License No.
G. Edgar Herr Sons' Corp.
Firm Name
12047 Falls Rd., Cockeysville 21030
Address
Signature: [signature] Date: 10-29-87

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 63
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

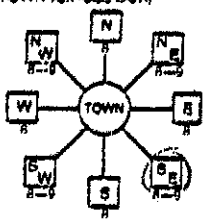
APPROP. PERMIT NUMBER: GAP
FORCE: NC WRITE INITIALS IN BOX PERMIT No: BA-81-7410

B 3 LOCATION OF WELL

BALTIMORE
COUNTY
FOUR PONDS NORTH
SUBDIVISION
SECTION LOT 1 Phase II
JACKSONVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Robcastle Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, W, E, WEST, EAST, S, SOUTH

DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

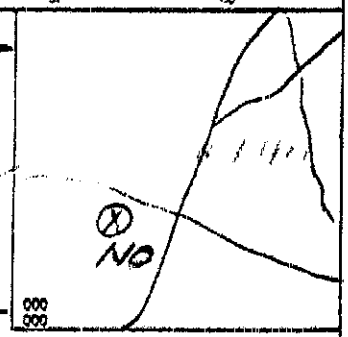
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto — 003
COUNTY NAME / COUNTY NO.
STATE SIGNATURE / INSERT S
DATE ISSUED: 110981 — M. Zinikoff
CO SIGNATURE / EXP. DATE
NORTH GRID: 613000 EAST GRID: 0923000

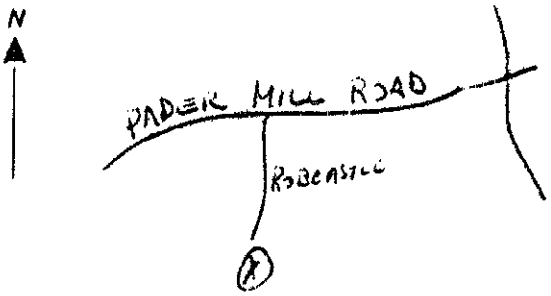
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 923
N 613



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



SPECIAL CONDITIONS: Fee pd - Trans. 3373 — 10

COUNTY

C1 9953 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
COUNTY NUMBER

DATE Received
DATE WELL COMPLETED 06/07/88
Depth of Well 300 ft (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-87-7410

OWNER Gaylord Brooks Realty (last name)
STREET OR RFD P.O. Box 193 (first name) TOWN Phoenix, md 21131
SUBDIVISION Town Ponds North SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
Brown Shale	0	58	
Gray Rock	58	300	x

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT (C M) BENTONITE CLAY (B C)
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 72
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 60 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	60

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

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

C2

	DEPTH (nearest ft.)	
EACH SCREEN 1	60	300
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 7
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 281
WHEN PUMPING 241

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 (CIRCLE) (YES or NO) YES (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:
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 - below LAND SURFACE (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 10.17.15 "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. 390
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

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)

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

COUNTY NL

10

14200 Robcaste Rd BA737835

C T 3387 SEQUENCE NO (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER 12 30 80

Date Received (WRA use only)

8 Dec 80
DATE WELL COMPLETED

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-73-7835

OWNER ASCOT ESTATES, INC.
(last name) (first name)

STREET OR RFD Suite 245 World Trade Center TOWN Baltimore, Maryland 21202

SUBDIVISION ASCOT ESTATES SECTION 3 LOT 13

WELL TEST
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 FROM	FEET TO	Check if water bearing
Brown dirt	0	9	
Soft brown rock	9	35	
Hard grayish brown rock	35	70	✓
gray mica rock	70	125	

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 40

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 40 ft (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: ST

Nominal diameter top/main casing (nearest inch): 6

Total depth of main casing (nearest foot): 41

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

SCREEN RECORD

screen type or openhole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE Timer

WATER LEVEL (Measured from land surface)

BEFORE PUMPING 31

WHEN PUMPING 33

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 (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft)

LAND SURFACE

CIRCLE APPROPRIATE BOX

A A WELL HAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

C ELECTRIC LOG [illegible]

P TEST WELL [illegible]

14201 Robcaste Rd BA737809

EMERGENCY / TEMP NO. IF ANY

M 1 .1410 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER: BA 73-7809
fill in this form completely

DATE RECEIVED _____ 8 (WRA USE ONLY) 13

OWNER INFORMATION

Mill Run Estates Inc
LAST NAME OWNER FIRST NAME

World Trade Center 245
STREET OR RFD

Baltimore MD 21202
TOWN STATE ZIP

B 1 CONTINUED **DRILLER INFORMATION**

Stanley W. Bollinger Jr 308
DRILLER'S NAME LICENSE NO

[signature] 11/18/80
SIGNATURE DATE

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)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) _____

Not to be filled in by driller (WRA USE ONLY)

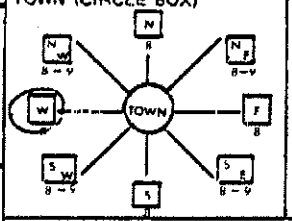
APPROP PERMIT NUMBER GAP

FORCE ___ WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U

B 3 **LOCATION OF WELL**

COUNTY Baltimore
SUBDIVISION ~~Mill Run Estates~~
SECTION 3 Recat Estates LOT 12
NEAREST TOWN Jacksonville
MILES FROM TOWN (enter 0 if in town) 1/2 M 1

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Robcaste Road
NEAR WHAT ROAD

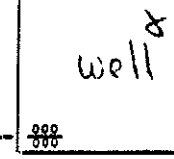
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, WEST W, 37 F, EAST, SOUTH S

250
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) F 1 M 1

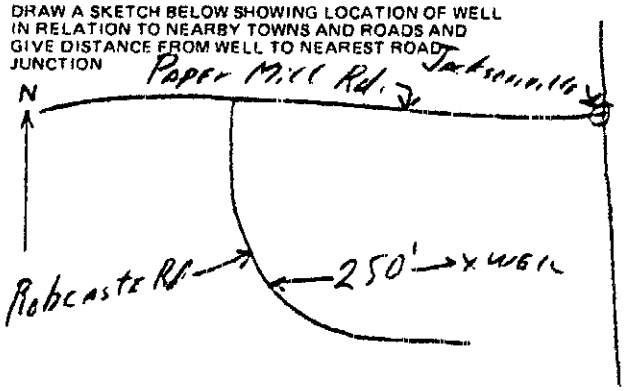
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX →

WRITE THE BOX NUMBER FROM THE MAP HERE ↓

F 920
N 610



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



B 4 NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore
COUNTY NAME COUNTY NO.

EHA SIGNATURE _____ STATE HEALTH CIRCLE BOX S

MO DAY YR 11 25 80 [signature] CO SIGNATURE DATE

NORTH GRID EAST GRID ELEV (FT)

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

[illegible]

HEALTH

10

14201 Robcaste Rd BA737809

C 1 3361 SEQUENCE NO. (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER DDD 12/30/80

Date Received (WRA use only) 15 Dec. 80 DATE WELL COMPLETED

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-73-7609

OWNER Mill Run Estates Inc. (last name / first name)

STREET OR RFD World Trade Center 245 TOWN Baltimore Maryland 21202

SUBDIVISION Ascot Estates SECTION 3 LOT 12

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 FROM	FEET TO	Check if water bearing
Brown dirt.	0	9	0
soft brown rock	9	16	
Hard brownish green rock	16	38	✓
gray rock	38	200	✓

CIRCLE APPROPRIATE BOX
- 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO 9

Earl Jones
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 4 NO. OF POUNDS 400
GALLONS OF WATER 24
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 22 ft. (enter 0 if from surface)

CASING RECORD
casing types (insert appropriate code below): ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	22

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or openhole (insert appropriate code below): ST STEEL, BR BRASS, BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (seq. no.)

EACH SCREEN	DEPTH (nearest ft.)	
1 HO	22	200
2		
3		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR W Q OTHER DATA

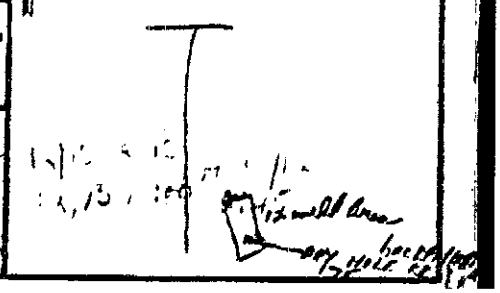
C 3 (seq. no.)

PUMPING TEST
HOURS PUMPED (nearest hour) 7
PUMPING RATE (gal. per min. to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE Timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 26
WHEN PUMPING 155
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 (CIRCLE APPROPRIATE BOX) YES Y NO N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)
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 / − below LAND SURFACE 1 (nearest foot)

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)



HEALTH

14202 Robcaste Rd BA943055

C 1 | 01578 | SEQUENCE NO (MDE USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY
MAR X2 1998

DATE WELL COMPLETED MM DD YY (15-20): 1 22 98

Depth of Well (22-26): 485 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" (28-37): BA - 94 - 3055

OWNER Rush, Joyce (last name, first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION Ascot Estates SECTION _____ LOT 14

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 FROM	FEET TO	check if water bearing
soft brown dirt	0	25	
med hard tan rock	25	35	
hard tan rock	35	49	
hard gray rock	49	50	
med hard/hard tan	50	54	
med soft brown rock	54	56	
med hard/hard brown	56	62	
med/med hard brown	62	68	
hard gray rock	68	119	
med hard gray rock	119	1 28	
med tan rock	128	129	
med hard/hard gray	129	187	
med/med hard gray	187	188	
med hard/hard gray	188	386	x
med/med hard gray	386	485	
525' dry hole Abandoned & sealed			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (yes / no): no (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.: MWD304
David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD509
Harvey W Knapp
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) / no (N) (44)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) (45-46) BENTONITE CLAY (BC)

NO OF BAGS 18 NO OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48-52 TOP) ft to 72 (54-58 BOTTOM) ft
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60-61)	6 (63-64)	73 (66-70)

EACH CASING — OTHER CASING (if used)

	diameter inch	depth (feet) from	depth (feet) to

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

C 2 (1-2)

	DEPTH (nearest ft.)	
	from	to
1	HO (8-9)	72 (11-15) / 485 (17-21)
2	(23-24)	(26-30) / (32-36)
3	(38-39)	(41-45) / (47-51)

EACH SCREEN

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) (56-60)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (from / to / 68)

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

T (70)	(E.R.O.S.) (72)	W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1-2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (6-9)

PUMPING RATE (gal per min.) 8 (11-15)

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 (17-20) ft.

WHEN PUMPING 365 (22-25) ft.

TYPE OF PUMP USED (for test) (27)
- A air
- P piston
- T turbine
- C centrifugal
- R rotary
- O other (describe below)
- J jet
- S submersible

PUMP INSTALLED
DRILLER WILL INSTALL 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)

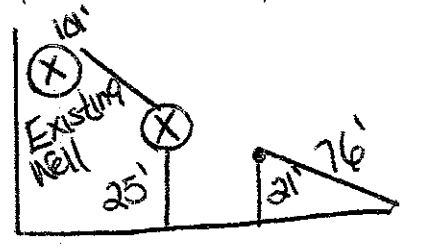
PUMP HORSE POWER (37-41)

PUMP COLUMN LENGTH (nearest ft.) (43-47)

CASING HEIGHT (circle appropriate box and enter casing height)
- (+) above (49) LAND SURFACE
- (–) below (49)

1 (nearest foot) (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)



14202 Robcaste Rd BA942987

STATE USE INDUSTRIES JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 9567 SEQUENCE NO. (MDE 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 BA-94-2987
fill in this form completely

Date Received (APA) 102797

OWNER INFORMATION

RUSH JOYCE
Last Name Owner First Name

14204 ROBCASTE
Street or RFD

PHOENIX MD 21311
Town State Zip

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

David Kelly 692-6981 410
Driller's Name License No.

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Jarrettsville 21084
Address

David Kelly 10-21-97
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER GAP

FORCE ME WRITE INITIALS IN BOX PERMIT No. BA-94-2987

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

ASCOT ESTATES
SUBDIVISION

SECTION LOT 14

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NW NE W E SW SE S TOWN

Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH

DISTANCE FROM ROAD

ENTER FT OR MI FT

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Bal 003
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 102797 M. Epps
CO SIGNATURE EXP. DATE

NORTH GRID 617000 EAST GRID 0924000

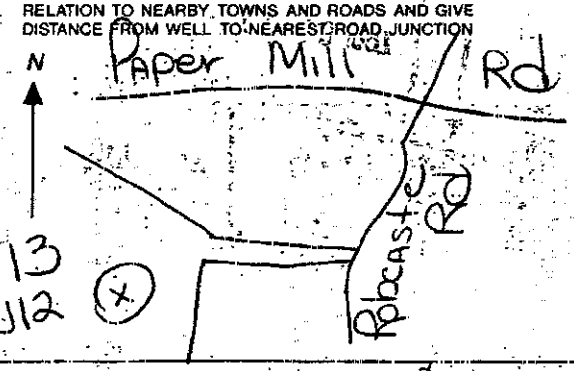
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



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

D-10

COUNTY

W 410-337-9305

H 410-527-0626

14202 Robcaste Rd BA942987

C 1 01577 — SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received 03/08/98

DATE WELL COMPLETED 1 13 98 (MM DD YY)

Well #1

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA - 94 - 2987

OWNER Rush, Joyce (last name, first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION Ascot Estates SECTION _____ LOT 14

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 FROM	FEET TO	check if water bearing
soft brown dirt	0	30	
med brown rock	30	50	
hard gray/tan rock	50	59	
med hard tan rock	59	60	
hard gray/tan rock	60	69	
med/med hard tan	69	71	
hard tan rock	71	72	
med hard tan rock	72	73	
hard gray rock	73	79	
med hard/hard tan	79	81	
hard gray rock	81	119	
med hard/hard tan	119	121	
hard gray rock	121	130	
med hard gray rock	130	135	X
hard gray rock	135	149	
med/med hard gray	149	150	
hard gray rock	150	280	
hard gray rock	280	365	X

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES [Y] NO [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: MWD 304

David Kelly
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC NO: MWD 509

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO OF BAGS 12 NO OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 56 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	58

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole — insert appropriate code below: [ST] STEEL [BR] BRASS [BRONZE] [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	HO	56 — 365
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

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min.) 4

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 51 ft.

WHEN PUMPING 330 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 WILL INSTALL 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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

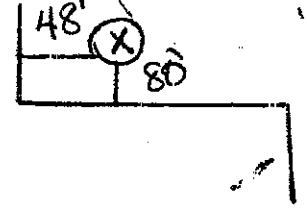
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
[+] above LAND SURFACE
[-] below
2 (nearest foot)

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)



COUNTY

10

EMERGENCY / TEMP NO. IF ANY

1409 SEQUENCE NO. WRA USE ONLY
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER (BA)-173-17808
fill in this form completely

DATE RECEIVED _____ 8 (WRA USE ONLY) 13

OWNER INFORMATION

Mill Run Estates Inc
LAST NAME OWNER FIRST NAME
World Trade Center 245
STREET OR RFD
Baltimore MD 21202
TOWN STATE ZIP

DRILLER INFORMATION

Stanley W. Ballinger Jr 308
DRILLER'S NAME LICENSE NO.
SIGNATURE 11/18/80 DATE

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (H) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED WELLS (Circle Appropriate Box)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (R) 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

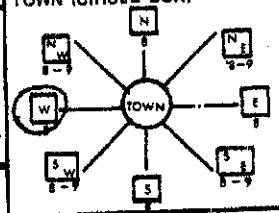
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

TO BE FILLED IN BY DRILLER (WRA USE ONLY)
SOURCE PERMIT NUMBER
WRITE INITIALS CONDITIONS
SPECIAL CONDITIONS YES (WRA USE ONLY)

LOCATION OF WELL

COUNTY Baltimore
SUBDIVISION Mill Run Estates
SECTION 3 LOT 1
NEAREST TOWN Jacksonville
MILES FROM TOWN (enter 0 if in town) 1/2 M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

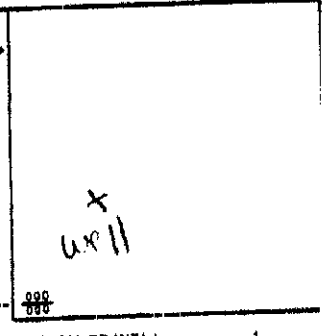


Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, WEST W, 32, E EAST, S SOUTH

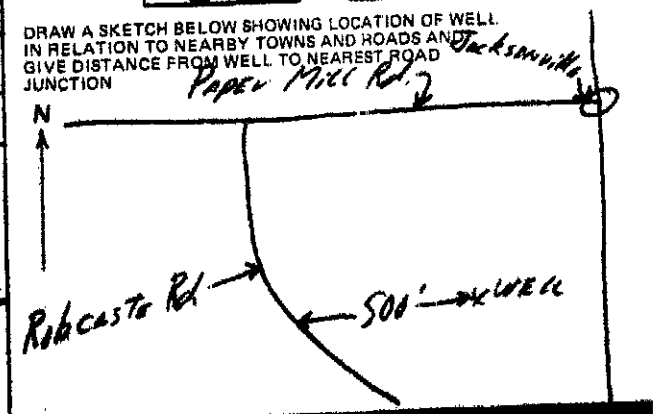
500
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) FT M

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX →



WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610

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



NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore
COUNTY NAME COUNTY NO.
EHA SIGNATURE STATE HEALTH CIRCLE BOX
NO DAY YR CO. SIGNATURE DATE
NORTH EAST GRID ELEV. (FT)

14203 Robcaste Rd BA737808

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

THIS REPORT MUST BE SUBMITTED 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER 12/30/90

DATE WELL COMPLETED 23 Nov 90

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-73-7808

OWNER [illegible]

STREET OR RFD [illegible] TOWN Baltimore Maryland 21202

SUBDIVISION Locust Point SECTION LOT 11

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (use additional sheets if needed)	FEET FROM	FEET TO	CASING (if water bearing)
#2 Brown dirt	0	8	
Soft reddish brown rock	8	30	
red soft brown rock	30	40	
Hard grayish brown rock	40	50	✓
gray mica rock	50	300	
#1 DRY HOLE 105'			
backfilled w/ #2			

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL: CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS 10 NO. OF POUNDS

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (enter 0 if from surface) to 41 ft

CASING RECORD

casing types - insert appropriate code below: [S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
S 7	6	42

OTHER CASING (if used)

	Nominal diameter inch	depth (feet) from	to
EACH CASING			

SCREEN RECORD

screen type or open hole - insert appropriate code below: [S T] STEEL [B R] BRASS, BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (Seq. No.)

DEPTH (nearest ft.)

EACH SCREEN			
1	H O	41	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 200

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 (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

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 [-] below LAND SURFACE (nearest foot)

CIRCLE APPROPRIATE BOX

[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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

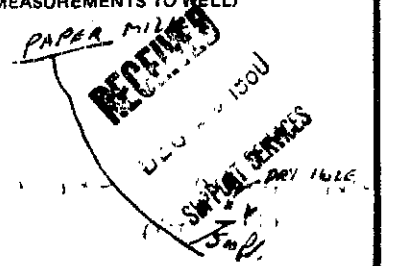
DRILLERS IDENT NO 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Earl Jones

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

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)



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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

14204 Robcaste Rd BA737843

ONR-131 (7-77)

ENERGENCY NO. (If any) –

B 1 7690 (SEQUENCE NO. WRA USE ONLY)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: [illegible] (COL 15 LAST NAME) (FIRST NAME) (COL. 34)

STREET OR RFD: [illegible] (COL 36) (COL. 55)

POST OFFICE: [illegible] (COL 57) (COL. 76)

B 1 CONTINUED — DRILLER INFORMATION

DATE: 12-2-80 LICENSE NUMBER: [illegible]

[illegible] (FIRST NAME) (DRILLER) (LAST NAME)

SIGNATURE: [illegible]

B 2 — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): [illegible]

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F — FARMING, AGRICULTURE, IRRIGATION
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M — MUNICIPAL WATER SUPPLY
- P — PRIVATE WATER COMPANY
- T — TEST

(M, P: MUST HAVE STATE HEALTH DEPT. APPROVAL)

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: [illegible] (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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
- D — THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROPRIATION PERMIT NUMBER: ENGINEER REVIEW DISTRICT NO.

FORCE: WRITE INITIALS IN BOX CONDITIONS: A R N S G W Q C L U

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX): BALTIMORE (COUNTY NAME) (COUNTY NO.)

DATE: 12 20 80 (MO. DAY YR.) APPROVED BY: [illegible]

B 3 — LOCATION OF WELL

COUNTY: [illegible] (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: [illegible]

SECTION: [illegible] LOT: [illegible]

NEAREST TOWN: [illegible]

MILES FROM TOWN (ENTER 0 IF IN TOWN): [illegible]

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

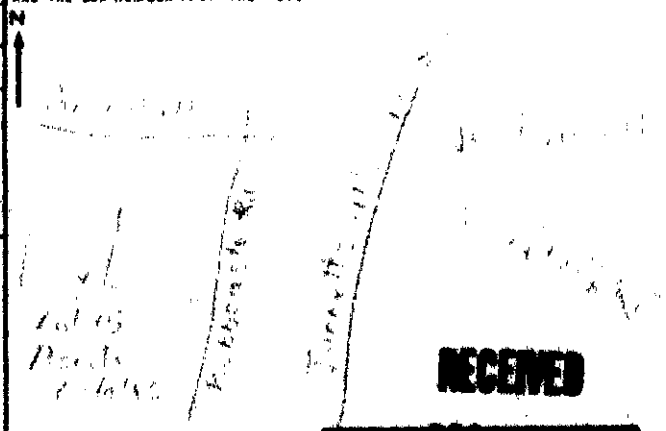
N NORTH, E EAST, NE NORTHEAST, SE SOUTHEAST, S SOUTH, W WEST, NW NORTHWEST, SW SOUTHWEST

HEAD WHAT: [illegible]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): [illegible]

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEAREST TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E [illegible] N 610

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)

RECEIVED
DEC - 3 1980
SUPPORT SERVICES

X

B 5 — SPECIAL CONDITIONS

New Baltimore County Yield Test Required

HEALTH

14204 Robcaste Rd BA737843

C 1 3394 SEQUENCE NO. (WRA USE ONLY)

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

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER 13-30-20

Date Received (WRA use only)

12-12-80
DATE WELL COMPLETED

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-73-7843

OWNER [illegible] LEE
(last name) (first name)

STREET OR RFD 10708 West Castle Place TOWN Cockeysville, Maryland 21030

SUBDIVISION ABCOT ESTATES SECTION III LOT 15

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 FROM	FEET TO	Check if water bearing
Dirt (topsoil)	0	1	
Brown micaloam	1	35	
Tan micarock	35	38	
Gray rock	38	250	✓

CIRCLE APPROPRIATE BOX
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

[illegible]

DRILLERS IDENT NO. [illegible]

[illegible]

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 10 NO. OF POUNDS 940
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top/main casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C 2

DEPTH (nearest ft.)		
HO	39	250

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX P

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

Y (S.R.O.S.) W.O.

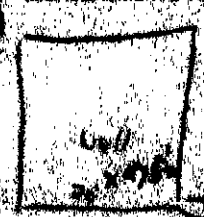
C 3

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 (Number from land surface)
BEFORE PUMPING 32
WHEN PUMPING 102
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 (CIRCLE APPROPRIATE BOX) YES Y NO N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)
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
− below
LAND SURFACE 1 (nearest foot)

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)



14205 Robcaste Rd BA813170

C1 5394 (DEP USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED: 070893

DEPTH OF WELL: 300 (TO NEAREST FOOT)

PERMIT NO FROM PERMIT TO DRILL WELL: BA-81-3170

OWNER: Blank Alvin

STREET OR RFD: 1045 Taylor Ave TOWN: Towson 21204

SUBDIVISION: Ascot Estates SECTION: 3 LOT: 10

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 FROM	FEET TO	Check if water bearing
Well deepened	103	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS ____ NO. OF POUNDS ____

GALLONS OF WATER ____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM ____ FT TO ____ FT (ENTER IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below

ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot)

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C2

EACH SCREEN — DEPTH (NEAREST FT.)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

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

+ TELESCOPE CASING, (E R O S) LOG INDICATOR, W Q OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min to nearest gal.): ____

METHOD USED TO MEASURE PUMPING RATE: dimer

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 32

WHEN PUMPING: 88

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 (CIRCLE) (YES or NO) YES 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

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, − below — LAND SURFACE 1 (NEAREST FOOT)

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)

Well deepened

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 10.17.13 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 304

David Kelly

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Arnold Garrison

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

ORIGINAL

14206 Robcaste Rd BA737811

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

WRA USE ONLY: 3359

DATE WELL COMPLETED: 12-22-82

Depth of Well: 150 FT (TO NEAREST FOOT)

PERMIT TO DRILL WELL: BA-73-781

OWNER: Bill Dan Robcaste Inc.

STREET OR RFD: World Trade Center 245

TOWN: Baltimore, Maryland 21202

SUBDIVISION: Acco Estates

SECTION: 3

LOT: 36

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET FROM	FEET TO	Check if water bearing
Brown Sand	0	8	
Soft brown rock	8	30	
Med brown rock	30	38	
Ground brown rock	38	64	~
Med gray rock	64	150	~

WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) (N)

TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 9 NO OF POUNDS: 350

GALLONS OF WATER: 54

DEPTH OF GROUT SEAL (to nearest foot): from 10 ft to 31 ft

CASING MATERIAL (casing (type) insert appropriate code letter): STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT)

MAIN CASING TYPE	Nominal diameter (inches)	Total depth of casing (nearest foot)
ST	6	92

OTHER CASING (if used): (Circle Appropriate Box) FROM ft TO ft

SCREEN MATERIAL (screen (type) or construction (insert appropriate code letter)): STEEL (ST), BRASS, BRONZE (BR), OPEN HOLE (NO), PLASTIC (PL), OTHER (OT)

SCREEN: DEPTH (at bottom) 92 ft

SLOT SIZE: in

DIAMETER OF SCREEN: in (NEAREST INCH)

GRAVEL PACK: FROM ft TO ft

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX: (F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): (ERDS) TELESCOPE CASING (T) LOG INDICATOR (L) W Q OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal per min. to nearest gal): 13
METHOD USED TO MEASURE PUMPING RATE: Time
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 17 ft
WHEN PUMPING: 120 ft
TYPE OF PUMP USED (for test): (A) air, (P) piston, (T) turbine, (C) centrifugal, (R) rotary, (O) other (specify), (J) jet, (S) submersible

PUMP INSTALLER
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)
IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT THOSE TO BE USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX SEE ABOVE): (A, C, J, P, R, S, T or O)
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft)
CASING HEIGHT (check appropriate box and enter casing height): (+) above LAND SURFACE, (-) below LAND SURFACE, from top of casing

CIRCLE APPROPRIATE BOX
(A) A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
(E) ELECTRIC LOG OBTAINED
(P) THIS WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL REQUIREMENTS OF THE APPROPRIATIONS PERMIT TO DRILL THIS WELL, AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. INFORMATION PROVIDED

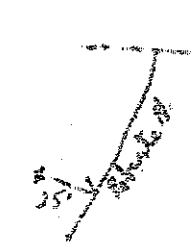
DRILLERS SIGNATURE

DRILLERS PERMIT NO: 2

WITNESS SIGNATURE ON APPLICATION

SITE SUPERVISOR (CIRCLE ONE OF THE FOLLOWING): DRILLER, OWNER, OR SOMEONE RESPONSIBLE FOR OVERSEEING THE DRILLING OPERATION

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)



14207 Robcaste Rd BA738140

C 1 7599 (WRA USE ONLY)

THIS NUMBER IS TO BE MARKED IN BOLD, 3/8 ON ALL CARDS

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

30 DAYS AFTER WELL IS COMPLETED
COUNTY
NUMBER

Date Received (WRA use only) APR 27 1981

17 April 81
DATE WELL COMPLETED 091781

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-73-8140

OWNER Ascot Estates Inc. (last name) (first name)
STREET OR RFD World Trade Center Suite 245 TOWN Baltimore, Maryland 21202
SUBDIVISION Mill Run Estates/Ascot Pt 2 SECTION 3 LOT 21

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GEOLOGIC LOG (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Brown dirt	0	8	
Soft brown mica rock	8	14	
Med brown rock	14	18	
Hard gray rock	18	50	✓
Gray mica rock	50	340	

CIRCLE APPROPRIATE BOX

- [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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO 9

Earl Jones
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION

Earl Jones
SITE SUPERVISOR (sign if driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) [T] [N]

TYPE OF GROUTING MATERIAL
CEMENT [C M] BENTONITE CLAY [B C]
NO. OF BAGS 4 NO. OF POUNDS 80
GALLONS OF WATER 24
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft. (enter 0 if from surface)

CASING RECORD

casing types (insert appropriate code below)

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (in/in) casing (nearest inch)	Total depth of main casing (nearest foot)
S T	6	21

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or openhole (insert appropriate code below)

[S T] STEEL [B R] BRASS, BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (seq. nos)

EACH SCREEN	DEPTH (nearest ft.)	
H O	20	340

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

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

T (E.R.G.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no)

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE TIMER

WATER LEVEL (distance from land surface)
BEFORE PUMPING 33
WHEN PUMPING 290

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 (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

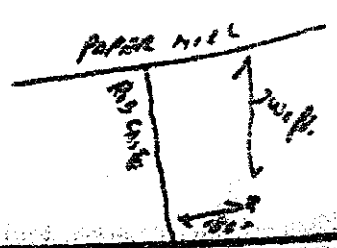
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE 1 (nearest foot)

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)



ORIGINAL

14208 Robcaste Rd BA882610

EMERGENCY/TEMP NO IF ANY

B 1 8776 SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-88-2610
fill in this form completely

Date Received (APA): 071690

OWNER INFORMATION Well #2

Last Name / Owner / First Name
Street or RFD
Town / State / Zip

DRILLER INFORMATION

Driller's Name / License No
Firm Name
Address
Signature / Date: 7-10-90

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 10
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 100

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 100 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: ME (WRITE INITIALS IN BOX) PERMIT No: BA-88-2610

B 3 LOCATION OF WELL Serving Lot 17

COUNTY: BALTIMORE
SUBDIVISION: ALCOT ESTATE 2
SECTION: 3 LOT: 19
NEAREST TOWN: [illegible]
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: [illegible]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 100
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

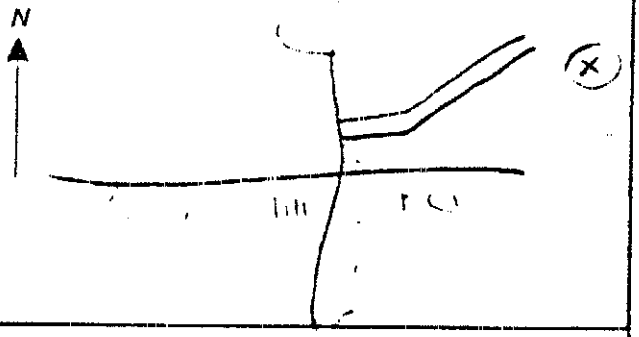
COUNTY NAME: Balto COUNTY NO: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 071690 CO SIGNATURE: M. Epps EXP DATE
NORTH GRID: 614000 EAST GRID: 0924000

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 720
N 610

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



SPECIAL CONDITIONS

D-10

COUNTY

14208 Robcaste Rd BA882610

C 3622 — SEQUENCE NO. (DEP USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED: 050280 — DATE WELL COMPLETED: 050490 — Well #2 — DEPTH OF WELL: 300 (TO NEAREST FOOT) — PERMIT NO. FROM PERMIT TO DRILL WELL: BA-S8-2610

OWNER: Blank, Alvin
STREET OR RFD: 1045 Taylor Ave — TOWN: Towson 21204
SUBDIVISION: Ascot Estates — SECTION: — LOT: 19

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 FROM	FEET TO	Check if water bearing
soft brown	0	25	
hard & med tan	25	42	
hard tan & gray rock	42	53	
hard/med hard tan	53	57	x
hard gray rock	57	60	
med hard tan rock	60	61	
med tan rock	61	63	
soft brown rock	63	65	x
med hard tan rock	65	78	
hard gray & green	78	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes: Y — no: N
TYPE OF GROUTING MATERIAL: CEMENT CM — BENTONITE CLAY BC
NO OF BAGS: 11 — NO OF POUNDS: 1100
GALLONS OF WATER: 66
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT TO 43 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	44

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from to

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

C 2

EACH SCREEN	DEPTH (NEAREST FT)		
	HO	43	300
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___
DIAMETER OF SCREEN (NEAREST INCH)

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

PUMPING TEST
C 3
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal per min to nearest gal): 27
METHOD USED TO MEASURE PUMPING RATE: timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 44
WHEN PUMPING: 59
TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible

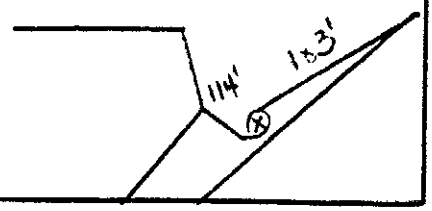
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) — YES / NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J P,R,S,T,O) IN BOX - SEE ABOVE
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft)
CASING HEIGHT (circle appropriate box and enter casing height): + above, - below — LAND SURFACE 1 (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 10.17.13 "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: 304
David Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
David Kelly
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)



DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING
(E.R.O.S.) — LOG INDICATOR
W.O. — OTHER DATA

HEALTH

14209 Robcaste Rd BA738141

PLEASE PRINT OR TYPE

Date Received (Date Entered) 27 April 87

DATE WELL COMPLETED

APR 27 1987

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-73-5141

OWNER Ascot Estates Inc. first name

STREET OR RFD Northgate (Center Suite #245 TOWN Baltimore Md 21202

SUBDIVISION Mill Run Estates Ascot Edn SECTION 3 LOT 9

DRILLING LOG (Not required for driven wells)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use other sheet if needed)	FEET FROM	FEET TO	Check if water bearing
[illegible]	0	15	
[illegible]	15	90	
[illegible]	90	35	
[illegible]	35	70	✓
" "	70	200	

CIRCLE APPROPRIATE BOX

[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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 7

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) [Y] [N]

TYPE OF GROUTING MATERIAL

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 10 NO. OF POUNDS 100

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 ft. from surface)

CASING RECORD

casing types (insert appropriate code below)

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter (nearest inch)	Total depth of main casing (nearest foot)
ST	6	41

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

[ST] STEEL [BR] BRASS, BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 (seq. nos.)

DEPTH (nearest ft.)

EACH SCREEN			
	HO	40	200

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

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

T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. nos.)

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE Trace

WATER LEVEL (measure from land surface)

BEFORE PUMPING 28

WHEN PUMPING 150

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 (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

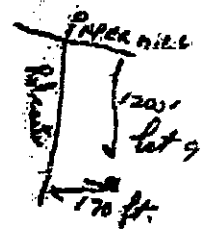
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[✓] above [ ] below LAND SURFACE 1 (nearest foot)

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)



ORIGINAL

EMERGENCY/TEMP NO. IF ANY

B 1 1415 SEQUENCE NO. WRA USE ONLY
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER: BA-73-7812
fill in this form completely

DATE RECEIVED _____ 8 (WRA USE ONLY) 13

OWNER INFORMATION

LAST NAME: Mill Run Estates Inc — FIRST NAME: World Trade Center 245
STREET OR RFD: Baltimore
TOWN: Baltimore STATE: MD ZIP: 21202

B 1 CONTINUED **DRILLER INFORMATION**

DRILLER'S NAME: Stanley W. Bollinger Jr 308
LICENSE NO: 77 80
SIGNATURE: Stanley W. Bollinger Jr DATE: 11/18/80

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)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (E) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 245 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) _____

Not to be filled in by driller (WRA USE ONLY)

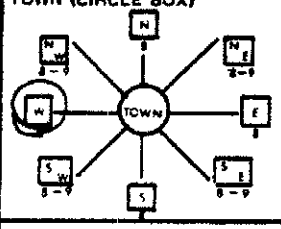
APPROP. PERMIT NUMBER: GAP
FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS A E N S G W Q C L U

B 3 **LOCATION OF WELL**

COUNTY: Baltimore
SUBDIVISION: Mill Run Estates — Ascot Estates
SECTION: 3 LOT: 5
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): ½

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Robcaste Rd

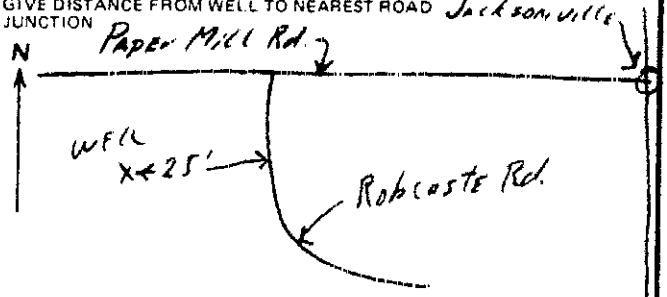
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) EAST (E) SOUTH (S)

DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX): 25 FT

SHOW LOCATION OF WELL WITH AN 'X' IN THIS BOX → well

WRITE THE BOX NUMBER FROM THE MAP HERE: E 920 N 610

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



B 4 NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Baltimore Co. COUNTY NO.
EHA SIGNATURE _____ STATE HEALTH CIRCLE BOX: 5
MO DAY YR: 11 25 80
CO. SIGNATURE _____ DATE _____
NORTH GRID _____ EAST GRID _____ ELEV (FT) _____

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

New Baltimore County
Well Test Required

HEALTH

14210 Robcaste Rd BA737812

CJ [redacted] SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER 02/178/

Date Received (WRA use only)

DATE WELL COMPLETED 8 Feb 81

Depth of Well 123 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-78-78L2

OWNER Mill Run Estates Inc (last name)

STREET OR RFD World Trade Center 245 (first name) TOWN Baltimore, Maryland 21202

SUBDIVISION Ascot Estates SECTION 3 LOT 18

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Brown dirt	0	12	
Soft brown rock	12	24	
Hard gray rock	24	42	✓
2 Gpm			
Hard gray rock	42	98	✓
Hard gray rock	98	123	

WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N

TYPE OF GROUTING MATERIAL
CEMENT [C M] BENTONITE CLAY [B C]
NO. OF BAGS 6 NO. OF POUNDS 600
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (enter 0 if from surface) to 30 ft

CASING RECORD
casing types - insert appropriate code below
[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
S T	6	31

EACH CASING — OTHER CASING (if used): diameter (inch), depth (feet) from, to

SCREEN RECORD
screen type or openhole - insert appropriate code below
[S T] STEEL [B R] BRASS, BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (SEQ. NO.)

EACH SCREEN	DEPTH (nearest ft.)	
1	40	30 to 123
2		
3		

SLOT SIZE .....

DIAMETER OF SCREEN ..... (NEAREST INCH)

GRAVEL PACK from ..... to .....

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

C 3 (SEQ. NO.)

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE Timed
WATER LEVEL (distance from land surface)
BEFORE PUMPING 42
WHEN PUMPING 69
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 INSTALLER
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO (N)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)
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 (–) below — LAND SURFACE (nearest foot) /

CIRCLE APPROPRIATE BOX
[A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
[E] ELECTRIC LOG OBTAINED
[P] TEST WELL CONVERTED TO PRODUCTION WELL

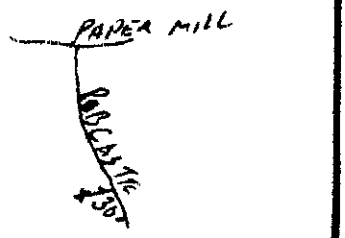
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO 9

Earl Jones
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA

HEALTH

Ascot Estates Lot 18 Sec 3

14211 Robcaste Rd BA882611

EMERGENCY/TEMP NO IF ANY

B 1 8761 SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-88-2611
fill in this form completely

Date Received (APA): 071690

OWNER INFORMATION Well #3

Last Name / Owner / First Name: [illegible] ALVIN
Street or RFD: 104 TAYLOR AVE
Town: TOWSON State: MD Zip: 21204

DRILLER INFORMATION

Driller's Name: [illegible] 690-690 Licence No: 204
Firm Name: [illegible] Well Drilling Inc
Address: 700 [illegible] Rd [illegible]
Signature: [illegible] Date: 7-10-90

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN.): 20
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 2500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP
FORCE: 12 WRITE INITIALS IN BOX PERMIT No: 84-88-2611

B 3 LOCATION OF WELL NOW SERVING

COUNTY: BALTIMORE
SUBDIVISION: ASCOT ESTATES
SECTION: 3 LOT: 19 Lot 8
NEAREST TOWN: [illegible]
MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: ROBCASTLE Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 300
ENTER FT or MI: FT

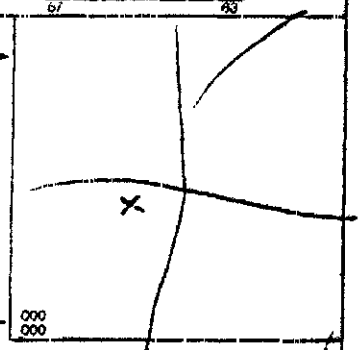
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Baldo COUNTY NO: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 071690 CO SIGNATURE: [illegible] EXP DATE
NORTH GRID: 614000 EAST GRID: 0923000

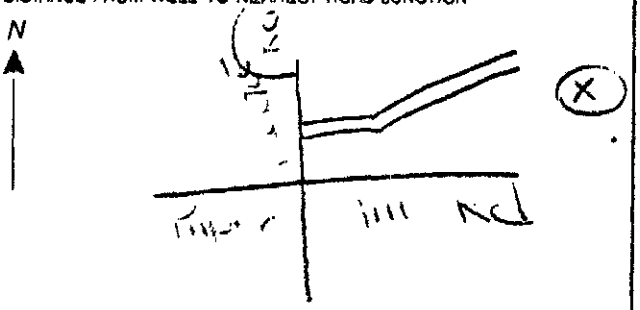
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 120
N 610



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



SPECIAL CONDITIONS

[illegible] D-10

COUNTY

C 1 3624 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE RECEIVED 05 07 90

DATE WELL COMPLETED 05 04 90

Well #3

DEPTH OF WELL 300 (TO NEAREST FOOT)

OBSERVATION WELL

PRIOR PERMIT NO. PERMIT TO DRILL WELL BA-88-2611

OWNER Blank, Alvin

STREET OR RFD 1045 Taylor Avenue TOWN Towson 21204

SUBDIVISION Ascot Estates SECTION LOT 19

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 FROM	FEET TO	Check if water bearing
soft brown	0	28	
hard & med brown	28	50	
tan rock	50	52	
hard tan rock	52	54	X
med hard brown rock	54	58	X
med soft brown rock	58	65	
med hard tan rock	65	66	
hard & med hard gray	66	76	
med hard tan rock	76	78	
hard tan & gray rock	78	84	
med hard tan rock	84	86	
hard gray rock	86	90	
hard tan rock	90	91	
hard & med hard gray	91	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO OF BAGS 11 NO OF POUNDS 1100
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT TO 43 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	44

OTHER CASING (if used)

	diameter inch	depth (feet) from	to

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

C 2

DEPTH (NEAREST FT.)

MAIN SCREEN	HO	44	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

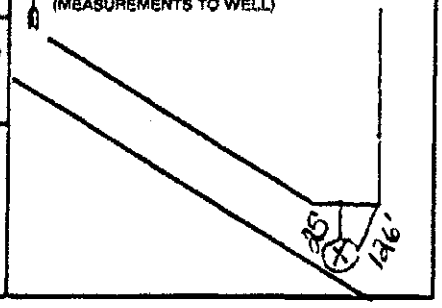
GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 66

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal. per min to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING 290
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 (CIRCLE) (YES or NO) YES 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:
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 / - below LAND SURFACE
(NEAREST FOOT)

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)



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 10.17.13 "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 304
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) David Kelly
SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee) David Kelly

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W ____
TELESCOPE CASING
LOG INDICATOR
OTHER DATA

HEALTH

10

14212 Robcaste Rd BA941553

EMERGENCY/TEMP NO IF ANY

B 1 5051 SEQUENCE NO (MDE 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: BA-94-1553
fill in this form completely

Date Received (APA): 032896

OWNER INFORMATION

ASCOT ESTATES INC
Last Name / Owner / First Name

1045 TAYLOR AVE
Street or RFD

BALTIMORE MD 21204
Town / State / Zip

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD

David Kelly 692-6981 304
Driller's Name / License No

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Darrettsville 21084
Address

David Kelly 3-22-96
Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 20

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 3500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER: GAP

FORCE: WE WRITE INITIALS IN BOX PERMIT No. BA-94-1553

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

ASCOT ESTATES
SUBDIVISION

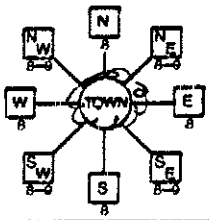
SECTION / LOT 19

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

APPROX 750 DISTANCE FROM ROAD

ENTER FT OR MI: FT

TAX MAP: ____ BLK. ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME / COUNTY NO

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 032896 M Exs
CO SIGNATURE / EXP DATE

NORTH GRID: 614000 EAST GRID: 0923000

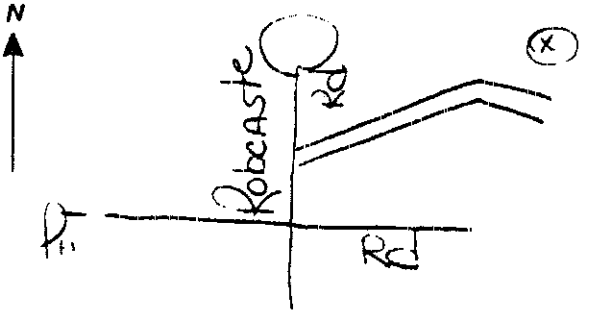
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



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

14212 Robcaste Rd BA941553

C1 5394 SEQUENCE NO. (DENV USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY DATE Received: 040898

DATE WELL COMPLETED: 05 30 96

Depth of Well: 285 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL": BA-94-1553

OWNER: Ascot Estates Inc. (last name / first name)

STREET OR RFD: 3 Dc Orce Street TOWN: Dundalk 21222

SUBDIVISION: Ascot Estates SECTION: LOT: 19

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 FROM	FEET TO	Check if water bearing
soft brown dirt	0	58	
med hard green rock	58	70	
med hard gray rock	70	110	
med hard white rock	110	136	
med gray rock	136	165	
med hard green rock	165	170	x
med hard gray rock	170	209	
med hard green rock	209	216	
med hard gray rock	216	285	

RECEIVED MAR 25 [illegible]

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 24

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft (TOP) to 535 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE: P1 — Nominal diameter top (main) casing (nearest inch): 6 — Total depth of main casing (nearest foot): 57

EACH CASING — OTHER CASING (if used): diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C2

EACH SCREEN — DEPTH (nearest ft): 1 HO 55 285; 2; 3

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING; (E R O S.) LOG INDICATOR; W Q OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal per min to nearest gal.): 14

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 35

WHEN PUMPING: 104

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 (CIRCLE) (YES or NO) YES 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

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, − below LAND SURFACE 1 (nearest foot)

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)

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

D-10

14213 Robcaste Rd BA941552

EMERGENCY/TEMP NO IF ANY

B 1 .5047 SEQUENCE NO (MDE 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: BA-94-1552
fill in this form completely

Date Received (APA): 3/28/96

OWNER INFORMATION

SUITE 101

ASCOT ESTATES INC
Last Name / Owner / First Name

1045 TAYLOR AVE
Street or RFD

BALTIMORE MD 21204
Town / State / Zip

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

David Kelly 642-6981 3044
Driller's Name / Telephone / Licenses No

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Harrettsville
Address

David Kelly 3-22-96
Signature / Date

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.): 20

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 3500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

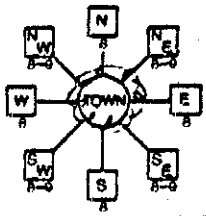
APPROP PERMIT NUMBER: GAP

FORCE: WE WRITE INITIALS IN BOX PERMIT No. BA-94-1552

B 3 **LOCATION OF WELL**

6 COUNTY: BALTIMORE
23 SUBDIVISION: ASCOT ESTATES
SECTION: B LOT: 7
62 NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 M

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH WEST EAST SOUTH

Approx 400 DISTANCE FROM ROAD

ENTER FT OR MI: FT

TAX MAP ___ BLK ___ PARCEL ___

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO: 03

STATE SIGNATURE ___ INSERT S

DATE ISSUED: 3/28/96 CO SIGNATURE: M. Fox EXP DATE

NORTH GRID: 617000 EAST GRID: 418000

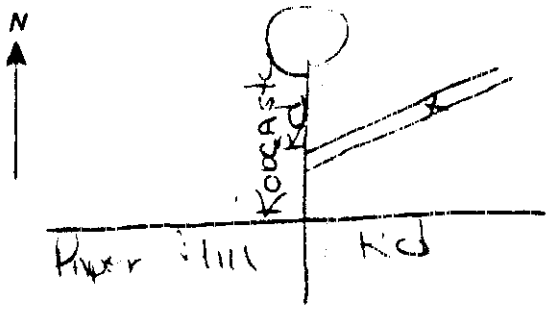
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 420
N 610

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



SPECIAL CONDITIONS

D-1C

14213 Robcaste Rd BA941552

33 SEQUENCE NO. (DENV USE ONLY)

IS TO BE PUNCHED 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received 07 03 96 (8 9 10 11 12 13)

DATE WELL COMPLETED 05 24 96 (15 16 17 18 19 20)

Depth of Well 22 [ ] [ ] [ ] 26 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" B A - 9 4 - 1 5 5 2 (28 29 30 31 32 33 34 35 36 37)

OWNER Ascot Estates

STREET OR RFD 3 [illegible]ce Street (last name, first name) TOWN Dundalk 21222

SUBDIVISION Ascot Estates SECTION LOT 7

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 FROM	FEET TO	Check if water bearing
soft brown dirt	0	20	
med hard gray rock	20	25	
soft brown rock	25	30	
med hard gray rock	30	34	
soft tan rock	34	40	
med hard gray rock	40	59	
soft brown rock	59	60	x
med hard gray rock	60	65	
soft brown rock	65	70	x
med hard gray rock	70	82	
med hard brown rock	82	84	x
med hard gray rock	84	100	
med gray rock	100	113	
med hard gray rock	113	115	
med gray rock	115	117	
hard [illegible] rock	117	[illegible]	

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 [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL

CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO OF BAGS 14 NO OF POUNDS 140

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)

from [ ] ft (48 TOP 52) to [ ] ft (54 BOTTOM 58)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L (60 61)	[ ] (63 64)	[ ] (65 70)

EACH CASING

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

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 (1 2)

EACH SCREEN

	DEPTH (nearest ft)	
1 (8 9)	40 (11 15)	50 (17 21)
2 (23 24)	(26 30)	(32 36)
3 (38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN [ ] (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

T (70) TELESCOPE CASING

(E.R.O.S) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal per min to nearest gal) 14 (11 15)

METHOD USED TO MEASURE PUMPING RATE + inner

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 (17 20)

WHEN PUMPING 52 (22 25)

TYPE OF PUMP USED (for test)

A air (27) P piston (27) T turbine (27)

C centrifugal (27) R rotary (27) O other (describe below) (27)

J jet (27) S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49) } LAND SURFACE

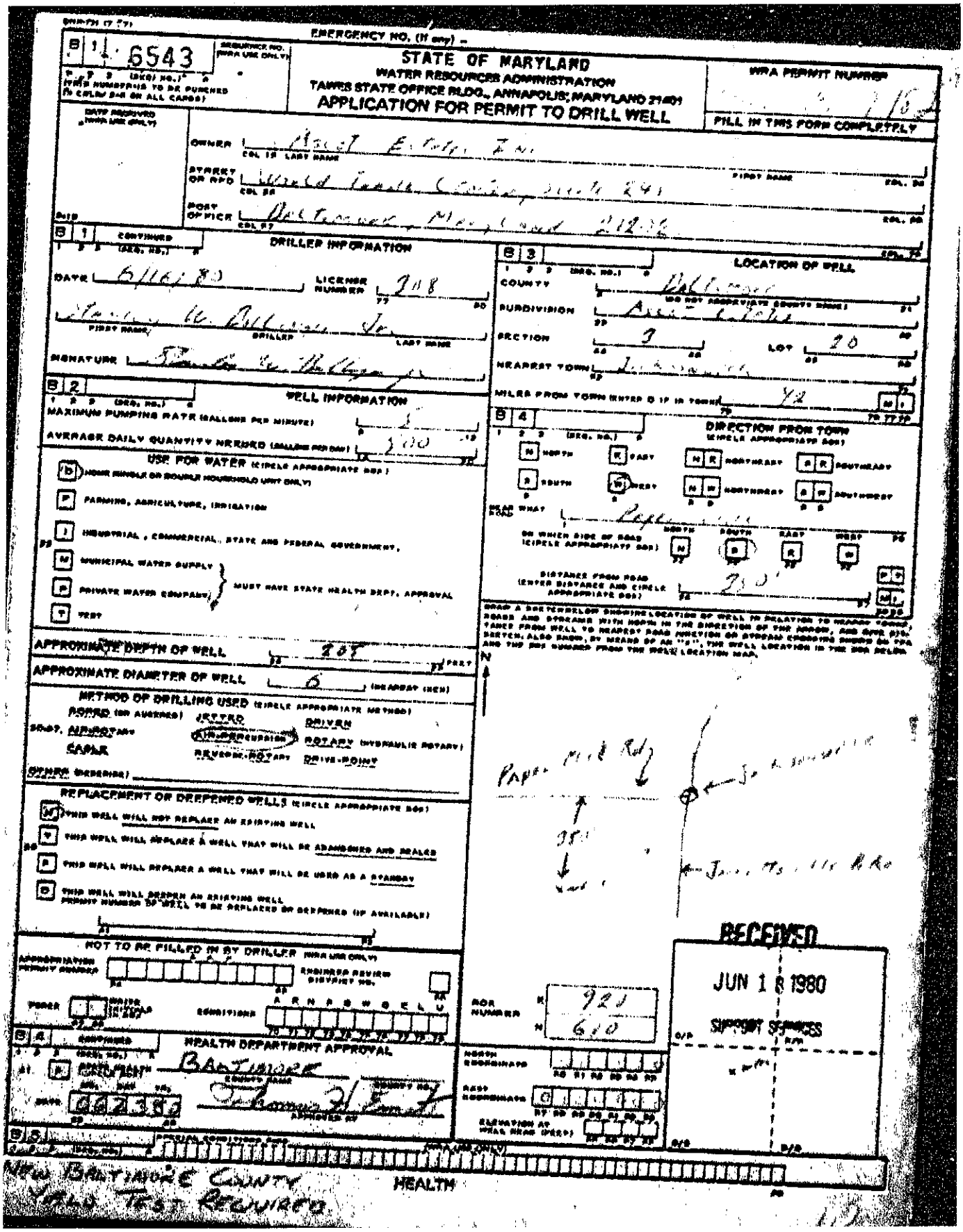
- below (49) } 1 (nearest foot) (50 51)

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)

N

D-10

COUNTY



EMERGENCY NO. (If any) –

B 1 6543

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

OWNER West E. Corp. Inc.

STREET OR RFD Wood Trail Court North 241

POST OFFICE Baltimore, Maryland 21236

B 1 CONTINUED

DRILLER INFORMATION

DATE 6/16/80 LICENSE NUMBER 318

Paul W. Bellows Jr.
FIRST NAME DRILLER LAST NAME

SIGNATURE Paul W. Bellows Jr.

B 2

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(b) HOME SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT,
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

APPROXIMATE DEPTH OF WELL 285 FEET

APPROXIMATE DIAMETER OF WELL 6 (NOMINAL INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN
SPUD, AIR ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY DRIVE-POINT

OTHER (SPECIFY)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

W THIS WELL WILL NOT REPLACE AN EXISTING WELL
R THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
P THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW DISTRICT NO.

PERMIT DATE ISSUED

CONDITIONS A R N P B W C L U

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

R RECOMMENDED Baltimore
COUNTY NAME

DATE 6/23/80

APPROVED BY

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

New Baltimore County
Yield Test Required

HEALTH

B 3

LOCATION OF WELL

COUNTY Baltimore
(DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION Avon Estates

SECTION 3 LOT 20

NEAREST TOWN Lansdowne

MILES FROM TOWN (ENTER 0 IF IN TOWN) .42

B 4

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH R EAST NR NORTHEAST SR SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT Pape Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 210' FT M

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR BRIDGE CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

Pape Mill Rd

35'

RECEIVED
JUN 18 1980
SUPPORT SERVICES

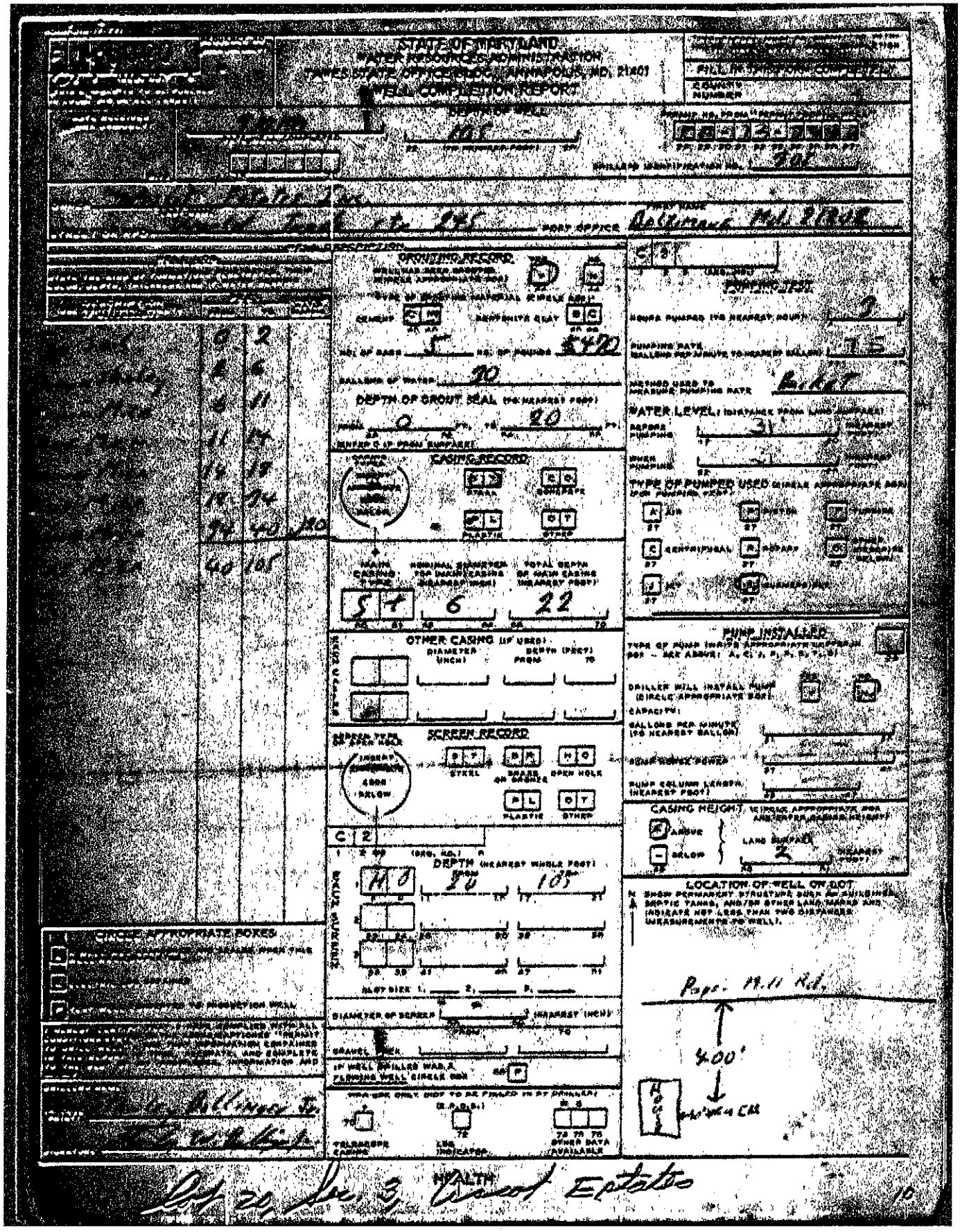
ROR NUMBER E 925 N 610

NORTH COORDINATE

EAST COORDINATE G

ELEVATION AT WELL HEAD (FEET)

14214 Robcaste Rd BA737482



14215 Robcaste Rd BA941551

EMERGENCY/TEMP NO IF ANY

B 1 5050 SEQUENCE NO (MDE 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: BA-94-1551
fill in this form completely

Date Received (APA): 032896

SUITE 101

OWNER INFORMATION

ASCOT ESTATES INC
Last Name / Owner / First Name

1045 TAYLOR AVE
Street or RFD

BALTIMORE MD 21204
Town / State / Zip

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

David Kelly 692-6981 304
Driller's Name / Licence No

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Harrettsville
Address

David Kelly 3-22-96
Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN.): 20

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 3500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER: GAP

FORCE: ME WRITE INITIALS IN BOX PERMIT No. BA-94-1551

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

ASCOT ESTATES
SUBDIVISION

SECTION LOT 6

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

approx 500 DISTANCE FROM ROAD

ENTER FT OR MI: FT

TAX MAP ____ BLK. ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto 003
COUNTY NAME / COUNTY NO

STATE SIGNATURE ____ INSERT B

DATE ISSUED: 032896 M. Epps
CO SIGNATURE / EXP DATE

NORTH GRID: 614000 EAST GRID: 0923000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

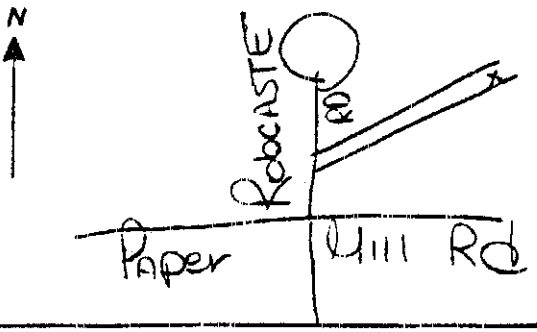
SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

X

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



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

D-10

14215 Robcaste Rd BA941551

C 1 | 5391 | SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 05 29 96

Depth of Well: 205 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL": BA-94-1551

OWNER: Ascot Estates Inc.

STREET OR RFD: 3 Colt (last name) Street (first name) TOWN: Dundalk 21222

SUBDIVISION: Ascot Estates 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 FROM	FEET TO	Check if water bearing
soft brown dirt	0	54	
med hard gray rock	54	90	
med hard green rock	90	175	
med hard gray rock	175	202	
soft gray rock	202	205	
med hard gray rock	205	211	
soft gray rock	211	212	x
med hard gray rock	212	305	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO OF BAGS 12 NO OF POUNDS 120
GALLONS OF WATER 20
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 54 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	55

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN — DEPTH (nearest ft.)

1	54	305
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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal) ____
METHOD USED TO MEASURE PUMPING RATE timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 47
WHEN PUMPING 267
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 (CIRCLE) (YES or NO) YES / 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
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 / − below LAND SURFACE (nearest foot)

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.)
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 IDENT NO. ____

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

COUNTY

14217 Robcaste Rd BA941550

EMERGENCY/TEMP NO. IF ANY

B 1 5046 SEQUENCE NO. (MDE 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
BA-94-1550
fill in this form completely

Date Received (APA) 03/28/96

OWNER INFORMATION

ASCOTT ESTATES INC
Last Name / Owner / First Name

SUITE 101 10415 TAYLOR AVE
Street or RFD

BALTIMORE MD 21204
Town / State / Zip

DRILLER INFORMATION

CIRCLE: MSD / MGD / MWD

DAVID KELLY 692-6981 3044
Driller's Name / License No.

Jones Well Drilling Inc
Firm Name

3700 Rush Rd Garrett Suite 210
Address

David Kelly 3-22-96
Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 20

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 3500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER GAP

FORCE (WRITE INITIALS IN BOX) PERMIT No. BA-94-1550

B 3 LOCATION OF WELL

BALTIMORE 03
COUNTY

ASCOTT ESTATES
SUBDIVISION

SECTION LOT 5

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW N NE W TOWN E SW S SE

Robcaste Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH W E WEST EAST S SOUTH

100 DISTANCE FROM ROAD

ENTER FT OR MI FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore 03
COUNTY NAME / COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 03/28/96 M. Egbo
CO SIGNATURE / EXP. DATE

NORTH GRID 611000 EAST GRID 912400

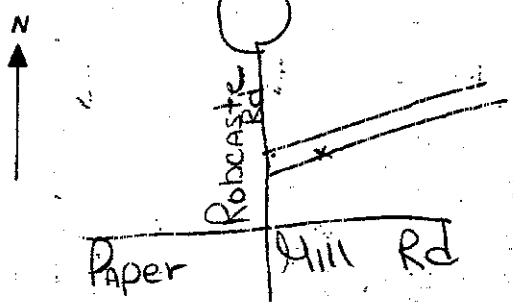
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 420
N 610

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



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

D-10

COUNTY

14217 Robcaste Rd BA941550

C 1 5390 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 05 28 96

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-94-1550

OWNER Ascot Estates Inc.

STREET OR RFD 3 Commerce Street (last name / first name) TOWN Dundalk 21222

SUBDIVISION Ascot Estates 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 FROM	FEET TO	Check if water bearing
soft brown dirt	0	23	
med hard gray rock	23	175	
soft gray rock	175	177	x
med hard gray rock	177	334	
soft gray rock	334	335	x
med hard gray rock	335	337	
soft gray rock	337	338	x
med hard gray rock	337	340	
soft gray rock	340	341	x
med hard gray rock	341	365	

REC
OCT 24 1996
G. MANA ER SION

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft to 23 (BOTTOM) ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	24

OTHER CASING (if used) (EACH CASING)

diameter inch	depth (feet) from	to

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

C 2

(EACH SCREEN)		DEPTH (nearest ft.)	
1	HO	24	36
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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min to nearest gal.) 8
METHOD USED TO MEASURE PUMPING RATE timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 53
WHEN PUMPING 215

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 (CIRCLE) (YES or NO) YES / 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:
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 / − below LAND SURFACE (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 204

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

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

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)

N

Drilled on
Approved State

COUNTY

14219 Robcaste Rd BA882388

EMERGENCY/TEMP NO IF ANY

B 1 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
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name — Owner — First Name

Street or RFD

Town — State — Zip

DRILLER INFORMATION

Driller's Name — License No

Firm Name

Address

Signature — Date

B 2 **WELL INFORMATION**

APPROX PUMPING RATE (GAL PER MIN)

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL ____ FEET

APPROXIMATE DIAMETER OF WELL ____ 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER G A P

FORCE — WATER USE — PERMIT No

SPECIAL CONDITIONS

B 3 **LOCATION OF WELL**

COUNTY

SUBDIVISION

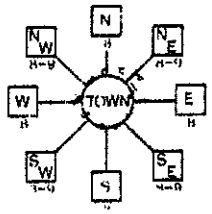
SECTION — LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO

STATE SIGNATURE — INSERT

DATE ISSUED

CO SIGNATURE — EXP DATE

NORTH GRID 0 0 0 — EAST GRID 0 0 0

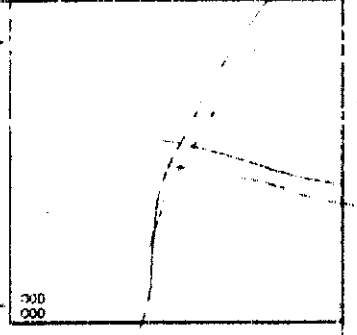
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

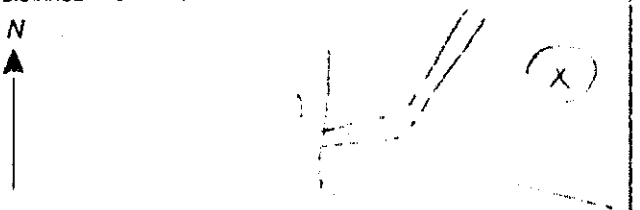
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E
N



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



COUNTY

14219 Robcaste Rd BA882388

C 1 3623 — SEQUENCE NO. (OEP USE ONLY)

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

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

COUNTY NUMBER

DATE RECEIVED: 08 07 10

DATE WELL COMPLETED: 05 25 90

DEPTH OF WELL (TO NEAREST FOOT): 300

Well #4

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-88-2388

OWNER: Blank, Alvin

STREET OR RFD: 1045 Taylor Avenue — TOWN: Towson 21204

SUBDIVISION: Ascot Estates — SECTION: — LOT: 19

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 FROM	FEET TO	Check if water bearing
soft brown	0	26	
hard gray rock	26	28	
med brown rock	28	29	
hard gray rock	29	30	
med hard brown rock	30	31	
med soft brown rock	31	34	
hard green rock	34	37	
med hard green & hard	37	53	
med hard green rock	53	58	x
hard green rock	58	60	
med/med hard green	60	65	x
hard green rock	65	76	
med hard brown rock	76	78	
soft brown rock	78	80	x
med hard brown rock	80	84	
med soft brown rock	84	85	
hard gray rock	85	87	
med brown rock	87	89	x
hard gray rock	89	91	
med gray rock	91	92	
hard/med hard gray	92	300	

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 10.17.13 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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL

CEMENT CM — BENTONITE CLAY BC

NO OF BAGS 10 — NO OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT (TOP) TO 39 FT (BOTTOM) (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below

ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

additional casing	diameter inch	depth (feet) from	to
C2			
C3			

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL — BR BRASS BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

	screen type	DEPTH (NEAREST FT) from	to
1	C2	110	390 to 300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (70) TELESCOPE CASING — (EROS) (72) LOG INDICATOR — WQ (74 75 76) OTHER DATA

C 3 — PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min to nearest gal.): 69

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 36

WHEN PUMPING: 39

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 (CIRCLE) (YES or NO): YES / 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

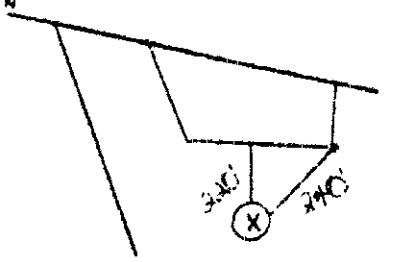
CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above / − below LAND SURFACE (NEAREST FOOT)

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.)



HEALTH

10

14221 Robcaste Rd BA930512

EMERGENCY/TEMP NO. IF ANY

B 1 05035 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 [illegible]
fill in this form completely

Date Received (APA) [illegible]

OWNER INFORMATION

Last Name / Owner / First Name [illegible]
Street or RFD [illegible]
Town [illegible] State [illegible] Zip [illegible]

DRILLER INFORMATION

Driller's Name [illegible] License No. [illegible]
Firm Name [illegible]
Address [illegible]
Signature [illegible] Date 11-11-[illegible]

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN.) [illegible]
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) [illegible]

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL, GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL [illegible] FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE [illegible] WRITE INITIALS IN BOX PERMIT No. [illegible]

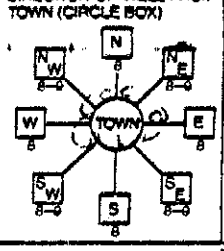
SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY [illegible]
SUBDIVISION [illegible]
SECTION [illegible] LOT [illegible]
NEAREST TOWN [illegible]
MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD [illegible]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD
ENTER FT or MI [illegible]

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME [illegible] COUNTY NO.
STATE SIGNATURE INSERT B
DATE ISSUED [illegible] CO SIGNATURE EXP. DATE
NORTH GRID [illegible] EAST GRID [illegible]

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 420
N 610

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



MARYLAND DEPARTMENT OF HEALTH
NOV 12 1993
RECEIVED

13
K11

COUNTY

14221 Robcaste Rd BA930512

C 1 5300 — SEQUENCE NO. (OEP USE ONLY)

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

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.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED: 12 10 93

DEPTH OF WELL: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-93-0512

OWNER Blank, Alvin

STREET OR RFD 1045 Taylor Avenue TOWN Towson 21204

SUBDIVISION Ascot Estates SECTION 2 LOT 2

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 FROM	FEET TO	Check if water bearing
dirt	0	8	
hard gray rock	8	17	
soft brown rock	17	23	
hard gray rock	23	26	
hard green rock	26	32	
soft brown rock	32	33	
hard green rock	33	40	
med hard green rock	40	41	X
hard gray rock	41	42	
med hard gray rock	42	44	
hard gray rock	44	45	X
hard green rock	45	80	X
med hard green rock	80	84	
hard gray rock	84	96	
med hard gray rock	96	98	
hard gray rock	98	141	
med hard gray rock	141	216	
hard gray rock	216	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO OF BAGS 10 NO OF POUNDS 600

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT TO 33 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD

casing types insert appropriate code below

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	34

OTHER CASING (if used)

	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole — insert appropriate code below

STEEL (ST) BRASS BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

C 2

DEPTH (NEAREST FT.)

HO	33	300

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T ____ TELESCOPE CASING

(E.R.O.S.) ____ LOG INDICATOR

W Q ____ OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32

WHEN PUMPING 140

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 (CIRCLE) (YES or NO) YES 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:

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 (NEAREST FOOT) 1

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 10.17.13 "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.

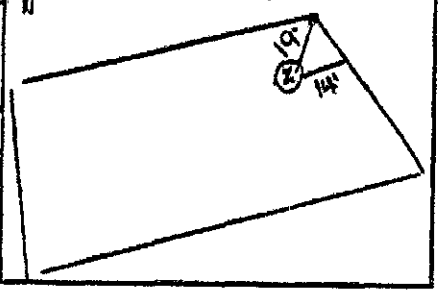
DRILLERS IDENT NO. 304

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Donald Kelly

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

LOCATION OF WELL ON LOT

A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HEALTH

D-10

B 1 05034 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

Date Received (APA)

OWNER INFORMATION

B 3 LOCATION OF WELL

SECTION

LOT

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Driller's Name

Firm Name

Address

Signature

Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NW NE W TOWN E SW SE S

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME

STATE SIGNATURE

DATE ISSUED

CO SIGNATURE

NORTH GRID

EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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

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 420
N 610

REPLACEMENT OR DEEPENED 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
D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

Piney Mill Rd

Robcaste Rd

RECEIVED
APR 12 1993

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE VERIFY INITIALS IN BOX PERMIT No.

13

SPECIAL CONDITIONS

K11

COUNTY

14223 Robcaste Rd BA930511

C 1 5299 — SEQUENCE NO. (DEP USE ONLY) — THIS NUMBER IS TO BE PUNCHED IN COLS. 1-5 ON ALL CARDS

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

COUNTY NUMBER

DATE RECEIVED — DATE WELL COMPLETED: 12 10 93 — DEPTH OF WELL: 300 (TO NEAREST FOOT) — PERMIT NO. FROM PERMIT TO DRILL WELL: B A — 0 2 — 1 5 1 1

OWNER: Blank, Alvin
STREET OR RFD: 1045 Taylor Avenue — TOWN: Towson 21204
SUBDIVISION: Ascot Estates — SECTION: 3 — LOT: 2

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 FROM	FEET TO	Check if water bearing
dirt & soft brown	0	26	
hard gray rock	26	30	
med hard brown rock	30	32	
hard gray rock	32	40	
hard brown rock	40	41	
hard gray rock	41	42	
med hard brown rock	42	45	
hard gray rock	45	48	x
hard tan rock	48	52	
hard gray rock	52	56	
hard tan rock	56	58	
hard gray rock	58	73	
hard brown rock	73	74	
hard gray rock	74	77	
hard brown rock	77	78	
hard gray rock	78	115	
hard green rock	115	126	
hard tan rock	126	128	
hard green rock	128	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [C M] — BENTONITE CLAY [B C]
NO OF BAGS 7 — NO OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT TO 21 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
[S T] STEEL — [C O] CONCRETE — [P L] PLASTIC — [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L	6	288

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
SECOND CASING			

SCREEN RECORD
screen type or open hole — insert appropriate code below
[S T] STEEL — [B R] BRASS BRONZE — [H O] OPEN HOLE — [P L] PLASTIC — [O T] OTHER

C 2

	DEPTH (NEAREST FT.)	
SCREEN	H 0	270 — 300
2		
3		

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING 27
WHEN PUMPING 285
TYPE OF PUMP USED (for test)
[A] air — [P] piston — [T] turbine — [C] centrifugal — [R] rotary — [O] other (describe below) — [J] jet — [S] submersible

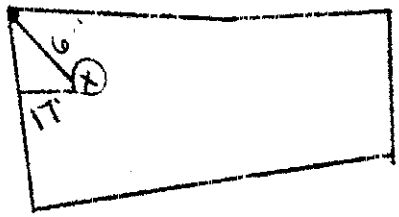
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) — YES / NO
IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE
CAPACITY GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) — [+] above / [-] below LAND SURFACE — 1 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 10.17.13 "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. 304
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) David Kelly
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Arnold Johnson

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)



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

T	(E R O S)	W Q
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

HEALTH

14225 Robcaste Rd BA737807

EMERGENCY/TEMP NO. IF ANY

B 1 1408 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER

fill in this form completely

DATE RECEIVED _____ (WRA USE ONLY)

OWNER INFORMATION

Mill Run Estates Inc
LAST NAME OWNER FIRST NAME

World Trade Center 245
STREET OR RFD

Baltimore MD 21202
TOWN STATE ZIP

B 1 CONTINUED **DRILLER INFORMATION**

Stanley W Bollinger Jr. 308
DRILLER'S NAME LICENSE NO.

[signature] 11/18/80
SIGNATURE DATE

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)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (WRA USE ONLY)

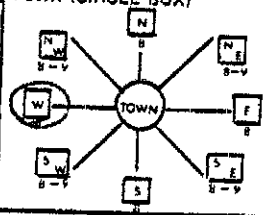
APPROP. PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX CONDITIONS

B 3 **LOCATION OF WELL**

COUNTY Baltimore
SUBDIVISION ~~Mill Run Estates~~ Ascot Estates
SECTION 3 LOT
NEAREST TOWN Jacksonville
MILES FROM TOWN (enter 0 if in town) 1/2 M

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Robcaste Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 33 E EAST SOUTH S

250 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) M

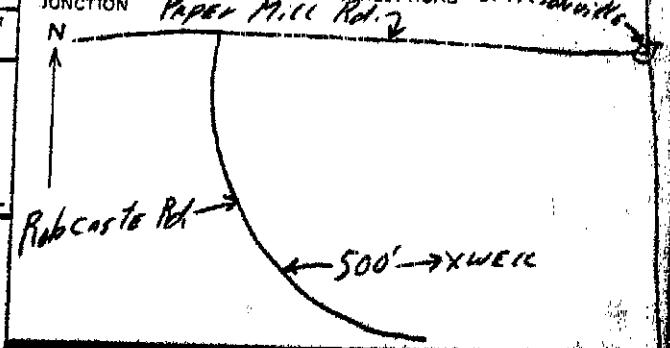
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

X well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Baltimore
COUNTY NAME COUNTY NO.

SIGNATURE STATE HEALTH CIRCLE BOX 5

NORTH GRID EAST GRID ELEV. (FT.)

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

HEALTH

14225 Robcaste Rd BA737807

C L 3363 SEQUENCE NO (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

Date Received (WRA use only)

DATE WELL COMPLETED 11 Dec. 80

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-73-7807

OWNER Mill Run Estates Inc (last name / first name)

STREET OR RFD World Trade Center 245 TOWN Baltimore Maryland 21202

SUBDIVISION Ascot Estates SECTION 3 LOT 1

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 FROM	FEET TO	Check if water bearing
Brown dirt	0	15	
soft brown rock	15	20	
med brown rock	20	30	
Hard gray rock	30	139	
" " "	139	250	

RECEIVED
DEC 16 1980
SUPPORT SERVICES

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 60 NO OF POUNDS 600

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 30 ft (enter 0 if from surface) BOTTOM OF

CASING RECORD

casing types (insert appropriate code below)

ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	31

EA CASING

OTHER CASING (if used)

Diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or openhole (insert appropriate code below)

ST STEEL BR BRASS, BRONZE HO OPEN HOLE
PL PLASTIC OT OTHER

C 2 (seq no)

	DEPTH (nearest ft)	
EA SCREEN	110	130 to 250
		to
		to

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3 (seq no)

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal per min to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE TIMER

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55

WHEN PUMPING 200

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 (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T O)

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 (nearest foot)

CIRCLE APPROPRIATE BOX

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

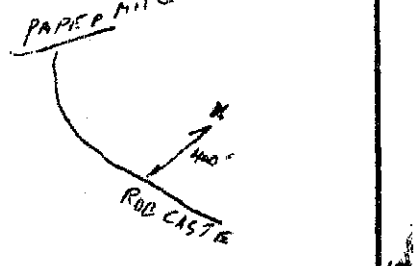
DRILLERS IDENT NO 9

DRILLERS SIGNATURE Earl Jones
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (signed driller or journeyman responsible for sitework if different from permittee) Earl Jones

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)

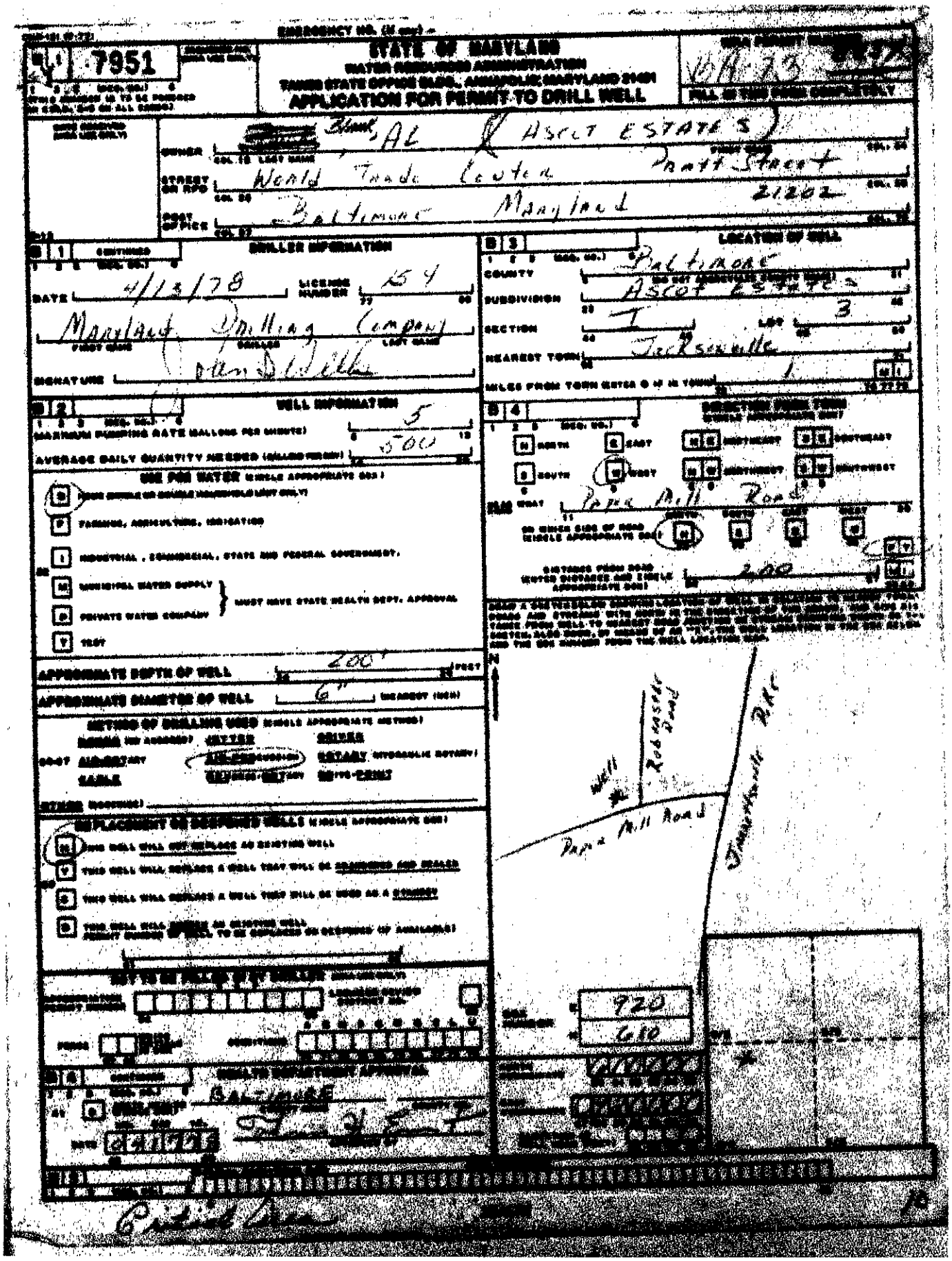


WRA USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

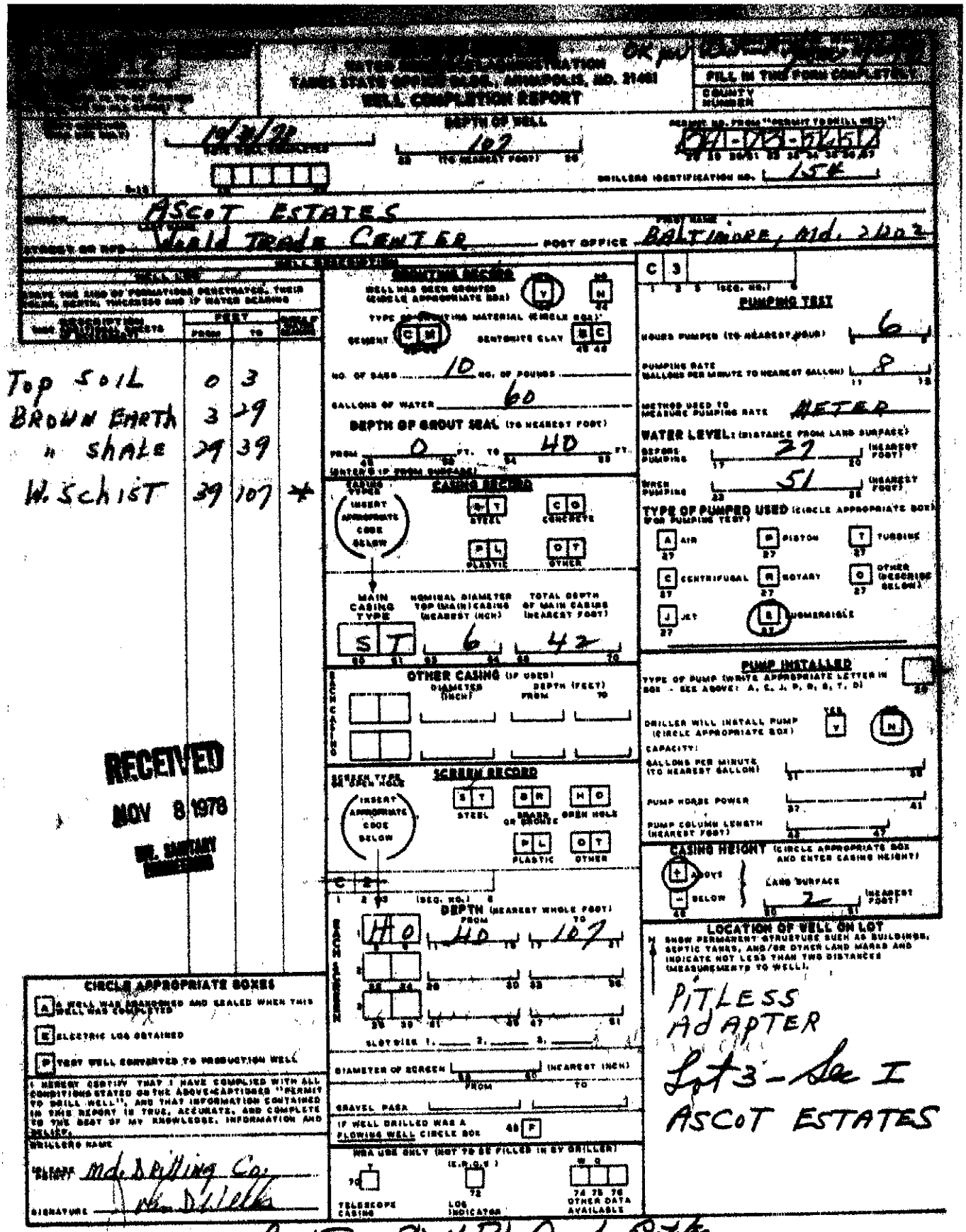
T TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
W Q OTHER DATA

HEALTH

14300 Robcaste Rd BA735657



14300 Robcaste Rd BA735657



WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

OK per [illegible]

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DEPTH OF WELL: 107 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 04-73-5657

DRILLERS IDENTIFICATION NO.: 154

10/31/78

ASCOT ESTATES

STREET OR RFD: Weald Trade Center POST OFFICE: BALTIMORE, Md. 21202

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET FROM	FEET TO	
Top Soil	0	3	
Brown Earth	3	29	
" Shale	29	39	
W. Schist	39	107	*

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT C M — BENTONITE CLAY B C

NO. OF BAGS: 10 NO. OF POUNDS:

GALLONS OF WATER: 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 40 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL, C O CONCRETE, P L PLASTIC, O T OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	42

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): S T STEEL, B R BRASS OR BRONZE, H O OPEN HOLE, P L PLASTIC, O T OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

	FROM	TO
1 H O	40	107
2		
3		

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING — LOG INDICATOR — OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 8

METHOD USED TO MEASURE PUMPING RATE: METER

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 27 (NEAREST FOOT)

WHEN PUMPING: 51 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, E SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, D)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON):

PUMP HORSE POWER:

PUMP COLUMN LENGTH (NEAREST FOOT):

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE, − BELOW — LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

PITLESS
Ad APTER
Lot 3 - Sec I
ASCOT ESTATES

RECEIVED
NOV 8 1978
WM. SANITARY ENGINEERING

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Md. Drilling Co.

SIGNATURE [signature]

Lot 3, Sec I, Paper Mill Rd, Ascot Estates

HEALTH

10

14302 Robcaste Rd BA735643

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: BA 73 [illegible]
FILL IN THIS FORM COMPLETELY

OWNER: [redacted] Blank, AL (Ascot Estates) — FIRST NAME
STREET OR RFD: World Trade Center [illegible] — COL. 25
POST OFFICE: Baltimore Maryland 21202 — COL. 76

B 1 — DRILLER INFORMATION
DATE: 4/13/78 — LICENSE NUMBER: 154
Maryland Drilling Company — FIRST NAME / DRILLER / LAST NAME
SIGNATURE: John D Wells

B 2 — WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) HOME (CIRCLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING, AGRICULTURE, IRRIGATION
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- (M) MUNICIPAL WATER SUPPLY
- (P) PRIVATE WATER COMPANY
- (T) TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL: 200 FEET
APPROXIMATE DIAMETER OF WELL: 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) — JETTED — DRIVEN
AIR-ROTARY — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE-ROTARY — DRIVE-POINT
OTHER (DESCRIBE)

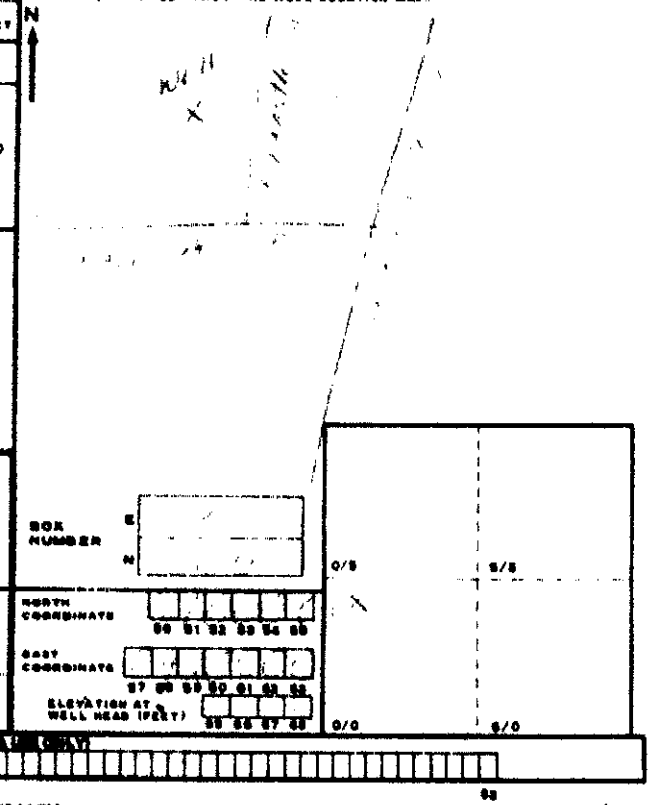
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER — ENGINEER REVIEW DISTRICT NO.
FORCE — WRITE INITIALS IN BOX — CONDITIONS: A E N S G W Q C L U

B 3 — LOCATION OF WELL
COUNTY: Baltimore (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: Ascot Estates
SECTION: II — LOT: 3
NEAREST TOWN: [illegible]
MILES FROM TOWN (ENTER D IF IN TOWN): 1

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH — E EAST — NE NORTHEAST — SE SOUTHEAST
S SOUTH — W WEST — NW NORTHWEST — SW SOUTHWEST
HEAD ROAD WHAT: [illegible]
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N — SOUTH S — EAST E — WEST W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): [illegible]

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E / N
NORTH COORDINATE
EAST COORDINATE
ELEVATION AT WELL HEAD (FEET)

B 4 — HEALTH DEPARTMENT APPROVAL
(CIRCLE BOX): B — STATE HEALTH — COUNTY NAME: Baltimore — COUNTY NO.
DATE: 04 17 78 — APPROVED BY: [signature]

B 5 — SPECIAL CONDITIONS 0-02 (WRA USE ONLY)

Critical Area

HEALTH

14302 Robcaste Rd BA735643

Top Soil 0 2
Brown Shale 2 16
W. Schist 16 149 4

4
24
0 19
S T 6 21
H 79 149
C 2

RECEIVED
JUN 14 1978

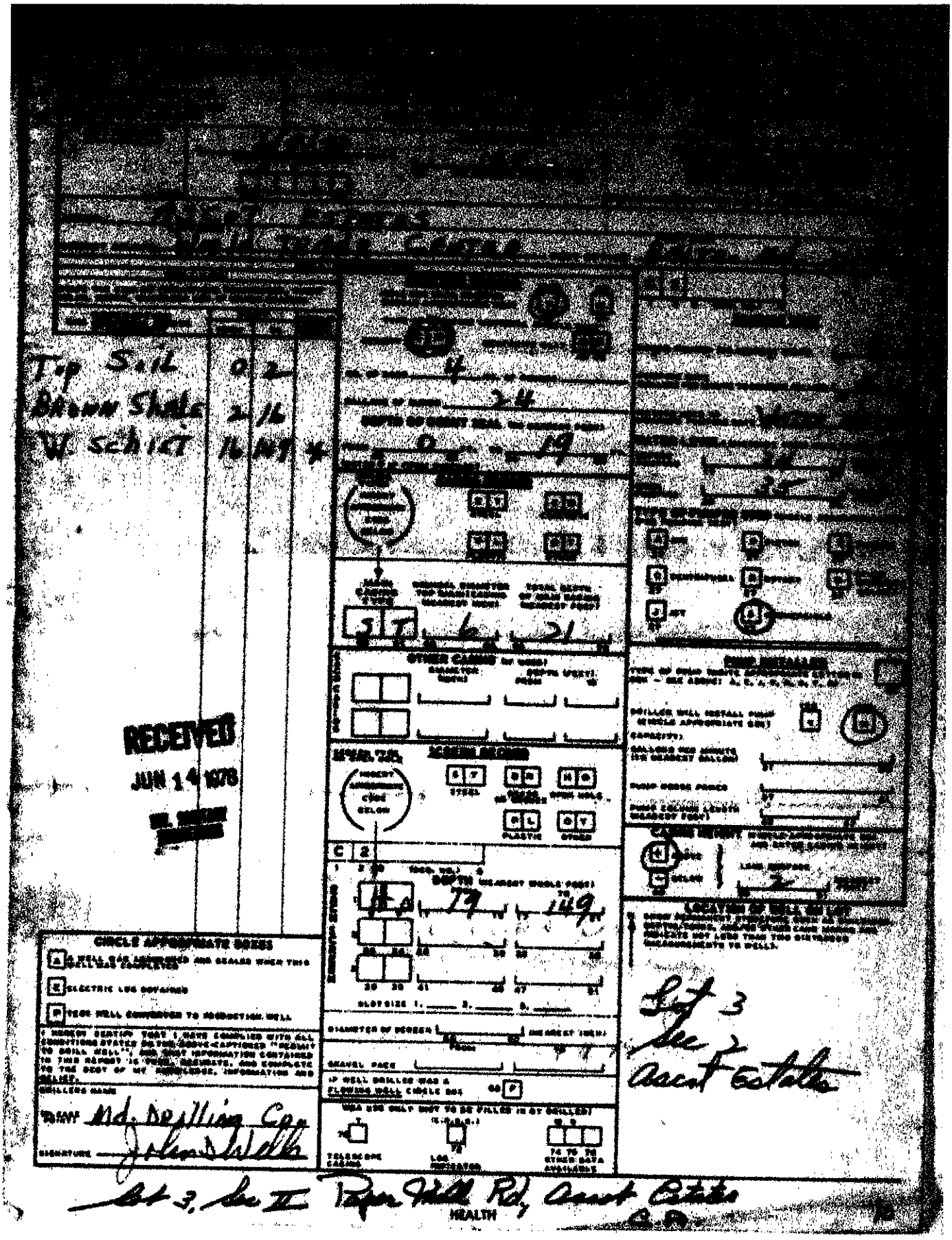
CIRCLE APPROPRIATE BOXES

Md. Drilling Co.

Lot 3
Sec 2
Ascot Estates

Lot 3, Sec II Paper Mill Rd, Ascot Estates

HEALTH



14303 Robcaste Rd BA735654

[illegible] OF MARYLAND
[illegible] ADMINISTRATION
[illegible] MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER [illegible]

FILL IN THIS FORM COMPLETELY

[illegible], AL, (Ascot Estates)
FIRST NAME COL. 34

World Trade Center Pratt Street
COL. 55

Baltimore Maryland 21202
COL. 75

B 1 [illegible] DRILLER INFORMATION

DATE 4/13/78 LICENSE NUMBER 154

Macklin Drilling Company
DRILLER FIRST NAME

[illegible] John D Wells

B 2 WELL INFORMATION

[illegible] 5

[illegible] 500

[illegible] (CIRCLE APPROPRIATE BOX)

- [illegible]
- [illegible]
- [illegible], STATE AND FEDERAL GOVERNMENT
- [illegible] } MUST HAVE STATE HEALTH DEPT. APPROVAL
- [illegible]
- [illegible]

APPROXIMATE DEPTH OF WELL 200' FEET

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

[illegible] JETTER DRIVEN

[illegible] AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

[illegible] (DEPENDS)

REPLACEMENT OR DEEPENED 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
- O THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL [illegible] AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER [illegible] ENGINEER REVIEW DISTRICT NO. [illegible]

FORCE [illegible] CONDITIONS A E N S G W Q C L U

B 3 LOCATION OF WELL

COUNTY Baltimore (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION Ascot Estates

SECTION II LOT 9

NEAREST TOWN [illegible] Valley

MILES FROM TOWN (ENTER 0 IF IN TOWN) [illegible]

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

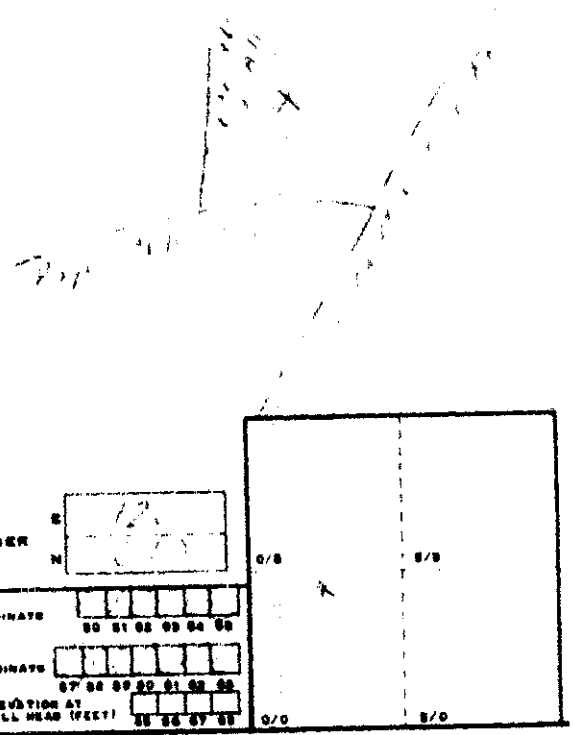
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

HEAD WHAT [illegible]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N SOUTH S EAST E WEST W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) [illegible]

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E [illegible] N [illegible]

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH DEPT. BALTIMORE COUNTY NAME COUNTY NO.

DATE 04 17 78 APPROVED BY [illegible]

B 5 SPECIAL CONDITIONS 0-63 WRA USE ONLY

Critical Area

HEALTH

14303 Robcaste Rd BA735654

6/30/78

OWNER ASCOT ESTATES

STREET OR RFD World Trade Center

	FROM	TO	
Top Soil	0	3	
Brown Shale	3	17	
W. Schist	17	210	*

3

18

DEPTH OF GROUT SEAL 0 20

6

16

Water Meter

42

53

ST 6 22

OTHER CASING

SCREEN RECORD

STEEL

PLASTIC

OTHER

PUMP INSTALLED

CASING HEIGHT

LAND SURFACE 2

C 2

DEPTH 20 210

SLOT SIZE

DIAMETER OF SCREEN

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

LOCATION OF WELL ON LOT

PITLESS ADAPTER

LOT - 9

SEC - 2

ASCOT ESTATES

RECEIVED

JUL 3 1978

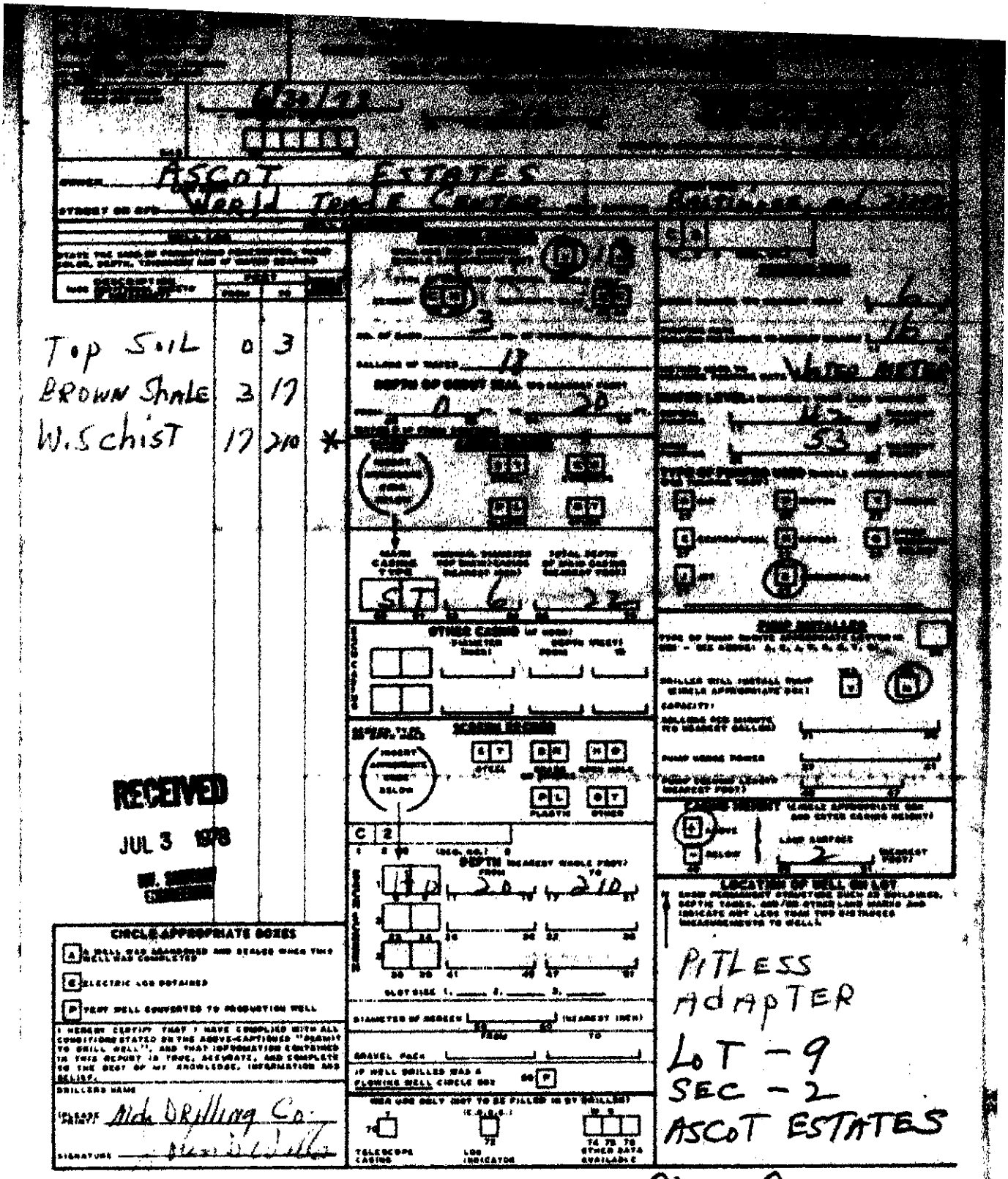
CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.



DRILLERS NAME

(PLEASE PRINT) Alda Drilling Co.

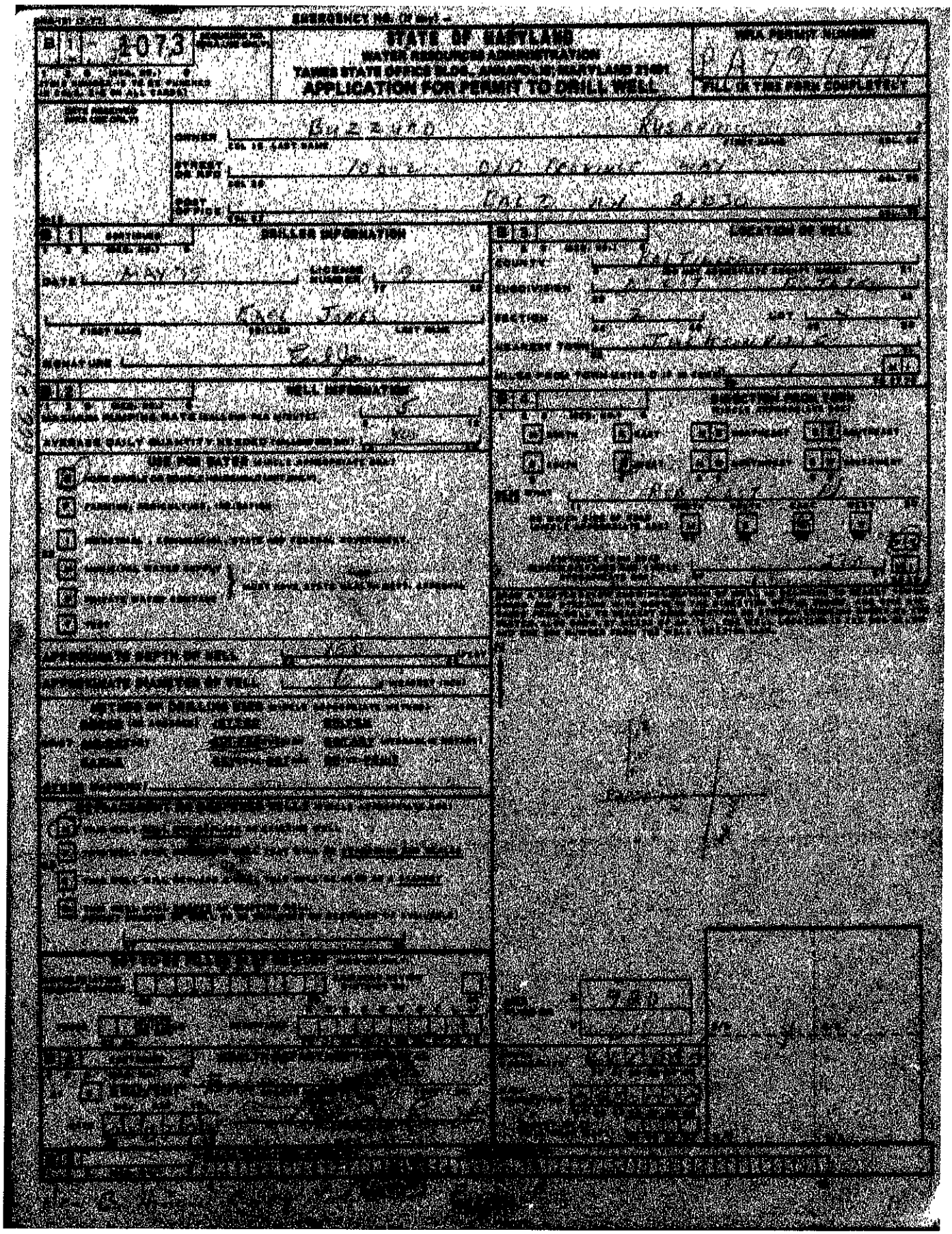
SIGNATURE

HEALTH

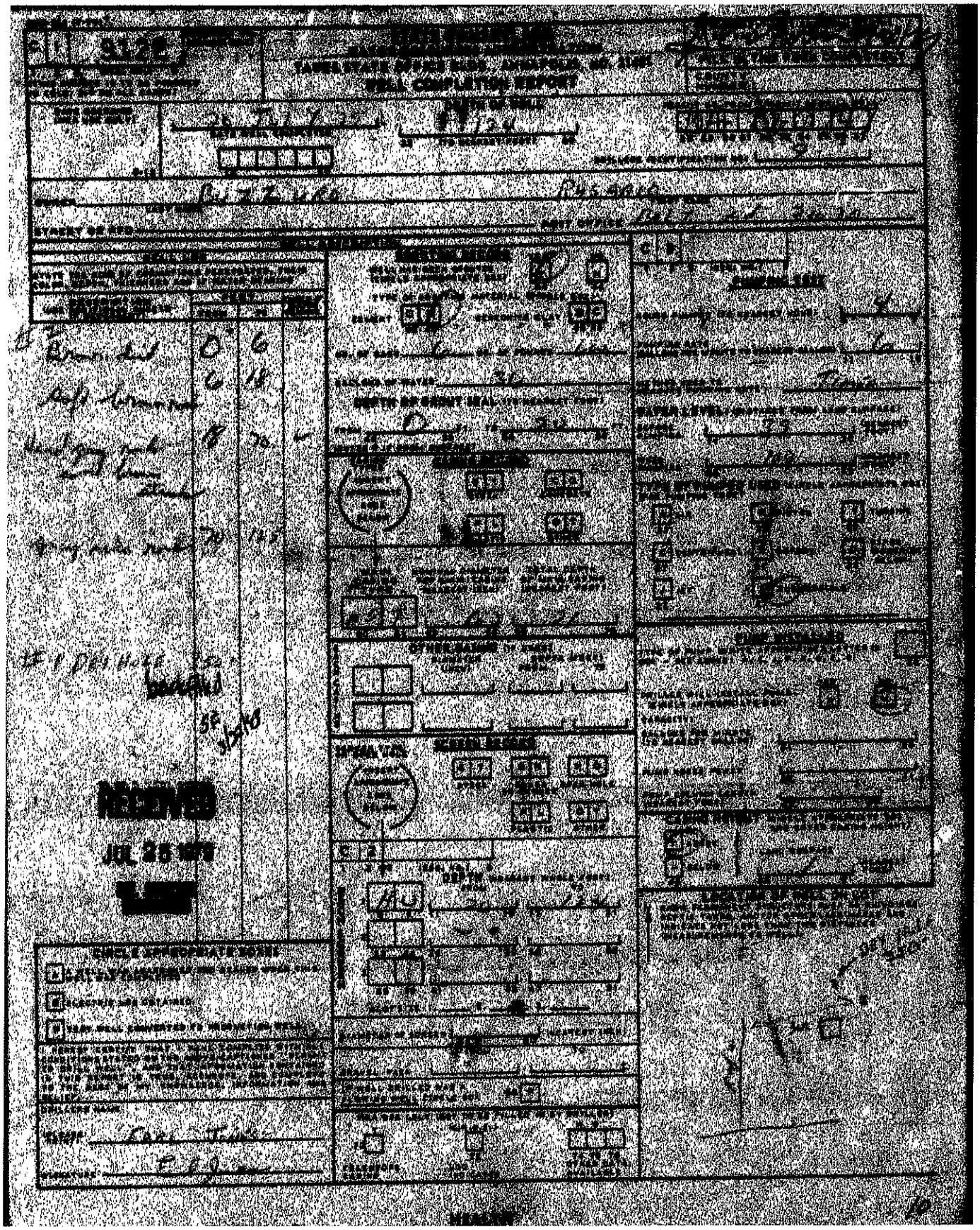
Patricia Cross

10

14304 Robcaste Rd BA736747


STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

14304 Robcaste Rd BA736747

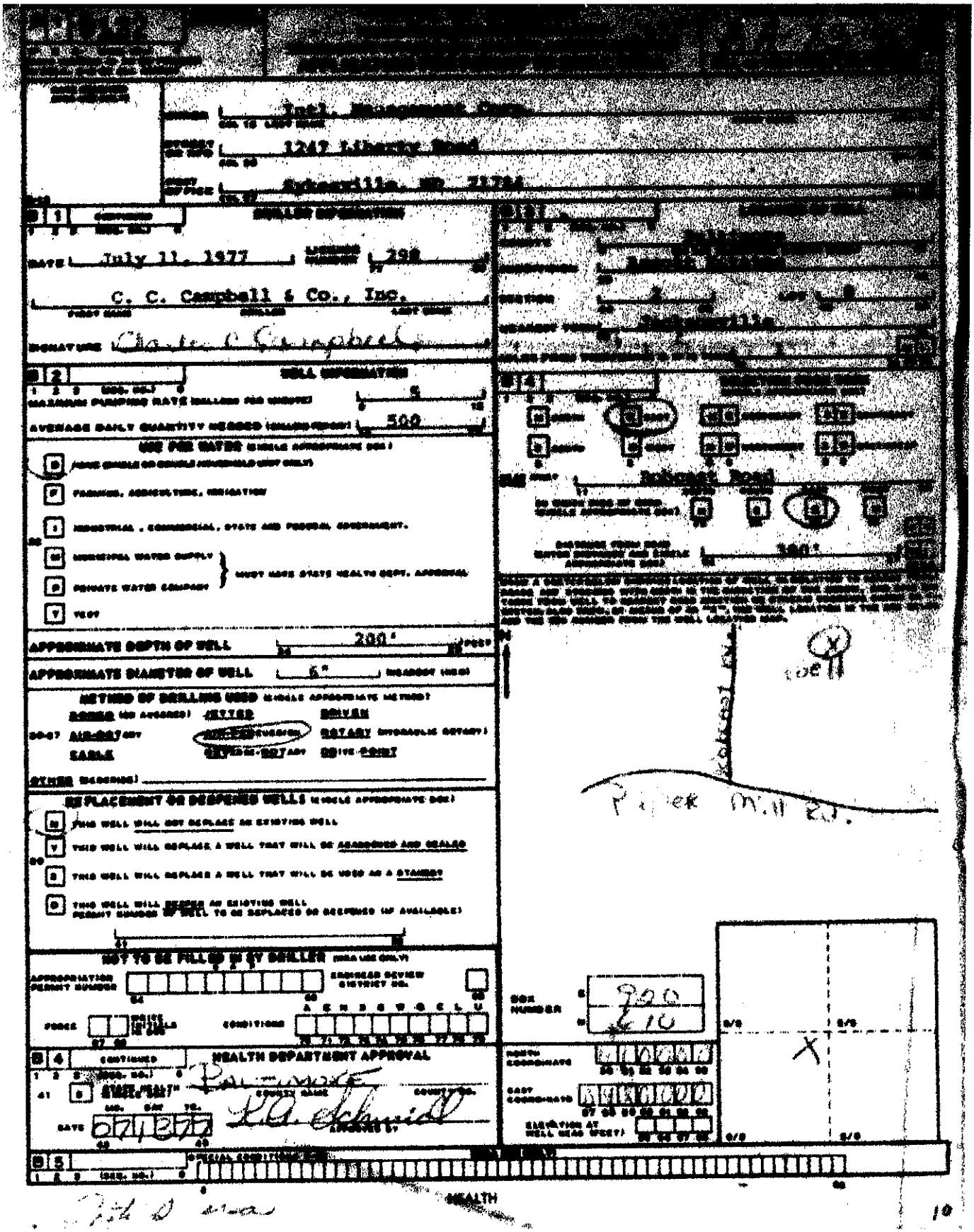


14305 Robcaste Rd BA734696

Intl. Management Corp.

1247 Liberty Road

Sykesville, MD 21784



B 1 — DRILLER INFORMATION

DATE July 11, 1977 — LICENSE NUMBER 298

C. C. Campbell & Co., Inc.

SIGNATURE Charles C Campbell

B 2 — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (CIRCLE OR CONSOLE HOUSEHOLD USE ONLY)
- F — FARMING, AGRICULTURE, IRRIGATION
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- M — MUNICIPAL WATER SUPPLY
- P — PRIVATE WATER COMPANY
- Y — TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL 200' FEET

APPROXIMATE DIAMETER OF WELL 6" INCHES

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) — JETTED — DRIVEN

AIR-ROTARY — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)

CABLE — REVERSE-ROTARY — DRIVE POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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
- D — THIS WELL WILL DEEPEN AN EXISTING WELL
  PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER — ENGINEER REVIEW DISTRICT NO.

FORCE — WRITE INITIALS IN BOX — CONDITIONS A E N S G W Q C L U

B 4 — HEALTH DEPARTMENT APPROVAL

STATE HEALTH DEPT. — COUNTY NAME — COUNTY NO.

DATE 07/13/77 — APPROVED BY K.A. Schmidt

B 5 — SPECIAL CONDITIONS

HEALTH

Robcast Road

300'

Robcast Rd.

Well

Paper Mill Rd.

BOX NUMBER E 900 N 610

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)

X

10

14305 Robcaste Rd BA734696

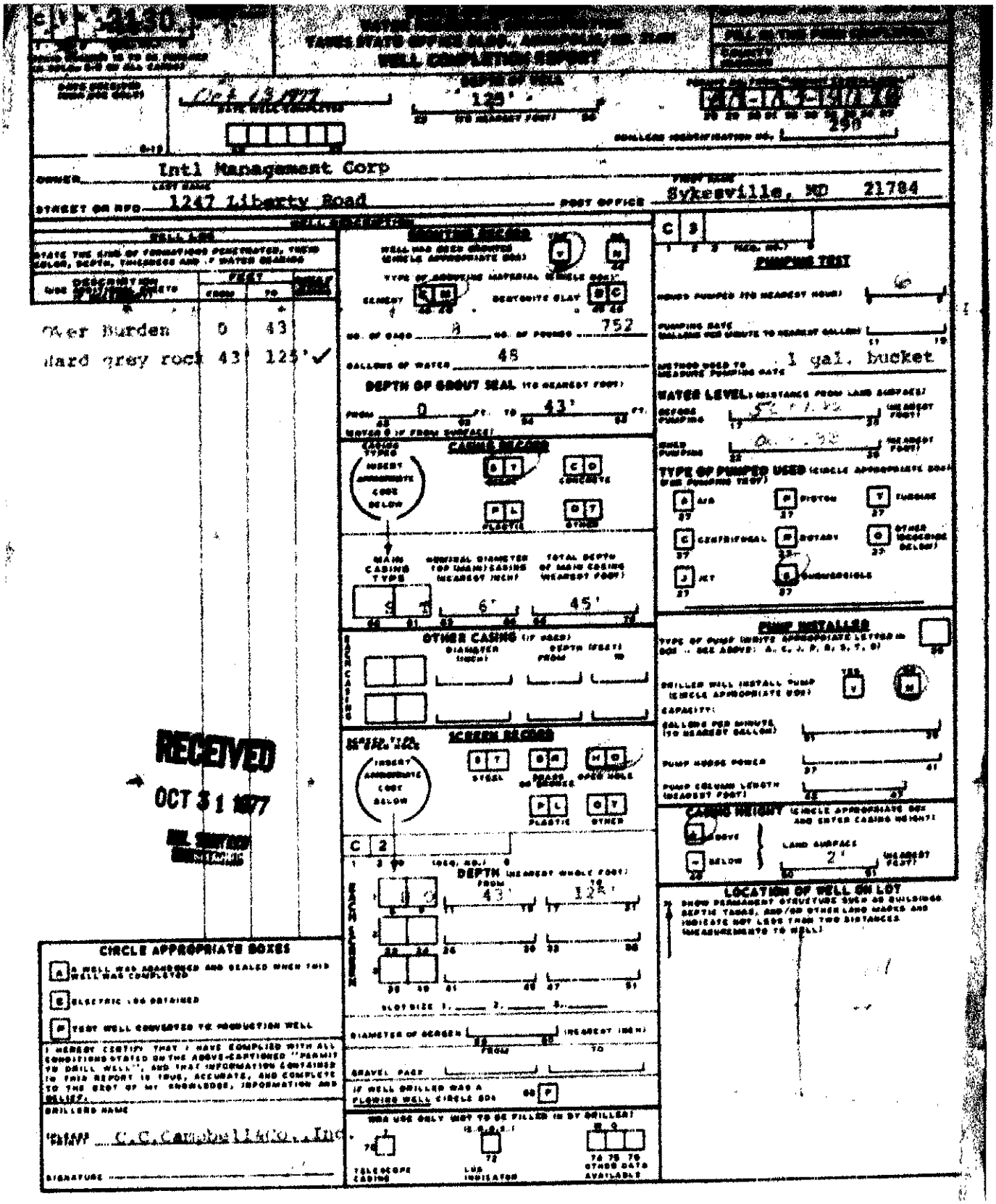
C 3130

WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

DATE RECEIVED (MAR-DEC-DAY)

Oct 13 1977
DATE WELL COMPLETED

DEPTH OF WELL 125' (TO NEAREST FOOT)



DRILLERS IDENTIFICATION NO. 290

OWNER Intl Management Corp
LAST NAME FIRST NAME

STREET OR RFD 1247 Liberty Road POST OFFICE Sykesville, MD 21784

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	WATER BEARING
Over Burden	0	43	
Hard grey rock	43	125'	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT CEMENT BENTONITE CLAY

NO. OF BAGS 8 NO. OF POUNDS 752

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 43' FT.

WATER 0 (IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW) S T STEEL C O CONCRETE P L PLASTIC O T OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6'	45'

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) S T STEEL B R BRASS OR BRONZE H O OPEN HOLE P L PLASTIC O T OTHER

C 2 (REQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

	FROM	TO
1	43'	125'
2		
3		

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX P

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (REQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)

METHOD USED TO MEASURE PUMPING RATE 1 gal. bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 52 + 1.32 (NEAREST FOOT)

WHEN PUMPING 0 - .32 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE 2' (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

RECEIVED
OCT 31 1977
[illegible]

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

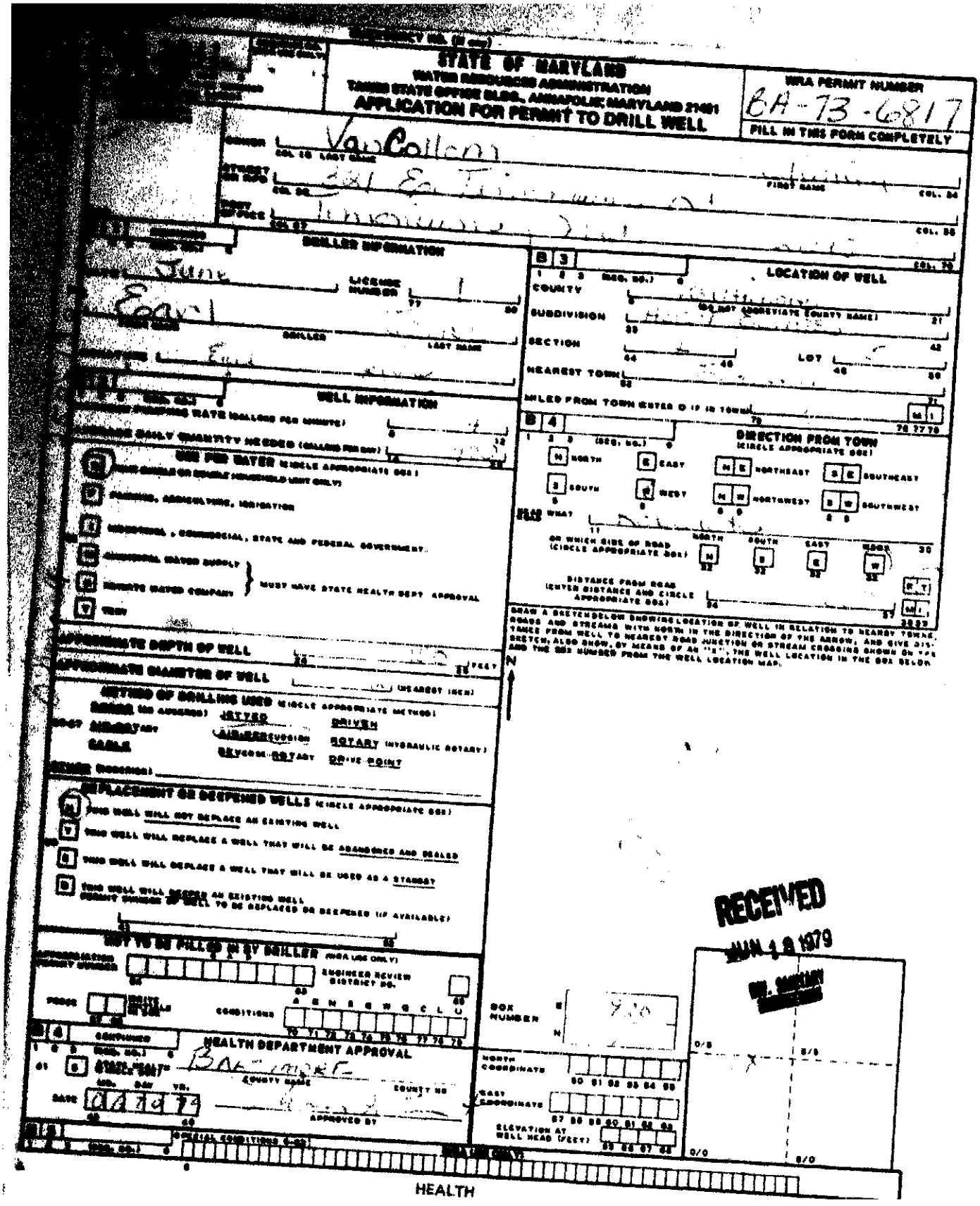
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

TELEPHONE C.C.Campbell&Co.,Inc.

SIGNATURE

14306 Robcaste Rd BA736817



STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER BA-73-6817
FILL IN THIS FORM COMPLETELY

OWNER: Van Collom
STREET OR RFD: 381 E. Timonium Rd
POST OFFICE: Timonium Rd

DRILLER INFORMATION
June
LICENSE NUMBER
Earl
DRILLER
LAST NAME

WELL INFORMATION
PUMPING RATE (GALLONS PER MINUTE)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- [illegible] (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL
APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (AS ADDRESS) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- T 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER
ENGINEER REVIEW DISTRICT NO.
FORCE
WRITE INITIALS IN BOX
CONDITIONS A B M S G W Q C L U

B 4 CONTINUED
HEALTH DEPARTMENT APPROVAL
STATE HEALTH DEPT.
COUNTY NAME
COUNTY NO.
DATE 08 10 79
APPROVED BY

B 3 LOCATION OF WELL
COUNTY
SUBDIVISION (DO NOT ABBREVIATE COUNTY NAME)
SECTION
LOT
NEAREST TOWN
MILES FROM TOWN (ENTER 0 IF IN TOWN)

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
HEAD ROAD WHAT
OR WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH, ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

BOX NUMBER E 920 N
NORTH COORDINATE
EAST COORDINATE
ELEVATION AT WELL HEAD (FEET)

RECEIVED
JUN 18 1979
WM. SANITARY

0/5 5/5 0/0 5/0

B 5 SPECIAL CONDITIONS (S-02)
WRA USE ONLY

HEALTH

14306 Robcaste Rd BA736817

Brown dirt	0	6	
Soft brown	6	40	
Hard gray rock	40	210	✓
Brown rock	210	211	✓
Gray rock	211	300	–

RECEIVED
JUL 20 1979

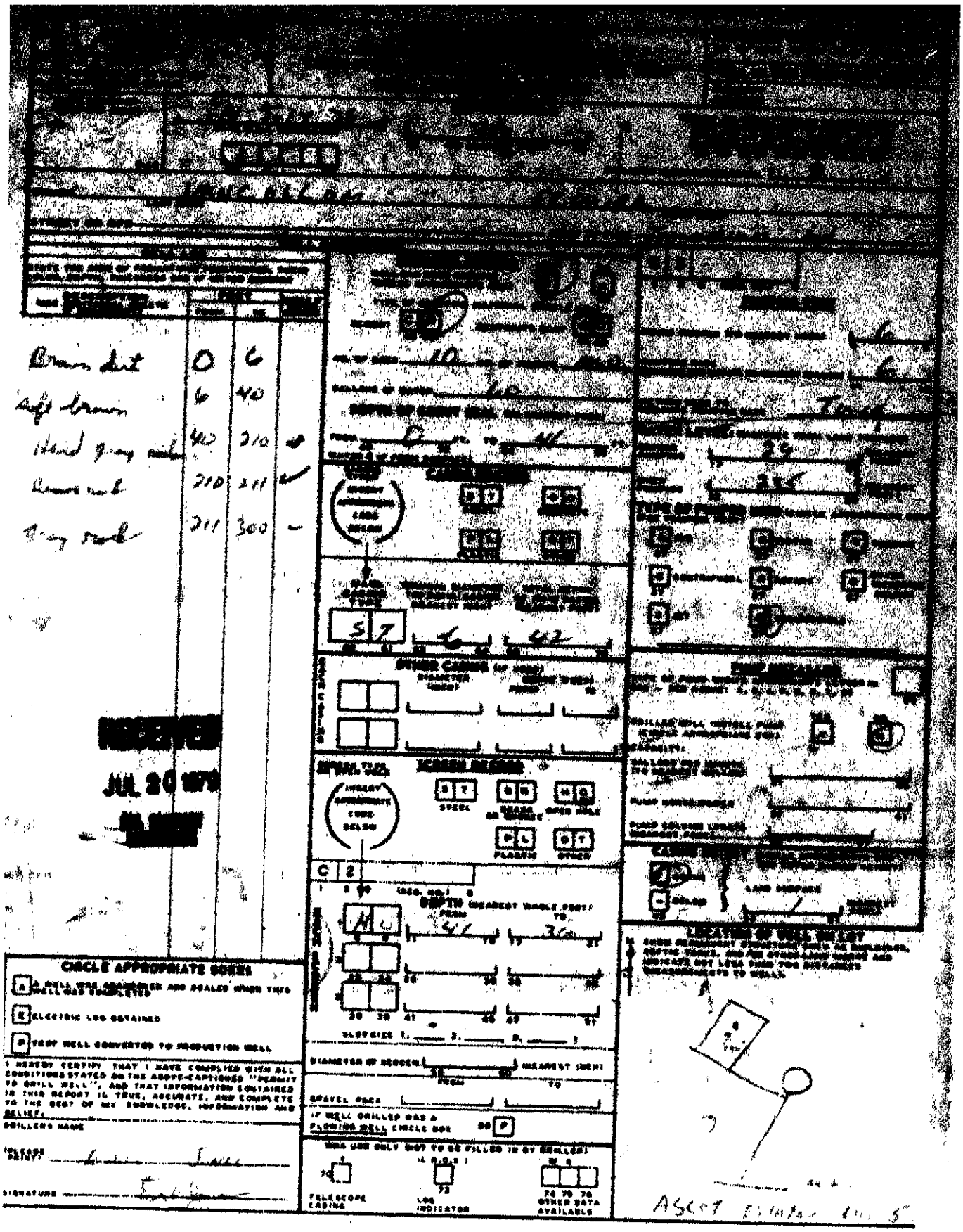
CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.



DRILLERS NAME

(PLEASE PRINT) [illegible]

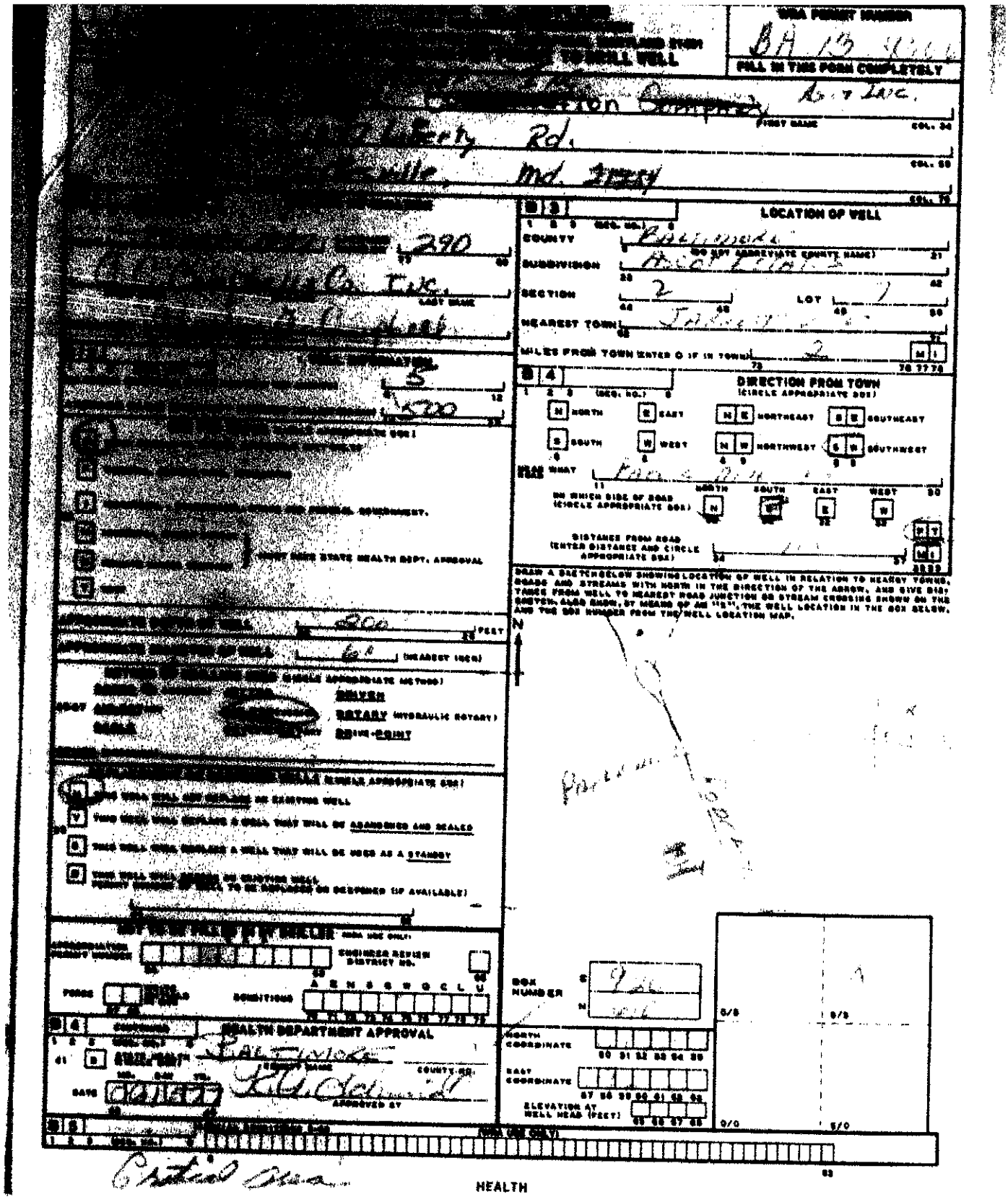
SIGNATURE [illegible]

HEALTH

10

14307 Robcaste Rd BA734566

WRA PERMIT NUMBER



BA 13 [illegible]

FILL IN THIS FORM COMPLETELY

[illegible] Inc.

FIRST NAME COL. 34

[illegible] Liberty Rd.

COL. 50

[illegible] Md. [illegible]

COL. 70

[illegible] 290

[illegible] Co. Inc.

LAST NAME

[illegible]

[illegible] 5

[illegible] 500

[illegible] (CIRCLE APPROPRIATE BOX)

[illegible] GOVERNMENT.

[illegible] STATE HEALTH DEPT. APPROVAL

[illegible] 200 FEET

[illegible] 6" (NEAREST INCH)

[illegible] (CIRCLE APPROPRIATE METHOD)

DRIVEN

ROTARY (HYDRAULIC ROTARY)

DRIVE-POINT

[illegible] (CIRCLE APPROPRIATE BOX)

[illegible] WELL WILL NOT REPLACE AN EXISTING WELL

[illegible] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

[illegible] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

[illegible] THIS WELL WILL [illegible] AN EXISTING WELL. PERMIT NUMBER OF WELL TO BE REPLACED OR DESTROYED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW DISTRICT NO.

FORCE

CONDITIONS A E N S G W Q C L U

B 3 LOCATION OF WELL

COUNTY Baltimore (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION [illegible]

SECTION 2 LOT 1

NEAREST TOWN [illegible]

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT [illegible]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) [illegible]

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

BOX NUMBER E 9[illegible] N [illegible]

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)

B 4 HEALTH DEPARTMENT APPROVAL

STATE HEALTH DEPT. Baltimore

COUNTY NO.

DATE [illegible]

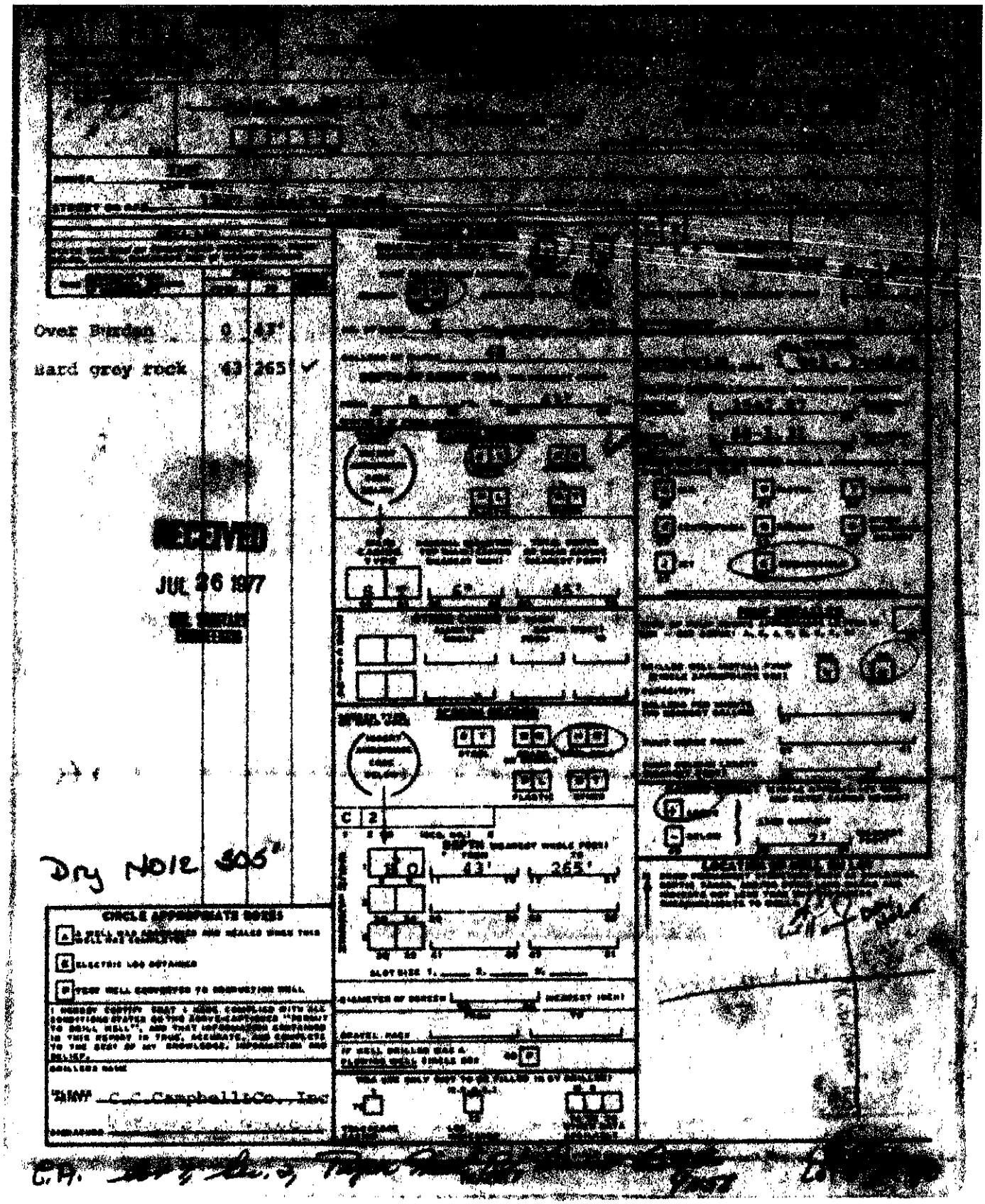
APPROVED BY

B 5 (WRA USE ONLY)

Critical area

HEALTH

14307 Robcaste Rd BA734566



Over Burden	0	43'	
Hard grey rock	43	265	✓

RECEIVED

JUL 26 1977

Dry Hole 305'

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

F TEST WELL CONVERTED TO PRODUCTION WELL

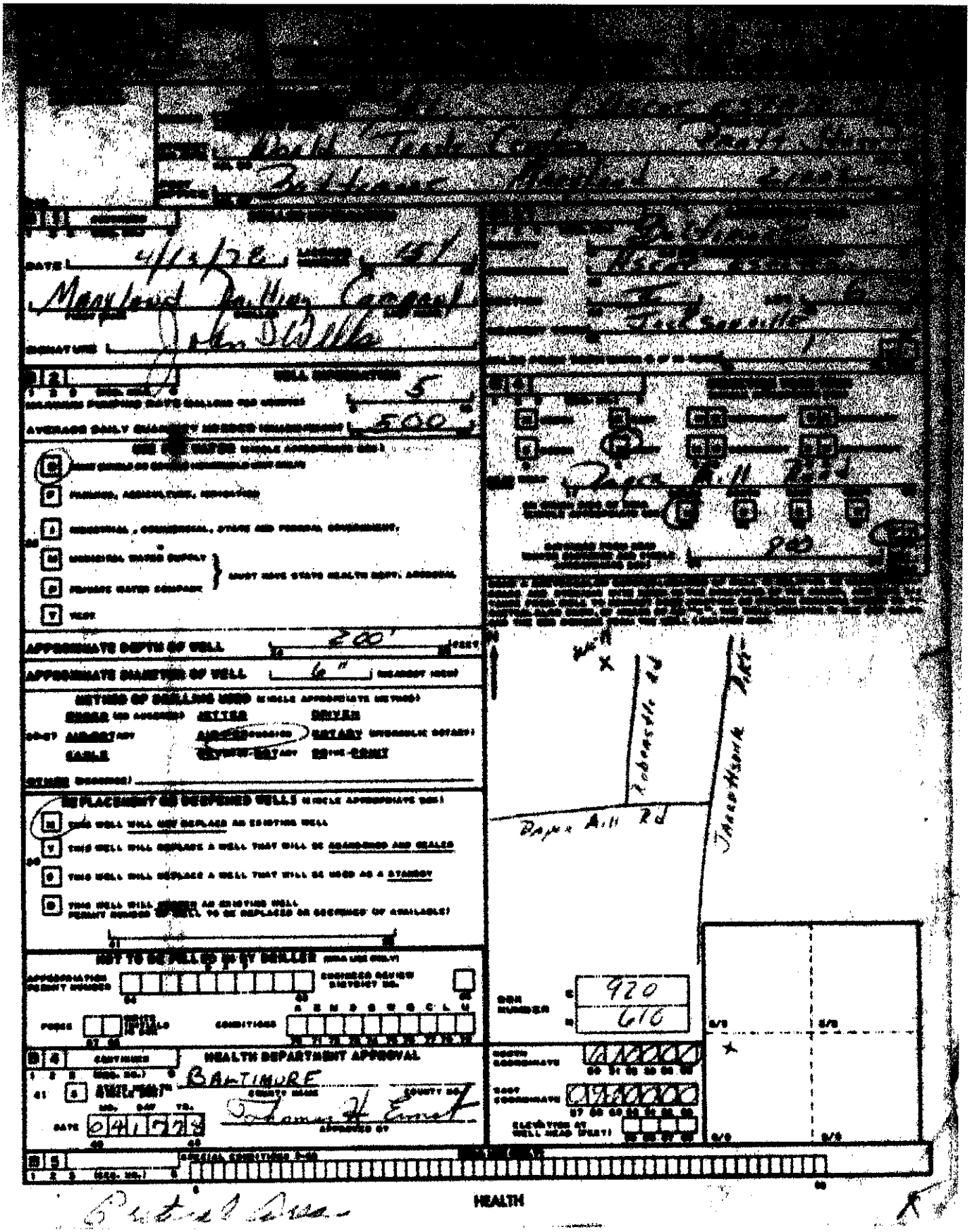
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

C.C. Campbell & Co., Inc

C.A.

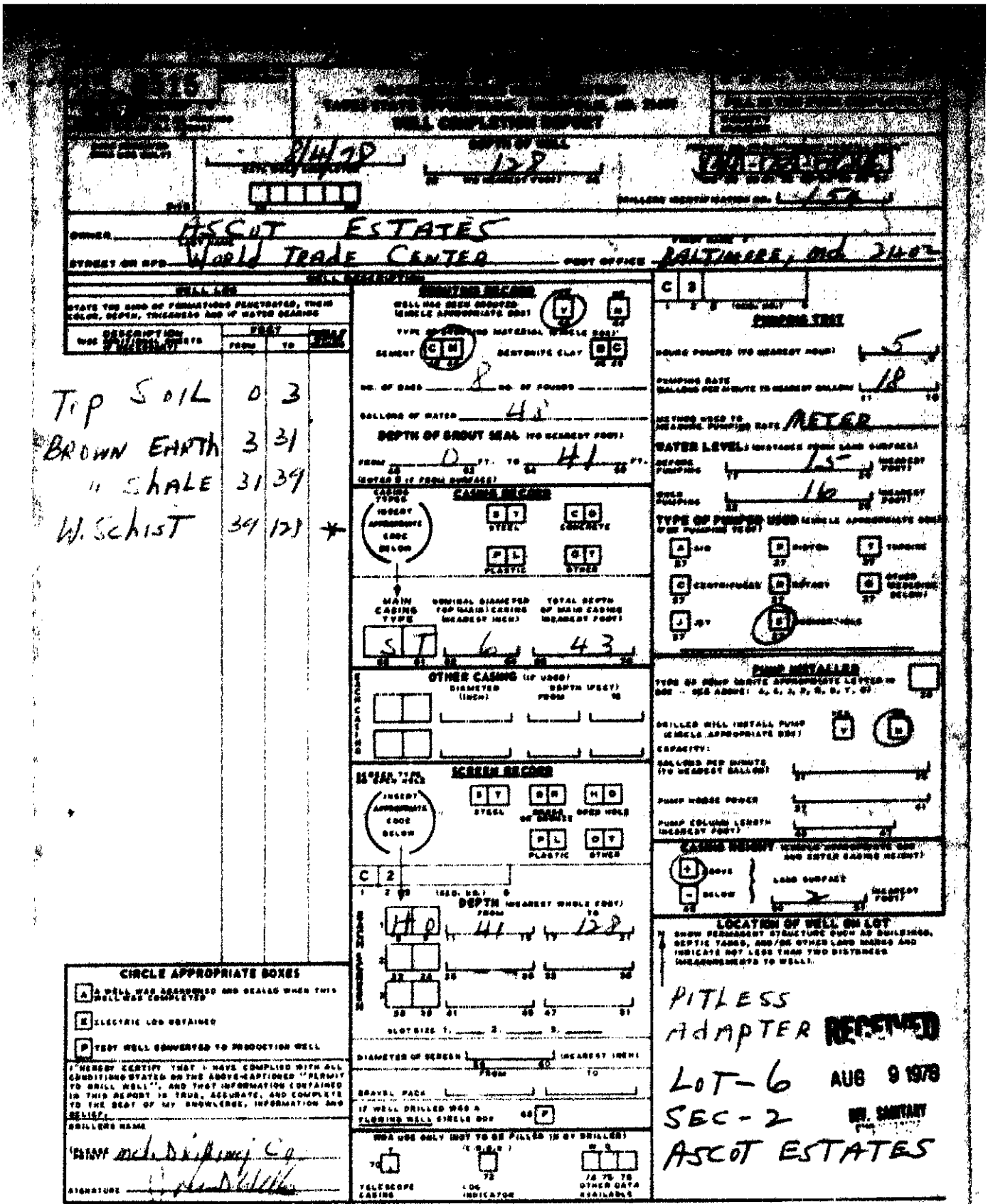
14308 Robcaste Rd BA735646



14308 Robcaste Rd BA735646

WELL COMPLETION REPORT

8/4/78 — DEPTH OF WELL 128 (TO NEAREST FOOT)



DRILLERS IDENTIFICATION NO. 154

OWNER: ASCOT ESTATES

STREET OR RFD: World Trade Center — POST OFFICE: BALTIMORE, Md 21402

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET FROM	FEET TO	
Top Soil	0	3	
Brown Earth	3	31	
" Shale	31	39	
W. Schist	39	128	*

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) — Y / N

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT / BENTONITE CLAY

NO. OF BAGS 8 — NO. OF POUNDS

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 41 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL, C O CONCRETE, P L PLASTIC, O T OTHER

MAIN CASING TYPE: S T — NOMINAL DIAMETER (TO MAIN CASING) (NEAREST INCH): 6 — TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 43

OTHER CASING (IF USED): DIAMETER (INCH) — DEPTH (FEET) FROM — TO

SCREEN RECORD

SCREEN TYPE (INSERT APPROPRIATE CODE BELOW): S T STEEL, R R GRAVEL OR BRONZE, H O OPEN HOLE, P L PLASTIC, O T OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT): 1 H O FROM 41 TO 128

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK FROM TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX — P

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING / LOG INDICATOR / OTHER DATA AVAILABLE

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 5

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 18

METHOD USED TO MEASURE PUMPING RATE: METER

WATER LEVEL (DISTANCE FROM LAND SURFACE): BEFORE PUMPING 15 (NEAREST FOOT); WHEN PUMPING 16 (NEAREST FOOT)

TYPE OF PUMPING USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (REDESIGN BELOW), J JET, S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) — Y / N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE / − BELOW — LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

PITLESS ADAPTER

LOT-6

SEC-2

ASCOT ESTATES

RECEIVED AUG 9 1978 DIV. SANITARY

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

COMPANY: Md. Drilling Co

SIGNATURE: [signature]

HEALTH

10

SOUTHSIDE AVE

3517 Southside Ave BA946880

EMERGENCY/TEMP NO IF ANY

B 1 7127 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER BA-94-6880
fill in this form completely

Date Received (APA) 8/5/02

OWNER INFORMATION

Celelli Melissa
Last Name Owner First Name

521 South Lakewood Ave
Street or RFD

Balto Md 21224
Town State Zip

DRILLER INFORMATION

Michael Barlow MWD 355
Driller's Name License No.

Michael Barlow Well Drilling
Firm Name

522 Underwood Lane Bel Air Md 21014
Address

Signature Date 8/9/02

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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL COMMERICIAL DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST OBSERVATION MONITORING
- G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300' FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER G

PERMIT No. BA-94-6880

B 3 **LOCATION OF WELL**

Baltimore
COUNTY

Shumato Prop
SUBDIVISION

SECTION LOT 2

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) .5 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

3517 South Side Ave
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

75
DISTANCE FROM ROAD FT
ENTER FT OR MI

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto CO3
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 8/5/02 M. Eppo
CO SIGNATURE EXP. DATE

NORTH GRID 616000 EAST GRID 0923000

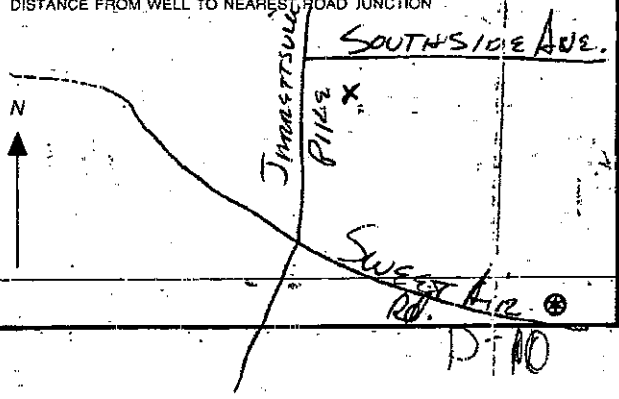
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



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

DENV-Permit 97

© COUNTY

3517 Southside Ave BA946880

C 1 03624 SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED 9-5-02

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-94-6880

OWNER Celelli (last name) Melissa (1st name)

STREET OR RFD 3517 Southside Ave TOWN Jacksonville

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 FROM	FEET TO	check if water bearing
Brown soil	0	20	
Gray Mica Rock	20	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 458

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0' TOP ft to 25' BOTTOM ft

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	06	25

OTHER CASING (If used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS/BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

EACH SCREEN	DEPTH (nearest ft.)		
1	40	25	400
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

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

T (E,R,O,S) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 60

METHOD USED TO MEASURE PUMPING RATE Watch Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29' ft

WHEN PUMPING 78' 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 (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

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 / − below LAND SURFACE 2 (nearest) foot

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y / no 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. MWD355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD549

Max L. Jones

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

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)

N

See Attached

DENV-CR00 COUNTY

3525 Southside Ave BA815121

EMERGENCY/TEMP NO. IF ANY

B 1 9873 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: BA-01-5121
fill in this form completely

Date Received: 0 [illegible]

OWNER INFORMATION

STRAKES-LAMBROS
Last Name / Owner / First Name

BOX 5510
Street or RFD

TOWSON MD 21204
Town / State / Zip

DRILLER INFORMATION

Sandy B. Cochran — 120
Driller's Name / License No.

G EDGAR HARRISONS CORP
Firm Name

12547 FALLS RD. Cockeysville 21030
Address

[signature] 6-3-85
Signature / Date

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: SF WRITE INITIALS IN BOX — PERMIT No. BA-01-5121

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

SOUTHSIDE GREENS
SUBDIVISION

SECTION — LOT 3

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

SOUTHSIDE AVENUE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), EAST (E), SOUTH (S)

DISTANCE FROM ROAD: 00
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto — COUNTY NO.: 03
OEP SIGNATURE — STATE HEALTH INSERT S
DATE ISSUED: 07 08 86 — CO SIGNATURE — EXP. DATE

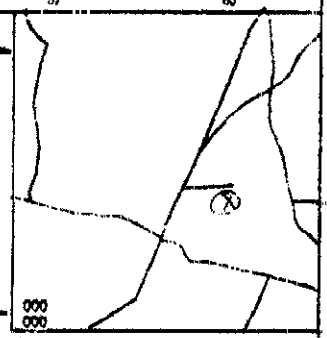
NORTH GRID: 614000 — EAST GRID: 0425000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

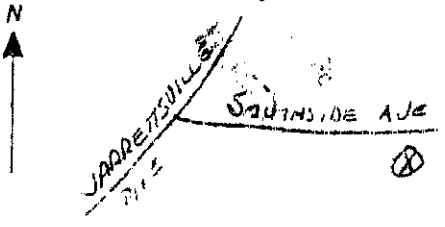
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

920 E 920
610 N 614



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



SPECIAL CONDITIONS: Must Be [illegible]

HEALTH

3525 Southside Ave BA815121

C1 3805 SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 5 8 2 8 6

Depth of Well: 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 30-81-5121

OWNER: Strakes - Lambros (last name / first name)

STREET OR RFD: [illegible] 5570 TOWN: [illegible] 21204

SUBDIVISION: Southside Greens SECTION: LOT: 13

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 FROM	FEET TO	Check if water bearing
Hard Dry Rock	0	27	
Overburden	27	280	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 5 NO. OF POUNDS 50
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 27 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	27

OTHER CASING (if used) — EACH CASING: diameter inch, depth (feet) from, to

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	40	27	280
2			
3			

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

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

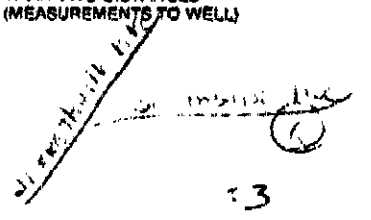
DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min. to nearest gal.): 4
METHOD USED TO MEASURE PUMPING RATE: 5 gal. Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 25
WHEN PUMPING: 103
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 (CIRCLE) (YES or NO) YES 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:
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, − below LAND SURFACE 2 (nearest foot)

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)



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 10.17.15 "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. 240

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

HEALTH

3527 Southside Ave BA815120

C1 3804 — SEQUENCE NO. (OEP USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 5/22/86

Depth of Well 255 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-81-W-1211

OWNER Stokes-Kamboris

STREET OR RFD Rt. 2 Box 211 (last name / first name) TOWN Towson 21204

SUBDIVISION Bellevue Groves SECTION LOT 2

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 FROM	FEET TO	Check if water bearing
HARD GREY ROCK	0	34	
OVERburden	34	255	✓

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 10.17.13 "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. 290

Charles P. Lee Sr. 00

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM — BENTONITE CLAY BC
NO. OF BAGS 7 — NO. OF POUNDS 700
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 34 ft (TOP / BOTTOM) (enter 0 if from surface)

CASING RECORD (casing types insert appropriate code below)
ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	34

OTHER CASING (if used)

EACH CASING	diameter (inches)	depth (feet) from	to

SCREEN RECORD (screen type or open hole — insert appropriate code below)
ST STEEL — BR BRASS, BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

C2

EACH SCREEN	TYPE	DEPTH (nearest ft.)	
1	HO	34	255
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING
(E R O S.) — LOG INDICATOR
WQ — OTHER DATA

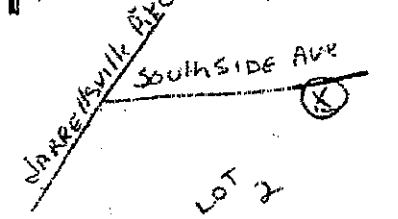
C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Graduated bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 22
WHEN PUMPING 12

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 (CIRCLE) (YES or NO) YES / 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:
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 / − below LAND SURFACE 2 (nearest foot)

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)



HEALTH

REC-AD 9247 10

3529 Southside Ave BA815119

C 1 3893 (SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: 8 13

DATE WELL COMPLETED: 5 21 86 (15 20)

Depth of Well: 180 (22 26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-51-5115 (28 29 30 31 32 33 34 35 36 37)

OWNER: [illegible] (last name) [illegible] (first name)

STREET OR RFD: Box [illegible] TOWN: [illegible]

SUBDIVISION: Southside Cedars SECTION: LOT: 1

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 FROM	FEET TO	Check if water bearing
Hard Grey Rock	0	38	
Overburden	38	180	✓

✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N) (44)
TYPE OF GROUTING MATERIAL
CEMENT (CM) (45 46) BENTONITE CLAY (BC) (45 46)
NO. OF BAGS 11 NO. OF POUNDS [illegible]
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP 52) ft to 39 (54 BOTTOM 58) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	41 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	40 (8 9)	39 (11 15)	180 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)
PUMPING RATE (gal. per min. to nearest gal.) 15 (11 15)
METHOD USED TO MEASURE PUMPING RATE [illegible]
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31 (17 20)
WHEN PUMPING 38 (22 25)
TYPE OF PUMP USED (for test)
(A) air (P) piston (T) turbine
(C) centrifugal (R) rotary (O) other (describe below)
(J) jet (S) submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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) (31 35)
PUMP HORSE POWER (37 41)
PUMP COLUMN LENGTH (nearest ft.) (43 47)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above (49) / (−) below (49) LAND SURFACE 2 (50 51) (nearest foot)

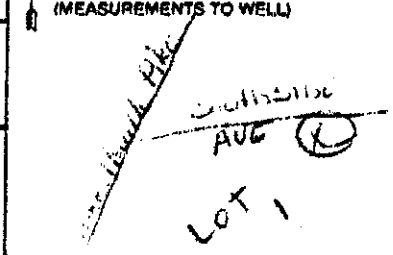
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 290
[illegible]
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

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)



HEALTH

3529 Southside Ave BA815119

EMERGENCY/TEMP NO. IF ANY

B 1 9875 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: BA-81-5119
fill in this form completely

Date Received: 1 6 0 0 8 5

OWNER INFORMATION

STRAKES-LAMBROS
Last Name / Owner / First Name

BOX 5510
Street or RFD

TOWSON MD 21204
Town / State / Zip

DRILLER INFORMATION

Sonny B. Cochran — 120
Driller's Name / License No.

G. EDGAR HARR SONS CORP
Firm Name

12047 FALLS RD Cockeysville 21030
Address

[signature] 6-3-85
Signature / Date

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SF WRITE INITIALS IN BOX PERMIT No. BA-81-5119

B 3 LOCATION OF WELL

BALTIMORE
COUNTY

SOUTHSIDE GREENS
SUBDIVISION

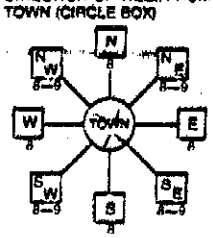
SECTION — LOT 1

JACKSONVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 0 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Southside Avenue
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



80
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto — 003
COUNTY NAME / COUNTY NO.

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED 052006 — Susan Farinette
CO SIGNATURE / EXP. DATE

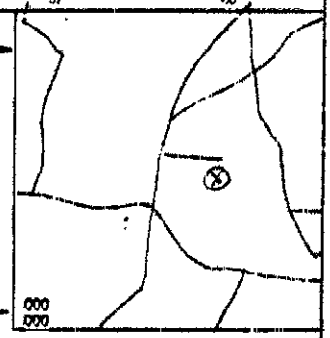
NORTH GRID 617000 — EAST GRID 1726000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

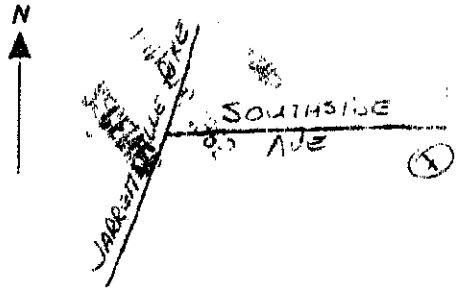
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

920 E 426
610 N 614



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



SPECIAL CONDITIONS transfer to Cambel 5/14

HEALTH

3531 Southside Ave BA810381

EMERGENCY/TEMP. NO. IF ANY

4684 — SEQUENCE NO. (DEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 74-80, ALL CARDS

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

DEP PERMIT NUMBER: BA-81-C381
fill in this form completely

Date Received: Nov. 81 (DEP Use Only)

OWNER INFORMATION

Hebb, Wm. Mole
Owner — 2nd Name
3513 Southside Ave
Street or R/D
Baltimore, Md. 21214
City — State — Zip

B 1 Continued — DRILLER INFORMATION

Earl W. Jones, Jr. — 0 0 0 N
Driller's Name — DEP License No.
Earl Well Drilling, Inc.
Firm Name
7A Kenilworth Dr. Towson, Md. 21204
Address
Earl W. Jones — Nov. 81
Signature — Date

B 2 — WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (H) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 30 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

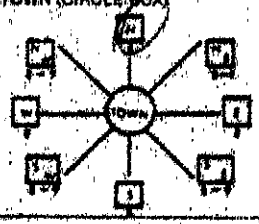
APPROP PERMIT NUMBER — GAP
FORCE — WRITE INITIALS IN BOX — PERMIT No

B 3 — LOCATION OF WELL

COUNTY: Baltimore
SUBDIVISION
SECTION — LOT
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 1 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



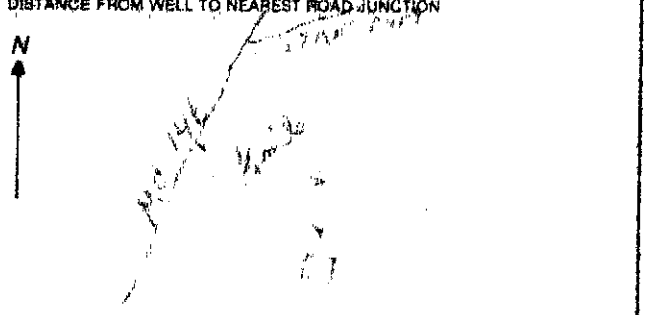
NEAR WHAT ROAD: Hebb Rd.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) — WEST (W) — EAST (E) — SOUTH (S)
DISTANCE FROM ROAD: 40 FT
(CIRCLE APPROPRIATE BOX)

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 928
N 618

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



B 4 — NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO.
DEP SIGNATURE — STATE HEALTH (CIRCLE BOX)
DATE ISSUED
CO SIGNATURE
NORTH GRID — EAST GRID — EXPIRES

B 5 — SPECIAL CONDITIONS

HEALTH

3531 Southside Ave BA810381

APPLICATION FOR PERMIT
BALTIMORE COUNTY MARYLAND
OFFICE OF THE BUILDING ENGINEER
TOWSON, MARYLAND 21204

TAX ACCOUNT NUMBER	22-00-001739
BUILDING ADDRESS	3531 SOUTHSIDE AVE
OWNER'S NAME	LLOYD & DEBORA COLLINS
MAILING ADDRESS OF OWNER	3531 SOUTHSIDE AVE 21131 PHOENIX
TENANT	LLOYD & DEBORA COLLINS
BUILDING CONTRACTOR	STEPHEN M. SCALLY 9h597 1208 SEBINA AVE 433-3582 21209
ENGINEER OR ARCHITECT	NONE
IF UNDER CONTRACT OF SALE GIVE SELLER'S NAME AND ADDRESS	S/S SOUTHSIDE AVE. 776' E. JARRETTSVILLE ROAD
TRANSFER DESCRIPTION	

DATE ISSUED 10/15/71
BUILDING PERMIT NO. 98889
CONTROL NO. M/R
DISTRICT 10
PRECINCT 3

A. TYPE OF IMPROVEMENT

1 ☐ NEW BUILDING CONSTRUCTION
2 ☒ ADDITION
3 ☒ ALTERATION
4 ☐ REPAIR
5 ☐ WRECKING (ENTER NO. UNITS DEDUCTED _____)
6 ☐ MOVING
7 ☐ OTHER _____

DESCRIBE PROPOSED WORK ☒ 1 AND 2 FAM. CODE
CONSTRUCT 2 STORY ON SIDE OF EXISTING DWELLING TO BE USED AS LIVING ROOM ON 1ST FLOOR. 2ND FLOOR TO USED AS 2 BEDROOMS & BATH

B. OWNERSHIP

1 ☒ PRIVATELY OWNED 2 ☐ PUBLICLY OWNED

ESTIMATED COST OF MATERIAL & LABOR $ 55,000.00

C. TYPE OF USE

RESIDENTIAL
01 ☒ ONE FAMILY
02 ☐ TWO FAMILY
03 ☐ THREE AND FOUR FAMILY
04 ☐ FIVE OR MORE FAMILY (ENTER NO. UNITS _____)
05 ☐ SWIMMING POOL
06 ☐ GARAGE
07 ☐ OTHER _____

NON-RESIDENTIAL
05 ☐ AMUSEMENT, RECREATION, PLACE OF ASSEMBLY
09 ☐ CHURCH OTHER RELIGIOUS BUILDING
10 ☐ FENCE (LENGTH _____ HEIGHT _____)
11 ☐ INDUSTRIAL, STORAGE BUILDING
12 ☐ PARKING GARAGE
13 ☐ SERVICE STATION, REPAIR GARAGE
14 ☐ HOSPITAL, INSTITUTIONAL, NURSING HOME
15 ☐ OFFICE, BANK, PROFESSIONAL
16 ☐ PUBLIC UTILITY
17 ☐ SCHOOL, COLLEGE, OTHER EDUCATIONAL
18 ☐ SIGN
19 ☐ STORE ☐ MERCANTILE ☐ RESTAURANT
SPECIFY TYPE _____
20 ☐ SWIMMING POOL (NO HEALTH DEPT APPR REQ.)
21 ☐ TANK, TOWER
22 ☐ TRANSIENT HOTEL, MOTEL (NO. UNITS _____)
23 ☐ OTHER _____

TYPE FOUNDATION
☐ SLAB
☐ BLOCK
☐ CONCRETE
☐ BASEMENT
☐ FULL
☐ PARTIAL
☐ NONE

CHECK APPROPRIATE CATEGORIES FOR RESIDENTIAL ONLY

2A. PROPOSED USE(S) SAME & ADD. & ALT.
EXISTING USE(S) SFD

D. TYPE OF CONSTRUCTION

1 ☐ MASONRY 3 ☐ STRUCTURE STEEL
2 ☒ WOOD FRAME 4 ☐ REINF. CONCRETE

TYPE OF HEATING FUEL
1 ☐ GAS 3 ☐ ELECTRICITY
2 ☒ OIL 4 ☐ COAL

TYPE OF SEWAGE DISPOSAL
1 ☒ PUBLIC SEWER ☐ EXISTS ☐ PROPOSED
2 ☒ PRIVATE SYSTEM ☐ EXISTS ☐ PROPOSED
SEPTIC ☐ EXISTS ☐ PROPOSED
PRIVY ☐ EXISTS ☐ PROPOSED

TYPE OF WATER SUPPLY
1 ☐ PUBLIC SYSTEM ☐ EXISTS ☐ PROPOSED
2 ☒ PRIVATE SYSTEM ☒ EXISTS ☐ PROPOSED

IS THERE CENTRAL AIR CONDITIONING
1 ☐ YES 2 ☒ NO

IS THERE AN INCINERATOR
1 ☒ NO 2 ☐ YES - WITH AIR POLLUTION CONTROL
3 ☐ YES - WITHOUT AIR POLLUTION CONTROL
NO. OF ELEVATORS TO BE INSTALLED _____
NUMBER OF OFF STREET PARKING SPACES
ENCLOSED _____ OUTDOORS _____

E. RESIDENTIAL ONLY

SINGLE FAMILY UNITS
1 TOTAL NO. OF BEDROOMS _____

MULTI FAMILY UNITS
HOW MANY APARTMENTS HAVE
2 EFFICIENCY (NO SEPARATE BEDROOM) _____
3 ONE BEDROOM _____
4 TWO BEDROOMS _____
5 THREE BEDROOMS OR MORE _____
6 TOTAL NO. OF BEDROOMS _____
7 TOTAL NO. OF APARTMENTS _____

F. DIMENSIONS

GARBAGE DISPOSAL	YES ☐ NO ☐
POWDER ROOMS	
BATHROOMS	1
KITCHENS	
BUILDING SIZE, LARGEST OVERALL DIMENSIONS INCLUDING BASEMENT	WIDTH 16/28 21/22 HEIGHT STORIES 2
FLOOR AREA	1895 SQ. FT.
LOT SIZE	1.251 ACRES
LENGTH OF BUILDING FROM STREET CORNER	FRONT STREET 75' SIDE STREET
PROPERTY LINE SETBACKS	FRONT SIDE N/C SIDE STREET REAR
IN LINE WITH EXISTING BLDGS.	YES ☐ NO ☐ CORNER LOT YES ☐ NO ☐ LOT NUMBERS
ZONING INFORMATION	ZONE DISTRICT RC-5 ZONING MAP NO. PETITION NO. DATE
ASSESSMENT LAND	SUBDIVISION NAME H
IMPROVEMENTS	BLOCK SECTION LIBER FOLIO
TOTAL	IMPROVED BUILDINGS 01

G.

I HAVE CAREFULLY READ THIS APPLICATION AND KNOW THE SAME IS CORRECT TRUE AND THAT IN DOING THIS WORK ALL PROVISIONS OF THE BALTIMORE CO. CODE AND APPROPRIATE STATE REGULATIONS WILL BE COMPLIED WITH WHETHER SPECIFIED OR NOT AND WILL REQUEST ALL REQUIRED INSPECTIONS)

MAIL PERMIT TO:
STEPHEN M. SCALLY 10/13/
COMPANY OR OWNER DATE
1208 SEBINA AVE BALTO MD. 2120
ADDRESS CITY STATE
STEPHEN M. SCALLY ☒ AGENT ☐ OWNER 433-3582
SIGNATURE OF APPLICANT PHONE

MAKE CHECKS PAYABLE TO BALTIMORE COUNTY MARYLAND
PERMIT FEE $30.00 + 5.00 = 35.00 7-20523 10/13/

AGENCY	APPROVAL SIGNATURE	DATE
HEALTH DEPARTMENT		
ZONING		
PLANNING		
BUREAU OF PUBLIC SERVICES		
TRAFFIC ENGINEERING	Lloyd Simmons	10/
DEPARTMENT OF PUBLIC WORKS		
FIRE PREVENTION		
SURVEYOR		

DEPARTMENT OF HEALTH

3531 Southside Ave BA810381

C-1 12336 SEQUENCE NO. (WRA USE ONLY)

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

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

Date Received (WRA use only) 25 Nov. 81 DATE WELL COMPLETED

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO FROM PERMIT TO DRILL WELL BA-81-0381

OWNER Koerner (last name) Henry & Wilbur (first name)

STREET OR RFD 3531 Southside Ave TOWN Phoenix 21131

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 FROM	FEET TO	Check if water bearing
Brown dirt	0	8	
Soft brown rock	8	14	
Med brown rock	14	18	
Gray mica rock	18	26	
" " "	26	125	

CIRCLE APPROPRIATE BOX

[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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO 4

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL

CEMENT [C][M] BENTONITE CLAY [B][C]

NO OF BAGS 5 NO OF POUNDS 5½

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 20 ft (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[S][T] STEEL [C][O] CONCRETE [P][L] PLASTIC [O][T] OTHER

MAIN CASING TYPE [S][T] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 21

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

SCREEN RECORD

screen type or open hole insert appropriate code below

[S][T] STEEL [B][R] BRASS, BRONZE [H][O] OPEN HOLE [P][L] PLASTIC [O][T] OTHER

C 2 (seq no)

EACH SCREEN DEPTH (nearest ft) [H][O] 20 [illegible]

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

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

[ ] TELESCOPE CASING [ ] LOG INDICATOR W Q OTHER DATA

C 3 (seq no)

PUMPING TEST

HOURS PUMPED (nearest hour) 2

PUMPING RATE (gal per min to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE Timer

WATER LEVEL distance from land surface

BEFORE PUMPING 14

WHEN PUMPING 125

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 (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX SEE ABOVE (A, C, J, P, R, S, T, O)

CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height)

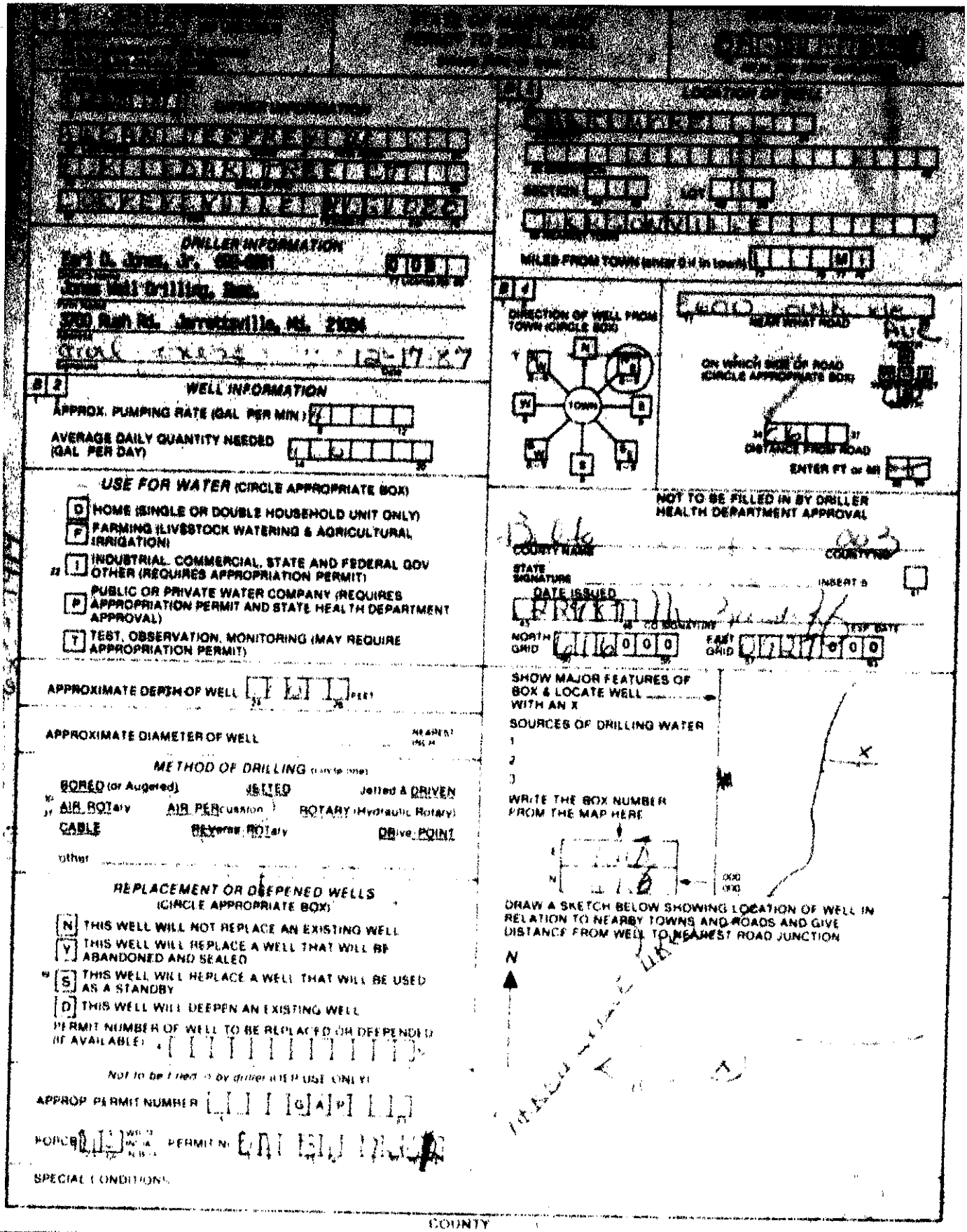
[+] above [ ] below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SOLID A BUILDING SEPTIC TANKS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

HEALTH



DRILLER INFORMATION

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL (FEET)

APPROXIMATE DIAMETER OF WELL (NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (HEP USE ONLY)

APPROP PERMIT NUMBER

PERMIT NO.

SPECIAL CONDITIONS

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT #

DATE ISSUED

EXP. DATE

NORTH GRID

EAST GRID

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

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

COUNTY

3600 Southside Ave BA817651

STATE OF MARYLAND
WELL COMPLETION REPORT

SEQUENCE NO. (OEP USE ONLY)

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED 01 04 86

DEPTH OF WELL 350 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL B A - B I - 7 4 5 1

OWNER SLOAN, JEFFREY W.

STREET OR RFD 4 K Cedar Tree Ct. TOWN Cockeysville

SUBDIVISION Southside Avenue 3600 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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	29	
med hard tan rock	29	32	
hard gray rock	32	37	
med hard brown rock	37	38	
hard gray rock	38	42	
hard tan rock	42	49	
hard gray rock	49	83	x
med hard gray rock	83	84	x
hard gray rock	84	141	
hard light gray rock	141	196	
hard gray rock	196	240	
med hard gray rock	240	244	x
hard gray rock	244	350	
300' dry hole			
250' dry hole			
abandoned & sealed			

OK 6N7 1/22/86

CIRCLE APPROPRIATE LETTER
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 10.17.16 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S IDENT. NO. 009

DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DRILLER'S NAME (Print, for driller or journeyman driller for supervision of different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 64

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT (TOP) TO 20 FT (BOTTOM) (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	340

OTHER CASING (if used)

WELL CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

DEPTH (NEAREST FT.)

WELL SCREEN			
1	HO	330	350
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal per min to nearest gal.) 8

METHOD USED TO MEASURE PUMPING RATE TIMER

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32

WHEN PUMPING 154

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 (CIRCLE) (YES or NO) YES 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

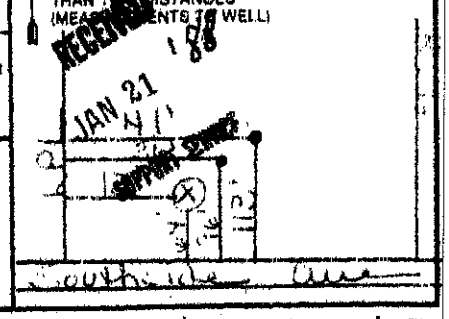
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / - below LAND SURFACE (NEAREST FOOT) 1

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)



HEALTH

10

3602 Southside Ave BA815904

EMERGENCY/TEMP NO. IF ANY

"Repl"

B 1 9549 SEQUENCE NO. (DEP 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

DEP PERMIT NUMBER

fill in this form completely

Date Received

OWNER INFORMATION

Last Name / Owner / First Name

3602 SOUTHSIDE AVE

Street or RFD

Town / State / Zip

DRILLER INFORMATION

Driller's Name / Licence No.

Firm Name

Address

Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER

FORCE PERMIT No.

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

DEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

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 3.8

N 6.6

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

Southside Avenue

1/8 MILE

SPECIAL CONDITIONS

HEALTH

3602 Southside Ave BA815904

C1 5350 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received — DATE WELL COMPLETED — Depth of Well (TO NEAREST FOOT) — PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER UNDER RECTIFIED

STREET OR RFD 3602 Southside Avenue — first name — TOWN Phoenix

SUBDIVISION — SECTION — LOT

~~3602 Southside Avenue~~ ~~3602 Southside Avenue~~

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 FROM	FEET TO	check if water bearing
soft brown dirt	0	22	
hard gray rock	22	24	
med hard tan rock	24	25	
hard gray rock	25	29	
med hard tan rock	29	30	
hard gray rock	30	34	
med tan & brown rock	34	35	
hard gray rock	35	36	
med tan rock	36	37	x
hard tan rock	37	40	
med hard gray & tan	40	133	
med gray rock	133	134	
med hard gray rock	134	192	
med gray rock	192	193	x
hard gray rock	193	212	
med hard gray rock	212	213	
hard gray rock	213	219	
med soft gray rock	219	222	
hard gray rock	222	225	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — Y / N
TYPE OF GROUTING MATERIAL
CEMENT [C M] — BENTONITE CLAY [B C]
NO. OF BAGS ____ NO. OF POUNDS ____
GALLONS OF WATER ____
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 12 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [S T] STEEL; [C O] CONCRETE; [P L] PLASTIC; [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	35

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below: [S T] STEEL; [B R] BRASS BRONZE; [H O] OPEN HOLE; [P L] PLASTIC; [O T] OTHER

C 2

SCREEN	DEPTH (nearest ft.) from	to
1		
2		
3		

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

C 3 — Repl

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 6 — METHOD USED TO MEASURE PUMPING RATE ____
WATER LEVEL (distance from land surface)
BEFORE PUMPING 36
WHEN PUMPING 46

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 (CIRCLE) (YES or NO) — YES / 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:
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 / [−] below LAND SURFACE (nearest foot)

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)

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CONFIRMED PERMIT, AND THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. ____

DRILLER SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DATE SIGNATURE OBTAINED (MUST BE WITHIN 30 DAYS OF SIGNATURE ON APPLICATION)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING; (E.R.O.S.) — LOG INDICATOR; WQ — OTHER DATA

NOV 28 1995

HEALTH

10

3603 Southside Ave BA946318

EMERGENCY/TEMP NO. IF ANY

B 1 7080 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER BA-94-6318
fill in this form completely

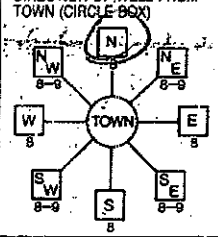
Date Received (APA) 3 5 02

OWNER INFORMATION
Coll (Last Name) David (First Name)
3603 Southside Ave (Street or RFD)
Phoenix MD 21131 (Town / State / Zip)

DRILLER INFORMATION
Wayne Caswell MWD 320
Driller's Name / License No.
C. Wayne Caswell Inc.
Firm Name
Sparks MD 21152
Address
Signature
Date 4

WELL INFORMATION
B 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600

LOCATION OF WELL
B 3
Baltimore (COUNTY)
SUBDIVISION
SECTION LOT
Jacksonville (NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town) 3 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


3603 Southside Ave (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH W WEST 32 E EAST S SOUTH
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL COMMERICIAL DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST OBSERVATION MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Baltimore 03 (COUNTY NAME / COUNTY NO.)
STATE SIGNATURE INSERT S
DATE ISSUED 3 5 02 CO SIGNATURE EXP DATE
NORTH GRID 615 000 EAST GRID 1425 000

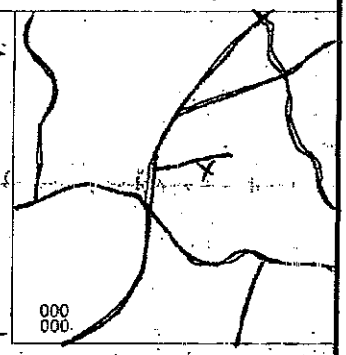
APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

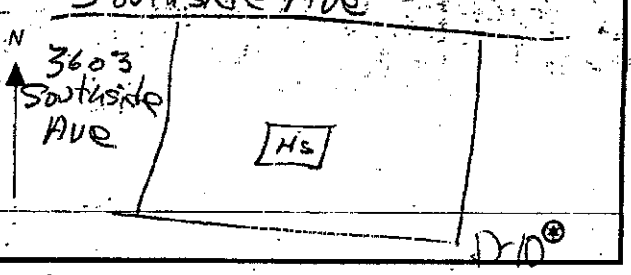
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- R THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

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 920
N 610



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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP PERMIT NUMBER GAP
PERMIT No BA-94-6318

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

DENV-Permit 97 ② COUNTY

3603 Southside Ave BA946318

C 1 - 0459 (SEQUENCE NO. (MDE USE ONLY))

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

STTCO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 03 DD 05 YY 02

Depth of Well: 902 (TO NEAREST FOOT)

PERMIT NO: FROM PERMIT TO DRILL WELL: BA -94 -6318

OWNER: Call (last name) David (first name)

STREET OR RFD: 3603 South side Ave TOWN: Phoenix

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 FROM	FEET TO	check if water bearing
Brown Loam	0	15	
Tan Mica	15	26	
Gray Rock	26	902	V
Dry Hole			
Brown Loam	0	18	
Tan Mica	18	28	
Gray Rock	28	602	

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: yes [Y] no [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 __ __ __

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ D __ __ __

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO OF BAGS 14 NO OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft to 30 BOTTOM ft
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- [ST] STEEL
- [CO] CONCRETE
- [PL] PLASTIC
- [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	30

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
- [ST] STEEL
- [BR] BRASS
- [BZ] BRONZE
- [PL] PLASTIC
- [HO] OPEN HOLE
- [OT] OTHER

C 2

DEPTH (nearest ft)

EACH SCREEN			
1	40	30	902
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

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 06

PUMPING RATE (gal per min.): .75

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 73 ft

WHEN PUMPING: 475 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 (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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

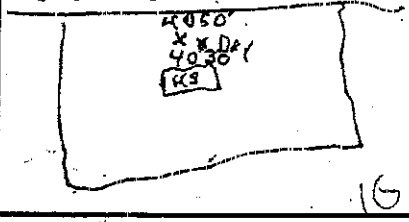
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
- [+] above LAND SURFACE
- [−] below

1 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

3603 South side Ave



16

DENV-CR97 ② COUNTY

3605 Southside Ave BA816241

EMERGENCY/TEMP NO IF ANY

B 1 6561 SEQUENCE NO (OEP 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

OEP PERMIT NUMBER [illegible]
fill in this form completely

Date Received [illegible]

OWNER INFORMATION

Last Name / Owner / First Name
Street or RFD
Town / State / Zip

DRILLER INFORMATION

Driller's Name [illegible] License No
Firm Name [illegible]
Address [illegible]
Signature [illegible] Date [illegible]

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN.) [illegible]

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) [illegible]

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [X] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [X] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL [illegible] FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER [illegible] G A P

FORCE [illegible] WRITE INITIALS IN BOX PERMIT No [illegible]

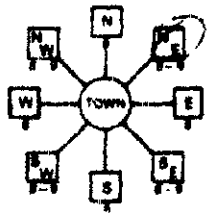
SPECIAL CONDITIONS heat pump

B 3 LOCATION OF WELL

COUNTY [illegible]
SUBDIVISION
SECTION LOT
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) [illegible] M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD [illegible]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH

DISTANCE FROM ROAD [illegible]
ENTER FT or MI [illegible]

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

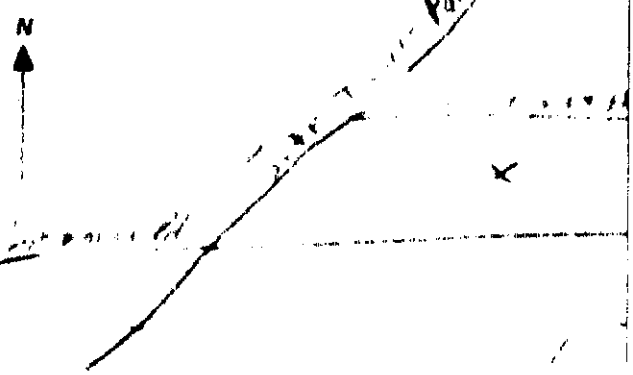
COUNTY NAME COUNTY NO
OEP SIGNATURE STATE HEALTH INSERT 6
DATE ISSUED [illegible]
SIGNATURE EXP DATE
NORTH GRID [illegible] 0 0 0 EAST GRID [illegible] 0 0 0

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 [illegible]
N [illegible]

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



HEALTH

3605 Southside Ave BA816241

B 1 6558 SEQUENCE NO (DEP 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

DEP PERMIT NUMBER [illegible]
(if in this form completely)

Date Received [illegible]

OWNER INFORMATION

[illegible]

DRILLER INFORMATION

Michael Barron [illegible]

Barron's Water Drilling Service

[illegible]

[illegible] 5-25-77

B 2 **WELL INFORMATION**

APPROX PUMPING RATE (GAL PER MIN) [illegible]

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL [illegible] FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE 3 WRITE INITIALS IN BOX PERMIT No. [illegible]

B 3 **LOCATION OF WELL**

[illegible]

SECTION LOT

[illegible]

MILES FROM TOWN (enter 0 if in town) [illegible]

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN

Southside Ave NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

000 DISTANCE FROM ROAD

ENTER FT or MI [illegible]

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME [illegible] COUNTY NO

DEP SIGNATURE [illegible] STATE HEALTH INSERT S

DATE ISSUED [illegible]

NORTH GRID [illegible] EAST GRID [illegible]

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

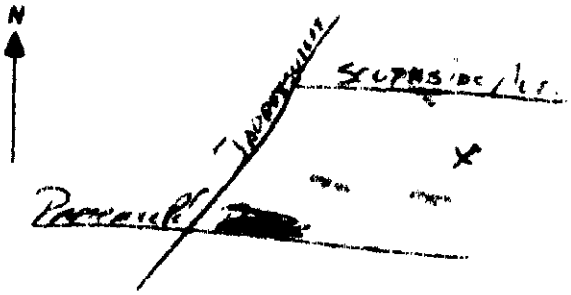
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

S 975

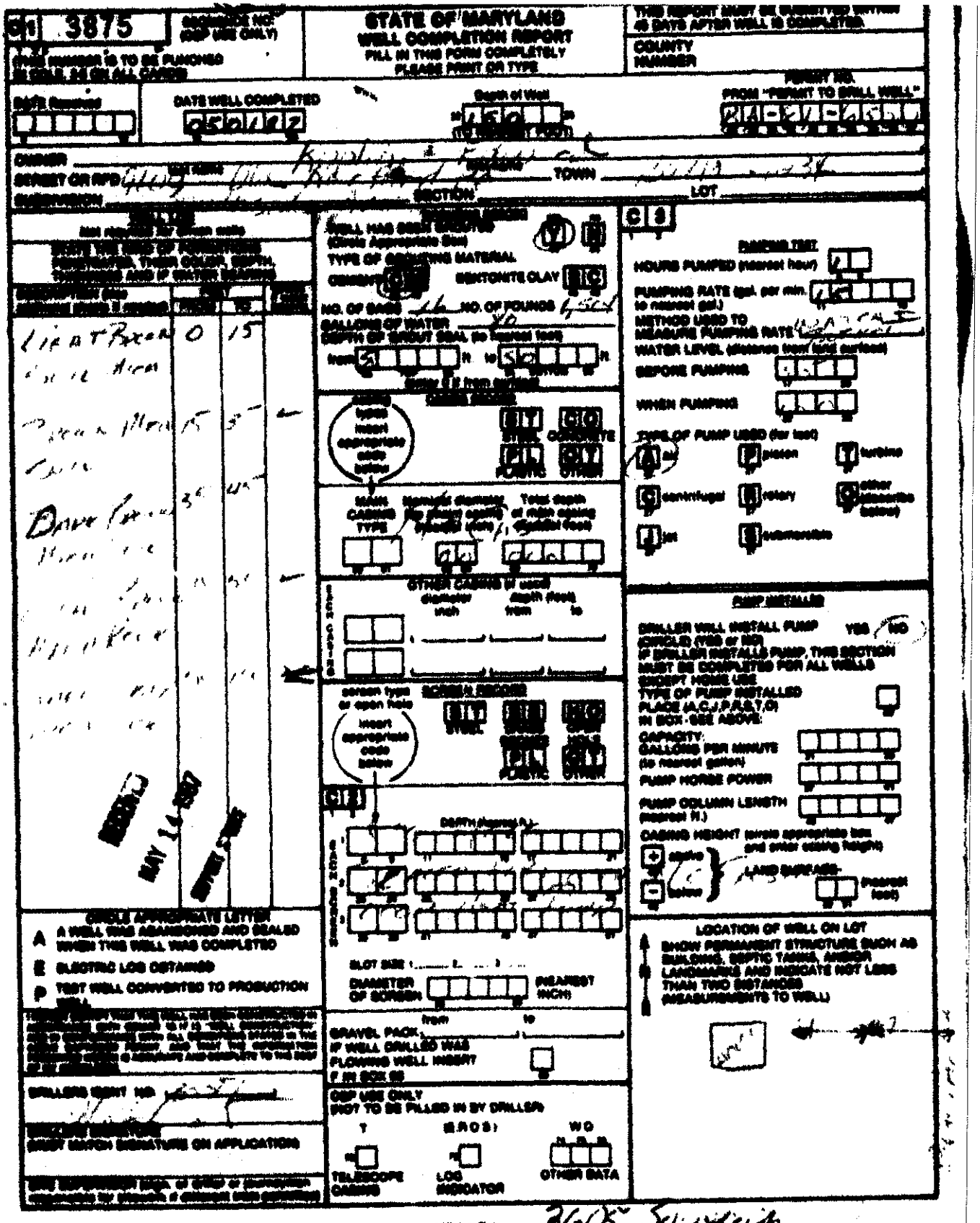
N 615

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



SPECIAL CONDITIONS heat pump

HEALTH



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

3875

DATE WELL COMPLETED 9/30/82

OWNER Kaplan & Feldman

STREET OR RFD Liberty Rd TOWN Sykesville

SECTION LOT

WELL HAS BEEN DISINFECTED (Check Appropriate Box) YES NO

TYPE OF DRILLING MATERIAL

CEMENT BENTONITE CLAY

NO. OF SACKS 16 NO. OF POUNDS 4 Sack

GALLONS OF WATER 20

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 50 ft

CASING TYPES: STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE

OTHER CASINGS (if used)

SCREEN TYPE or open hole STEEL PLASTIC OTHER

SCREEN RECORDS

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

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

T (EROS) WQ

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min. to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket & Stop Watch

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary S other submersible (specify)

J jet

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 HORSE USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE

CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (above approximate land surface) + above - below LAND SURFACE (nearest foot)

	0	15
	15	35
	35	40
	40	45
	45	50

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

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANK, ARBOR, LANDMARK AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

DRILLER'S SIGNATURE

DRILLER MUST SIGN SIGNATURE ON APPLICATION

HEALTH 3605 Southside

3605A Southside Ave BA817461

881-2138 PMCIT

EMERGENCY/TEMP NO IF ANY

B 1 · 3521 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: BA 81-7461
fill in this form completely

Date Received: 11/13/87

OWNER INFORMATION

Last Name / Owner / First Name
Street or RFD
Town / State / Zip

DRILLER INFORMATION

Driller's Name / License No
Firm Name
Address
Signature / Date

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: SE (WRITE INITIALS IN BOX) PERMIT No: BA-81-7461

B 3 LOCATION OF WELL

COUNTY: Baltimore
SUBDIVISION: Stillwater Farms
SECTION: [illegible] LOT: 1 — Erlev Prop. (RAM)
NEAREST TOWN:
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: Southside Ave.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 1000
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

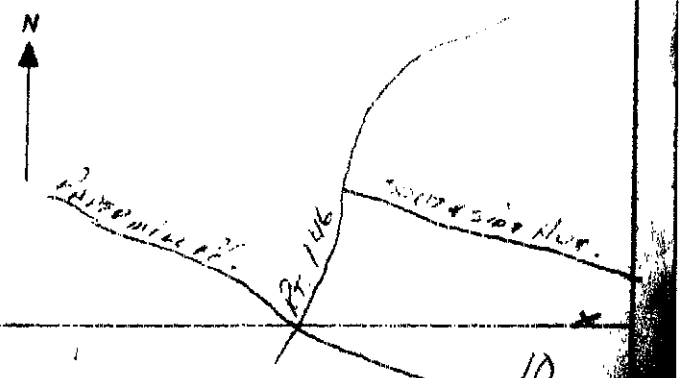
COUNTY NAME — COUNTY NO.
OEP SIGNATURE — STATE HEALTH INSERT S
DATE ISSUED
CO SIGNATURE — EXP DATE
NORTH GRID: 000 — EAST GRID: 000

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: 9
N: 6

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



SPECIAL CONDITIONS: Fee pt. 20.00

HEALTH

3605A Southside Ave BA817461

CW 908

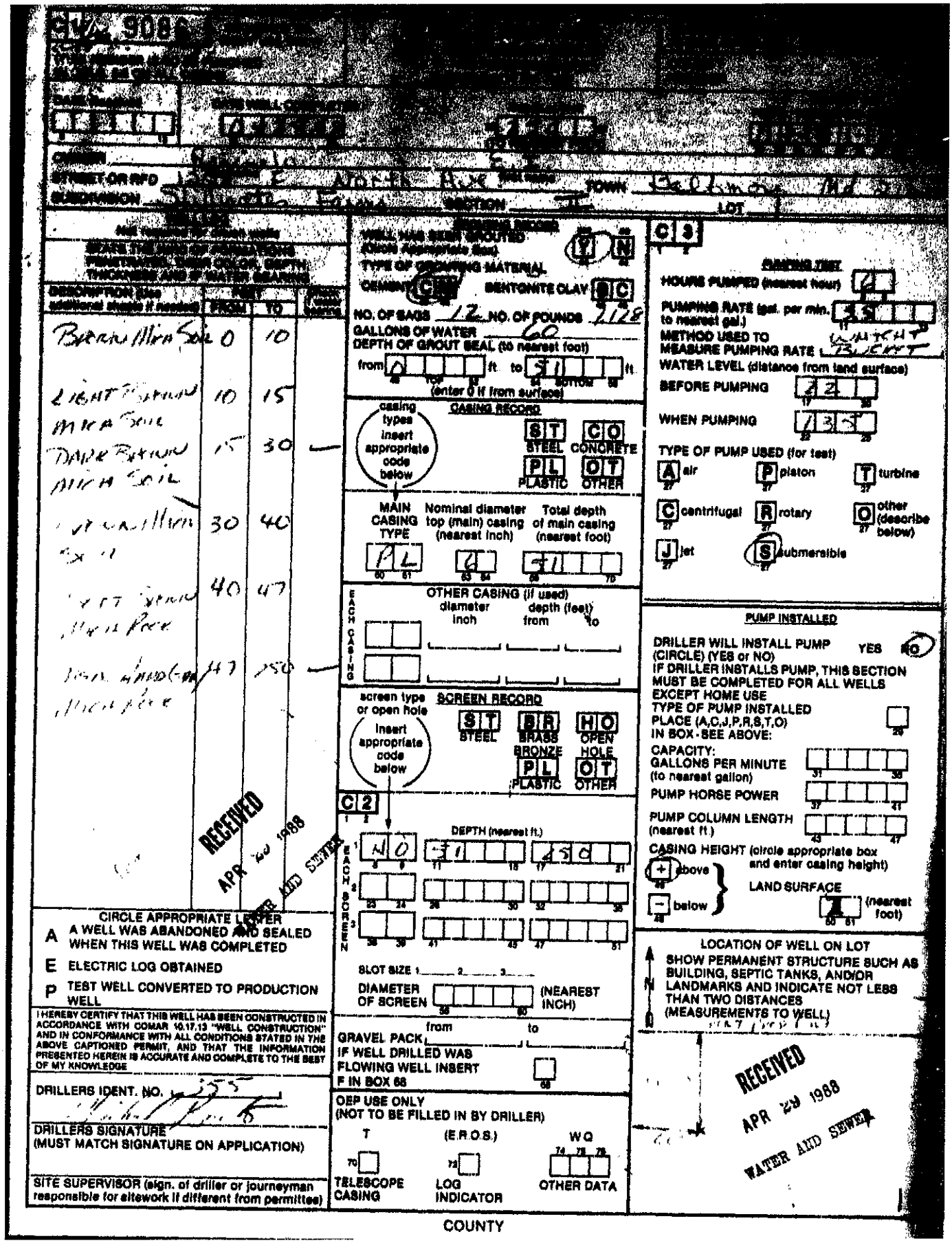
STREET OR RFD [illegible] E North Ave TOWN Baltimore Md

SUBDIVISION [illegible] SECTION [illegible] LOT [illegible]

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 FROM	FEET TO	Check if water bearing
Brown Mica Soil	0	10	
Light Brown Mica Soil	10	15	
Dark Brown Mica Soil	15	30	—
[illegible] Mica Soil	30	40	
[illegible] Brown Mica Rock	40	47	
[illegible] Mica Rock	47	250	—

RECEIVED APR 20 1988 WATER AND SEWER

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 10.17.13 "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. 355

[signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL

CEMENT C BENTONITE CLAY B C

NO. OF BAGS 12 NO. OF POUNDS 2128

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 51 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	51

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	40	51	250
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 35

METHOD USED TO MEASURE PUMPING RATE WHICH BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22

WHEN PUMPING 135

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 (CIRCLE) (YES or NO) YES 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:

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 − below LAND SURFACE 1 (nearest foot)

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)

RECEIVED APR 29 1988 WATER AND SEWER

COUNTY

3605A Southside Ave BA817461

STATE OF MARYLAND
WELL COMPLETION REPORT
PLEASE FILL OUT FORM COMPLETELY
AND PRINT OR TYPE

COUNTY NUMBER

DATE WELL COMPLETED
[illegible] 28 87

Depth of Well
22 [illegible] 25
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
BA-81-7161

[illegible] Hwy
first name

[illegible] Southside Ave
TOWN Pikesville 21131

[illegible] Farms
SECTION
LOT 1 replacement

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y 43 NO N 44
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC 45 46
NO. OF BAGS 7 NO. OF POUNDS 658
GALLONS OF WATER 35
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. 47 48 to 30 ft. 54 55
TOP BOTTOM
(enter 0 if from surface)

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 8 9
PUMPING RATE (gal. per min to nearest gal.) 15 11
METHOD USED TO MEASURE PUMPING RATE WATCH + BUCKET
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 17 20
WHEN PUMPING 24 22 25

TYPE OF PUMP USED (for test)
A air 27 P piston 27 T turbine 27
C centrifugal 27 R rotary 27 O other (describe below) 27
J jet 27 S submersible 27

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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: 28
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above 49
− below 49
LAND SURFACE
1 (nearest foot) 50 51

CASING RECORD
casing types - insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
AL 80 81	6 83 84	30 85 70

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	HO 6 9	30 11 15	400 17 21
2	23 24	26 30	32 36
3	38 39	41 45	47 51

SLOT SIZE 1 ____ 2 ____ 3
DIAMETER OF SCREEN 56 60 (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

From	To	Color	Formation	Check if water bearing
Brown Mica Soil	0	10		
Light Brown Mica Soil	10	15		
Dark Brown Mica Soil	15	70		
Light Brown Mica [illegible]	70	75		
Med. Hard Gray Mica Rock	75	700		

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIO[illegible] AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 355

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

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

T	(E R O S)	WQ
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

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)

[illegible] Southside Ave

Lot - Left Property Line

HEALTH

3605B Southside Ave BA818190

678-0409

EMERGENCY/TEMP NO. IF ANY

8042 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: BA-88-0064

fill in this form completely

Date Received (APA): 091488

OWNER INFORMATION

Last Name / Owner / First Name: KOPLIN EDWARD

Street or RFD: 3605 SOUTHSIDE AVE

Town: PHOENIX State: MD Zip: 21121

DRILLER INFORMATION

Driller's Name: Michael Barrow License No.: 355

Firm Name: Barrow Well Drilling Service Inc

Address: 602 Cross Ave Jessup 21045

Signature: Michael Barrow Date: 9/16/88

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (DEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: NM WRITE INITIALS IN BOX PERMIT No: BA-88-0064

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION: STILLWATER FARMS

SECTION: [illegible] LOT: 2B

NEAREST TOWN: JACKSONVILLE

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: SOUTH SIDE AVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 1000

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto. COUNTY NO.: 003

STATE SIGNATURE: INSERT S

DATE ISSUED: 092988 CO SIGNATURE: [signature] EXP. DATE

NORTH GRID: 615000 EAST GRID: 0926000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1

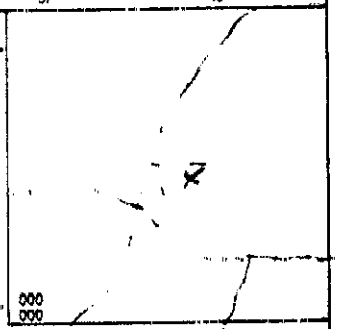
2

3

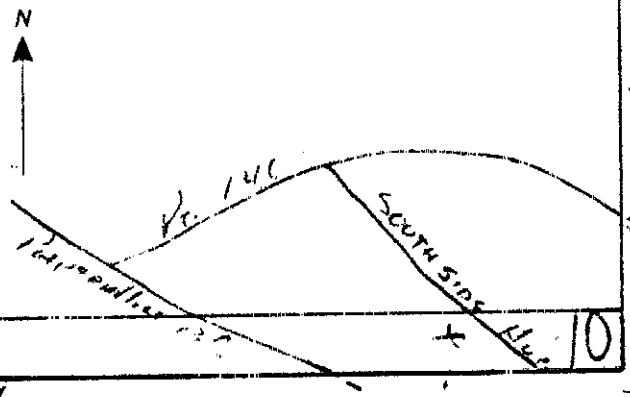
WRITE THE BOX NUMBER FROM THE MAP HERE

E: 92C

N: 61C



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



COUNTY

3605B Southside Ave BA818190

C1 .5450 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: 032989
DATE WELL COMPLETED: 031387
Depth of Well: 325 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-88-0064

OWNER: Koplin (last name) Edward (first name)
STREET OR RFD: 3605 Southside Ave TOWN: Jacksonville
SUBDIVISION: [illegible] SECTION: LOT: 2 B

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 FROM	FEET TO	Check if water bearing
Brown Mica Soil	0	10	
Light Brown Mica Soil	10	15	
Brown Mica Soil	15	20	
Dark Brown Mica Soil	20	30	
Brown Mica Soil	30	40	
Soft Brown Mica Pick	40	45	
Med Hard Brown Mica Pock	45	325	
Dry Hole	0	435	
Screen with Pack Cottings & Cement Grout			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N
TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC
NO. OF BAGS: 14 NO. OF POUNDS: 1,316
GALLONS OF WATER: 70
DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 50 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	50

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
1	40	50	325
2			
3			

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

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

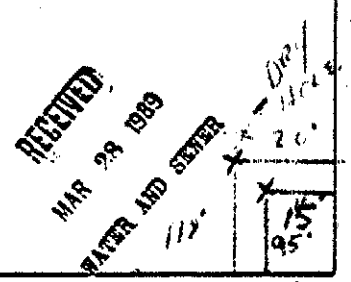
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6
PUMPING RATE (gal. per min. to nearest gal.): 2.6
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 18
WHEN PUMPING: 105
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 (CIRCLE) (YES or NO): YES 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:
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 / − below LAND SURFACE (nearest foot)

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)



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 10,17,13 "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. 355
[signature]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

10

3605C Southside Ave BA818192

EMERGENCY/TEMP NO. IF ANY

SEQUENCE NO. (OEP USE ONLY) -1378

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

fill in this form completely

Date Received

OWNER INFORMATION

DRILLER INFORMATION

Driller's Name

License No

Firm Name

Address

Signature

Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- H HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE (WRITE INITIALS IN BOX) PERMIT NO

SPECIAL CONDITIONS

LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW N NE W TOWN E SW S SE

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH W E WEST EAST S SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

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 N

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

HEALTH

3605C Southside Ave BA818192

C1 · 9088 SEQUENCE NO. (DEPT USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED 1/12/88

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 0H-81-X196

OWNER Sp... (last name) ... (first name)

STREET OR RFD ... TOWN ...

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 FROM	FEET TO	Check if water bearing
...		20	
...	20	...	
...	30	35	
...	35	70	
...	200	...	
...	115	240	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL
CEMENT (C M) BENTONITE CLAY (B C)

NO. OF BAGS 4 NO OF POUNDS 1,316

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 49 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter (top (main) casing (nearest inch))	Total depth of main casing (nearest foot)
L	4	49

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole (insert appropriate code below)

(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

C2

EACH SCREEN	DEPTH (nearest ft)	
1	40	49 to 240
2		
3		

SLOT SIZE 1 ... 2 ... 3

DIAMETER OF SCREEN ... (NEAREST INCH)

GRAVEL PACK from ... to ...

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
TELESCOPE CASING ... LOG INDICATOR ... OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 1

PUMPING RATE (gal per min to nearest gal.) 14

METHOD USED TO MEASURE PUMPING RATE ...

WATER LEVEL (distance from land surface)
BEFORE PUMPING 34
WHEN PUMPING 39

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 (CIRCLE) (YES or NO) YES (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:
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 (−) below LAND SURFACE 4 (nearest foot)

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)

N

40'

RECEIVED
DEC 20 1988
WATER AND SEWER

10

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 10.17.13 "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. 35...

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY Lot.

3605D Southside Ave BA818193

EMERGENCY/TEMP NO. IF ANY

B 1 .1379 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER: BA-81-8193
fill in this form completely

Date Received: 03 DEC 93

OWNER INFORMATION

Last Name: STEWART — First Name: DAVID
Street or RFD: 1208 FINDLAY AVE
Town: BALTIMORE — State: MD — Zip: 21202

DRILLER INFORMATION

Driller's Name: Wayne Emmons — Driller's License No.: 351
Firm Name: Emmons Well Drilling & Service Inc.
Address: 612 Fawn Ct. Joppa 21085
Signature: Wayne Emmons — Date: 3-25-93

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)

- H HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: 11 (WRITE INITIALS IN BOX) PERMIT No.: BA-81-8193

B 3 LOCATION OF WELL.

8 COUNTY: BALTIMORE
23 SUBDIVISION: ST. LUKE MANOR FARMS
SECTION: 11 — LOT: 4
52 NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 4 M I

B 4

DIRECTION OF WELL, FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

NEAR WHAT ROAD: SOUTHSIDE AVE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 900
ENTER FT or MI: FT

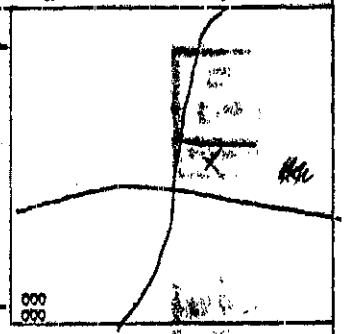
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto — COUNTY NO.: 003
OEP SIGNATURE — STATE HEALTH INSERT 6
DATE ISSUED: 9/14/93 — CO SIGNATURE: M. Zenick RS — EXP. DATE
NORTH GRID: 6160000 — EAST GRID: 0925000

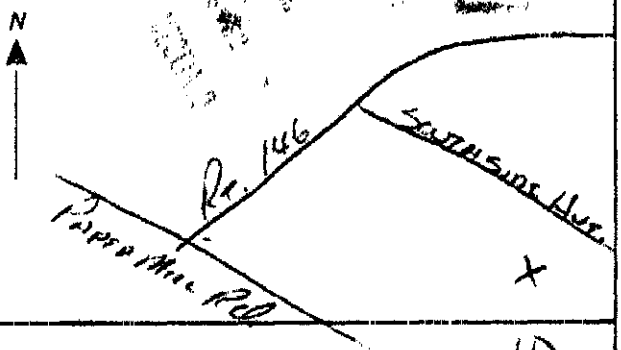
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 925
N 6160



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



SPECIAL CONDITIONS: fee pd. 10

HEALTH

3605D Southside Ave BA818193

9089 SEQUENCE NO. (DENY USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: 9

DATE WELL COMPLETED: 04 21 88

Depth of Well: 37 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 04-01-0177

OWNER: [illegible] (last name) E. I. (first name)

STREET OR RFD: [illegible] E. North Ave TOWN: Baltimore Md 21202

SUBDIVISION: Stillwater Farms SECTION: II 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 FROM	FEET TO	Check if water bearing
[illegible]	0	10	
[illegible]	10	25	
[illegible]	[illegible]	35	←
[illegible]	35	37	←

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 45

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 39 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	4	39

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

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

C2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	37	37.5
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T TELESCOPE CASING; (E.R.O.S.) LOG INDICATOR; WQ OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min. to nearest gal.): 45

METHOD USED TO MEASURE PUMPING RATE: Watch Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 30

WHEN PUMPING: 147

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 (CIRCLE) (YES or NO) YES 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:

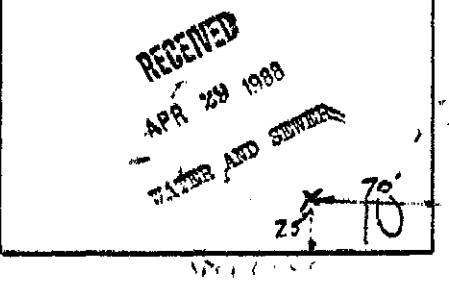
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above, − below LAND SURFACE 1 (nearest foot)

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)



RECEIVED APR 29 1988 WATER AND SEWER

25' 70'

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 10.17.13 "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. 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

3606 Southside Ave BA930336

EMERGENCY/TEMP NO. IF ANY

B 1 7894 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
BA-93-0336
fill in this form completely

Date Received (APA)

OWNER INFORMATION

RESWELL MIKE
Last Name Owner First Name
13 WINDY FALLS WAY
Street or RFD
COCKEYSVILLE MD 21030
Town State

DRILLER INFORMATION

Dave Kelly 642-6481 304
Driller's Name License No. 60
Jones Well Drilling Inc
Firm Name
3700 Kwo Rd Jarrettsville
Address
Dave Kelly 4-28-93
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE WT WRITE INITIALS IN BOX PERMIT No. BA-93-0336

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

BALTIMORE
COUNTY
SUBDIVISION
SECTION LOT
JACKSONVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NW NE W E SW SE S TOWN

3606 Southside Ave
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH

DISTANCE FROM ROAD 130
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Balto CO
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID 610000 EAST GRID 0926000

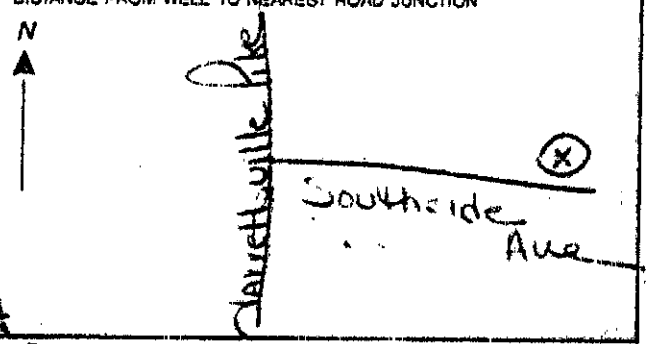
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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



14
B10

COUNTY

3606 Southside Ave BA930336

C 1 5253 SEQUENCE NO (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3 6 ON ALL CARDS)

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

COUNTY NUMBER

DATE RECEIVED: 07 21 94

DATE WELL COMPLETED: 11 12 93

DEPTH OF WELL: 200 (TO NEAREST FOOT)

PERMIT NO FROM PERMIT TO DRILL WELL: BA-93-0336

OWNER: Creswell, Mike

STREET OR RFD: 13 Windy Falls Way TOWN: Cockeysville 21030

SUBDIVISION: 3606 Southside Avenue 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 FROM	FEET TO	Check if water bearing
dirt	0	8	
hard gray rock	8	24	
hard brown rock	24	26	
hard gray rock	26	31	
med hard brown rock	31	32	x
hard gray rock	32	49	
med hard brown rock	49	52	
hard gray rock	52	55	
med hard brown rock	55	56	x
hard gray rock	56	60	
med hard brown rock	60	63	
hard gray rock	63	82	
hard brown rock	82	84	x
hard gray rock	84	122	
med hard green rock	122	135	x
hard gray rock	135	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
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 20 FT (ENTER U.S. FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	21

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal per min to nearest gal): 13
METHOD USED TO MEASURE PUMPING RATE: timer
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 37
WHEN PUMPING: 40
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 (CIRCLE) (YES or NO) YES 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:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
LAND SURFACE
PLEASE PRINT

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 10.17.13 "WELL CONSTRUCTION" IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE CAPTIONED PERMIT, AND THAT THE INFORMATION SHOWN HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 304
David Kelly
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
Arnold [illegible]
SITE SUPERVISOR (sign. of [illegible] responsible for [illegible])

[illegible] on stake

3607 Southside Ave BA941333

EMERGENCY/TEMP NO IF ANY

B 1 - 1061 SEQUENCE NO (MDE 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: BA-94-1333
fill in this form completely

Date Received (APA): 101895

OWNER INFORMATION

Last Name / Owner / First Name: Wiedey Howard
Street or RFD: P O Box 100
Town: Phoenix State: MD Zip: 21131

DRILLER INFORMATION

CIRCLE MSD/MGD/MWD

Driller's Name: Paul M. Fabiszak License No: 399
Firm Name: GG.Edgar Harr Sons' Corp.
Address: 12047 Falls Rd Cockeysville 21030
Signature: [signature] Date: 10/13/95

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE RLverse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

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

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

APPROP PERMIT NUMBER: GAP

FORCE: NE WRITE INITIALS IN BOX PERMIT No. BA-94-1333

B 3 LOCATION OF WELL

COUNTY: Baltimore
SUBDIVISION:
SECTION: LOT:
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW (TOWN)

NEAR WHAT ROAD: 3607 Southside Ave

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 100

ENTER FT OR MI: FT

TAX MAP BLK PARCEL

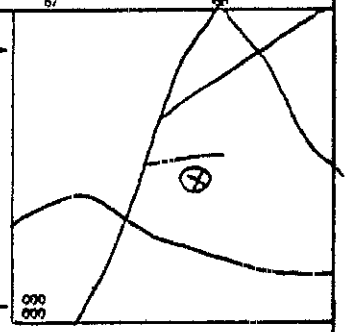
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO: 003
STATE SIGNATURE: INSERT S
DATE ISSUED: 101895 CO SIGNATURE: M. Epp EXP DATE
NORTH GRID: 615000 EAST GRID: 0926000

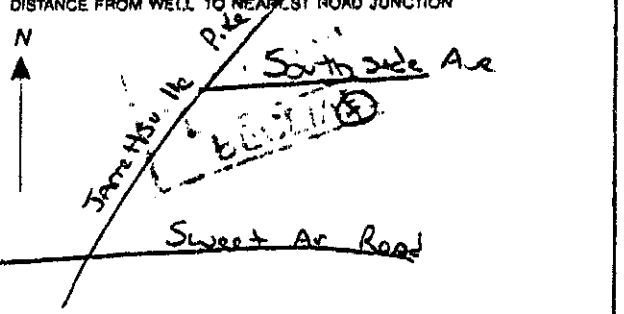
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610



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



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

D-10

3607 Southside Ave BA941333

C 1 5150 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received 11/20/95

DATE WELL COMPLETED 11/10/95

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Wesley Howard (last name / first name)
STREET OR RFD 3607 Southside Avenue TOWN Phoenix 21131
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 FROM	FEET TO	check if water bearing
Overburden	0	30	
Gray Rock	30	100	Y
water was encountered at 65'			
Well 1 500' Dry (backfilled)			

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes Y / no 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

TYPE: MWD/MSD/MGD
DRILLERS LIC NO 300
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC NO JP 004 5
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y / N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM — BENTONITE CLAY BC
NO. OF BAGS 11 NO OF POUNDS 1100
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 35 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	35

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft)	
	from	to
1	40	35 100
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		

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal per min) 30.6
METHOD USED TO MEASURE PUMPING RATE Air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 ft
WHEN PUMPING 70 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 WILL INSTALL 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
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 / − below LAND SURFACE (nearest foot) 1

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)

RECEIVED
NOV 29 1995
GROUND WATER MANAGEMENT DIVISION

D-10

COUNTY

3610 Southside Ave BA937922

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
BA73-7922
fill in this form completely

LOCATION OF WELL

COUNTY Baltimore
SUBDIVISION
SECTION LOT
NEAREST TOWN Jacksonville
MILES FROM TOWN (enter 0, 5 in town) 1/2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

3610 SOUTHSIDE AVE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 35

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

X

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610

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

Williams

Ave.

21131

DRILLER INFORMATION

LICENSE NO.

DATE

WELL INFORMATION

5

400

(CIRCLE APPROPRIATE BOX)

- [H] HOME (CIRCLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [I] FARMING, LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 175 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (WRA USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

BALTIMORE 003
COUNTY NAME COUNTY NO.

EHA SIGNATURE STATE HEALTH CIRCLE BOX S

MO DAY YR
01 26 81

NORTH GRID EAST GRID ELEV. (FT.)

SPECIAL CONDITIONS (WRA USE ONLY)

NEW BALTIMORE COUNTY YIELD TEST NEEDED FOR RECONVEYANCE

HEALTH

10

3610 Southside Ave BA937922

C1 6613 | SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

Date Received (WRA use only)

27 Jan. 81
DATE WELL COMPLETED

Depth of Well 122 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA-73-7922

OWNER: LEISHER (last name) WILLIAM (first name)

STREET OR RFD: 3610 Southside Avenue TOWN: Phoenix, Maryland 21131

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 FROM	FEET TO	Check if water bearing
#2 Brown dirt	0	6	
Soft brown rock	6	16	
Hard brown rock	16	18	
Gray mica rock	18	42	✓
" " "	42	60	
Brown mica rock	60	61	✓
Gray mica rock	61	89	
Brown mica rock	89	90	✓
Gray mica rock	90	122	

#1 Dry hole 225 ft.

#3 OLD WELL

CIRCLE APPROPRIATE BOX
- [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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT NO 9

Earl Jones
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION

Earl Jones
SITE SUPERVISOR (signed driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) [Y] [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 4 NO. OF POUNDS 400
GALLONS OF WATER 24
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft. (enter 0 if from surface)

CASING RECORD
casing types (insert appropriate code below): [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER
Dry hole 225 ft.

MAIN CASING TYPE	Nominal diameter top of main casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	21

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

SCREEN RECORD
screen type or open hole (insert appropriate code below): [ST] STEEL [BR] BRASS, BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C2 (seq. no.)
EACH SCREEN: DEPTH (nearest ft.) HO 20 122

SLOT SIZE
DIAMETER OF SCREEN (NEAREST INCH)
GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

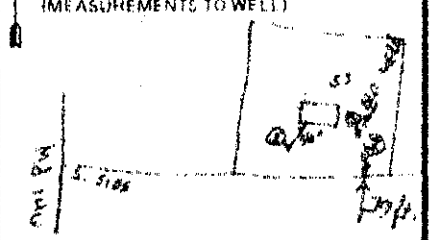
WRA USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E R O S) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C3 (seq. no.)

PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal per min. to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING 27
WHEN PUMPING 122
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 (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX SEE ABOVE (A, C, J, P, R, S, T, O)
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 [−] below LAND SURFACE 1 (nearest foot)

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)



HEALTH

3613 Southside Ave BA945066

EMERGENCY/TEMP NO IF ANY

B 1 07001 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER BA-94-5066
fill in this form completely

Date Received (APA) 01 11 00 (MM DD YY)

OWNER INFORMATION

Foster Cummunities of MD
Last Name / Owner / First Name

1121 Maiden Choice Lane
Street or RFD

Baltimore MD 21229
Town / State / Zip

DRILLER INFORMATION

Paul M. Fabiszak M W D 399
Driller's Name / License No.

G. Edgar Harr Sons' Corp
Firm Name

12047 FAlls Road, Cockeysville 21030
Address

Signature / Date 01/07/00

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

B 3 LOCATION OF WELL

Baltimore
COUNTY

Schrufer Property
SUBDIVISION

SECTION ___ LOT 1

Jacksonville
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW — TOWN

3613 ~~3617~~ Southside Avenue
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH / WEST / EAST / SOUTH

200 DISTANCE FROM ROAD Ft
ENTER FT OR MI

TAX MAP: ___ BLK: ___ PARCEL ___

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore County 003
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ___ INSERT S

DATE ISSUED 01 12 00 M. Eggo
MM DD YY / CO SIGNATURE / EXP. DATE

NORTH GRID 614 000 EAST GRID 0926 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

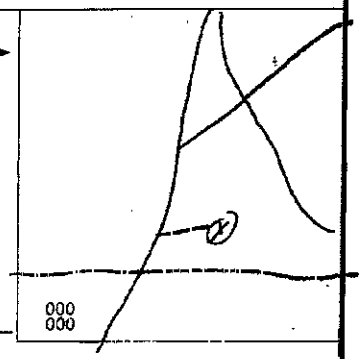
BORED (or Augered) / JETTED / Jetted & DRIVEN
AIR-ROTary / AIR-PERcussion / ROTARY (Hydraulic Rotary)
CABLE / REVerse-ROTary / DRive-POINT
other ___

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

E 920
N 610

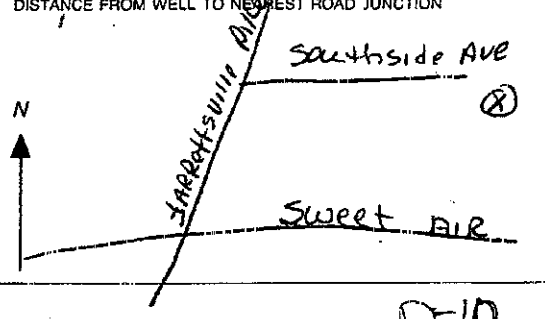


REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEN AN EXISTING WELL

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

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



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

APPROP PERMIT NUMBER GAP

PERMIT No BA-94-5066

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

D-10

DENV-Permit 97

② COUNTY

3613 Southside Ave BA945066

C 1 | 7479 | SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY: 10 30 00

DATE WELL COMPLETED: MM 08 DD 31 YY 2000

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 5066

OWNER: Foster Communities of Maryland
STREET OR RFD: 3613 Southside Avenue
TOWN: Jacksonville
SUBDIVISION: D. Schrofer Property
SECTION:
LOT: 1

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 FROM	FEET TO	check if water bearing
Overburden	0	15	
Gray Rock	15	200	x
water at 43' & 112'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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 W D 3 9 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M D052

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
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. TOP to 20 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- [ST] STEEL
- [CO] CONCRETE
- [PL] PLASTIC
- [OT] OTHER

MAIN CASING TYPE: PL
Nominal diameter top (main) casing (nearest inch): 6
Total depth of main casing (nearest foot): 20

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
1			

SCREEN RECORD
screen type or open hole insert appropriate code below
- [ST] STEEL
- [BR] BRASS
- [BZ] BRONZE
- [PL] PLASTIC
- [HO] OPEN HOLE
- [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)
1	10 — 20 — 200
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 12.0 (3017)

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 26 ft

WHEN PUMPING: 35 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 (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.

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
- [−] below

LAND SURFACE: 1 (nearest foot)

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)

N

NA

D-10

DENV-CR97

COUNTY

3615 Southside Ave BA945065

EMERGENCY/TEMP NO IF ANY

5299 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-94-3065
fill in this form completely

eived (APA) 11 00 (MM DD YY)

OWNER INFORMATION

Foster Communities of MD (Last Name / Owner / First Name)
1121 Maiden Choice Lane (Street or RFD)
Baltimore MD 21229 (Town / State / Zip)

DRILLER INFORMATION

Paul M. Fabiszak — M W D — 399 (Driller's Name / License No)
G. Edgar Harr Sons' Corp. (Firm Name)
12047 Falls Road, Cockeysville 21030 (Address)
Signature — 01/07/00 (Date)

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

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

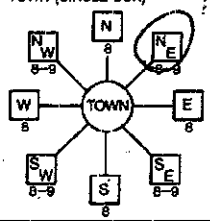
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER GAP
PERMIT No. BA-94-3065

LOCATION OF WELL

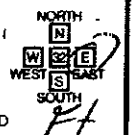
Baltimore (COUNTY)
Schrufer Property (SUBDIVISION)
SECTION — LOT 3
Jacksonville (NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town) 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Southside Avenue (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200 FT

TAX MAP: ____ BLK: ____ PARCEL ____

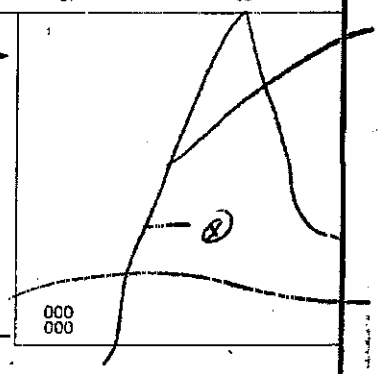
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Baltimore County — 003 (COUNTY NAME / COUNTY NO.)
STATE SIGNATURE ____ INSERT S
DATE ISSUED 01 12 00 — CO SIGNATURE — EXP. DATE
NORTH GRID 614 000 — EAST GRID 926 000

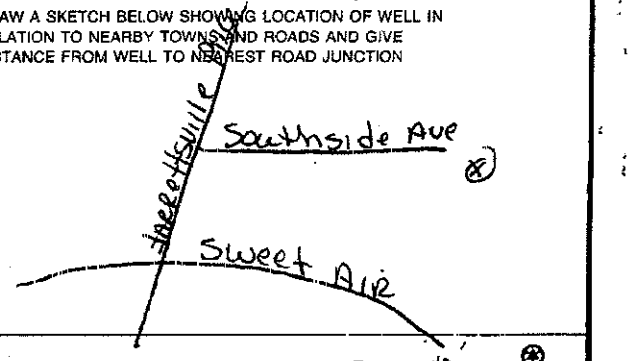
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 Well
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610



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



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

DENV-Permit 97

② COUNTY

3615 Southside Ave BA945065

C 1 7473 — SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: 08 30 2000

Depth of Well: 225 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 5065

OWNER: Foster Communities of Maryland (last name / first name)

STREET OR RFD: Southside Avenue TOWN: Jacksonville

SUBDIVISION: Schrofer Property SECTION: LOT: 3

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 FROM	FEET TO	check if water bearing
Overburden	0	35	
Gray Rock	35	225	x
water at 85'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no 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 3 9 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO: M D 0 5 2

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y / no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M — BENTONITE CLAY B C

NO. OF BAGS 9 — NO. OF POUNDS 90

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (TOP) ft to 37 (BOTTOM) ft

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	41

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

S T STEEL — B R BRASS/BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	41	225
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

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

T (E.R.O.S.) W Q

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 6.5

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 26 ft

WHEN PUMPING: 180 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 (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.

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 / − below LAND SURFACE (nearest) foot

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)

N

NA

10

DENV-CR97

COUNTY

3616 Southside Ave BA883538

EMERGENCY/TEMP NO IF ANY

B 1 5607 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: 04-88-3538
fill in this form completely

Date Received (APA): 072491

661-4693

OWNER INFORMATION
Bill for well permit fee

Last Name: RUDELL Owner First Name: PAUL E
Street or RFD: 204 CRANBROOK ROAD
Town: COCKEYSVILLE State: MD Zip: 21030

DRILLER INFORMATION
Driller's Name: David M. Kelly License No: 304
Firm Name: Jones Well Drilling, Inc.
Address: 3700 Rush Rd., Jarrettsville, MD 21084
Signature: David Kelly Date: 7/18/91

B 2 WELL INFORMATION
APPROX PUMPING RATE (GAL. PER MIN.): 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

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

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: NE WRITE INITIALS IN BOX PERMIT No. 04-88-3538

B 3 LOCATION OF WELL
COUNTY: BALTIMORE
SUBDIVISION: RUDELL ESTATES
SECTION: LOT: 1
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 MI

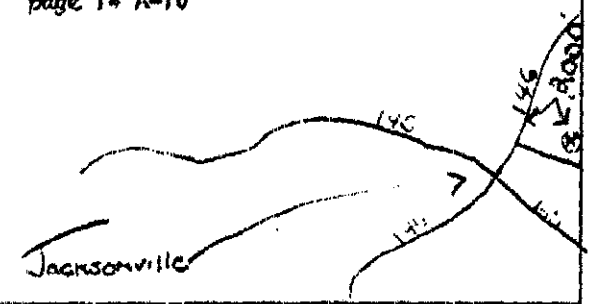
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW
NEAR WHAT ROAD: South Side Avenue
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 225
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Bal Co COUNTY NO.: 003
STATE SIGNATURE: INSERT 8
DATE ISSUED: 072491 CO SIGNATURE: M. [illegible] EXP. DATE
NORTH GRID: 616000 EAST GRID: 0927000

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 927
N 610

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 page 14 A-10



SPECIAL CONDITIONS

COUNTY

3616 Southside Ave BA883538

C 1 4001 — SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED 4/30/91

DATE WELL COMPLETED 08089 1

DEPTH OF WELL 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-88-3513

OWNER Rudell, Paul E.

STREET OR RFD 204 Cranbrook Rd. TOWN Cockeysville 21030

SUBDIVISION Rudell Estates SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
dirt	0	2	
med hard tan rock	2	10	
hard grey rock	10	27	
med hard brown rock	27	28	X
hard gray rock	28	179	
med hard gray rock	179	180	
hard gray rock	180	245	

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 10.17.10 "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. 304

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes Y / no N

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 19 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types (insert appropriate code below)

ST STEEL — CO CONCRETE — PL PLASTIC — OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	20

OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole (insert appropriate code below)

ST STEEL — BR BRASS BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

C 2

DEPTH (NEAREST FT.)

SCREEN #		from	to
1	HO	195	245
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T — TELESCOPE CASING

(E.R.O.S.) — LOG INDICATOR

W Q — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17

WHEN PUMPING 120

TYPE OF PUMP USED (or 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 (CIRCLE) (YES or NO) — YES / 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

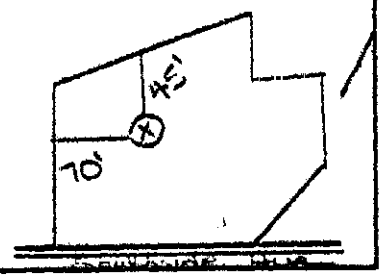
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
- \+ above
- \- below

LAND SURFACE (NEAREST FOOT) 1

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)



HEALTH

10

B 1 13222 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
BA-94-4995
fill in this form completely

Date Received (APA) 11 22 99 (MM DD YY)

OWNER INFORMATION
Foster Communities OF MD
Last Name / Owner / First Name
1121 Maiden Choice Lane
Street or RFD
Baltimore MD 21229
Town / State / Zip

DRILLER INFORMATION
Paul M. Fabiszak M W D 399
Driller's Name / License No.
G. Edgar Harr Sons' Corp
Firm Name
12047 Falls Rd Cockeysville 21030
Address
Signature 10/6/99 Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
[I] INDUSTRIAL COMMERICIAL DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP PERMIT NUMBER GAP
PERMIT No BA-94-4995

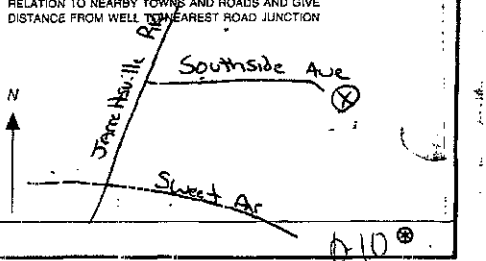
B 3 LOCATION OF WELL
Baltimore
COUNTY
Schrafer Property
SUBDIVISION
SECTION LOT 2
Jacksonville
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
3617 Southside Ave
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 200 FT
TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME 03 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12 22 99 CO SIGNATURE EXP DATE
NORTH GRID 614 000 EAST GRID 0425 000

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
E 920
N 610

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



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

DENV-Permit 97 ② COUNTY

3617 Southside Ave BA944995

C 1 03608 — SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received 01 17 2003

DATE WELL COMPLETED 01 07 00

Depth of Well 350 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 4995

OWNER Foster Communities of MD

STREET OR RFD Southside Road (first name) TOWN Jacksonville

SUBDIVISION Schrofer property SECTION _____ LOT 2

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 FROM	FEET TO	check if water bearing
Overburden	0	40	
Gray Rock	40	350	x
water at 120'			
#1 well 300' (backfilled)			
#2 well 400' (backfilled)			

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: yes [Y] no [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.: MW 0399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO.: MW D546

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. TOP to 45 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	45

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS [BZ] BRONZE [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2

	DEPTH (nearest ft) from	to
1	HO	45	350
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK from _____ to _____

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 O

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal per min) 4.9

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft

WHEN PUMPING 318 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 (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

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 / [–] below LAND SURFACE (nearest) foot: 1

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

NA

D-10

DENV-CR97 © COUNTY

3627 Southside Ave BA737153

EMERGENCY NO. (If any) –

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
BA-73-7153
FILL IN THIS FORM COMPLETELY

B 1 1508 (SEQUENCE NO. WRA USE ONLY)
(THIS NUMBER IS TO BE NUMERIC IN COLS. 3-8 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

OWNER: BRINKER HURROL (COL. 10 LAST NAME, FIRST NAME, COL. 34)
STREET OR RFD: % CADDIE HOMES (COL. 58)
POST OFFICE: BEL AIR, MD. (COL. 57, COL. 78)

B 1 CONTINUES

DRILLER INFORMATION
DATE: Nov. 9, 1973
LICENSE NUMBER: 88
A. C. KEIDER & SON, INC
(FIRST NAME, DRILLER, LAST NAME)
SIGNATURE: Leroy W. Baker Jr. Attache

B 2 WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT,
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
(MUST HAVE STATE HEALTH DEPT. APPROVAL)
T TEST

APPROXIMATE DEPTH OF WELL: 150 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) DRIVEN
JETTED AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY JETTED
OTHER (SPECIFY):

REPLACEMENT OR ADDITIONAL WELLS (CIRCLE APPROPRIATE BOX)
1 THIS WELL WILL NOT REPLACE OR ADD TO EXISTING WELL
2 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
3 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
4 THIS WELL WILL BE ADDITIONAL TO EXISTING WELL(S)

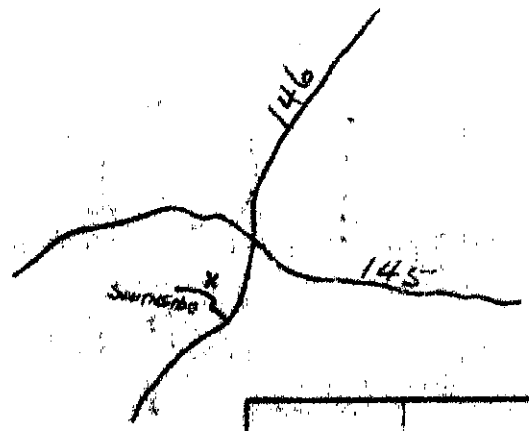
WELL CONSTRUCTION APPROVAL
DATE: 6/12/74
SIGNATURE: [illegible]
TITLE: Well Driller

B 3 LOCATION OF WELL
COUNTY: BALTIMORE (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION:
SECTION: LOT:
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

ROAD WHAT: SOUTH SIDE AVE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 40 FT M

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



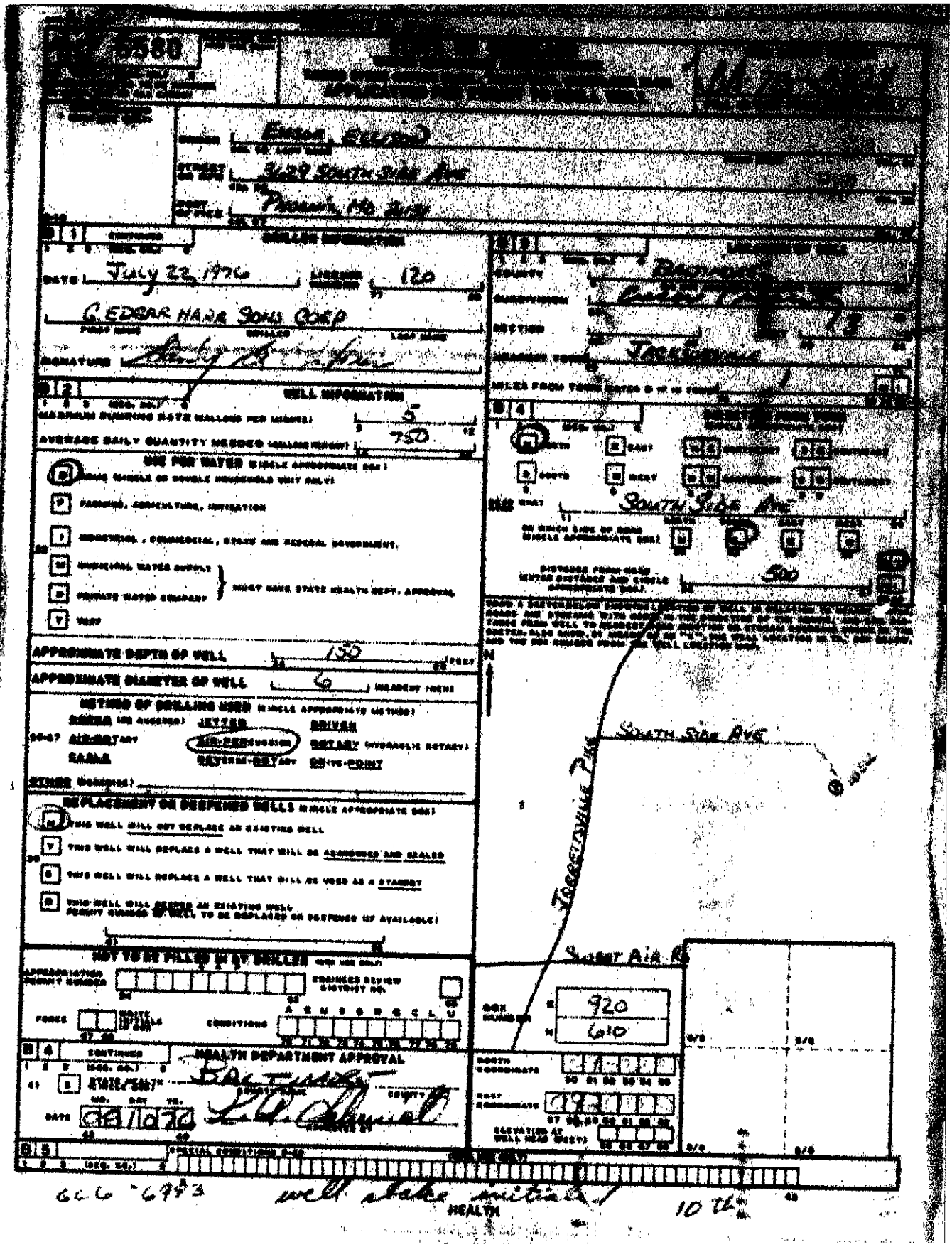
BOX NUMBER: E 9 2 0 / N 6 1 0

LATITUDE: 39 30 00
LONGITUDE: 076 20 00

HEALTH

Caddie 10

3629 Southside Ave BA733404



3653 Southside Ave BA880267

EMERGENCY/TEMP NO. IF ANY

8081 SEQUENCE NO. (DP USE ONLY)

NUMBER IS TO BE PUNCHED OLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-88-0267
fill in this form completely

Date Received (APA): 10/24/88

OWNER INFORMATION

ENSOR ELLIS JR
Last Name Owner First Name

6293 SOUTHSIDE AVE
Street or RFD

OWINGS MILLS MD 21117
Town State Zip

DRILLER INFORMATION

Paul M. Fabiszak — License No. 6711
Driller's Name

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Rd., Cockeysville 21030
Address

Signature — 10-21-88 Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 150

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 235 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL.

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: m — WRITE INITIALS IN BOX — PERMIT No: 88-XX-0267

LOCATION OF WELL

COUNTY: BALTIMORE

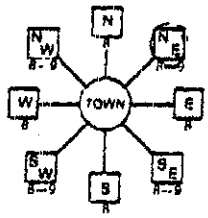
SUBDIVISION

SECTION LOT

NEAREST TOWN: OWINGS MILLS

MILES FROM TOWN (enter 0 if in town): 1 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: 6293 Southside Ave

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 3 ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Balto COUNTY NO: 003

STATE SIGNATURE INSERT S

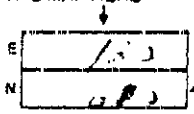
DATE ISSUED: 10/28/88 CO SIGNATURE EXP. DATE

NORTH GRID: 616000 EAST GRID: 0127000

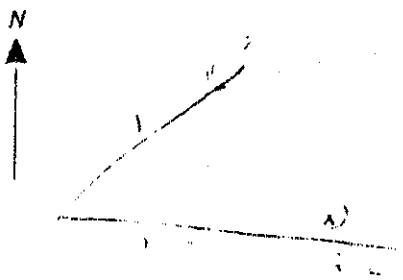
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE



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

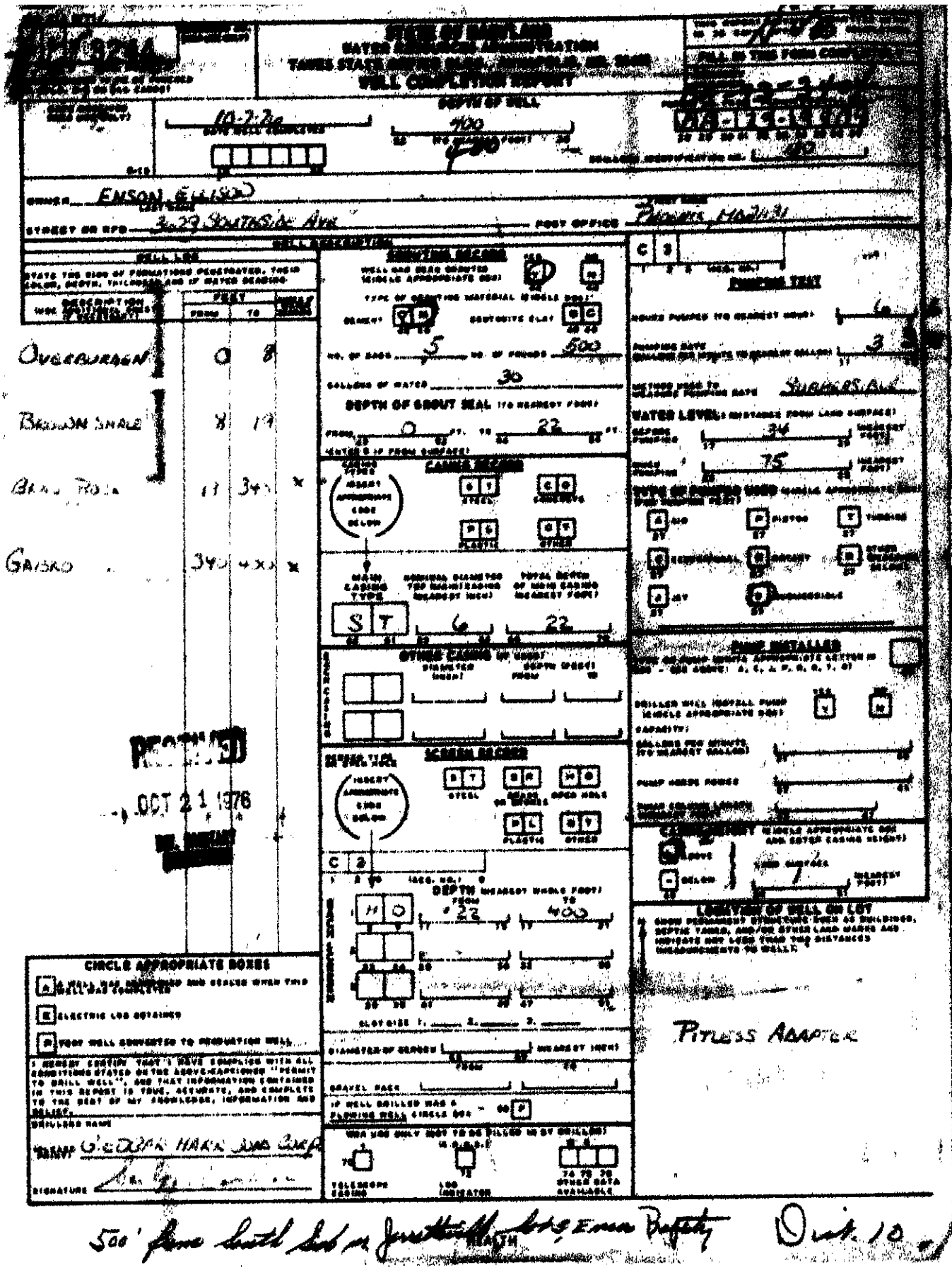


SPECIAL CONDITIONS

10

COUNTY

3629 Southside Ave BA733404



STATE OF MARYLAND
WELL COMPLETION REPORT

OWNER ENSON, ELLIS
STREET OR RFD 3629 SOUTHSIDE AVE
POST OFFICE PIKESVILLE, MD 21208

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS, AND OF WATER BEARING

FORMATION	FEET FROM	FEET TO	WATER
OVERBURDEN	0	8	
BROWN SHALE	8	19	
BLACK ROCK	19	34	X
GABBRO	34	400	X

CASING RECORD
MAIN CASING TYPE: S T
NOMINAL DIAMETER OF MAIN CASING: 6
TOTAL DEPTH OF MAIN CASING: 22

SCREEN RECORD
DEPTH: FROM 22 TO 400

GROUT SEAL
DEPTH OF GROUT SEAL: FROM 0 FT. TO 22 FT.
NO. OF BAGS 5 NO. OF POUNDS 500
GALLONS OF WATER 30

PUMPING TEST
HOURS PUMPED: 6
PUMPING RATE: 3
WATER LEVEL: BEFORE PUMPING 34; AFTER PUMPING 75

PUMP INSTALLED

CASING HEIGHT: 7

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, DEPTH TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES MEASUREMENTS TO WELL.

PITLESS ADAPTER

CIRCLE APPROPRIATE BOXES
A
E ELECTRIC LOG OBTAINED
P FROM WELL CONVERTED TO PRODUCTION WELL

A DRILLER CERTIFIES THAT I HAVE COMPLIED WITH ALL REGULATIONS STATED ON THE ABOVE-REFERENCED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

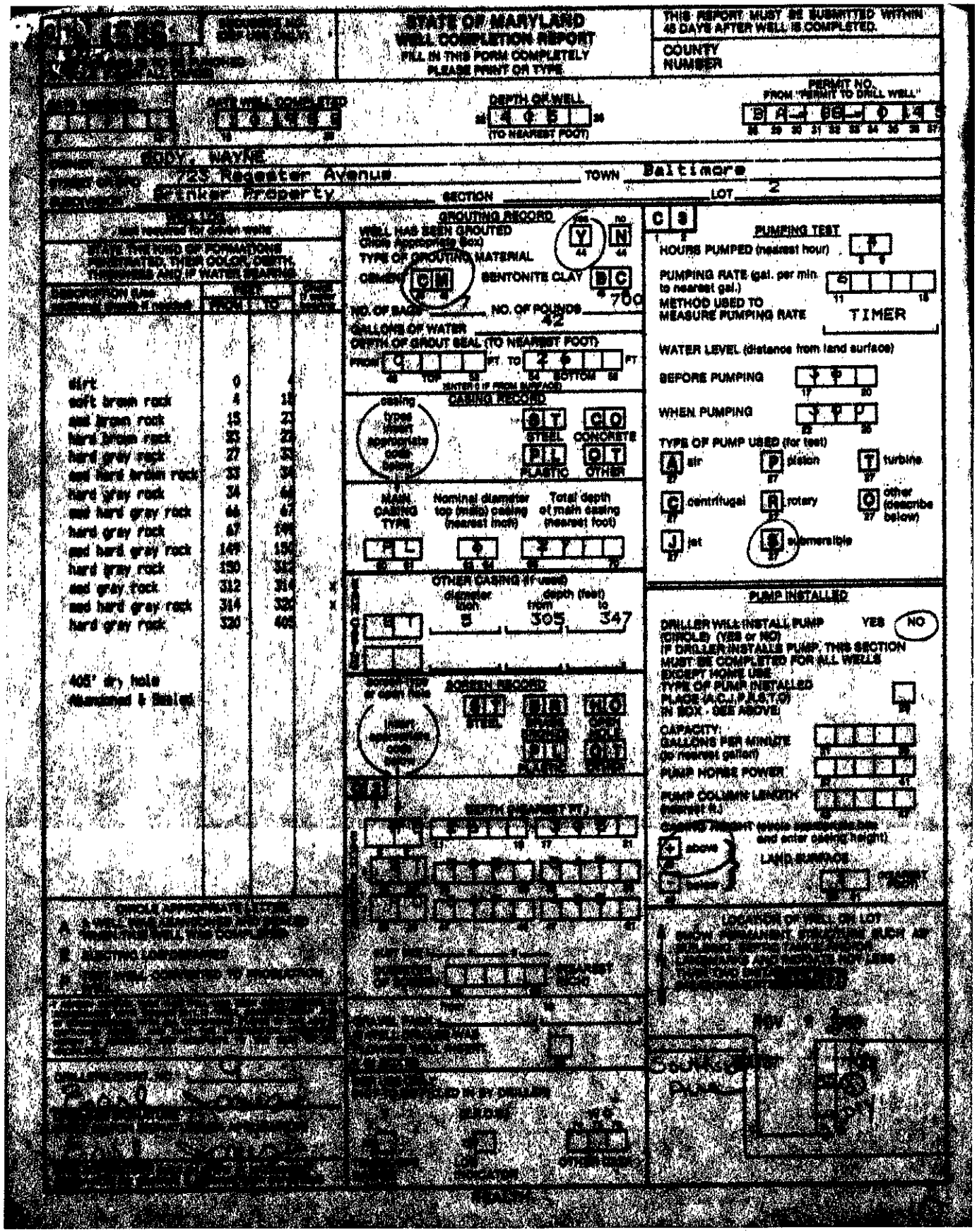
DRILLERS NAME GEORGE HACK AND SON
SIGNATURE

FOR DEPARTMENT USE ONLY NOT TO BE FILLED IN BY DRILLER

RECEIVED
OCT 21 1976

500' from both lot lines Justification Req Emer Priority Unit 10

3627A Southside Ave BA880145



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.

COUNTY NUMBER

DATE WELL COMPLETED: 1 0 1 9 5 5

DEPTH OF WELL: 4 0 5 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": B A - 88 - 0 14 5

OWNER: BODY, WAYNE
STREET OR BOX: 723 Regester Avenue
TOWN: Baltimore
SUBDIVISION: Brinker Property
SECTION:
LOT: 2

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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	15	
med brown rock	15	23	
hard brown rock	23	27	
hard gray rock	27	33	
med hard brown rock	33	34	
hard gray rock	34	66	
med hard gray rock	66	67	
hard gray rock	67	149	
med hard gray rock	149	150	
hard gray rock	150	312	
med gray rock	312	314	x
med hard gray rock	314	320	x
hard gray rock	320	405	

405' dry hole
Abandoned & Sealed

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes: Y, no: N
TYPE OF GROUTING MATERIAL
CEMENT: C M — BENTONITE CLAY: B C
NO. OF BAGS: 7 — NO. OF POUNDS: 700
GALLONS OF WATER: 42
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM: 0 FT. TO: 2 6 FT.
TOP — BOTTOM
(ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below
S T STEEL — C O CONCRETE — P L PLASTIC — O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
P L	6	3 7

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
S T	5	305	347

SCREEN RECORD
screen type or open hole — insert appropriate code below
S T STEEL — B R BRASS BRONZE — H O OPEN HOLE — P L PLASTIC — O T OTHER

DEPTH (NEAREST FT.)

PUMPING TEST
C S
HOURS PUMPED (nearest hour): 8
PUMPING RATE (gal. per min. to nearest gal.): 6
METHOD USED TO MEASURE PUMPING RATE: TIMER

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 3 6
WHEN PUMPING: 3 9 0

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 (CIRCLE) (YES or NO) — YES / 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
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 / − below — LAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANK, ANCHOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES

CIRCLE APPROPRIATE LETTER
A. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
B. ELECTRIC LOG REQUIRED
C. THIS WELL CONVERTED TO PRODUCTION WELL

DRILLER'S IDENT. NO.

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

3627A Southside Ave BA880145

[redacted]

10-4-88

WELL INFORMATION

[redacted]

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D [illegible] (INSIDE OR OUTSIDE HOUSEHOLD UNIT ONLY)
- F [illegible] LIVESTOCK WATERING & AGRICULTURAL [illegible]
- I [illegible] COMMERCIAL, STATE AND FEDERAL GOV. [illegible] APPROPRIATION PERMIT)
- P [illegible] OR PRIVATE WATER COMPANY (REQUIRES [illegible] PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE NM WRITE INITIALS IN BOX PERMIT No. 81-88-0145

SPECIAL CONDITIONS

[redacted]

3627 A Southside Ave

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH SOUTH

DISTANCE FROM ROAD 600 ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Butler COUNTY NO. 023

STATE SIGNATURE INSERT 6

DATE ISSUED 12/1/88 CO SIGNATURE M. E. Morris EXP. DATE

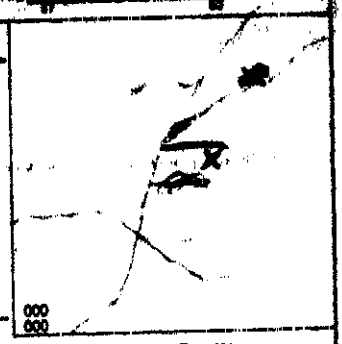
NORTH GRID 1600 EAST GRID 0927000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

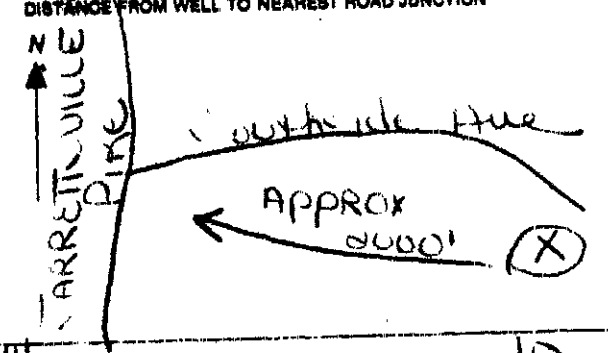
SOURCES OF DRILLING WATER
1.
2
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



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



14
A10
10

COUNTY

3627 Southside Ave BA737153

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

C F 1574 — SEQUENCE NO. (WRA USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

OR Dec 19 1979
THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)
DATE WELL COMPLETED: 12/6/79
DEPTH OF WELL: 185 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-78-7153
DRILLERS IDENTIFICATION NO.: 88

OWNER: Caddie Homes Inc. (LAST NAME / FIRST NAME)
STREET OR RFD: 3231 Connowgo RD
POST OFFICE: Bel Air MD

WELL DESCRIPTION

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED; THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	WATER BEARING
Earth	0	9	
Brown Micca	9	32	
Gray Micca	32	185	

1 GPM 42'
3 GPM 70'

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): Y / N
TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) / BENTONITE CLAY (B C)
NO. OF BAGS: 7 NO. OF POUNDS: 159
GALLONS OF WATER: 42
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT TO 32 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T) / CONCRETE (C O) / PLASTIC (P L) / OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	34

OTHER CASING (IF USED)

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
REAR CASING			

SCREEN RECORD
SCREEN TYPE OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T) / BRASS OR BRONZE (B N) / OPEN HOLE (H O) / PLASTIC (P L) / OTHER (O T)

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

	FROM	TO
1	172	185
2		
3		

SLOT SIZE 1. ____ 2. ____ 3. ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
GRAVEL PACK: FROM ____ TO ____
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELEMARK (CODE) / LOG INDICATOR / OTHER DATA AVAILABLE

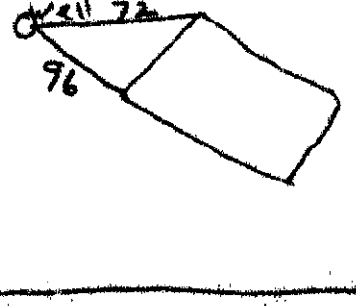
C 3 (SEQ. NO.)

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR): 3
PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON: 4
METHOD USED TO MEASURE PUMPING RATE: Stab.
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING: 11 (NEAREST FOOT)
WHEN PUMPING: 83 (NEAREST FOOT)
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST): AIR (A) / PISTON (P) / TURBINE (T) / CENTRIFUGAL (C) / ROTARY (R) / OTHER (DESCRIBE BELOW) (O) / JET (J) / SUBMERSIBLE (S)

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX; SEE ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): Y / N
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT
(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): ABOVE (+) / BELOW (-) LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



South side Ave

CIRCLE APPROPRIATE BOXES
A WELL WAS DRILLED AND SEALED WHEN THIS WELL WAS COMPLETED
R SUBSTITUTE LOG RETAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL REQUIREMENTS OF THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

DRILLER'S NAME: Kenneth Kohler
SIGNATURE: Kenneth Kohler

HEALTH

10

3635 Southside Ave BA880267

EMERGENCY/TEMP NO. IF ANY

8081 SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: BA-88-0267

fill in this form completely

Date Received (APA): 102488

OWNER INFORMATION

Last Name / Owner / First Name: ENSOR ELLISON

Street or RFD: 3629 SOUTHSIDE AVE

Town: PHOENIX

State / Zip: MD 21131

DRILLER INFORMATION

Driller's Name: Paul M. Fabiszak

License No: 091

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Rd., Cockeysville 21030

Signature: [signature]

Date: 10-21-88

B 2 WELL INFORMATION

APPROX PUMPING RATE (GAL. PER MIN.): 6

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER: GAP

FORCE: MZ WRITE INITIALS IN BOX PERMIT No: BA-88-0267

B 3 LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION

SECTION LOT

NEAREST TOWN: JACKSONVILLE

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: 3635 Southside Ave

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 30

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Bal Co COUNTY NO: 003

STATE SIGNATURE INSERT S

DATE ISSUED: 102488 CO SIGNATURE EXP DATE

NORTH GRID: 616000 EAST GRID: 0127000

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: 1 3

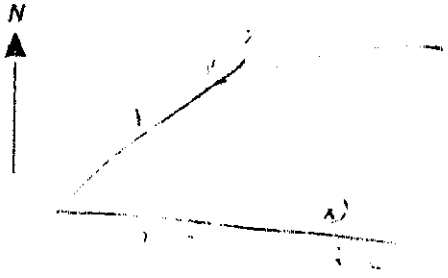
N: 0 3

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

N



SPECIAL CONDITIONS

10

COUNTY

3635 Southside Ave BA880267

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

SEQUENCE NO. (DENV USE ONLY): 9518
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

DATE Received

DATE WELL COMPLETED: 12/15/88

Depth of Well: 352 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 88-JD-07

OWNER: ENSOR (last name) ELLISON (first name)

STREET OR RFD: 3629 Southside Avenue TOWN: Phoenix 21131

SUBDIVISION: 3635 Southside Avenue 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 FROM	FEET TO	Check if water bearing
Mica/Shale	0	34	
Grdy Rock	34	350	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) N

TYPE OF GROUTING MATERIAL

CEMENT [C M] BENTONITE CLAY [B C]

NO. OF BAGS 1 NO OF POUNDS 70

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. TOP to 35 ft. BOTTOM

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T	6	35

EACH CASING

OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	25	350
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 72

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37

WHEN PUMPING 347

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 (CIRCLE) (YES or NO) YES 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:

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 [−] below LAND SURFACE 1 (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 10.17.15 "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. 11

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N

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

T TELESCOPE CASING

(E.R.O.S.) LOG INDICATOR

WQ OTHER DATA

COUNTY

STANSBURY MILL RD

3511 Stansbury Mill Rd BA920122

EMERGENCY/TEMP NO. IF ANY

B 1 · 1649 SEQUENCE NO. (DP USE ONLY)
* (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-9 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: UB-92-0122
fill in this form completely

Date Received (APA): 020592

OWNER INFORMATION
Last Name / Owner / First Name: Andrews Richard
Street or RFD: 57 E Burke Ave APT 2
Town: Towson State: MD 21204

DRILLER INFORMATION
Driller's Name: Paul M. Fabiszak License No. 399
Firm Name: G. Edgar Harr Sons' Corp.
Address: 12047 Falls Rd Cockeysville 21030
Signature: [signature] Date: 1-30-92

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: ME WRITE INITIALS IN BOX PERMIT No. UB-92-0122

B 3 LOCATION OF WELL
COUNTY: Baltimore
SUBDIVISION:
SECTION: LOT:
NEAREST TOWN: Jacksonville
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD: 3511 Stansbury Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 100
ENTER FT or MI: FT

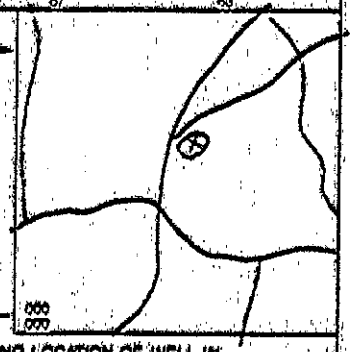
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Bauke COUNTY NO. 003
STATE SIGNATURE: INSERT B
DATE ISSUED: 020592 CO. SIGNATURE: M. Eaton EXP. DATE
NORTH GRID: 610000 EAST GRID: 0926000

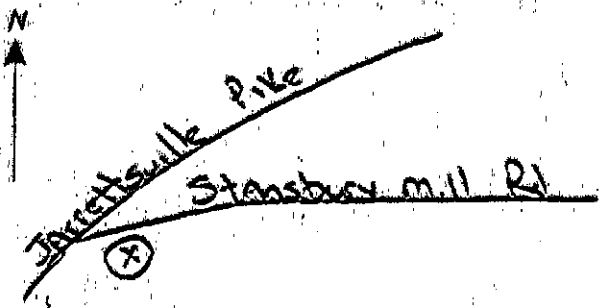
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

D-10

COUNTY

C1 2754 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
COUNTY NUMBER

ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED
Depth of Well (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Anderson Richard
STREET OR RFD 37 (last name) the Miller Avenue (first name) TOWN Owings Mills 21117
SUBDIVISION 3511 Stansbury Mill Road 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 FROM	TO	Check if water bearing
Overburden	0	20	
Soft Shale	20	67	
Gray Rock	67	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 14 NO. OF POUNDS 420
GALLONS OF WATER 70
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP, enter 0 if from surface) to 50 ft. (BOTTOM)

CASING RECORD
(casing types insert appropriate code below)
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	70

BACK CASING
OTHER CASING (if used) diameter (inch) depth (feet) from to

SCREEN RECORD
(screen type or open hole insert appropriate code below)
ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

	TYPE	DEPTH (nearest ft.)		
1	HO	70	300	
2				
3				

SLOT SIZE ____ ft. ____ in.
DIAMETER OF SCREEN ____ (NEAREST INCH)
GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 55

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 20
WHEN PUMPING 200
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 (CIRCLE) (YES or NO) YES (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:
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 (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 HEREIN PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 309
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Thomas McCarthy
SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee)

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)
No map Available

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W O
TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY 10

3517 Stansbury Mill Rd BA944935

EMERGENCY/TEMP NO IF ANY

B 1 3906 SEQUENCE NO. (MDE 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: BA 94 - 4935
fill in this form completely

Date Received (APA): 11 3 99

OWNER INFORMATION
THOMPSON (Last Name) KENNETH (First Name)
1091 Wilmington Ave. (Street or RFD)
Baltimore MD 21223 (Town / State / Zip)

DRILLER INFORMATION
Wayne Caswell MWD 320 (Driller's Name / License No.)
C. WAYNE CASWELL, Inc. (Firm Name)
Jarrettsville MD 21084 (Address)
Signature 11-1-99 Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 206 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP
WRITE INITIALS IN BOX
FORCE
PERMIT No. BA 94 4935

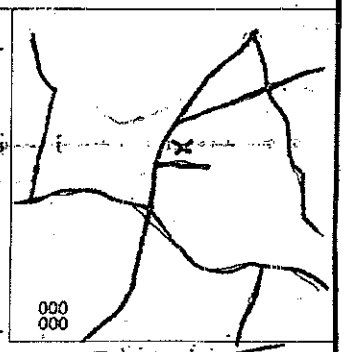
B 3 LOCATION OF WELL
Baltimore (COUNTY)
Lands of Kenneth & Mary Thompson (SUBDIVISION)
SECTION LOT 1
Jacksonville (NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town): 1 M

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW N NE W TOWN E SW S SE

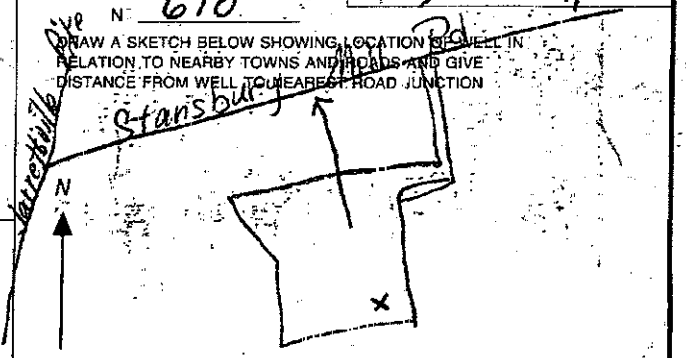
3517 Stansbury Mill Rd (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
850' DISTANCE FROM ROAD FT (ENTER FT OR MI)
TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Baltimore County 003 (COUNTY NAME / COUNTY NO)
STATE SIGNATURE INSERT S
DATE ISSUED 11 3 99 CO/SIGNATURE EXP. DATE
NORTH GRID 616 000 EAST GRID 8925 000

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 920
N 610



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

D-10

3517 Stansbury Mill Rd BA944935

C 1 0262 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY: 12 28 99

Depth of Well: 125 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 94 4935

OWNER: Thompson Kenneth (last name, first name)

STREET OR RFD: 1091 Wilmington Ave TOWN: Balto. Md 21223

SUBDIVISION: Lands of Thompson SECTION: LOT: 1

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 FROM	FEET TO	check if water bearing
Brownloam	0	10	
Tanmica	10	27	
Gray rock	27	125	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y no 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: MWD 320

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO: MWD 513

Craig Nemec

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT CM BENTONITE CLAY BC

NO OF BAGS 13 NO OF POUNDS 1222

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft to 29 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	30

OTHER CASING (if used) EACH CASING: ~~PL 6~~ diameter inch, depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 DEPTH (nearest ft.)

EACH SCREEN: 1 Ho 29 125; 2; 3

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 from to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.) W.Q.; TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min): 13.36

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 22 ft

WHEN PUMPING: 32 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 (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

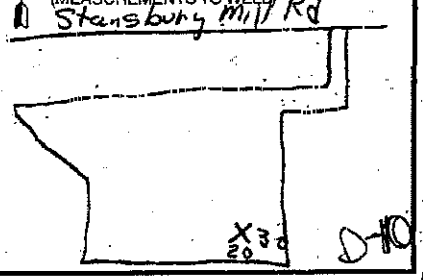
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height): + above, − below LAND SURFACE 1 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 © COUNTY

SWEET AIR RD

3308 Sweet Air Rd BA881664

C 1 | 9082 SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received 7/6/1389

DATE WELL COMPLETED 11/10/89

Depth of Well 625 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' 84-88-1664

OWNER Rittenhouse Fuel
STREET OR RFD 1759 E. Joppa Rd. TOWN Baltimore Md 21234
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 FROM	FEET TO	Check if water bearing
Red Clay So. 1	0	5	
Redish mica Soil	5	15	
Brown mica Soil	15	30	
		460	✓
Gray mica Rock	40	625	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY BC
NO. OF BAGS 15 NO. OF POUNDS 1,410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 49 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	50

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO	49	625
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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal per min. to nearest gal.) 1.9
METHOD USED TO MEASURE PUMPING RATE Hp Sub.
WATER LEVEL (distance from land surface)
BEFORE PUMPING 111
WHEN PUMPING 401
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 (CIRCLE) (YES or NO) YES (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:
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 / (−) below LAND SURFACE 1 (nearest foot)

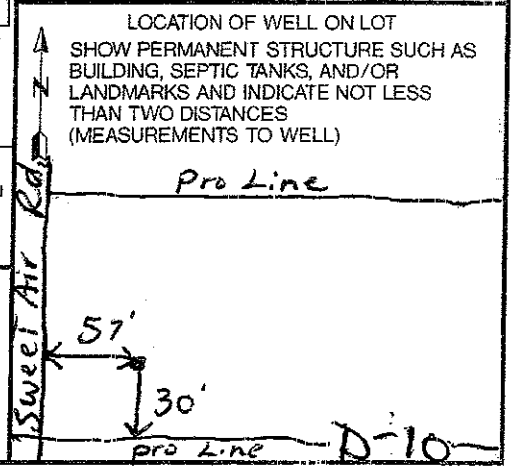
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. 368
Rick C. Barber
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Rick C. Barber
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W Q ____
TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



3401 Sweet Air Rd BA817734

C 1 | 9211 | SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE Received: JUN 7 1988

DATE WELL COMPLETED: 05/28/88

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-1734

OWNER: MANOR SHOPPING CENTER

STREET OR RFD: 306 W. Pennsylvania Ave. (last name / first name) TOWN: Towson 21204

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 FROM	FEET TO	Check if water bearing
Overburden	0	4	
Shale	4	43	
Gray Rock	43	400	X

Well No. 1 - 200' - DRY
Well No. 2 - 200' - DRY
Well No. 3 - 200' - DRY
Well No. 4 - 200' - DRY
Well No. 5 - 300' - Dry
Well No. 6 - 150' - DRY
Well No. 7 - 125' - DRY
Well No. 8 - 200' - DRY
Well No. 9 - 200' - DRY
Well No. 10 - 400' - DRY
Well No. 11 - 300' - DRY

(BACKFILLED)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) yes / N no
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 8 NO. OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	45

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
(ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	40	45 / 400
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK from _____ to _____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE: air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30
WHEN PUMPING 380

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 (CIRCLE) (YES or NO) YES (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:
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 / (-) below LAND SURFACE (nearest foot) 1

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)

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 10.17.13 "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. 399

Paul M. Fitz
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Paul M. Fitz
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T	(E.R.O.S.)	W Q
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

OWNER: 3401 Sweet Air Rd BA 735311

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

C 1 | 4702 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY): 02 01 78 (8-13)

DATE WELL COMPLETED: 1-21-78 (22-26) — 01 21 78 (15-20)

DEPTH OF WELL: 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-79-53/77 (25-29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO.: 32

OWNER: LAST NAME T H Williams, Inc — FIRST NAME

STREET OR RFD: 1417 Clarksville Rd — POST OFFICE: Balto, Md. 21209

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Mica loam	0	55	
Gray rock	55	110	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): Y (44) / N (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT C M (45 46) — BENTONITE CLAY B C (45 46)

NO. OF BAGS: 11 — NO. OF POUNDS: 1039

GALLONS OF WATER: 66

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. (48 52) TO 55 FT. (54 58)

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S 7 (60 61)	6 (63 64)	57 (66 70)

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
1			
2			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): S T STEEL; B R BRASS OR BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (1 2 3 SEQ. NO. 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1 H O (8 9)	55 (11 15)	110 (17 21)
2	(23 24)	(26 30) (32 36)
3	(30 39)	(41 45) (47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (52 53 NEAREST INCH)

GRAVEL PACK FROM ____ (56 60) TO ____ (61 65)

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F (66)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): (70) (72) LOG INDICATE (74 75 76 OTHER DATA AVAILABLE)

PUMPING TEST

Observation well

HOURS PUMPED (TO NEAREST HOUR): 1/2 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 4 (14 15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) (NEAREST FOOT)

BEFORE PUMPING: 42 (17 20)

WHEN PUMPING: 100 (22 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR (27); P PISTON (27); T TURBINE (27); C CENTRIFUGAL (27); R ROTARY (27); D OTHER (DESCRIBE BELOW) (27); J JET (27); S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE): A, C, J, P, R, S, T, O (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y / N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

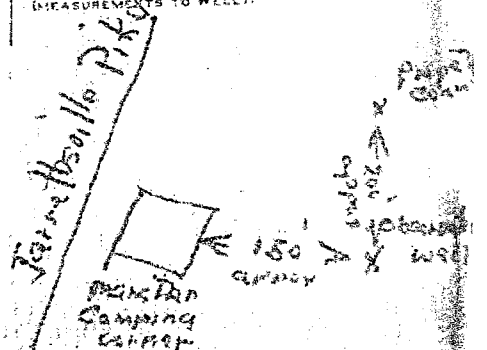
PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) + ABOVE / − BELOW (49) LAND SURFACE 2 (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N — SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL REQUIREMENTS STATED ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME: R.W. Caswell

PLEASE PRINT: William Leonard

SIGNATURE: Wm Leonard

ORIGINAL

3401 Sweet Air Rd BA735312

CWR-214 (7-77)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

C | 4703 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY): 02016 - A

DATE WELL COMPLETED: 1-29-78 (01297B)

DEPTH OF WELL: 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-83-0312

DRILLERS IDENTIFICATION NO.: 32

OWNER: J H Williams Inc (LAST NAME) — (FIRST NAME)

STREET OR RFD: 1417 Clarkview Rd — POST OFFICE: Balto, Md 21209

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Mix Loam	0	30	
Gray rock	30	100	✓

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): Y / N

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) — BENTONITE CLAY (B C)

NO. OF BAGS: 8 — NO. OF POUNDS: 752

GALLONS OF WATER: 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 31 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T) — CONCRETE (C O) — PLASTIC (P L) — OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	33

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T) — BRASS OR BRONZE (B R) — OPEN HOLE (H O) — PLASTIC (P L) — OTHER (O T)

C | 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN		FROM	TO
1	H O	37	100
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: OR (F)

WRA USE ONLY (DO NOT TO BE FILLED IN BY DRILLER): (N.D.S.) — TELEPHONE CASING — LOG APPROVED — W C — OTHER DATA AVAILABLE

C | 3

PUMPING TEST

Observation well — HOURS PUMPED (TO NEAREST HOUR): ½

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 1 quart

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 90' (NEAREST FOOT)

WHEN PUMPING: 100 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR (A) — PISTON (P) — TURBINE (T) — CENTRIFUGAL (C) — ROTARY (R) — OTHER (DESCRIBE BELOW) (O) — JET (J) — SUBMERSIBLE (S)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE): A, C, J, P, R, S, T, O

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) / NO (N)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

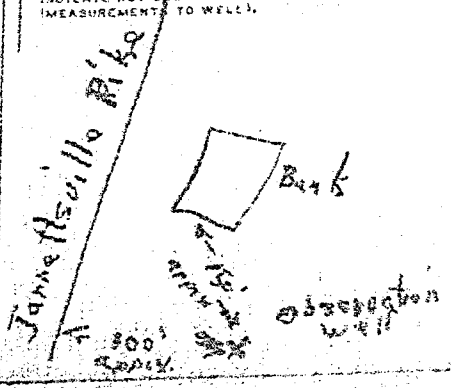
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE (+) / BELOW (−) LAND SURFACE: 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

(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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME: C. W. Caswell

FOR FIRM (IF ANY): Tom Leonard

SIGNATURE: Tom Leonard

ORIGINAL

3401 Sweet Air Rd BA735313

May-15-2006 08:05am From-MDE WMA 410 537 3163 T-802 P 002/005 F-882

WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG. ANNAPOLIS, MD 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY

DEPTH OF WELL: 100 (TO NEAREST FOOT)

DATE WELL COMPLETED: 1-21-98

PERMIT NO. FROM PERMIT TO DRILL: BA-735313

DRILL RS IDENTIFICATION NO.: 32

OWNER: J H Williams Inc

STREET OR RFD: 1417 Clarkview Rd

POST OFFICE: Balto, md 21209

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION	FEET FROM	FEET TO	CHECK IF WATER BEARING
Mica loam	0	33	
Grey rock	33	100	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): Y

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT C M; BENTONITE CLAY B C

NO. OF BAGS: 7 NO. OF POUNDS: 658

GALLONS OF WATER: 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 34 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE: S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 35

OTHER CASING (IF USED): DIAMETER (INCH); DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT CODE BELOW): S T STEEL; B R BRASS OR BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT): EACH SCREEN: H O FROM 34 TO 100

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK FROM TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: P

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING; LOG INDICATOR; OTHER DATA AVAILABLE

PUMPING TEST

observation well

HOURS PUMPED (TO NEAREST HOUR): 1/2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 1 quart

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 42 (NEAREST FOOT)

WHEN PUMPING: 100 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST): A AIR; P PISTON; T TURBINE; C CENTRIFUGAL; R ROTARY; O OTHER (DESCRIBE BELOW); J JET; S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

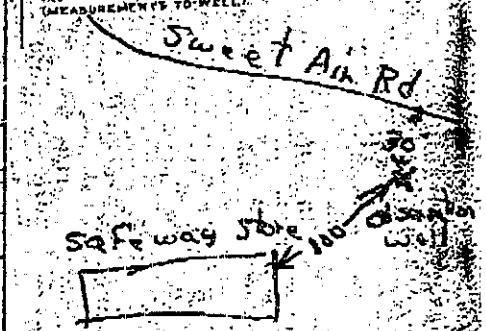
PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE; − BELOW; LAND SURFACE 1 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE BOXES

A X 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME: G. W. Caswell

PLEASE PRINT: William Leonard

SIGNATURE: [signature]

ORIGINAL

3401 Sweet Air Rd BA720263

WR-W-3 9-70

B 1 0915 SEQUENCE NO. (DWR USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

BA-72-0263

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 11/1/71

OWNER: [redacted] Marfield — Charles (FIRST NAME) — COL. 34

STREET OR RFD: 702 Seabrook Ct — COL. 55

POST OFFICE: Towson, Maryland 21204 — COL. 76

B 1 CONTINUED — DRILLER INFORMATION

DATE: November 4, 1971 — LICENSE NUMBER: 122

G. Edgar Harr Sons' Corp — FIRST NAME — DRILLER — LAST NAME

SIGNATURE: Sandy B. Cochran

B 2 — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 10

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 4,500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

NO COMPLETION REPORT RECEIVED

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) — JETTED — DRIVEN

AIR-ROTARY — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)

CABLE — REVERSE ROTARY — DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER — ENGINEER REVIEW DISTRICT NO.

FORCE: JV — WRITE INITIALS IN BOX

CONDITIONS: A E N S G W Q C L U — A N

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX): S

COUNTY NAME: Baltimore — COUNTY NO.

DATE: 11 09 71 (MO. DAY YR.)

APPROVED BY: Hoyt V Banner

B 3 — LOCATION OF WELL

COUNTY: Baltimore (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: Manor Village Center

SECTION — LOT

NEAREST TOWN: Jacksonville

MILES FROM TOWN (ENTER 0 IF IN TOWN): 0

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH — E EAST — NE NORTHEAST — SE SOUTHEAST

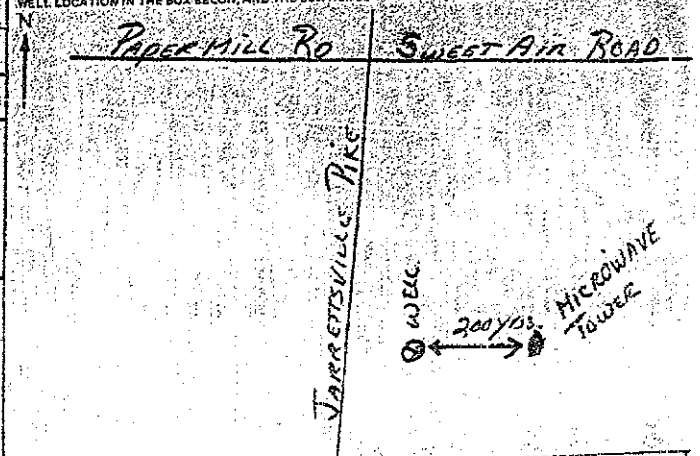
S SOUTH — W WEST — NW NORTHWEST — SW SOUTHWEST

NEAR WHAT ROAD: Jarrettsville Pike

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N — SOUTH S — EAST E — WEST W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 120

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 920 — N 610

NORTH CORDINATE: 610000 (DEG MIN SEC)

EAST CORDINATE: 092000

ELEVATION AT WELL HEAD (FEET)

0/5 — 5/5 — 0/0 — 5/0

B 5 — SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

10th

105-4

ORIGINAL

3401 Sweet Air Rd BA732251

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

C 7753 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-5 ON ALL CARDS)

THIS REPORT MUST BE SENT IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY): 08197

DATE WELL COMPLETED: 7-2-75 (07 02 75)

DEPTH OF WELL: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-75-2251

DRILLERS IDENTIFICATION NO.: 120

OWNER: FARLAND, INC. (LAST NAME / FIRST NAME)

STREET OR RFD: 101 E. REDWOOD STREET — POST OFFICE: BALTIMORE, MD 21202

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
OVERBURDEN	0	8	
BROWN SHALE	8	22	
GRAY ROCK	22	200	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C Y) BENTONITE CLAY (B C)

NO. OF BAGS: 7 NO. OF POUNDS: 700

GALLONS OF WATER: 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 24 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T); CONCRETE (C O); PLASTIC (P L); OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	24

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T); BRASS OR BRONZE (B R); OPEN HOLE (H O); PLASTIC (P L); OTHER (O T)

(SEQ. NO.) C 2

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	TYPE	DIAMETER (INCH)	FROM	TO
1	H O		24	200
2				
3				

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING (T); (E.R.C.S.); LOG INDICATOR; OTHER DATA AVAILABLE (W O)

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 12

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 5

METHOD USED TO MEASURE PUMPING RATE: SUBMERSIBLE

WATER LEVEL (DISTANCE FROM LAND SURFACE): BEFORE PUMPING 34 (NEAREST FOOT); WHEN PUMPING 162 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST): AIR (A); PISTON (P); TURBINE (T); CENTRIFUGAL (C); ROTARY (R); OTHER (DESCRIBE BELOW) (O); JET (J); SUBMERSIBLE (S)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): ABOVE (+); BELOW (−) LAND SURFACE 1 (NEAREST FOOT)

LOCATION OF WELL ON LOT

N — SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

PITLESS ADAPTER

CIRCLE APPROPRIATE BOXES

(A) IF WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

(E) ELECTRIC LOG OBTAINED

(F) TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME (PLEASE PRINT): G. EDGAR HARR SONS CORP

SIGNATURE: L.G. Carlson

ORIGINAL

3401 Sweet Air Rd BA732423

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FORM 216 4/73

C | 2 | 7 | 9 — (SEQ. NO.)

RESUBMITTED NO. (WRA USE ONLY)

THIS REPORT IS TO BE PUNCHED IN COLS. 2-9 ON ALL CARDS

THIS REPORT MUST BE PUBLISHED IN 7 DAYS OF WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 10 15 75

DATE WELL COMPLETED 9-15-75

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-82-0493

DRILLERS IDENTIFICATION NO. 120

OWNER FARLANA INC. (LAST NAME FIRST NAME)

STREET OR RFD 101 E. REDWOOD STREET POST OFFICE BALTIMORE, MD. 21202

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
OVERBURDEN	0	27	
BROWN SHALE	27	52	
GRAY ROCK	52	300	X

GROUTING RECORD

WELL WAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C) (M); BENTONITE CLAY (B) (C)

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 54 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S) (T); CONCRETE (C) (O); PLASTIC (P) (L); OTHER (O) (T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	54

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
1			
2			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S) (T); BRASS OR BRONZE (B) (R); OPEN HOLE (H) (O); PLASTIC (P) (L); OTHER (O) (T)

C 2 (SEC. NO.)

SCREEN	TYPE	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1	H O	54	300
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING; LOG INDICATOR (S.P., G.R.); OTHER DATA AVAILABLE

C 3 (SEC. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 24

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 5

METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 43 (NEAREST FOOT)

WHEN PUMPING 59 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST): AIR (A); PISTON (P); TURBINE (T); CENTRIFUGAL (C); ROTARY (R); OTHER (DESCRIBE BELOW) (O); JET (J); SUBMERSIBLE (S)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX SEE ABOVE): A, C, J, P, R, S, T, O

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE (+) BELOW (-) LAND SURFACE 1 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

PITLESS ADAPTER

CIRCLE APPROPRIATE BOXES

(A) A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

(E) ELECTRIC LOG DATA YES

(P) THIS WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) SEDGAR HARP SONS' CORP.

SIGNATURE Sandy B. Cochran

ORIGINAL

3422 Sweet Air Rd BA943339

C 1 | 01573 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 1 THRU 6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 6 DD 17 YY 98

Depth of Well: 350 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 94 3339

OWNER Lynch, Michael (last name, first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION 3422 Sweet Air Rd. 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 FROM	FEET TO	check if water bearing
Deepened existing well from 180' to 350			

RECEIVED
JUL 17 1998
MD WATER MANAGEMENT DIVISION

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED: YES (Y) NO (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: MWD 304
David Keller
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO: M D _____
Arnold Dorrian
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS _____ NO. OF POUNDS _____
GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot)
from _____ ft (TOP, enter 0 if from surface) to _____ ft (BOTTOM)

CASING RECORD
casing types insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)

EACH CASING
OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
- ST STEEL
- BR BRASS
- BRONZE
- PL PLASTIC
- HO OPEN HOLE
- OT OTHER

C 2

DEPTH (nearest ft)

EACH SCREEN
1 _____ 2 _____ 3 _____

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

from	to	

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) _____

PUMPING RATE (gal per min) 2.00

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING _____ ft

WHEN PUMPING _____ 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 WILL INSTALL 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.

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

(nearest foot)

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)

N

Deepen existing well

D-10

COUNTY

3430 Sweet Air Rd BA940951

May-15-2006 08:07am From-MDE WMA 410 537 3163 T-802 P.005/005 F-882

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER

ST/CO USE ONLY
DATE Received JUN 29 1995

DATE WELL COMPLETED 04 24 95

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-94-0951

OWNER Galloway Construction

STREET OR RFD 3430 Sweet Air Road TOWN Phoenix, MD 21131

SUBDIVISION Blockbuster Video 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 FROM	FEET TO	Check if water bearing
Overburden	0	20	
Soft Shale	20	50	
Gray Rock	50	250	x
water was encountered at 175 & 210'			

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED

WELL HYDROFRACTURED yes Y no 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 IDENT NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Marty Dixon

SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP, enter 0 if from surface) to 40 ft (BOTTOM)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	52

EACH CASING

OTHER CASING (If used) diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	40 52	250
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T ____ TELESCOPE CASING

(E.R.O.S.) ____ LOG INDICATOR

W Q ____ OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 12

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 62

WHEN PUMPING 180

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 (CIRCLE) (YES or NO) YES 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:

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
- − below

LAND SURFACE 1 (nearest foot)

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)

N

NA

ORIGINAL-STATE

3430 Sweet Air Rd BA945197

C 1 | 8927 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received: JUL 12 2000

DATE WELL COMPLETED: 4 (MM) 21 (DD) 2000 (YY)

TW-1

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM ' PERMIT TO DRILL WELL: BA - 94 - 5197

OWNER Safeway Stores Inc. (last name / first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION 3430 Sweet Air Rd. 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 FROM	FEET TO	check if water bearing
soft brown dirt	0	31	
med hard tan rock	31	34	
hard tan rock	34	38	
hard gray rock	38	42	
med hard brown rock	42	44	
hard gray rock	44	47	
med hard gray rock	47	48	x
hard gray rock	48	57	
med tan rock	57	58	x
hard gray rock	58	59	
med tan rock	59	60	x
hard gray rock	60	63	
med soft-tan-orange	63	65	
med hard/hard gray	65	75	
med/med hard tan	75	76	
med hard/hard gray	76	163	
soft/med hard gray	163	224	x
med hard gray rock	224	308	
med gray rock	308	309	
med hard gray rock	309	400	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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.: MWD 304
David Kelley
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 509
Harvey W Knapp
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 39 ft (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS [HO] OPEN HOLE [BZ] BRONZE [PL] PLASTIC [OT] OTHER

EACH SCREEN		DEPTH (nearest ft)	
1	HO	40	161
2	ST	161	224
3	HO	224	400

SLOT SIZE 1 .035 2 _____ 3 _____

DIAMETER OF SCREEN 5 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: from _____ to _____ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72
TELESCOPE CASING | LOG INDICATOR | 74 75 76 OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 0

PUMPING RATE (gal. per min.) 2.5

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft

WHEN PUMPING 395 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 (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

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

1 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

75' Hampshire Knob DR

48' Rear PL

3430 Sweet Air Rd BA947744

C 1 | 17694 | (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received: MO JAN DD 27 YY 2004

DATE WELL COMPLETED: MM 12 DD 12 YY 03

Depth of Well: 500 (TO NEAREST FOOT)

Well #1

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA- 94 - 7744

OWNER Manor Associates Limited (last name / first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION Sweet Air Rd. Well #1 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 FROM	FEET TO	check if water bearing
soft brown dirt	0	40	
med hard/hard tan	40	47	
hard gray rock	47	70	
med hard tan rock	70	72	
hard gray rock	72	440	
med hard/hard gray	440	442	x
hard gray rock	442	500	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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.: MW D 304
Dave Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC NO.: MW D 509
Harvey Knapp
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft (TOP) to 49 ft (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	50

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS [HO] OPEN HOLE [BZ] BRONZE [PL] PLASTIC [OT] OTHER

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	49	500
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal per min) 2.00

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft

WHEN PUMPING 475 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 (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.

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 [−] below LAND SURFACE (nearest foot)

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)

N

73' Sweet Air Rd

90' ℄ Hampshire Knob

DENV-CR00 STATE

10

3430 Sweet Air Rd BA947791

C 1 | 17695 (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received: JAN 27 2004

DATE WELL COMPLETED: MM 12 DD 10 YY 03

Depth of Well: 600 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA 94 7791

OWNER Manor Associates Limited (last name / first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION Sweet Air Rd. - Well #2 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 FROM	FEET TO	check if water bearing
soft brown dirt	0	50	
hard gray rock	50	53	
hard tan rock	53	55	
hard gray rock	55	60	
med hard tan rock	60	62	
hard tan/gray rock	62	65	
med hard/hard brown	65	68	
hard tan/gray rock	68	78	
med hard/hard tan	78	83	
hard gray rock	83	98	
med hard tan rock	98	99	X
hard gray/green rock	99	103	
med hard tan rock	103	108	X
hard gray rock	108	230	
med hard green rock	230	238	
med hard dark green	238	239	X
med/med hard green	239	265	X
med hard/hard gray	265	600	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) / no (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.: MWD 304
Dave Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 509
Harvey Knapp
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) / no (N)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)

NO OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 52 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	53

OTHER CASING (If used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL | BR BRASS, BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN			
1	HO	52	600
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2 • 27

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 370 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 (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

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 / (–) below LAND SURFACE
1 (nearest) foot

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)

N

148' Sweet Air Rd

40' Hampshire Knob

DENV-CR00 STATE

10

3430 Sweet Air Rd BA947792

C 1 | 17696 | SEQUENCE NO (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received: JAN 27 2004

DATE WELL COMPLETED: MM 12 DD 11 YY 03

Depth of Well: 600 (TO NEAREST FOOT)

Well #3

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 7792

OWNER Manor Associated Limited (last name / first name)

STREET OR RFD _____ TOWN _____

SUBDIVISION Sweet Air Rd. - Well #3 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 FROM	FEET TO	check if water bearing
soft brown dirt	0	50	
hard tan/gray rock	50	56	
med hard tan rock	56	60	x
hard tan/gray rock	60	65	
hard tan rock	65	75	
hard gray rock	75	80	
med hard tan rock	80	88	
hard gray rock	88	90	
med hard gray rock	90	92	
hard gray rock	92	118	
hard tan/gray rock	118	119	
hard gray rock	119	170	
med hard tan/gray	170	180	x
hard gray rock	180	200	
hard gray quartz	200	265	
hard green rock	265	290	
hard gray rock	290	380	
med hard gray rock	380	429	x
hard gray rock	429	600	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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.: MWD 304
Dave Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 509
Harvey Knapp
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO OF BAGS 15 NO OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 55 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	57

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

EACH SCREEN		DEPTH (nearest ft.) from	to
1	ST	50	113
2	HO	113	600
3			

SLOT SIZE 1 .25 2 _____ 3 _____

DIAMETER OF SCREEN 5 (NEAREST INCH)

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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7 ● 14

METHOD USED TO MEASURE PUMPING RATE: timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.

WHEN PUMPING 200 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 (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

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 [−] below LAND SURFACE
2 (nearest foot)

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)

N

Drilled on Approved stake

DENV-CR00 STATE

1C

3500 Sweet Air Rd BA883210

C 1 | 3551 | SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MAY 10 1991 (8–13)

DATE WELL COMPLETED 041691 (15–20)

Depth of Well 300 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL BA-88-3210 (28–37)

OWNER Jacksonville Vol. Fire Co.
STREET OR RFD last name 3500 Sweet Air Road first name TOWN Phoenix, MD 21131
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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Brown Shale	15	40	
Gray Rock	40	300	X

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)
TYPE OF GROUTING MATERIAL
CEMENT CM (45–46) BENTONITE CLAY BC (45–46)
NO. OF BAGS 11 NO. OF POUNDS 1100
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52) ft. to 42 (54–58) ft. (TOP, BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60–61)	6 (63–64)	42 (66–70)

EACH CASING — OTHER CASING (if used): diameter inch, depth (feet) from, to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (1–2)

EACH SCREEN — DEPTH (nearest ft.)

1	40 (8–9)	42 (11–15)	300 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

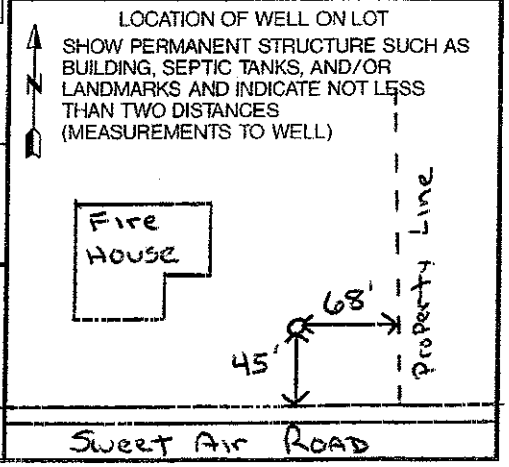
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) TELESCOPE CASING; (E.R.O.S) (72) LOG INDICATOR; W Q (74–76) OTHER DATA

C 3 (1–2)

PUMPING TEST
HOURS PUMPED (nearest hour) 8 (8–9)
PUMPING RATE (gal. per min. to nearest gal.) 4 (11–15)
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 49 (17–20)
WHEN PUMPING 235 (22–25)
TYPE OF PUMP USED (for test)
A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (nearest ft) (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above, − below (49) LAND SURFACE 1 (50–51) (nearest foot)

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)



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. 399
Paul M. [signature]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Conley Price
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

ORIGINAL

3500 Sweet Air Rd BA883260

C 1 4886 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received: MAY 10 1991

DATE WELL COMPLETED: 042391

Depth of Well: 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-88-3260

OWNER: Jacksonville Vol. Fire Co.
STREET OR RFD: last name 3500 Sweet Air Road first name TOWN: Phoenix, MD 21131
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 FROM	FEET TO	Check if water bearing
Overburden	0	15	
Brown Shale	15	40	
Gray Rock	40	450	X
Well #1 300' Dry (backfilled)			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 42 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	42

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft)	
1	HO	42	450
2			
3			

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

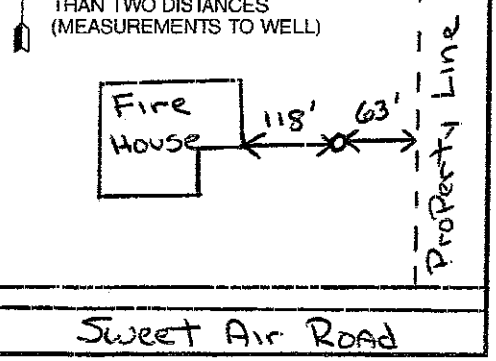
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING (E.R.O.S.) LOG INDICATOR W Q OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 13
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 58
WHEN PUMPING 120
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 (CIRCLE) (YES or NO) YES 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:
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
− below
LAND SURFACE 1 (nearest foot)

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)



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. 399
Paul W. [signature]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Conley Price
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

3509 Sweet Air Rd BA947124

EMERGENCY/TEMP NO. IF ANY

B 1 1955 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-7124
fill in this form completely.

Date Received (APA): 11-13-02

OWNER INFORMATION
Shaw Thomas
Last Name — Owner — First Name
1257 AMARO DRIVE
Street or RFD
The Villages FLA 32159
Town — State — Zip

DRILLER INFORMATION
Dave Kelly — MWD 304
Driller's Name — License No.
Jones Well Drilling Inc
Firm Name
3700 Rusk Rd Darrettsville 21084
Address
Dave Kelly 11-5-02
Signature — Date

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- (I) INDUSTRIAL, COMMERICIAL, DEWATERING
- (P) PUBLIC WATER SUPPLY WELL
- (T) TEST OBSERVATION MONITORING
- (G) GEO THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER - - - - - G - - -
PERMIT No. BA-94-7124

LOCATION OF WELL
Baltimore
COUNTY
SUBDIVISION
SECTION — LOT
Jacksonville
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 1 M

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

3509 Sweet Air Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

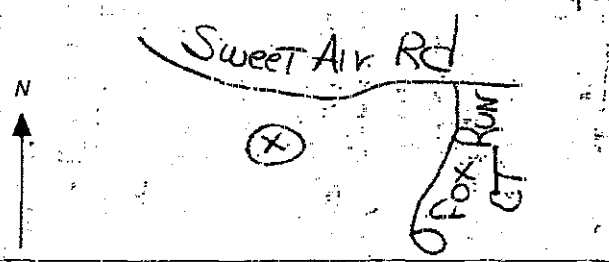
DISTANCE FROM ROAD: 75 ENTER FT OR MI: FT

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Baltimo — 003
COUNTY NAME — COUNTY NO.
STATE SIGNATURE — INSERT S
DATE ISSUED: 11-13-02 — CO SIGNATURE — EXP. DATE
NORTH GRID: 613 000 — EAST GRID: 924 000

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 920
N 610
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



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

D-110

DENV-Permit 97 — ② COUNTY

3509 Sweet Air Rd BA947124

C 1 **17746** SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 12 DD 09 YY 02

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL: BA - 94 - 7124

OWNER Shaw Thomas (last name, first name)

STREET OR RFD 3509 Sweet Air Rd. TOWN

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 FROM	FEET TO	check if water bearing
soft brown dirt	0	40	
hard tan/gray rock	40	47	
med hard tan rock	47	53	x
hard gray rock	53	107	
med/med hard gray	107	109	
hard gray rock	109	230	
hard green rock	230	247	
med soft gray rock	247	248	
hard green rock	248	280	
med hard/hard gray	280	300	
hard gray rock	300	318	
med hard gray rock	318	323	
hard gray rock	323	353	
med hard green rock	353	358	
med soft green rock	358	360	x
med/med hard gray	360	400	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) no (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. MWD 304
Dave Kelley
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 509
Harvey Knopp
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 45 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	47

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

(ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	45	400
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 11 • 11

METHOD USED TO MEASURE PUMPING RATE timer

WATER LEVEL (distance from land surface)

BEFORE PUMPING 58 ft.

WHEN PUMPING 114 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 (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

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 (—) below LAND SURFACE
2 (nearest foot)

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)

N

10' Driveway

30' House

DENV-CR00 COUNTY

D-10

3612 Sweet Air Rd BA943131

EMERGENCY/TEMP NO IF ANY

B 1 4121 SEQUENCE NO. (MDE 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
BA-94-3131
fill in this form completely

Date Received (APA) 12-22-97

OWNER INFORMATION

Dodon Walter
Last Name Owner First Name

3612 Sweet Air Rd
Street or RFD

Phoenix Md. 21030
Town State Zip

DRILLER INFORMATION

Wayne Caswell MWD 320
Driller's Name License No.

C. Wayne Caswell Inc
Firm Name

Jarrettsville Md 21084
Address

[signature] 12-22-97
Signature Date

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

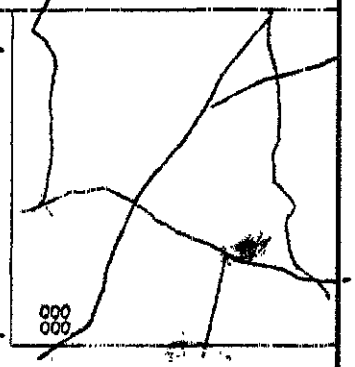
APPROP PERMIT NUMBER GAP
FORCE ME WRITE INITIALS IN BOX PERMIT No. BA-94-3131

B 3 **LOCATION OF WELL**
Baltimore
COUNTY
Jacksonville
SUBDIVISION
SECTION LOT
Jacksonville
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0

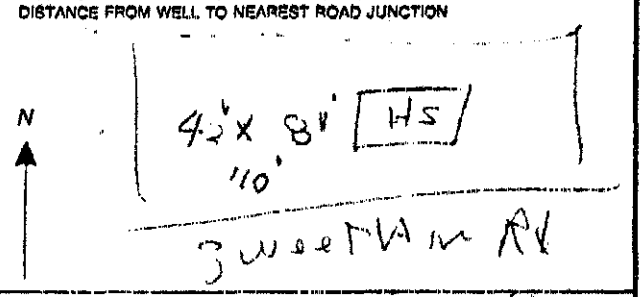
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N NW NE W E S SW SE TOWN
3612 Sweet Air Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
DISTANCE FROM ROAD 70
ENTER FT OR MI
TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Baldo 003
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID 615 000 EAST GRID 0122 000

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 920
N 610



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

D-10

COUNTY

3612 Sweet Air Rd BA943131

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.

SEQUENCE NO. (MDE USE ONLY): 6502

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

STATE USE ONLY
DATE Received: 03059

DATE WELL COMPLETED: 12 30 97

Depth of Well: 602 ft (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-94-3131

OWNER: De Deo Walter (last name)

STREET OR RFD: 3612 E. Sweet Air Road TOWN: Phoenix, MD 21030

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 FROM	FEET TO	check if water bearing
Well			
BROWN LOAM	0	24	
TAN MICA	24	33	
GRAY ROCK	33	602	✓
DRY HOLE			
BROWN LOAM	0	28	
TAN MICA	28	33	
GRAY ROCK	33	400	

Abandoned + Sealed

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: YES (Y) / NO (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.

TYPE: (MW/DM/SD/MGD) _____

DRILLERS LIC. NO.: 320

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: 513

Craig Nemec

SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) / NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 14 NO. OF POUNDS 1344

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 35 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL	CO CONCRETE
PL PLASTIC	OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	36

OTHER CASING (If used)

	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL	BR BRASS, BRONZE	HO OPEN HOLE
PL PLASTIC	OT OTHER	

C 2

	DEPTH (nearest ft.)	
1	HO	35 to 602
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 68: from _____ to _____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E,R,O,S,) W.O.

70 TELESCOPE CASING | 72 LOG INDICATOR | 73 74 75 OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 7

PUMPING RATE (gal. per min.): 2.40

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 42 ft

WHEN PUMPING: 466 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 WILL INSTALL 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.

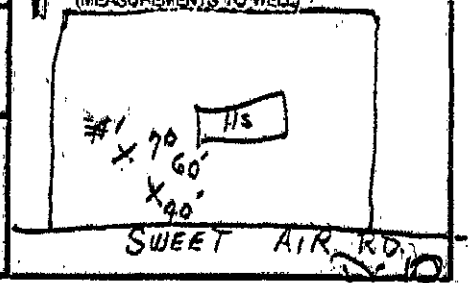
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above / − below LAND SURFACE (nearest foot)

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)



COUNTY

3617 Sweet Air Rd BA733120

EMERGENCY NO. (If any) -

B 1 6806 SEQUENCE NO. (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: Ayres Joseph (COL 12 LAST NAME, FIRST NAME, COL. 34)

STREET OR RFD: 3824 Deckerts Lane (COL 36, COL. 55)

POST OFFICE: Baltimore Md (COL 57, COL. 76)

B 1 CONTINUED — DRILLER INFORMATION

DATE: 4/5/76 LICENSE NUMBER: 31

Wm. Leonard (FIRST NAME, DRILLER, LAST NAME)

SIGNATURE: Wm. Leonard

B 2 — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY (AIR-PERCUSSION) ROTARY (HYDRAULIC ROTARY)

CABLE (REVERSE ROTARY) DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (V) 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER — ENGINEER REVIEW DISTRICT NO.

FORCE — WRITE IN CODE — CONDITIONS (A E N S S W Q E L U)

B 3 — LOCATION OF WELL

COUNTY: Baltimore (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION

SECTION — LOT

NEAREST TOWN: Jacksonville

MILES FROM TOWN (ENTER 0 IF IN TOWN): 1/2

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

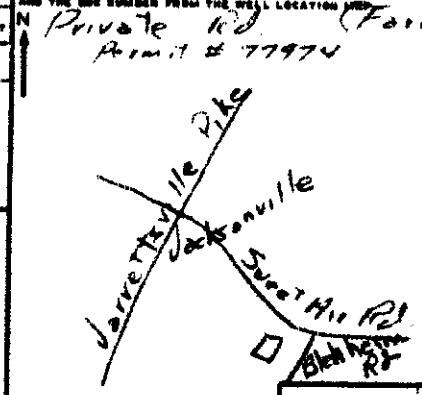
N NORTH, E EAST, NE NORTHEAST, (SE) SOUTHEAST, S SOUTH, W WEST, NW NORTHWEST, SW SOUTHWEST

WHAT: 3617 Sweet Air Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, (SOUTH), EAST, WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1/4

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

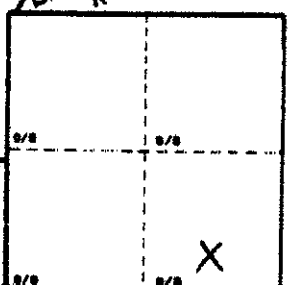


BOX NUMBER: E 920, N 610

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)



B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

STATE HEALTH DEPT. — BALTIMORE (COUNTY NAME, COUNTY NO.)

DATE: 05 04 76

APPROVED BY

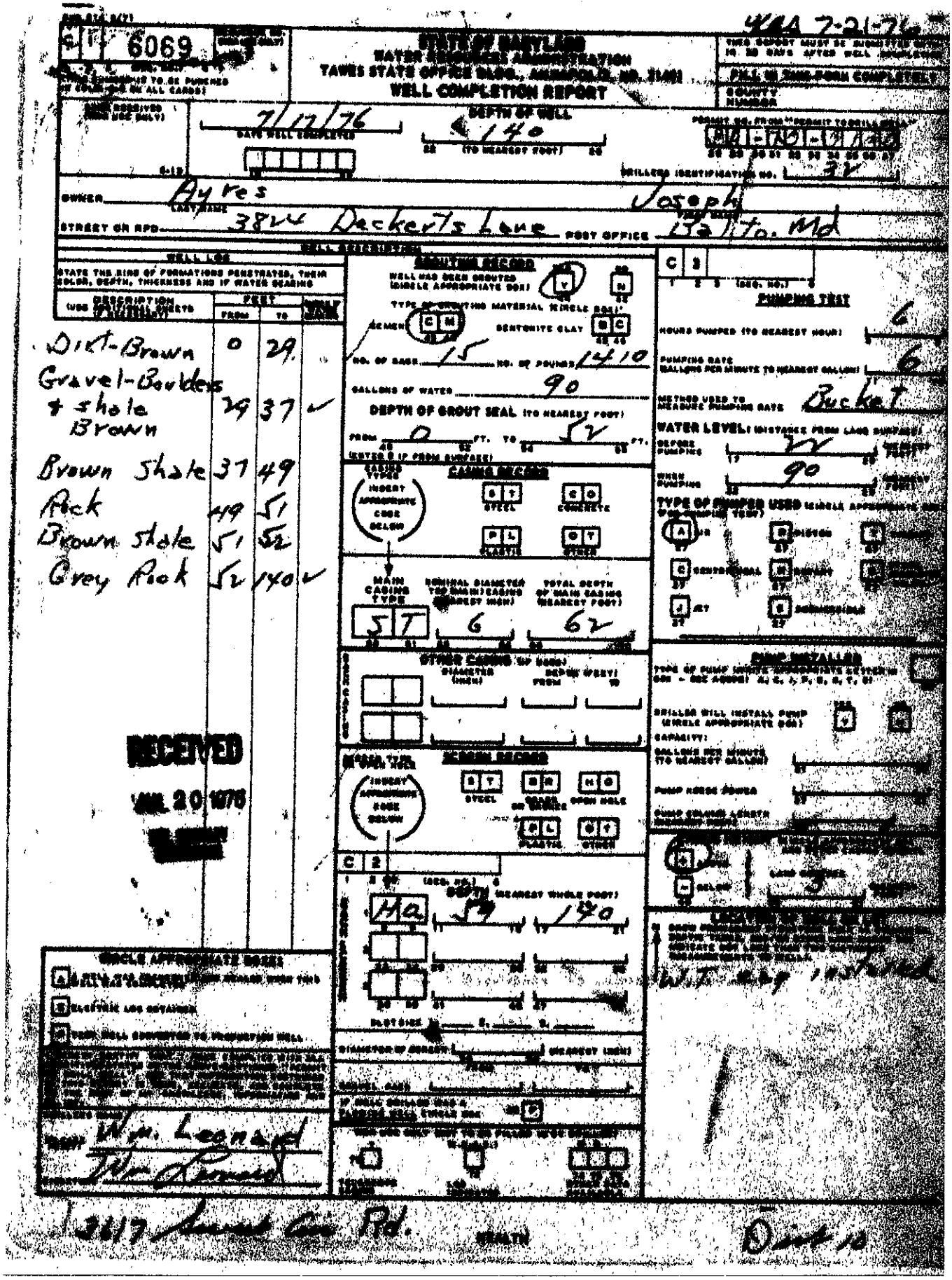
B 5 — SPECIAL CONDITIONS

77974 10th HEALTH Farm 592-2628

3617 Sweet Air Rd BA733120

WAA 7-21-76

C 1 6069



STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (FOR USE ONLY)

7/17/76 DATE WELL COMPLETED

DEPTH OF WELL 140 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" PA-AO-7140

DRILLERS IDENTIFICATION NO. 32

OWNER Ayres LAST NAME Joseph FIRST NAME

STREET OR RFD 3824 Deckerts Lane POST OFFICE Balto. Md

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	WELL WATER
Dirt-Brown	0	29	
Gravel-Boulders + shale Brown	29	37	✓
Brown Shale	37	49	
Rock	49	51	
Brown Shale	51	52	
Grey Rock	52	140	✓

GROUTING RECORD

WELL HAD BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 52 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPE (INSERT APPROPRIATE CODE BELOW) ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
ST	6	62

OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) ST STEEL BR BRASS OR BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

Ha	59	140

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 22 (NEAREST FOOT)

WHEN PUMPING 90 (NEAREST FOOT)

TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

A AIR P PISTON T TURBINE C CENTRIFUGAL R ROTARY S SUBMERSIBLE J JET E SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WHITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, S, T, U

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

+ ABOVE − BELOW LAND SURFACE 3 FEET

LOCATION OF WELL ON LOT

W.T. cap installed

RECEIVED JUL 20 1976

CIRCLE APPROPRIATE BOXES

A WELL WAS FOUNDED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C TEST WELL CONVERTED TO PRODUCTION WELL

DRILLERS NAME Wm. Leonard

SIGNATURE Wm Leonard

3617 Sweet Air Rd. HEALTH Dist 10

3618 Sweet Air Rd BA947482

EMERGENCY/TEMP NO IF ANY

B 1 2147 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: BA-94-7482 (70 79)
fill in this form completely

Date Received (APA): 62303 (8 MM DD YY 13)

OWNER INFORMATION

Nehil (15 Last Name) David (Owner First Name 34)

3618 Sweet Air Road (36 Street or RFD 55)

Phoenix, MD 21131 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Daniel Patton (Driller's Name) MSD 163 (76 License No. 81)

Patton Well (Firm Name)

6810 Cornell Road Baltimore, MD 21220 (Address)

Daniel Patton (Signature) 6-16-03 (Date)

B 2 WELL INFORMATION (1 2)

APPROX. PUMPING RATE (GAL PER MIN) 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERICIAL DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ - __ - ____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No BA-94-7482 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Baltimore (8 COUNTY 21)

(23 SUBDIVISION 42)

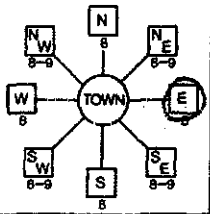
SECTION (44 46) LOT (48 50)

Phoenix (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town) 0 M I (73 76 77 78)

B 4 (1 2)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sweet Air Road (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) WEST (W) 32 (E) EAST (S) SOUTH

34 47 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Dareto (COUNTY NAME) 003 (COUNTY NO.)

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 62303 (43 MM DD YY 48) M. Epp (CO SIGNATURE) EXP DATE

NORTH GRID 612 000 (50 55) EAST GRID 0927 000 (57 63)

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

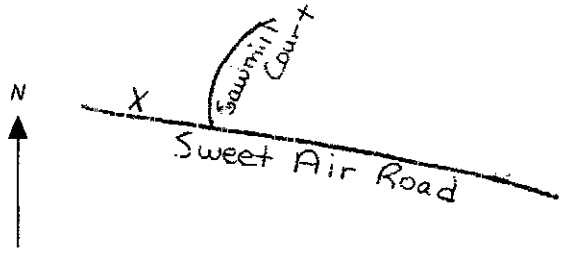
E 920

N 610

000
000

X

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

D-11

DENV-Permit 97

② COUNTY

3620 Sweet Air Rd BA883824

B 1 | 8787 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: BA-88-3824
fill in this form completely

Date Received (APA): 11/22/91

OWNER INFORMATION
Blue Ribbon Homes (Last Name / Owner / First Name)
10 Patchwork Court (Street or RFD)
Monkton MD 21111 (Town / State / Zip)

DRILLER INFORMATION
Leroy Brown (Driller's Name) — 77 License No 489
G. Edgar Harr Sons' Corp. (Firm Name)
12047 Falls Road Cockeysville 21030 (Address)
Signature: Leroy Brown — Date: 11/12/91

WELL INFORMATION
APPROX PUMPING RATE (GAL PER MIN): 5
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY): 150

NO COMPLETION REPORT RECEIVED

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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~~ ADDITIONAL SUPPLY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: ME (WRITE INITIALS IN BOX) PERMIT No BA-88-3824

SPECIAL CONDITIONS

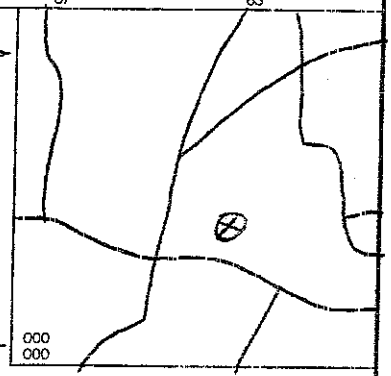
LOCATION OF WELL
Baltimore (8 COUNTY)
Fields of Four Corners (23 SUBDIVISION)
SECTION — LOT 22
Jacksonville (52 NEAREST TOWN)
MILES FROM TOWN (enter 0 if in town): 0 M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

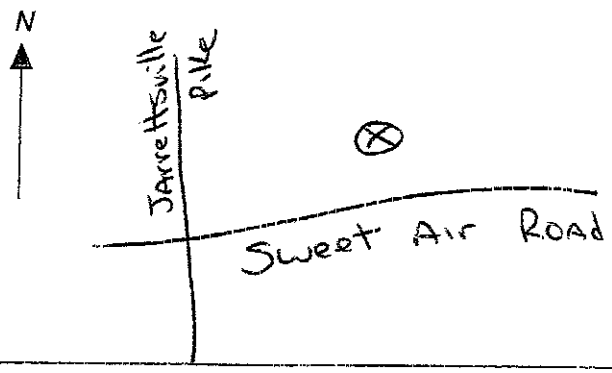
Sweet Air Road (NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 200
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Balto — COUNTY NO. 003
STATE SIGNATURE — INSERT S
DATE ISSUED: 11/22/91 — CO SIGNATURE — EXP. DATE
NORTH GRID: 614000 — EAST GRID: 926000

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 920
N 610
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



D-10

ORIGINAL

WHITESWORTH RD

3307 Whitesworth Rd BA 941424

C 306 — SEQUENCE NO (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

ST/GO USE ONLY
DATE Received 12/12/95

DATE WELL COMPLETED 10/9/95

Depth of Well 350 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" BA-91-1122

OWNER FRITZ, DOROTHY (last name, first name)
STREET OR RFD 3307 WHITESWORTH ROAD TOWN JACKSONVILLE
SUBDIVISION STEWART WHITE PROPERTY SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
Dirt	0	1	
Clay & Br. Schist	1	7	
Br. Schist	7	30	
Hard & Soft Br. & Blue Schist	30	51	
Soft Br. Schist	51	60	
Hard Blue & Br. Schist	60	100	
Hard Blue Schist	100	180	
Hard Br. Schist	180	190	
Hard White Schist	190	195	
Hard Gray Schist	195	200	
Soft Br. Schist	200	201	X
Hard Gray Schist	201	225	
Hard & Soft Blue Schist	225	230	
Hard Blue Schist	230	257	
Soft & Hard Gray Schist	257	268	X
Hard Gray Schist	268	285	
Soft Gray Clay & Sand	285	300	
Hard Blue Schist	300	350	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED

WELL HYDROFRACTURED — yes [Y] no [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 IDENT NO. 96
RONALD KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ronald Kyker

SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO OF BAGS 0 NO OF POUNDS BRO
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft (TOP) to 60 ft (BOTTOM) (enter 0 if from surface)

CASING RECORD
(casing types insert appropriate code below)
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S	6	60

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
(screen type or open hole — insert appropriate code below)
[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN

	DEPTH (nearest ft)	
1	110	150
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WD
70 72 74 75 76
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

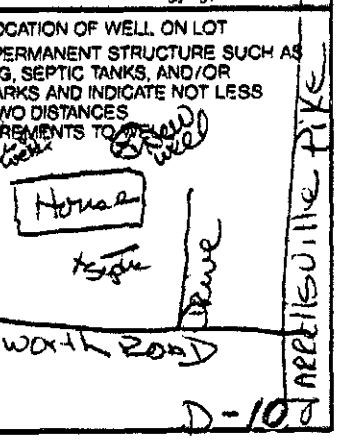
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal per min to nearest gal.) 11
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17
WHEN PUMPING 22

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 (CIRCLE) (YES or NO) YES 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) 31
PUMP HORSE POWER 37
PUMP COLUMN LENGTH (nearest ft) 43
CASING HEIGHT (circle appropriate box and enter casing height)
[+] above [−] below LAND SURFACE 48 (nearest foot) 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 NEAREST FOOT)



3307 Whitesworth Rd BA 941424

EMERGENCY/TEMP NO IF ANY

B 1 **4957** SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name: KRUTZ | First Name: DOROTHY
Street or RFD: 3307 WHITESWORTH RD
City: JACKSONVILLE | State: MD | Zip: 21031

DRILLER INFORMATION MSD/MGD/MWD: 3970
Driver's Name: Donald Kuhlen
Firm Name: Dr Frazier Rotary Well Drilling Inc
Address: PO Box 86 West Fairview Md 21158
Signature: Donald Kuhlen Date: 12-1-95

B 2 WELL INFORMATION
APPROX PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 250

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL.

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

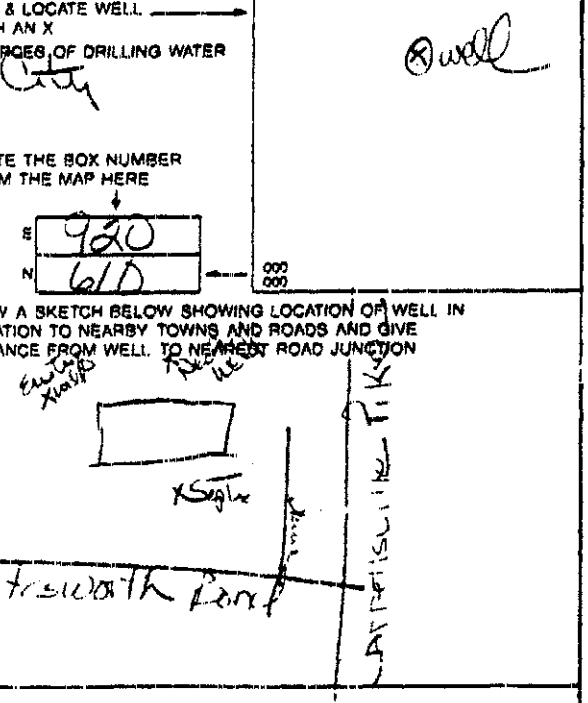
Not to be filled in by driller (OEP USE ONLY)
APPROP PERMIT NUMBER
FORCE WRITE INITIALS IN BOX PERMIT No 95-13-4954

B 3 LOCATION OF WELL.
COUNTY: BALTIMORE
SUBDIVISION: STEWART WHITE MEAD
SECTION | LOT
NEAREST TOWN: JACKSONVILLE
MILES FROM TOWN (enter 0 if in town): 0 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE
NEAR WHAT ROAD: 3307 WHITESWORTH RD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 150
ENTER FT OR MI: FT
TAX MAP | BLK B | PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME | COUNTY NO
STATE SIGNATURE | INSERT S
DATE ISSUED 12/05/95
CO SIGNATURE | EXP DATE
NORTH GRID 610000 | EAST GRID 920000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1 City
2
3
WRITE THE BOX NUMBER FROM THE MAP HERE
E 920
N 610
000 000



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

3303 Whitesworth Rd BA 8155195

C 1 1202 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED 04 13 87

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-5195

OWNER ASPEN WOOD DEV. CORP.
STREET OR RFD 14 McCANN AVE. TOWN HUNT VALLEY 21030
SUBDIVISION FOUR PONDS SECTION LOT 2

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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	21	
med hard gray rock	21	27	
med hard brown rock	27	31	
hard gray rock	31	34	
med hard gray rock	34	35	x
hard gray rock	35	87	
med hard brown rock	87	89	
hard gray rock	89	114	
hard dark gray rock	114	143	
hard gray rock	143	200	
hard gray rock	200	300	

RECEIVED
APR 27 1987

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL:
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 4 NO. OF POUNDS 400
GALLONS OF WATER 40
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT TO 23 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types — insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	24

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

EACH SCREEN	DEPTH (NEAREST FT.)	
1	10	24 to 300
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL, INSERT F IN BOX 66

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING 46
WHEN PUMPING 92

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 (CIRCLE) (YES or NO) YES 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:
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 / - below LAND SURFACE (NEAREST FOOT) 1

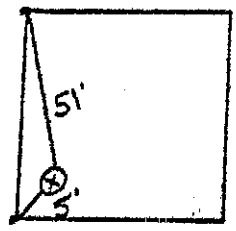
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 9
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W O
TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



HEALTH

10

3303 Whitesworth Rd BA 8155195

EMERGENCY/TEMP NO. IF ANY

B 1 4270 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

fill in this form completely

Date Received

OWNER INFORMATION

Last Name | Owner | First Name

Street or RFD

Town | State | Zip

DRILLER INFORMATION

Driller's Name | License No

Firm Name

Address

Signature | Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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 DEEPENED 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER G A P

FORCE WRITE INITIALS IN BOX PERMIT No.

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION | LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N | NW 8-9 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N | WEST W | 32 | E EAST | S SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME | COUNTY NO.

OEP SIGNATURE | STATE HEALTH INSERT S

DATE ISSUED

CO SIGNATURE | EXP. DATE

NORTH GRID 0 0 0 | EAST GRID 0 0 0

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

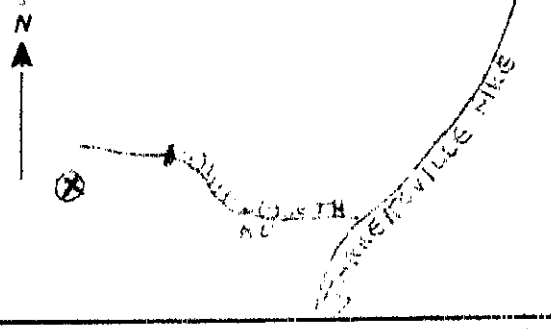
E

N

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



SPECIAL CONDITIONS

HEALTH

3309 Whitesworth Rd BA 900007

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES 10 N
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

B 1 4635 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)

OWNER: Stockdale E. Thomas (COL 18 LAST NAME) (FIRST NAME) COL 24
STREET OR RFD: RECEIVED P.O. Box 289 (COL 36) 0007 (COL 55)
POST OFFICE: Lutherville, Maryland 21093 (COL 62) COL 60

B 2 DRILLER INFORMATION
G. Edgar Hare Sons' Corp. (FIRST NAME) (DRILLER) (LAST NAME) (IDENTITY NUMBER) 122
Falls Road (STREET OR RFD)
Cockeysville, Md. (POST OFFICE) 21030 (ZIP CODE)
DATE OF APPLICATION: July [redacted]

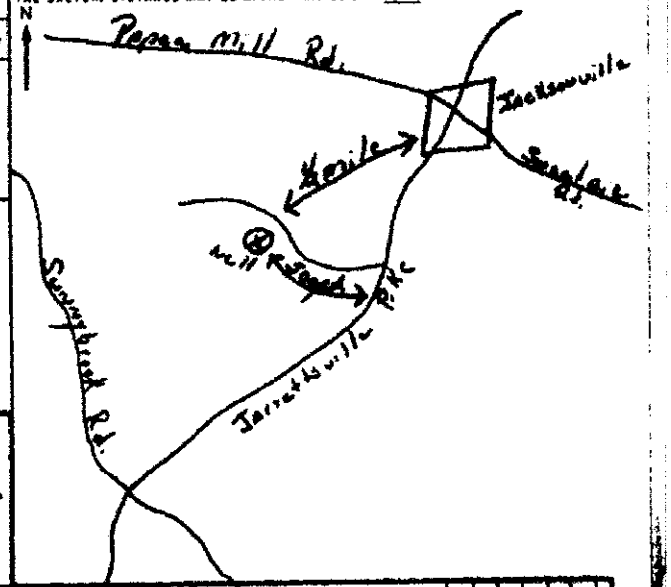
B 4 LOCATION OF WELL
COUNTY: Baltimore (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: Whitefield Dev.
SECTION: 1 LOT: B-3
NEAREST TOWN: [redacted]
MILES FROM TOWN (ENTER 1 IF IN TOWN): [redacted]

B 3 WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) DOMESTIC, HOME (STRONG OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

B 5 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH, E EAST, N E NORTHEAST, S E SOUTHEAST
S SOUTH, W WEST, N W NORTHWEST, S W SOUTHWEST
NEAR WHAT ROAD: Jarrettsville Pike
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, SOUTH S, EAST E, WEST W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 500

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. DISTANCE MAY BE APPROXIMATE, BUT MUST BE INDICATED.



APPROXIMATE DEPTH OF WELL: 200 FEET

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER
ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX)
FORCE (WRITE INITIALS IN BOX)
CONDITIONS: A E N S G W Q

B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)
COUNTY DEPT. OF HEALTH: Balto.
STATE DEPARTMENT OF HEALTH (CIRCLE BOX IF STATE HEALTH)
DATE: MO. 07 DAY 07 YR. 69
APPROVED BY: W. [illegible]
TITLE: Sect. Chief
LATITUDE: 39 [illegible]
LONGITUDE: 0 7 [illegible]
ELEVATION AT WELL HEAD (FEET): [illegible]

B 6 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

3309 Whitesworth Rd BA 900007

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES

10

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL

FILL IN THIS FORM COMPLETELY

DEPTH OF WELL

PERMIT NO. FROM PERMIT TO DRILL WELL 04-10-0002

DRILLERS IDENTIFICATION NO. 122

OWNER Stephen E. Thomas

FIRST NAME

STREET OR RFD Lutherville Maryland POST OFFICE Lutherville Md.

WELL DESCRIPTION

MAIN DESCRIPTION OF FORMATIONS PENETRATED	FROM	TO	WATER BEARING
Overburden	0	8'	
Brown Shale	8	30'	
Weathered Shale			

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM ___ FT. TO ___ FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW): ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
ST	6	33

OTHER CASING (IF USED)

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
EACH CASING			

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): ST STEEL, BR BRASS OR BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (SEQ. NO.)

	DEPTH (NEAREST WHOLE FOOT) FROM	TO
SCREEN 1		
2		
3		
4		

SLOT SIZE 1. ___ 2. ___ 3. ___ 4. ___

IF WELL DRILLER WAS A FLOWING WELL CIRCLE BOX P

DNR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING
LOG INDICATOR
OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

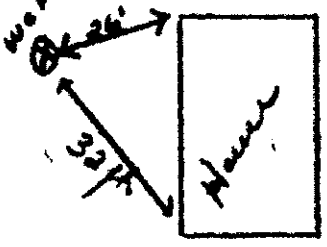
PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR) 4
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 30 (NEAREST FOOT)
WHEN PUMPING 60 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)
A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, S SUBMERSIBLE

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX SEE ABOVE A, C, J, P, R, S, T, O)
CAPACITY
GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE, - BELOW LAND SURFACE (NEAREST FOOT) 1

LOCATION OF WELL ON LOT
N
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE BOXES
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL REGULATIONS OF THE STATE OF MARYLAND PERTAINING TO WELL DRILLING AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Edward G. Edwards Sons Co

SIGNATURE

HEALTH

3311 Whitesworth Rd BA 815197

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

SEQUENCE NO. (DEP USE ONLY) 4272

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

DEP PERMIT NUMBER BA-RI-5110

fill in this form completely

Date Received 5-20-86

OWNER INFORMATION

Carl W. Wagner

3311 Whitesworth Ave

Baltimore, MD 21230

DRILLER INFORMATION

Earl D. Jones, Jr. 592-6981

Jones Well Drilling, Inc.

3700 Rush Rd. Jacobsville, Md. 21084

5/22/86

LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

H HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Balto

COUNTY NO. 03

DEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED 5-20-86

CO SIGNATURE

DEP DATE

NORTH GRID 13000

EAST GRID 1000

APPROXIMATE DEPTH OF WELL 140 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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

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

S

N 3

REPLACEMENT OR DEEPENED 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

D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

Whitesworth Rd.

Jacobsville Road

Not to be filled in by driller (DEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE IN BOX MINUTES PERMIT No. BA-RI-5110

SPECIAL CONDITIONS

16

3311 Whitesworth Rd BA 815197

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

C 1 1200 — SEQUENCE NO. (DEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

45 DAYS AFTER WELL IS COMPLETED:

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-5197

DATE RECEIVED

DATE WELL COMPLETED 06/13/86

DEPTH OF WELL 300 (TO NEAREST FOOT)

OWNER ASPEN WOOD DEV. CORP.

STREET OR RFD 111 McCANN AVE TOWN HUNT VALLEY 21030

SUBDIVISION FOUR PONDS SECTION LOT 44

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 FROM	FEET TO	Check if water bearing
dirt	0	4	
soft brown rock	4	35	
hard brown rock	35	41	
med hard gray rock	41	42	X
hard gray rock	42	54	
med hard brown rock	54	57	
hard gray rock	57	64	
med hard gray rock	64	66	
med hard brown rock	66	67	X
med hard gray rock	67	205	
soft gray rock	205	212	
hard gray rock	212	240	
med hard gray rock	240	242	
hard gray rock	242	300	

RECEIVED APR 20 1987

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — YES (Y) / NO (N)

TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT TO 37 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT)

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	38

OTHER CASING (if used)

SHOE CODE	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below: STEEL (ST), BRASS BRONZE (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT)

C 2

SHUTTER CODE	DEPTH (NEAREST FT.)		
1	240	300	
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

C 3 — PUMPING TEST
HOURS PUMPED (nearest hour) 5

PUMPING RATE (gal. per min to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE TIMER

WATER LEVEL (distance from land surface)

BEFORE PUMPING 147

WHEN PUMPING 280

TYPE OF PUMP USED (for test)
air (A), piston (P), turbine (T), centrifugal (C), rotary (R), other (O) (describe below), jet (J), submersible (S)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) — YES / 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:

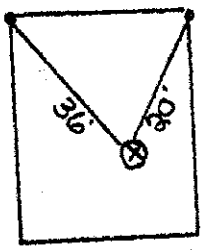
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): above (+) / below (-) LAND SURFACE (NEAREST FOOT)

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)



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 10.17.13 "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. 9

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Earl Jones

SITE SUPERVISOR (sign. of driller or journeyman responsible for artwork if different from permittee) Earl Jones

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING
(E.R.O.B.) — LOG INDICATOR
W Q — OTHER DATA

HEALTH

10

3313 Whitesworth Rd BA 815196

[illegible] TO BE PUNCHED [illegible] ON ALL CARDS | FILL IN THIS [illegible] PLEASE PRINT OR TYPE | COUNTY NUMBER

DATE RECEIVED | DATE WELL COMPLETED 06 13 86 | DEPTH OF WELL 250 (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" BA-81-5197

OWNER ASPEN WOOD DEV. CORP.
STREET OR RFD 14 McCANN AVE. TOWN Hunt Valley 21030
SUBDIVISION FOUR PONDS SECTION 1 LOT 3

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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown dirt	6	33	
hard brown rock	33	41	
hard gray rock	41	48	
med hard brown rock	48	52	
hard gray rock	52	56	
med hard gray rock	56	57	X
hard gray rock	57	61	
med hard brown rock	61	62	
hard gray rock	62	68	
hard tan rock	68	69	
hard gray rock	69	77	
hard light gray rock	77	146	
hard gray rock	146	232	
med hard gray rock	232	233	X
hard gray rock	233	250	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 11 NO. OF POUNDS 1100
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 37 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	38

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN		DEPTH (NEAREST FT.)	
	HO	37	250
2			
3			

SLOT SIZE 1 ___ 2 ___ 3 ___
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

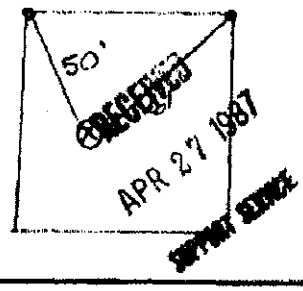
DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T TELESCOPE CASING | (E R O S) LOG INDICATOR | W Q OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 5
PUMPING RATE (gal. per min. to nearest gal.) 8
METHOD USED TO MEASURE PUMPING RATE TIMER
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45
WHEN PUMPING 95
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 (CIRCLE) (YES or NO) YES 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:
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, - below LAND SURFACE 1 (NEAREST FOOT)

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)



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 10.17.13 "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. 9
Earl Jones
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Earl Jones
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HEALTH

10

3313 Whitesworth Rd BA 815196

EMERGENCY/TEMP NO. IF ANY

B 1 4271 SEQUENCE NO. (DEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

DEP PERMIT NUMBER

BA-81-5776

fill in this form completely

Date Received

OWNER INFORMATION

[illegible]

DRILLER INFORMATION

Earl D. Jones, Jr. 592-6981

Jones Well Drilling, Inc.

3700 Rush Rd. Jarrettsville, Md. 21084

Earl Jones 5/27/86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (H) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)

DIALE DRIVEN/ROTARY DRIVE POINT

other

[illegible] WELLS

[illegible]

APPROP. PERMIT NUMBER [illegible]

PERMIT NO. [illegible]

B 3 LOCATION OF WELL

COUNTY BOLTIMORE

SUBDIVISION FORK POINTS

SECTION 1 LOT 3

NEAREST TOWN JACKSONVILLE

MILES FROM TOWN (enter 0 if in town) 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN

JARRETTSVILLE PIKE

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Balto Co

COUNTY NO.

DEP SIGNATURE

STATE HEALTH INSERT #

DATE ISSUED 06 09 86

NORTH GRID 613 000

EAST GRID 0921 000

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

S 124

N 3

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEAREST TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

Whitesworth Rd

Jarrettsville Md

10

3317 Whitesworth Rd BA 815194

4269 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

[illegible]

fill in this form completely

Date Received

OWNER INFORMATION

[illegible]

DRILLER INFORMATION

Earl D. Jones, Jr. 692-6981

Driller's Name — License No.

Jones Well Drilling, Inc.

Firm Name

[illegible] Rush Rd. Jarrettsville, Md. 21084

Address

Signature — Date 5/27/86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD, UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL _____ FEET

APPROXIMATE DIAMETER OF WELL _____ NEAREST 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 DEEPENED 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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE — WRITE INITIALS IN BOX — PERMIT No

B 3 LOCATION OF WELL

COUNTY

SUBDIVISION

SECTION — LOT

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW, W, NW — TOWN

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) — NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME — COUNTY NO

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED

CO SIGNATURE — EXP DATE

NORTH GRID 000 — EAST GRID 000

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

N

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

SPECIAL CONDITIONS No fee pd.

HEALTH

3317 Whitesworth Rd BA 815194

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.

COUNTY NUMBER

DATE WELL COMPLETED: 06/17/86

DEPTH OF WELL: 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": BA-81-1519

OWNER: ASPEN WOOD DEV. CORP.

STREET OR RFD: 14 McCANN AVE. TOWN: Hunt Valley 21030

SUBDIVISION: FOUR ROADS 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 FROM	FEET TO	Check if water bearing
dirt	0	6	
soft brown rock	6	34	
med hard brown rock	34	36	
hard gray rock	36	45	
med hard brown rock	45	48	X
hard gray rock	48	118	
med hard gray rock	118	142	
hard gray rock	142	410	
med hard gray rock	410	414	X
hard gray rock	414	500	

RECEIVED
APR 27 1987
WATER RESOURCES ADMINISTRATION

Backfilled 5/15/87
350' dry hole — A+S

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): YES (Y) NO (N)
TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT TO 38 FT (ENTER 0 IF FROM SURFACE)

CASING RECORD
casing types (insert appropriate code below): STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	410

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
EACH CASING			

SCREEN RECORD
screen type or open hole (insert appropriate code below): STEEL (ST) BRASS BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

	DEPTH (NEAREST FT)		
1	410	438	500
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 10.17.13 - 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 91

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

PUMPING TEST
HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min. to nearest gal.) 11

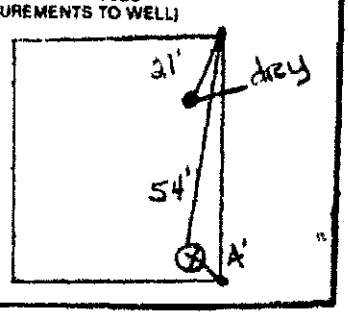
METHOD USED TO MEASURE PUMPING RATE: TIMER

WATER LEVEL (distance from land surface)
- BEFORE PUMPING 30
- WHEN PUMPING 125

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 (CIRCLE) (YES or NO) YES 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:
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 / - below LAND SURFACE 0 (NEAREST FOOT)

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)



OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) TELESCOPE CASING
E R O S (72) LOG INDICATOR
W Q (74 75 76) OTHER DATA

HEALTH

10

3307 Whitesworth Rd BA941424

C[redacted]306 | SEQUENCE NO (DENV USE ONLY) | (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER

ST/GO USE ONLY
DATE Received 11/21/95

DATE WELL COMPLETED 10/9/95

Depth of Well 350 (TO NEAREST FOOT)

PERMIT NO FROM "PERMIT TO DRILL WELL" BA-94-1112

OWNER FRITZ, DOROTHY (last name)
STREET OR RFD 3307 WHITESWORTH ROAD (first name) TOWN JACKSONVILLE
SUBDIVISION STEWART WHITE PROPERTY SECTION LOT 1

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 FROM	FEET TO	Check if water bearing
Dirt	0	1	
Clay & Br. Schist	1	[illegible]	
Br. Schist	[illegible]	30	
Hard & Soft Br. & Blue Schist	30	50	
Soft Br. Schist	50	60	
Hard Blue & Br. Schist	60	100	
Hard Blue Schist	100	180	
Hard Br. Schist	180	190	
Hard White Schist	190	195	
Hard Gray Schist	195	200	
Soft Br. Schist	200	201	X
Hard Gray Schist	201	225	
Hard & Soft Blue Schist	225	230	
Hard Blue Schist	230	267	
Soft & Hard Gray Schist	267	[illegible]	X
Hard Gray Schist	283	285	
Soft Gray Clay & Sand	285	300	
Hard Blue Schist	300	[illegible]	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED

WELL HYDROFRACTURED: yes [ ] no [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 IDENT NO. 96
RONALD KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ronald Kyker

SITE SUPERVISOR (sign, if driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO OF BAGS 10 NO OF POUNDS 880
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft to 60 ft (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S	6	60

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — Insert appropriate code below
[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN — DEPTH (nearest ft)

1	110	150
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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WD
70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

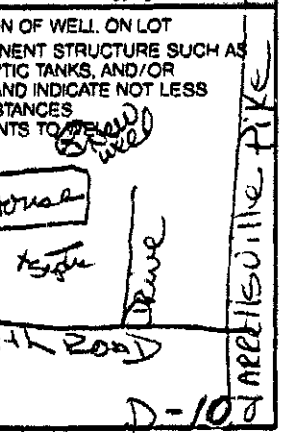
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal per min to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE [illegible]
WATER LEVEL (distance from land surface)
BEFORE PUMPING 120
WHEN PUMPING 155

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 (CIRCLE) (YES or NO) YES 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
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 (nearest foot)

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 BE TAKEN TO NEAREST FOOT)



D-10

3307 Whitesworth Rd BA941424

EMERGENCY/TEMP NO IF ANY

B 1 **4957** SEQUENCE NO (DP USE ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Last Name / Owner / First Name

Street or RFD

Town / State / Zip

DRILLER INFORMATION MSD/MGD/MWD 2916

Driller's Name: Westminster Artesian Well Drilling Inc.

Address: 10288 Old Westminster Md 21158

Signature: Donald Kuykendall Date: 12-1-95

WELL INFORMATION

APPROX PUMPING RATE (GAL PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 250

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No WA-1-7-[illegible]4

LOCATION OF WELL

COUNTY: BALTIMORE

SUBDIVISION: STEWART WHITE PROP

SECTION LOT

NEAREST TOWN: JACKSONVILLE

MILES FROM TOWN (enter 0 if in town) 0 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW N NE W TOWN E SW S SE

NEAR WHAT ROAD: 3307 WHITESWORTH RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, WEST W, EAST E, SOUTH S

DISTANCE FROM ROAD 150

ENTER FT OR MI FT

TAX MAP BLK B PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO

STATE SIGNATURE INSERT S

DATE ISSUED 12/5/95 CO SIGNATURE EXP DATE

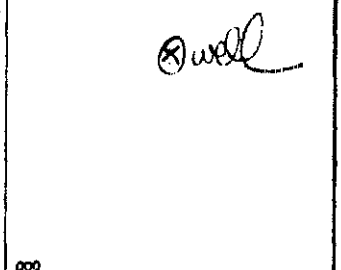
NORTH GRID 617000 EAST GRID 1225000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

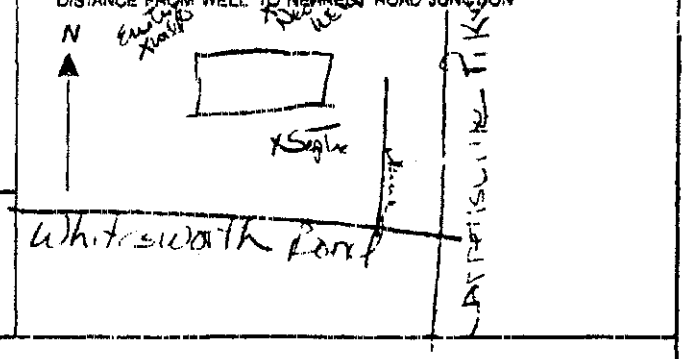
SOURCES OF DRILLING WATER
1 City
2
3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 920
N 610



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =