

C1 2844

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

PLEASE TYPE

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 320 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1837

OWNER, STREET OR RFD, 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 TO

check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Rows include Sand Clay, Hard Green, Med. hard gray brown green, Hard Green.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT, BENTONITE CLAY

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

ST, CO, PL, OT (Steel, Concrete, Plastic, Other)

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD

ST, BR, HO, PL, OT (Steel, Brass, Bronze, Plastic, Other)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

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. 1, DRILLERS SIGNATURE

LIC. NO. 1, SIGNATURE

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

DEPTH (nearest ft.)

Table with 2 columns: Depth (ft.), Slot Size. Rows 1-3.

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)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A, P, T, C, R, O, J, S (air, piston, turbine, centrifugal, rotary, other, jet, submersible)

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 (to nearest gallon)

PUMP HORSE POWER

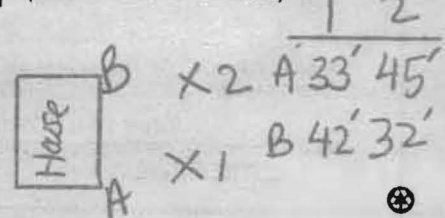
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

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)



1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DO YY MM DO YY 22 320 26 272 FD-95-1839

8 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER Mann  
STREET OR RFD 8070 Old Montgomery Road TOWN Ellicott City  
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	
Sand Clay	0	56	
Hard Green	56	320	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

CIRCLE APPROPRIATE LETTER

**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

**E** ELECTRIC LOG OBTAINED

**P** TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. M W D 304  
David Kelly  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. J W D 326  
Jason Morrison

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

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 19 NO. OF POUNDS 950  
GALLONS OF WATER 399  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 320 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  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter 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 CASING	DEPTH (nearest ft.)	
	from	to
1	8	11
2	23	26
3	38	41
4	45	47
5	51	

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

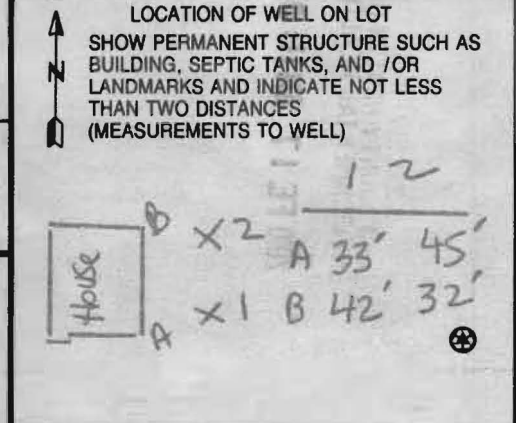
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
from \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 8 9  
PUMPING RATE (gal. per min.) \_\_\_\_\_  
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 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) \_\_\_\_\_  
PUMP HORSE POWER \_\_\_\_\_  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } (nearest foot)



B 1	6258	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531972 please type	STATE PERMIT NUMBER 140-95-1839 fill in this form completely
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
Mann Anthony  
15 Last Name Owner First Name 34  
3070 Old Montgomery Road  
36 Ellicott City MD 21043  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION Grace 42  
SECTION 1 LOT 4+5  
44 46 48 50  
52 NEAREST TOWN Columbia 71  
MILES FROM TOWN (enter 0 if in town) 4 M I  
73 76 77 78

**DRILLER INFORMATION**

David Kelly M W D 304  
Driller's Name 76 License No. 81  
Jones Well Drilling, INC.  
Firm Name  
3700 Rush Rd. Jarr. MD 21084  
Address  
David Kelly 10/23/09  
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30  
8070 Old Montgomery Road  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
N  
W 32 E  
WEST S EAST  
SOUTH  
34 85 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 37 BLK: \_\_\_\_\_ PARCEL 7

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 0  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0  
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 2-320

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13)  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 11/5/09  
43 MM DD YY 48 CO SIGNATURE Kim Wally 11/5/10  
53 EXP. DATE  
NORTH GRID 504 000 EAST GRID 0859 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 320 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 850 9  
N 509 4

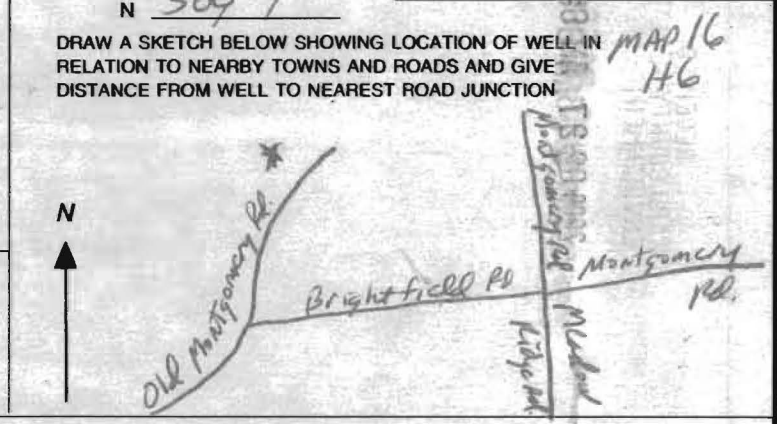
000  
000

**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 DEEPEMED 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 DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

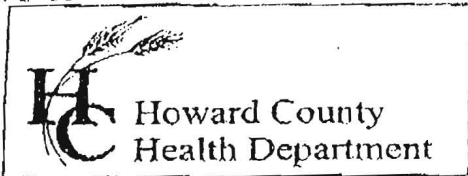


**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. 140-95-1839  
70 71 72 73 74 75 76 77 78 79

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



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:

*Grace*      *lots 4+5*      *8070 Old Montgomery Rd.*  
 Subdivision/Property Name      Lot#      Road Name

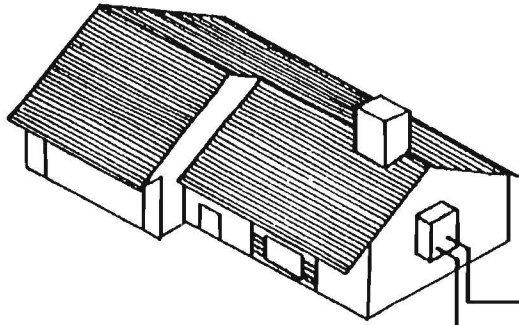
The well site has been staked by \_\_\_\_\_,  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (date) and does not require a site inspection.

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. *Flags are marking the 2 boreholes 10/22/09*

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

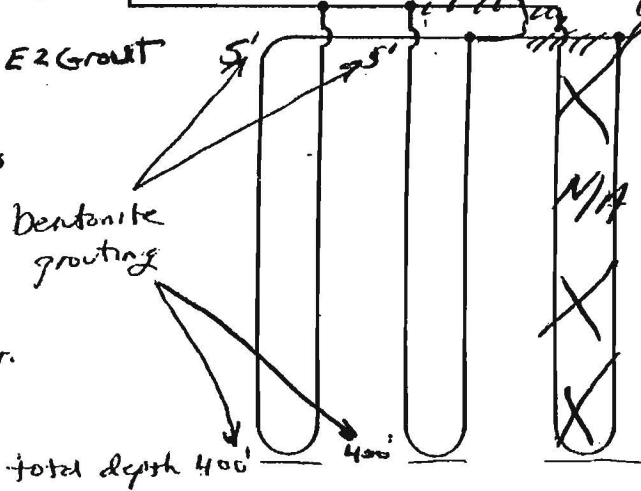
Revised 3/11/05

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



bury depth 5' below grade

Wyo-Ben bentonite-E2 Grout  
 grout (50 lb. bags)  
 mixed with 24 gallons  
 of water per  
 manufacturer specs  
 yields 27 gal. slurry  
 with a 0.42 btu/ft/hr.  
 thermal conductivity



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

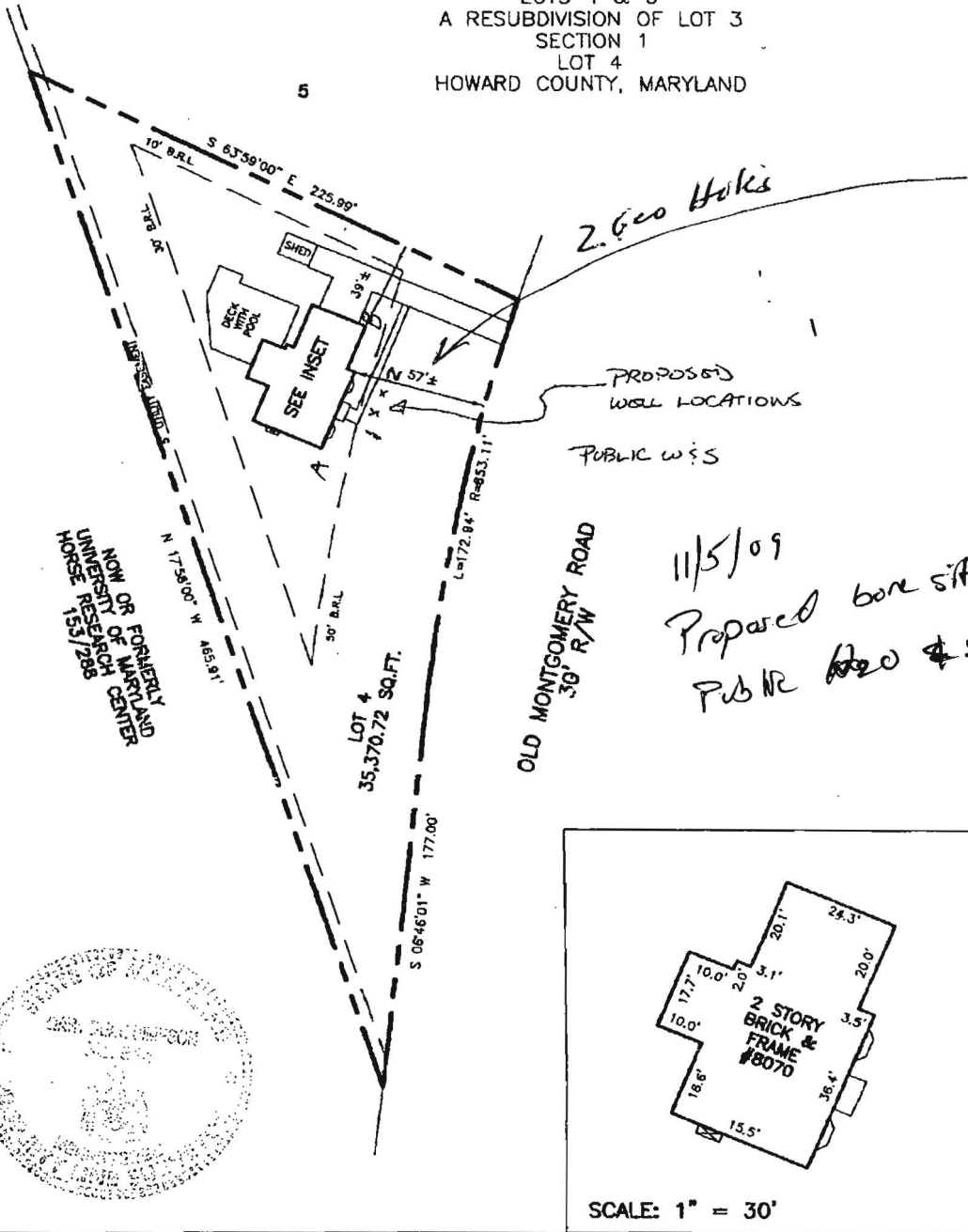
CASE NO. 1666-02P

# LOCATION DRAWING GRACE SUBDIVISION

LOTS 4 & 5  
A RESUBDIVISION OF LOT 3  
SECTION 1  
LOT 4  
HOWARD COUNTY, MARYLAND

5

NORTH



UNIVERSITY OF MARYLAND  
HORSE RESEARCH CENTER  
HORSE 153/288

OLD MONTGOMERY ROAD  
30' R/W

2.600 Holes

PROPOSED WELL LOCATIONS  
PUBLIC W/S

11/5/09  
Prepared bore sites ok  
Public W/S & sewer verified

	#1	#2
A	33'	45'
B	42'	32'

22' off front of house

MLC



SCALE: 1" = 30'

PROPERTY ADDRESS: 8070 OLD MONTGOMERY ROAD

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0034 B AS REVISED 12-04-86

**CERTIFICATE**  
I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS. NO TITLE REPORT HAS BEEN FURNISHED. SUBJECT TO ALL RESTRICTIONS AND EASEMENTS OF RECORD.

*Gary Dean Simpson*  
GARY DEAN SIMPSON  
Reg. MARYLAND Property Line Surveyor No. 514

**REFERENCES**  
PLAT BK.  
PLAT NO. 7273  
LIBER  
FOLIO

**CMS**  
CENTRAL MARYLAND SURVEYORS, INC.  
2813 PATUXENT RIVER ROAD, DAVIDSONVILLE, MD. 21035  
PHONE (410) 798-9700 FAX (410) 798-9705

DATES: \_\_\_\_\_ SCALE: 1" = 60'  
WALL CHECK: \_\_\_\_\_ DRAWN BY: MLC  
HSE. LOC.: 05-18-02  
BOUNDARY: \_\_\_\_\_ JOB NO.: 0667-02

- NOTES: 1) This location drawing is of benefit to a consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing.  
2) This location drawing is not to be used for the building of fences or other improvements. No boundary survey has been performed.  
3) This location drawing is not to be relied upon for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.  
4) S.R.L. information, if shown was obtained from existing record plot or was provided to CMS, and is not guaranteed by CMS, inc.  
5) Flood Zone information is subject to the interpretation of the originator.  
6) Adjoiner deed research has not been undertaken with the Location Drawing.  
7) CMS, Inc. does not certify to unshown or unrecorded encroachments or overlaps.  
8) Level of accuracy 5'±.

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