

C1 3425

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: Reese, STREET OR RFD: 7759 Pindell School Rd., TOWN: Fulton, SUBDIVISION, SECTION, LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Soft Brown, Hard Tan Gray, Hard Gray.

GROUTING RECORD section with checkboxes for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, DEPTH OF GROUT SEAL.

CASING RECORD section with checkboxes for STEEL, CONCRETE, PLASTIC, OTHER, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD section with checkboxes for STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER, screen type or open hole.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES

- CIRCLE APPROPRIATE LETTER: A, E, P

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. M D 304, David Kelly, LIC. NO. M D 564, Matt Wolff

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

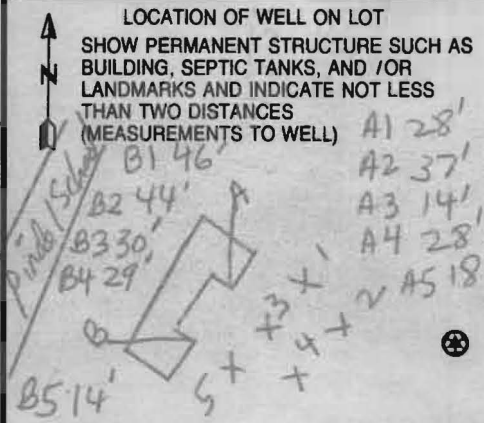
DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, R, E, N.

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 section with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



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DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: Soft Brown, Hard tan gray, Hard gray.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY)

NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

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

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

PUMPING TEST: HOURS PUMPED, PUMPING RATE

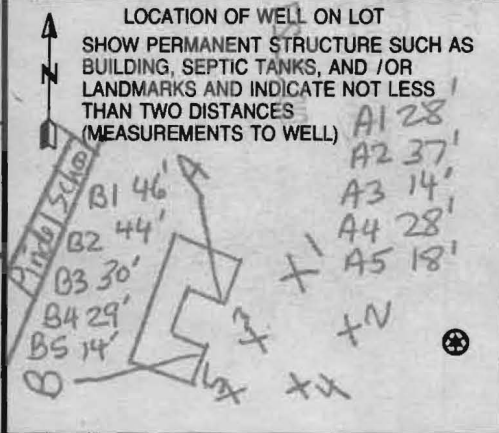
METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface)

BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (for test)

PUMP INSTALLED: DRILLER INSTALLED PUMP (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, PUMP HORSE POWER, PUMP COLUMN LENGTH

CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot)



B 1	7110	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 532577 please type	STATE PERMIT NUMBER 40-95-1893 fill in this form completely
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Reese Owner Mark First Name _____ 34

36 Street or RFD 7159 Pindell School Road 55

57 Town Fulton MD 70 State MD 72 Zip 20759 76

LOCATION OF WELL

B 3 Howard

8 COUNTY _____ 21

23 SUBDIVISION _____ 42

SECTION _____ LOT 5

44 46 48 50

52 NEAREST TOWN Simpsonville 71

MILES FROM TOWN (enter 0 if in town) 2 M I J

73 76 77 78

DRILLER INFORMATION

Driller's Name David Kelly M W D 304 76 License No. 81

Firm Name Jones Well Drilling, Inc.

Address 3700 Bush Rd. Jarr. MD 21084

Signature David Kelly Date 3-26-10

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2

11 NEAR WHAT ROAD 7159 Pindell School Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N
WEST W
EAST E
SOUTH S

34 1200 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 41 BLK: _____ PARCEL 413

WELL INFORMATION

1 2

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL 5 holes closed loop

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. A41652

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 4/27/10 Kim Way 4/2/11

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 409 000 EAST GRID 6825 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

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

39 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

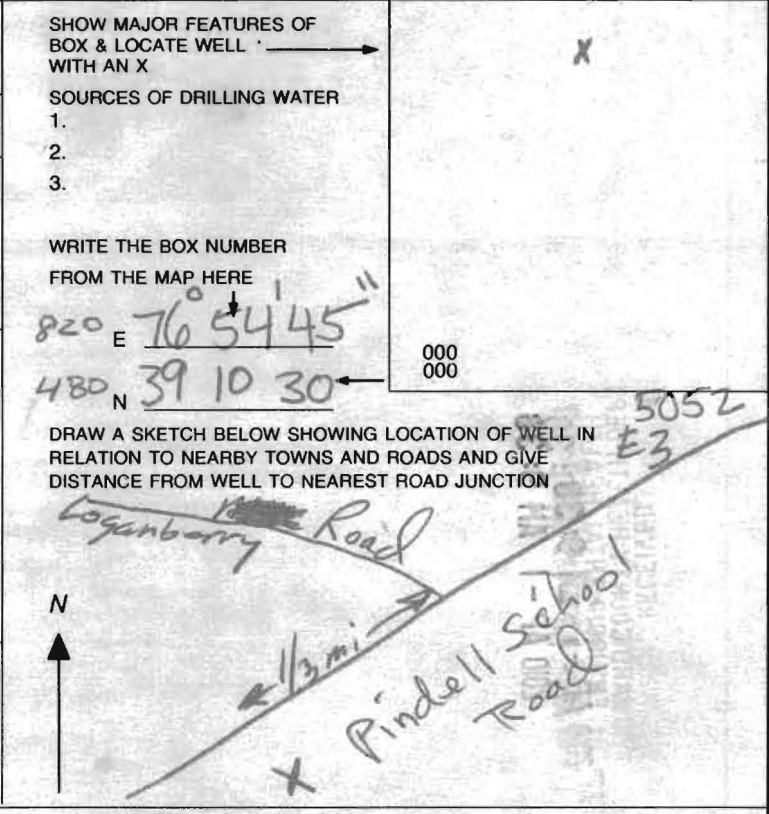
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. 40-95-1893

70 71 72 73 74 75 76 77 78 79



DEPARTMENT OF INSPECTIONS, LICENSES & 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 # <u>M10000735</u> BUILDING PERMIT #
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BUILDING ADDRESS: <u>7159 Pindell School Rd.</u> <u>Fulton, MD 20759</u> SUITE/APT: SUBDIVISION: CENSUS TRACT: SECTION: AREA: <u>2</u> LOT: <u>5</u> TAX MAP: PARCEL: <u>413</u> BLOCK: ZONE: PROPERTY ID: <u>379369</u> MAP COORDINATES: <u>41</u> TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>Mark and Becky Reese</u> ADDRESS: <u>7159 Pindell School Road</u> CITY: <u>Fulton</u> STATE: <u>MD</u> ZIP CODE: <u>20759</u> HOME PHONE: <u>301-604-6042</u> WORK PHONE: <u>410-689-1160</u>
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	<u>CHECK ONE</u>	<u>HOW MANY</u>	COMPANY NAME: <u>Loves Heating & Air, Inc.</u>
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>3</u> ZONES	LICENSEE NAME: <u>John Davidson</u>
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	___ ZONES	ADDRESS: <u>P O Box 3916</u>
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	___ ROOMS	CITY: <u>Severn</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	___ ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21144</u> PHONE: <u>410-551-1370</u> HVACR LICENSE NO: <u>5613</u>

Approved by
John Davidson
 DPLP
 Geothermal

New <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits	<input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems
Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> 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>120.00</u> Technology Fee (10% of Permit Fee) = <u>12.00</u> Plus Application Fee <u>50.00</u> Total Fees Due = <u>182.00</u>	Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>50.00</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.

SIGNATURE OF LICENSEE: John Davidson DATE: 7-21-10
 PRINT NAME OF LICENSEE: _____
 Email Address: info@lovesheatingandair.com

Validation Check Number: <u>3062</u> Cash: _____ Receipt Number: <u>213434</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

well septic

M/000735

Mar 25 10 03 08p Donna Jones

(410) 692-6966

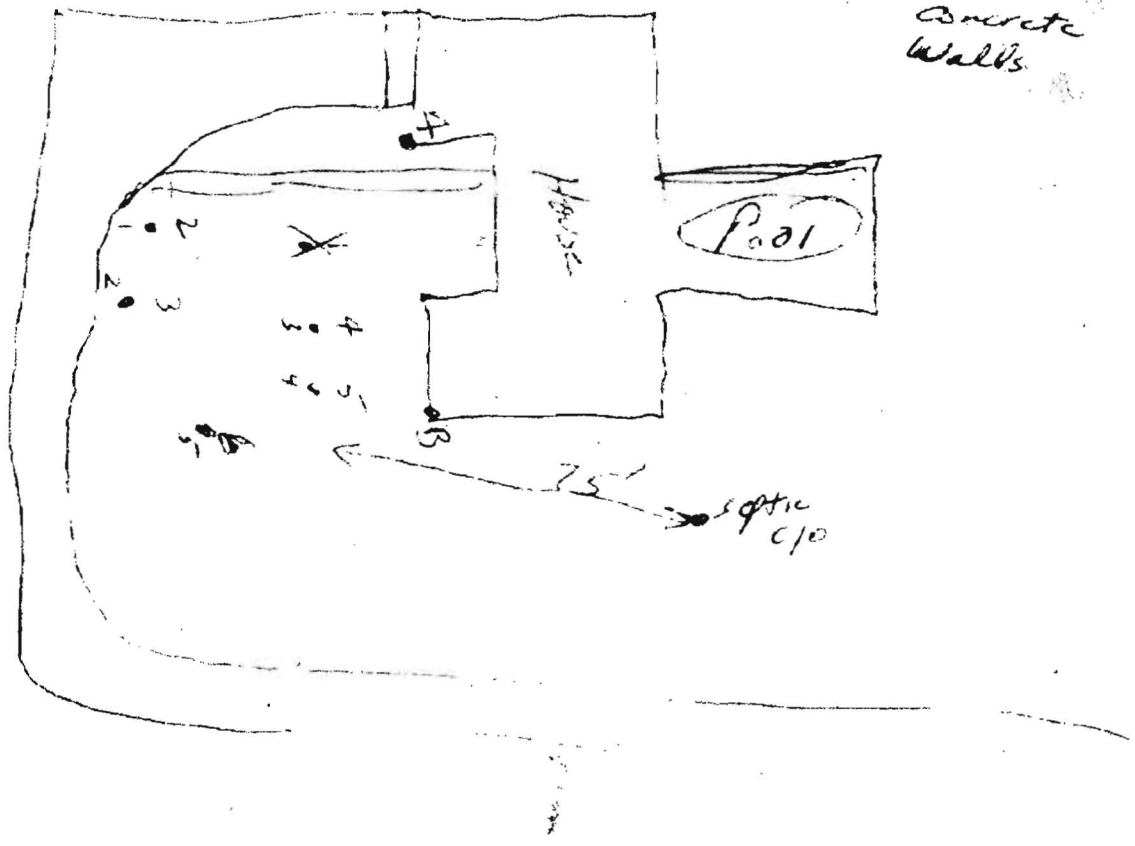
p.2

7159 Pindell School Rd.

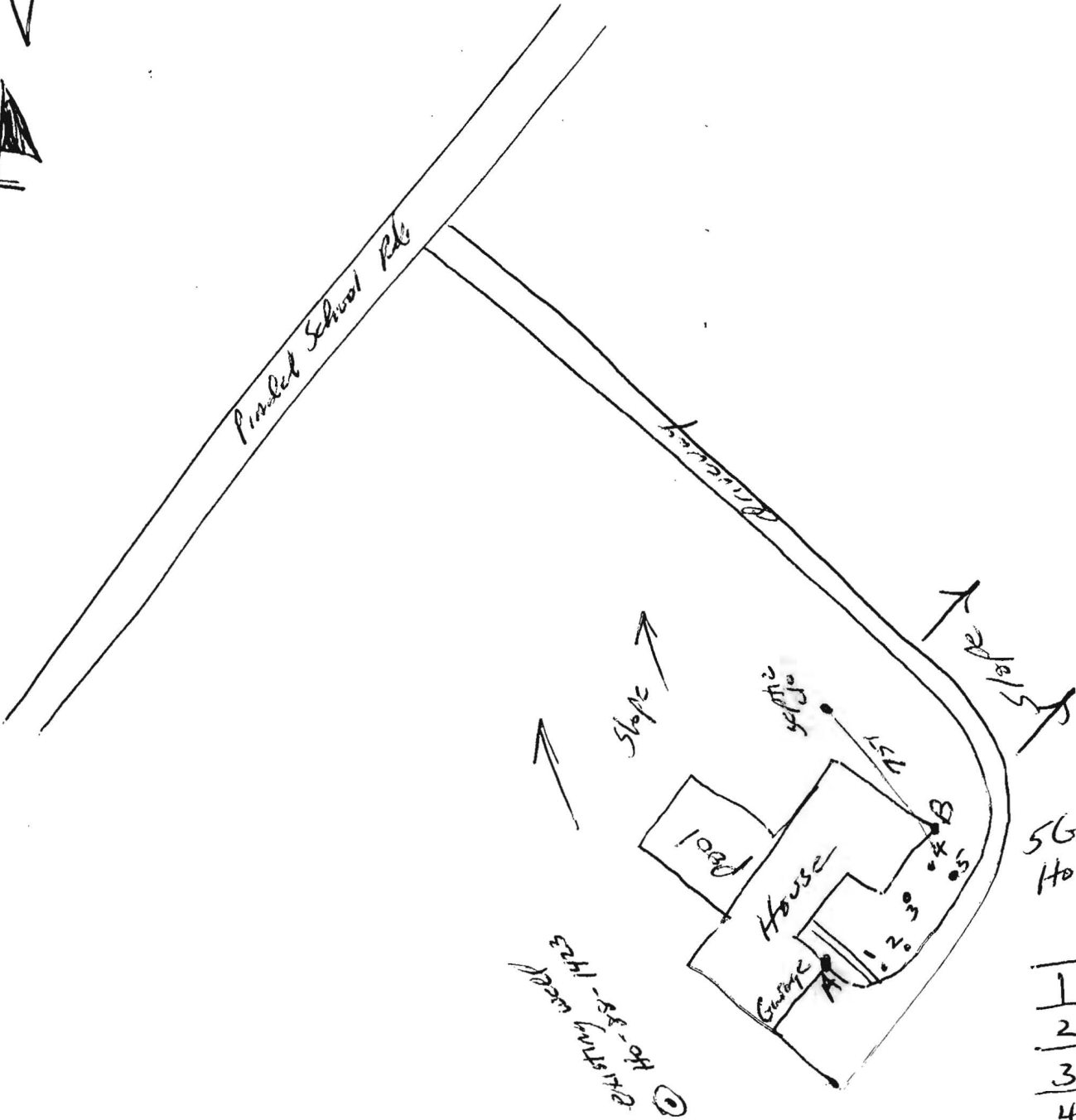
• well

HO-38-1423

12" concrete walls



4834	5	X
4520	4	X
2834	3	X
4248	2	X
3752	1	X
1349		X
A/B		



5600 Holes

	A	B
1	37	52
2	42	48
3	28	34
4	45	20
5	48	34

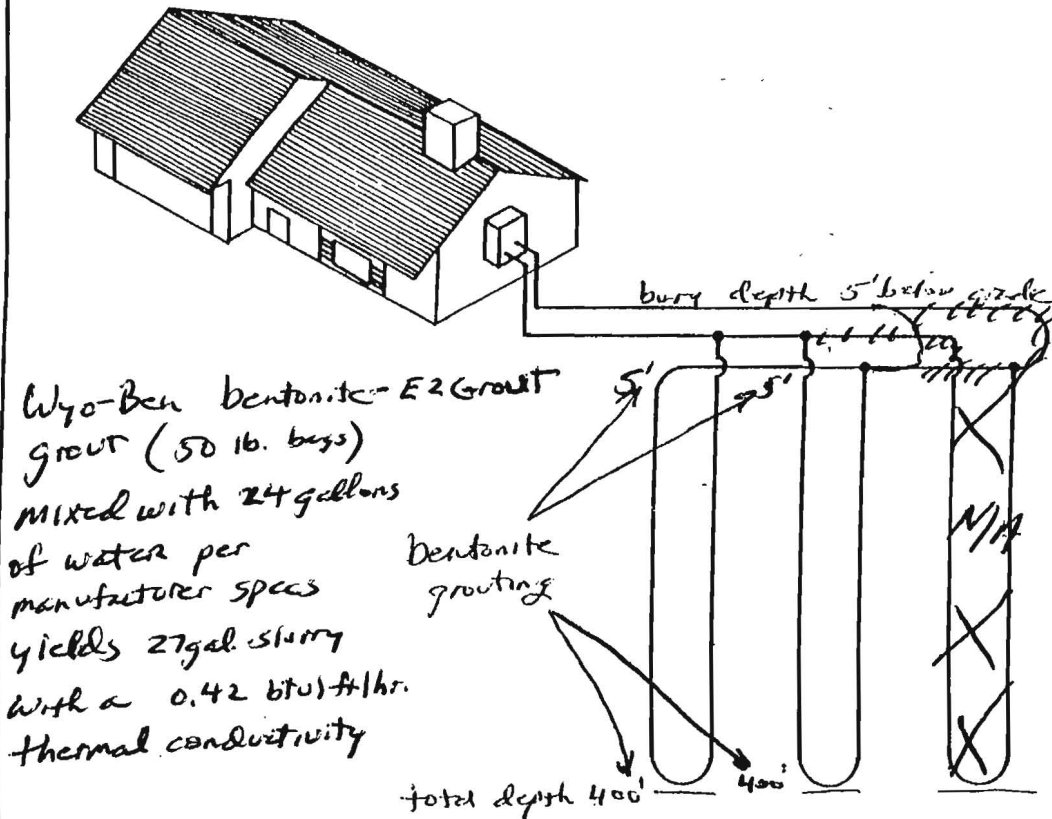
FR:2 MM

Owner's

MARK REESE
 7159 Pindel School Rd.
 Fulton MD 20759

Not to Scale

Driller: Jones Well Drilling Inc.
 contact: David Kelly
 410-692-6981

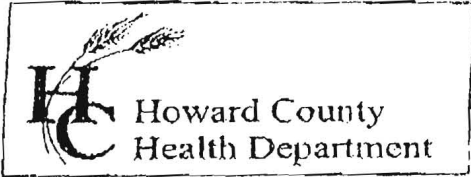


Earth Coil Type: Vertical - Single U-Bend
 Water Flow: Parallel
 Pipe Sizes: 1 1/4" double Loop

Bore Lengths: 400' x 2 holes (500' vertical bore)
 Pipe Lengths: 800 x 2 (1600 vertical pipe)

FIGURE 4.5: Parallel Vertical Ground Heat Exchanger

2001-1 VA 2-30



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

7159 Pindell School RD.

Subdivision/Property Name Lot# Road Name

The well site has been staked by _____,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location. *borcholes are flagged as per plat plan*

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

03:00:38