

C 1 2915  
 1 2 3 6  
 (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 13

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 04 24 14

DEPTH OF WELL 22 400 26  
 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 Ho- 95 - 2673  
 28 29 30 31 32 33 34 35 36 37

OWNER Baker David  
 WELL SITE ADDRESS 7305 Mink Hollow Road TOWN Highland 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		check if water bearing
	FROM	TO	
Tan sandy Ground	1	15	
Tan shale	15	75	
Gray mica	75	400	

GRROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO  
 Y N  
 44 44

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT CM BENTONITE CLAY BC  
 45 46 45 46

NO. OF BAGS 23 NO. OF POUNDS 4750  
 GALLONS OF WATER 414  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 400 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below

ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 1 1/4" GEOTHERMAL LOOP 400 FT.  
 60 61 63 64 66 70

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

SCREEN RECORD  
 screen type or open hole insert appropriate code below

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED YES NO  
 Y N

CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D 028  
 DRILLERS SIGNATURE Michael Kohler  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. AWD 917  
 Dustin H. Alexander - Driller  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)  
 BENTONITE GROUTED  
 1 8 9 11 15 17 21  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 SLOT SIZE 1 0 2 0 3 0  
 DIAMETER OF SCREEN Bore hole 6" (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 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 GEO THERMAL PUMPING TEST  
 1 2  
 HOURS PUMPED (nearest hour) 8 9  
 PUMPING RATE (gal. per min.) 11 15  
 METHOD USED TO MEASURE PUMPING RATE  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 17 20 ft.  
 WHEN PUMPING 22 25 ft.  
 TYPE OF PUMP USED (for test)  
 A air P piston T turbine  
 27 27 27  
 C centrifugal R rotary O other (describe below)  
 27 27 27  
 J jet S submersible  
 27 27

PUMP INSTALLED  
 DRILLER INSTALLED PUMP YES NO  
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below }  
 49 50 51

LATITUDE 39.172905  
 LONGITUDE 76.994137  
 (DEFAULT COORD. WGS 84)  
 NOTES: 1 - CLOSED LOOP GEOTHERMAL BOREHOLE DRILLED 400 FT. DEEP. WITH 1 1/4" LOOP IN BOREHOLE PRESSURE GROUTED WITH BENTONITE.

B 1 07163

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO-95-2673 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Baker David 15 Last Name Owner First Name 34 Mink Hollow Rd 36 Street or RFD Highland MO 20777 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard 8 COUNTY 21 23 SUBDIVISION SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71

DRILLER INFORMATION

Michael Kohler M SD 028 76 License No. 81 Alexander Well Drilling 126 W. Main St. Fairfield PA 17320 3/11/14

B 4 SOURCES OF DRILLING WATER

11305 Mink Hollow Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 118' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 7 PARCEL 142

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/3/14 Andrew Heintz 4/3/15 EXP. DATE

APPROXIMATE DEPTH OF WELL 1400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

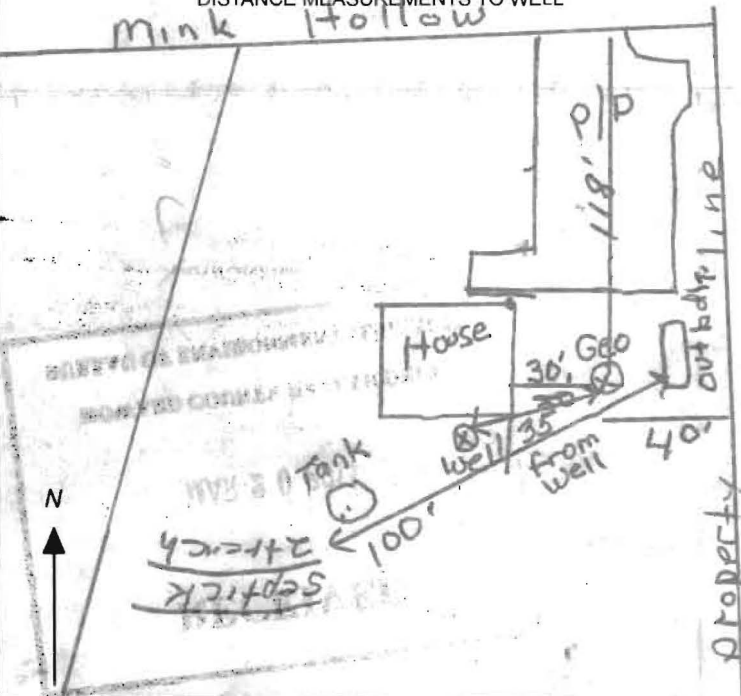
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-2673

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

# HOUSE LOCATION SURVEY

## # 1305 MINK HOLLOW ROAD

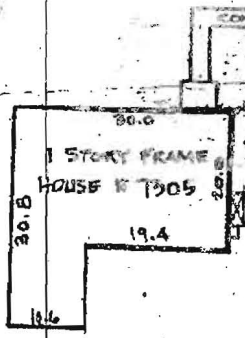
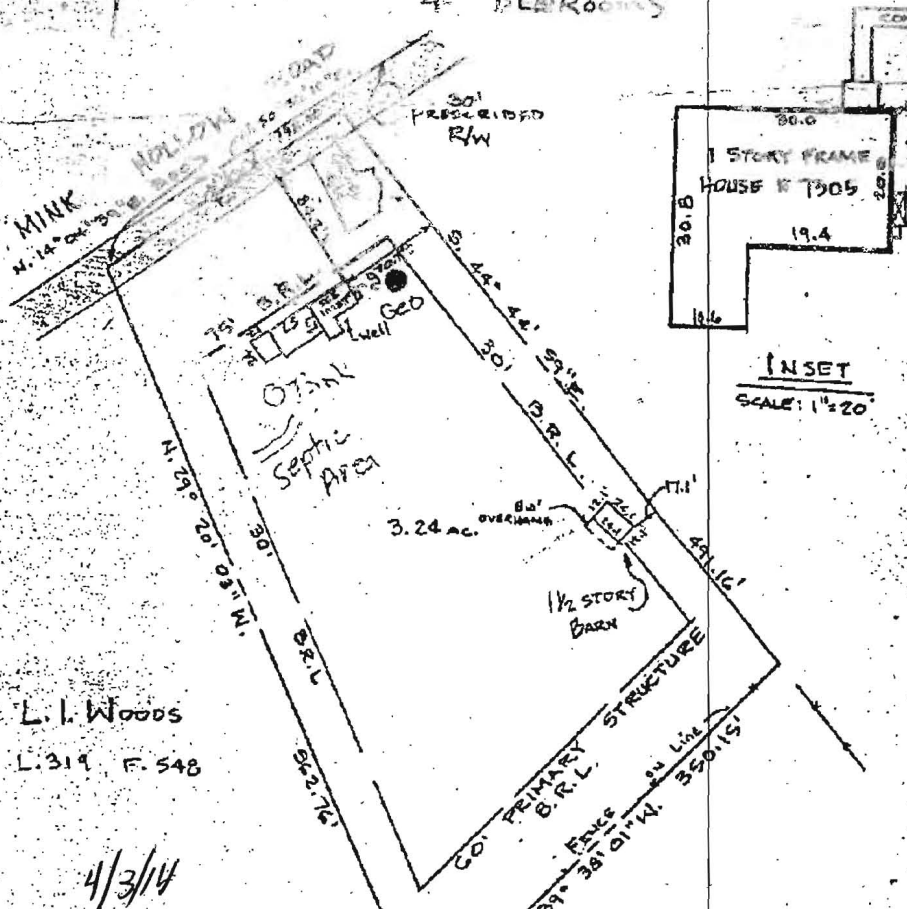
### CLARKSMILLE (5TH) ELECTION DISTRICT

### HOWARD COUNTY, MARYLAND

SCALE = 1"=100'

APRIL, 1986

### Proposed Addition 4 BEDROOMS



L. I. Woods  
L. 319 F. 548

4/3/86  
Locating  
Approved  
-AG

W. V. Woods  
L. 634 F. 426

K. J. GAERTNER  
L. 637 F. 243

### SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS.

*W. Allen Brown* 4/10/86



To: Howard Co. Health Dept

Att: Andy

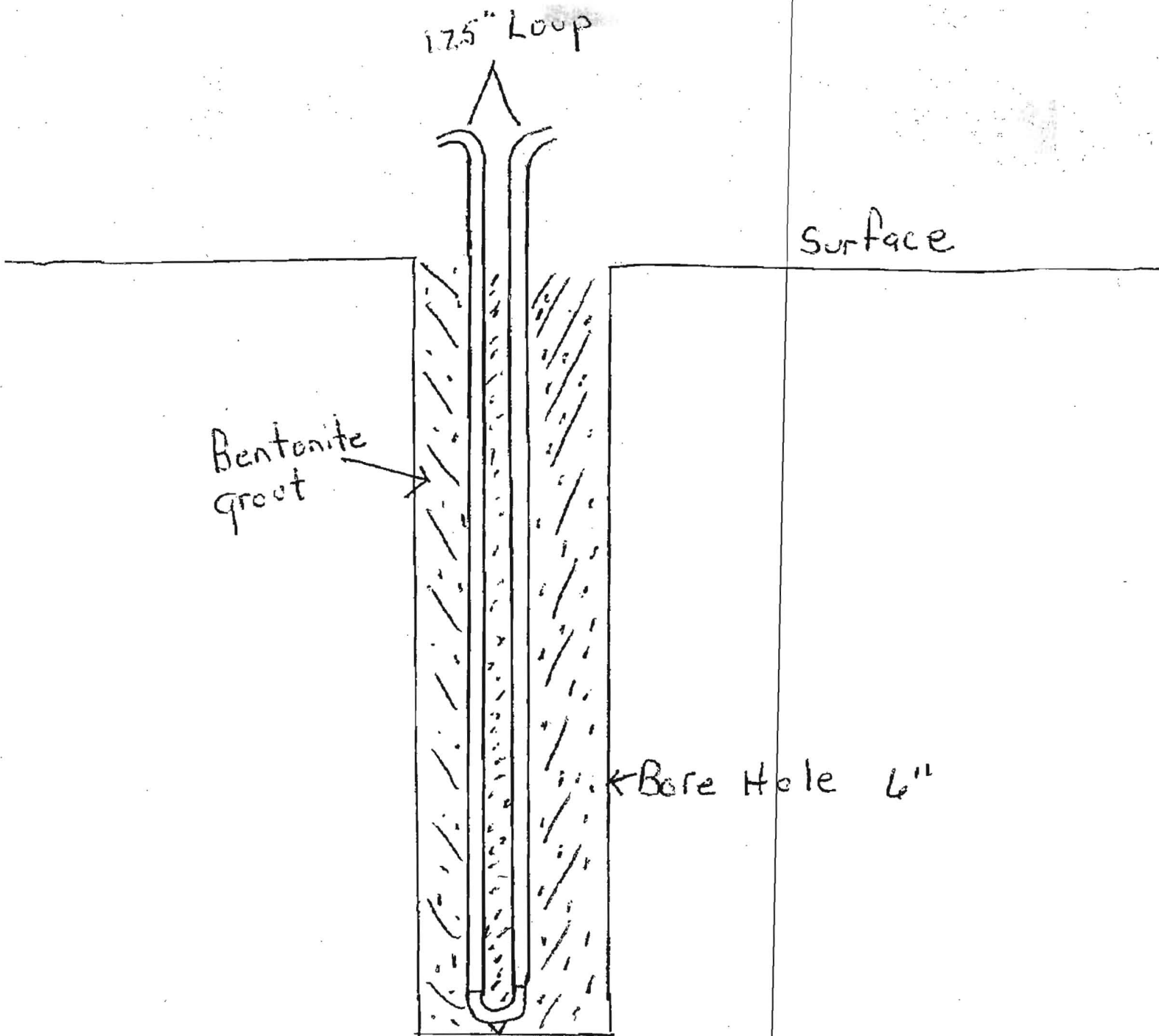
Fax: 410-313-2648

From: Michael Kohler

Alexanders Well Drilling

Fax 717-252-5996

4-~~8~~ pages including cover



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3436 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	<b>HOWARD COUNTY          RESIDENTIAL          HEATING-VENTILATION-AIR          CONDITIONING AND          REFRIGERATION PERMIT          APPLICATION</b>	HVACR PERMIT # <u>1114000226</u> BUILDING PERMIT #
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BUILDING ADDRESS: <u>5244</u> SUITE/APT: SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>David Baker</u> ADDRESS: <u>7305 Mink Hollow Road</u> CITY: <u>Highland</u> STATE: <u>MD</u> ZIP CODE: <u>20777</u> HOME PHONE: <u>301-875-8630</u> WORK PHONE:
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CHECK ONE	HOW MANY	COMPANY NAME: <u>Watermark Heating Air Cond.</u>
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>1</u> ZONES	LICENSEE NAME: <u>Joseph F. Opdyke</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	ZONES	ADDRESS: <u>2116 Watermark Rd.</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	ROOMS	CITY: <u>Fallston</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21047</u> PHONE: <u>410-879-0292</u> HVACR LICENSE NO: <u>7629</u>

New Heating and Air Conditioning  
 New Geo Thermal System  
 Replacement Heating  
 Replacement Air Conditioning  
 Replacement Heating and Air Conditioning

Heating System Only  
 Ductless Mini Splits  
Installing Water Furnace  
N 52022 (2 ton) geothermal unit

Other Work (Describe):  
 Thru The Wall Systems  
 Additions and Alterations  
 Heating  
 Air Conditioning  
 Heating and Air Conditioning

\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

Zones	Rooms
Permit Fee = # of Zones x \$40 = <u>40.00</u>	Permit Fee = # of Rooms x \$80 = _____
Technology Fee (10% of Permit Fee) = <u>4.00</u>	Technology Fee (10% of Permit Fee) = _____
Plus Application Fee <u>\$50.00</u>	Plus Application Fee \$50 <u>\$50.00</u>
Total Fees Due = <u>94.00</u>	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), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Joseph F. Opdyke 3/10/14  
 SIGNATURE OF LICENSEE DATE  
Joseph F. Opdyke  
 PRINT NAME OF LICENSEE  
watermarkhvac@verizon.net  
 Email Address

<b>Validation</b> Check Number: <u>21216</u> Cash: _____ Receipt Number: <u>352739</u>
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Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application  
 Rev: 10.2009

OK  
 JCO  
 6/4/14

MORTGAGE INSPECTION DRAWING

M1400226

OK Poo  
6/4/14



TO THE BEST OF MY KNOWLEDGE AND BELIEF THE  
SHOWN ON THIS DRAWING ON THE PROPERTY KNOWN AS  
7305 MINK HOLLOW ROAD  
HOWARD COUNTY, MARYLAND

THE LOT LINES SHOWN AS COMPILED FROM TITLE  
SOURCES. OTHER IMPROVEMENTS SHOWN ARE FOR  
REPRESENTATION PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY  
DRAWING AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY.

*Lorne J. Hastings* 09/09/92

CONCRETE DESIGN CORPORATION  
8422 BELLONA LANE  
ROCKVILLE, MARYLAND 21204  
(410) 823-5000

SCALE: 1" = 100'

F-31611

