

C1 18514

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay Dirt, Bin Sand, Silty Bentonite, White Rock, Gray Rock.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (C.M., B.C.), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form: MAIN CASING TYPE (S.T., P.L., C.O., O.T.), Nominal diameter, Total depth.

OTHER CASING (if used) form: diameter, depth.

SCREEN RECORD form: screen type or open hole (S.T., B.R., H.O., P.L., O.T.), DEPTH (nearest ft.).

WELL HYDROFRACTURED (Y), NUMBER OF UNSUCCESSFUL WELLS.

- 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...

DRILLERS LIC. NO. 1 MWD 553, DRILLERS SIGNATURE, LIC. NO. 1 MWD 942

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

Table with columns: E, A, C, H, S, R, E, E, N. Rows for casing diameters and slot sizes.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form: T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.225731, LONGITUDE 76.942690 (DEFAULT COORD. WGS 84)

NOTES: Includes a diagram of a well casing and handwritten notes.

MAN. 05-448816

EMERGENCY/TEMP NO. IF ANY

B 1	13792	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 537318	STATE PERMIT NUMBER HO-95-2325 fill in this form completely
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Date Received (APA) 05 31 12

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Flarango Owner Gregory A First Name Gregory A 34

36 9410 Furrrow Ave Street or RFD 55

57 Ellicott City Md 21042 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Walnut Grove 42

SECTION 21 LOT 44 46 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name C. John Hess MWD 553 76 License No. 81

Firm Name United Environmental Services

Address 20 Bay 129, Annapolis Md 20701

Signature [Signature] Date 5-2-12

B 4

SOURCES OF DRILLING WATER

1. Public

2.

3.

11 13221 Running Fence Ln STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 175 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 0028 BLK: 0018 PARCEL: 0074

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A517422 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 6/14/2012 Brian Bader 6/14/2012

43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL 4 Loops

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

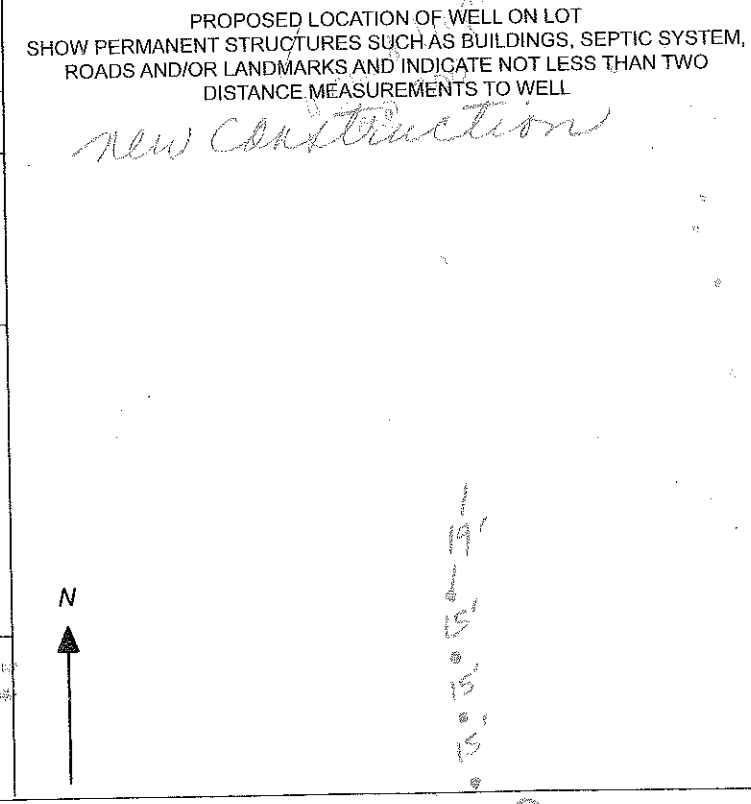
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2325

70 71 72 73 74 75 76 77 78 79



Wm. Metzger

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Enter Permits with Tremie Pipes

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455
 INSPECTIONS (410)313-1850

HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION

HVACR PERMIT #
M/2000621
 BUILDING PERMIT #

B12000487

BUILDING ADDRESS: 12221 Running Fence Lane
 SUITE/APT: _____
 SUBDIVISION: Walnut Grove
 CENSUS TRACT: _____ SECTION: _____ AREA: _____
 LOT: 21 TAX MAP: _____ PARCEL: _____
 BLOCK: _____ ZONE: _____
 PROPERTY ID: _____ MAP COORDINATES: _____
 TYPE OF IMPROVEMENT: _____ USE: _____

OWNERS NAME: Shelby Lorenzo
 ADDRESS: 2520 Ford Baltimore Drive
 CITY: Baltimore ZIP CODE: 21244
 STATE: MD WORK PHONE: _____
 HOME PHONE: _____

CHECK ONE	HOW MANY
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ UNITS

COMPANY NAME: W.H. Metcalfe & Sons, Inc.
 LICENSEE NAME: William H. Metcalfe Sr.
 ADDRESS: 9057 Clinton St.
 CITY: Clinton ZIP CODE: 20735
 STATE: MD HVACR LICENSE NO: 11113
 PHONE: 301.868.6330

- New Heating and Air Conditioning Geothermal Heating System Only Other Work (Describe): _____
- Replacement
 Heating
 Air Conditioning
 Heating and Air Conditioning
- Additions and Alterations
 Heating
 Air Conditioning
 Heating and Air Conditioning

Zones
 Permit Fee = # of Zones x \$40 = 80.00
 Technology Fee (10% of Permit Fee) = 8.00
 Plus Application Fee \$50
 Total Fees Due = 138.00

Units
 Permit Fee = # of Units x \$80 = _____
 Technology Fee (10% of Permit Fee) = _____
 Plus Application Fee \$50
 Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S) INSURED TO CONTRACT WORK, AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY AND THE STATE OF MARYLAND.

SIGNATURE OF LICENSED CONTRACTOR: William H. Metcalfe, Sr.
 PRINT NAME: _____
 DATE: 7/10/11

Validation

Check Number: 82529
 Cash: _____
 Receipt Number: 284505

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 T:\Chieflp\HVACR4.WPD REV 6/17/04

Approved
Well + Septic
H. W. R.S.

MAINTENANCE
UTILITY ESMT.
N. 19220/71

GRINDER PUMP PER F-06-31
CORE TOP = 416.45±
CORE BOT. = 406.5±
INV. (IN) = 409.0±

10'x10' PUBLIC SEWER
& UTILITY ESMT.
(P.N. 19220/71)

0410
1/16 HB
INV. = 409.30

SCEN

12" DRIVEWAY
CULVERT 20 LF
INV IN = 413.45
INV OUT = 413.06

HAWTHORNE
ELEVATION C
(STANDARD)
F.F.E. = 420.21
B.S.E. = 410.20
HUNG SEWER

3-CAR
GARAGE
418.30 (B)
418.10 (F)

4 Closed Loops
@ 300'

20' PRIVATE DRAINAGE
EASEMENT (P.N. 19220/71)

21
43,942 SF.

R=100' WELL CIRCLE
TAG # 10-45-0511

WELL BOX/AREA

NON-BUILDABLE
PRESERVATION PARCEL 'B'

