

C1 6009 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

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 03 11

Depth of Well 22 300 26 11/10/2011 O.K. (BB) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2119

OWNER SAWERS BOB STREET OR RFD 5255 ILEX WAY TOWN DAYTON, MD 21036 SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 67 NO. OF POUNDS 3100

CASING RECORD casing types insert appropriate code below 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) (BR) (HO) (PL) (OT)

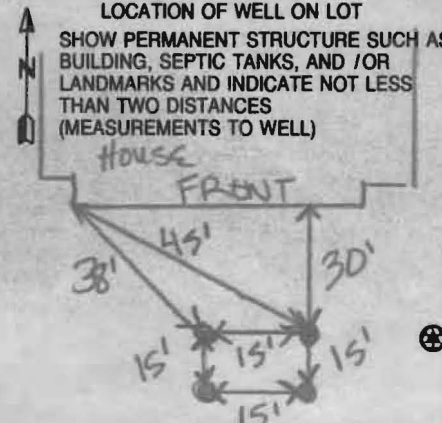
DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST 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 (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) 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 LAND SURFACE (nearest foot) 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (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. MUD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D 266

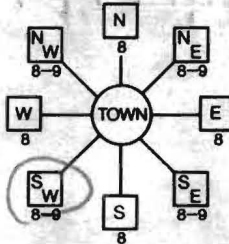
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2271 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-95-2179
 1 2 3 6 535292 please type 70 fill in this form completely 79

Date Received (APA) 07/11/11 OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Savers Bob Owner First Name 34
 36 5255 Ilex Way Street or RFD 55
 57 Dayton MD Town 70 State 72 Zip 76 21036

B 3 LOCATION OF WELL
 8 COUNTY HOWARD 21
 23 SUBDIVISION _____ 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN Dayton 71
 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Michael Barlow License No. 81 MWD 355
 Firm Name Barlow Well Drilling
 Address 522 Underwood Lane 71014
 Signature [Signature] Date 7/5/11

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD 5255 Ilex Way 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: 17 PARCEL 129

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)
 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
 G GEO-THERMAL 4 Bores x 300'


NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 13 COUNTY NO. A37154
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 7/19/11 CO SIGNATURE [Signature] EXP. DATE 7/19/12
 43 MM DD YY 48 NORTH GRID 505 000 EAST GRID 0794 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 7904 000
 N 5005 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)
 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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. HO-95-2179
 70 71 72 73 74 75 76 77 78 79

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

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>M11001013</u> BUILDING PERMIT #
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BUILDING ADDRESS: <u>5255 ILEY WAY</u> <u>DAYTON MD 21036</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>BOB SAVERS</u> ADDRESS: <u>5255 ILEY WAY</u> <u>DAYTON MD 21036</u> CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE: <u>410 531 6054</u> WORK PHONE: _____
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<u>CHECK ONE</u>	<u>HOW MANY</u>	COMPANY NAME: <u>BAIR NECESSITIES</u>
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES	LICENSEE NAME: <u>TERRY BAIR</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES	ADDRESS: <u>777 A STATE ROUTE 3 N</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS	CITY: <u>GAMBRILLS</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21054</u> PHONE: <u>410 721 4142</u> HVACR LICENSE NO: <u>MD 02 13061</u>

New

<input type="checkbox"/> Heating and Air Conditioning	<input type="checkbox"/> Heating System Only	<input type="checkbox"/> Other Work (Describe):
<input checked="" type="checkbox"/> Geo Thermal System	<input type="checkbox"/> Ductless Mini Splits	<input type="checkbox"/> Thru The Wall Systems

Replacement

<input type="checkbox"/> Heating	<input type="checkbox"/> Heating and Alterations
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Heating
<input type="checkbox"/> Heating and Air Conditioning	<input type="checkbox"/> Air Conditioning
	<input type="checkbox"/> Heating and Air Conditioning

11/2/2011
 O.K. (BB)

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

Zones Permit Fee = # of Zones x \$40 = <u>80</u> Technology Fee (10% of Permit Fee) = <u>8.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>138</u>	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
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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.

Terry Bair SIGNATURE OF LICENSEE
10-5-11 DATE
TERRY BAIR PRINT NAME OF LICENSEE
INFO@BAIRNECESSITIES.COM Email Address

Validation
Check Number: _____
Cash: _____
Receipt Number: <u>257416</u>

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

July 5, 2011

Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
Fax: 410-313-2648

Re: 5255 Ilex Way, Dayton, Maryland

Dear Department of Environment:

Please note unless otherwise specified all geothermal bores installed by our company will be installed as follows:


Grout: Bentonite Grout 20% solids minimum
Manufacture(s): Baroid or Wyo-Ben
Will be grouted from the bottom to the top with grout material

Piping: Polyethylene SDR 11 160 PSI as recommended per IGSHPA
Manufacture: EnDot or Charter Plastics or equal, Size 1" or 1 1/4"
IGSHPA Certification Number 12687

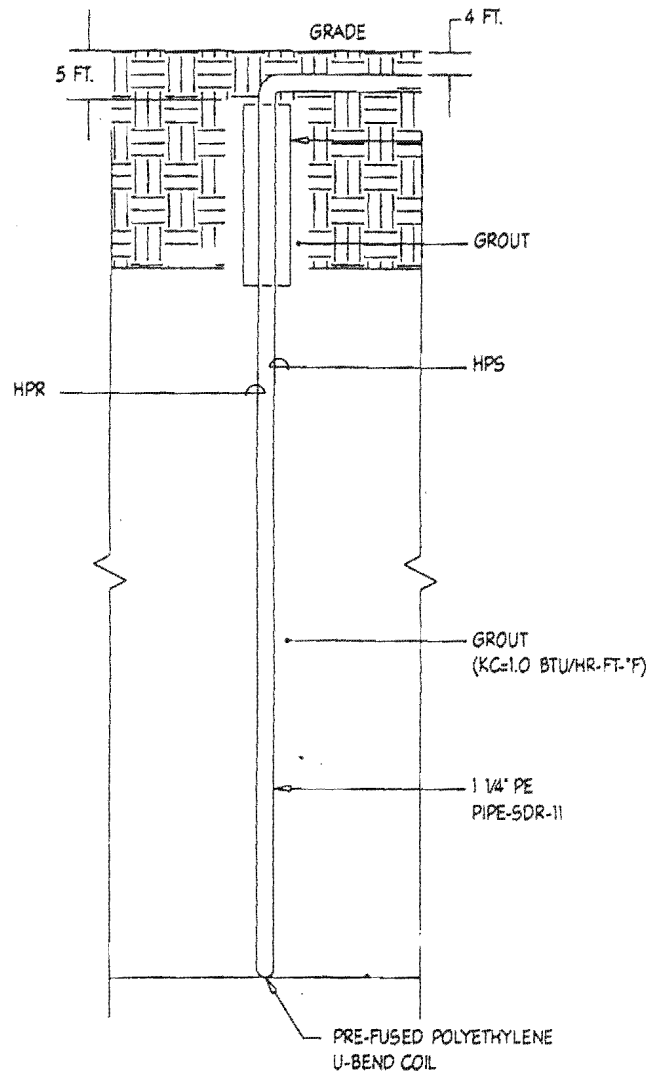
Also attached is a cross section diagram of the bore hole.

We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

Sincerely,



Michael Barlow



4 TYPICAL BORE HOLE DETAIL
 M1.00 NOT TO SCALE



HOWARD COUNTY HEALTH DEPARTMENT

35292

DATE 07 / 11 / 2011

W5

Received From

Michael Barlow Well Drilling SVC # 4108386910

532 Underwood Lane Bel Air MD 21014

For

Well Application -

5255 Ilex way

CASH

CHECK

NO.

10967

One hundred sixty \$110 Dollars

\$

160 00

Received By

Joseph Mitchell