

C1 **1642** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED Mo 30 09 Depth of Well 3 X 22 300 28 11/5/09 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1767  
 8 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER Carmen Karen OK BB  
 STREET OR RFD 14628 Mustang Path TOWN  
 SUBDIVISION Glenwood Estates SECTION 1 LOT 7

**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  |                        |
| Soft brown                                    | 0    | 45  | X                      |
| Hard gray                                     | 45   | 240 |                        |
| Med-Hard gray                                 | 240  | 260 | X                      |
| Hard gray                                     | 260  | 300 |                        |

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 18 NO. OF POUNDS 900  
 GALLONS OF WATER 396  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 300 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 (nearest inch) Total depth of main casing (nearest foot)  
60 61 62 63 64 65 66 67 68 69 70

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

**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.)

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. MWD304  
David Kelly  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. MWD564  
Mark Moffitt

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

**C 2**

|   |    |    |    |    |    |
|---|----|----|----|----|----|
| 1   | 2  | 3  | 4  | 5  | 6  |
| 8   | 9  | 11 | 15 | 17 | 21 |
| 23  | 24 | 26 | 30 | 32 | 36 |
| 38  | 39 | 41 | 45 | 47 | 51 |
| SLOT SIZE 1 2 3   |    |    |    |    |    |
| DIAMETER OF SCREEN (NEAREST INCH)                               |    |    |    |    |    |
| from 58 to 60   |    |    |    |    |    |
| 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 O  
 70 72 74 75 76  
 TELESCOPE LOG OTHER DATA  
 CASING INDICATOR

**C 3** Geothermal  
**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 (CIRCLE) (YES or NO) YES 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 }

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)  
See Attached Plat Plan  
 15042005

B 1 6095

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531024 please type

STATE PERMIT NUMBER HD-95-1767 fill in this form completely

OWNER INFORMATION: Date Received (APA), CARMEN KAREN, 14628 Mustang PATH, Glenwood md 21738

LOCATION OF WELL: Howard Co, Glenwood Estates, SECTION 1 LOT 7, Glenwood

DRILLER INFORMATION: David Kelly, Jones Well Drilling Inc., 3700 Rush Rd, Jarrettsville md 21084

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): SE. NEAR WHAT ROAD: 14628 Mustang PATH. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): EAST. DISTANCE FROM ROAD: 100 FT. TAX MAP: 21 BLK: 5 PARCEL: 179

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 0. AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 0

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard Co, A-19181, DATE ISSUED 6/10/09, CO SIGNATURE [Signature], EXP. DATE 6/10/10

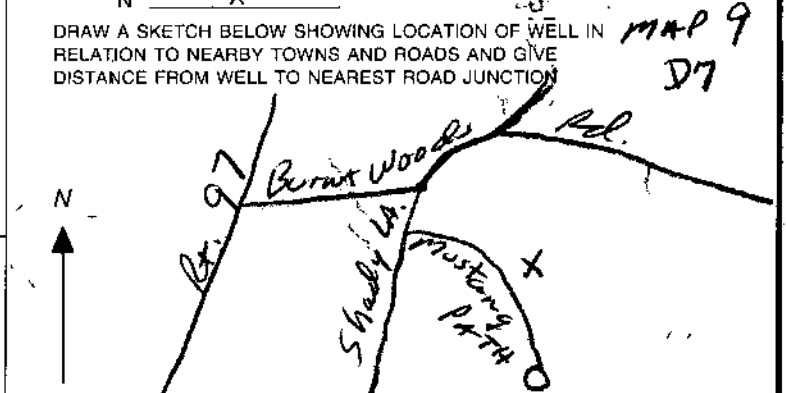
USE FOR WATER (CIRCLE APPROPRIATE BOX): [G] GEO-THERMAL 3 holes closed loop

APPROXIMATE DEPTH OF WELL: 300 FEET. APPROXIMATE DIAMETER OF WELL: 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER. WRITE THE BOX NUMBER FROM THE MAP HERE: E 796, N 5267

METHOD OF DRILLING (circle one): AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER: HD-95-1767

SPECIAL CONDITIONS: Maintain 10' set back off above ground propane tank

FINAL HOUSE LOCATION

LOT - 7 ; SECTION - 1  
"GLENWOOD ESTATES"

FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

owner: Karen Carmen  
14628 Mustang Pkwy  
Glenwood MD 21738

S08°54'30"W  
35.00'

S40°33'57"E

WIDE LEAVE  
335.00' X

6/10/79 620 well  
sites old

B.R.L.

B.R.L.

313.94'

LOT 7, SE 71  
2.20 AC. AL.

above PREPARED  
TANK APPROX  
30' FROM  
HOUSE

3  
tee  
holes



252.41'



SEE INSET

#14628

N 82°28'18" E

B.R.L.

B.R.L.

EXISTING DIA

No. 21-0127

78.67'

N 42°07'12" W

S 76°56'33" W

N 12°57'37" W 126.65'

R = 325.00'

# 14628

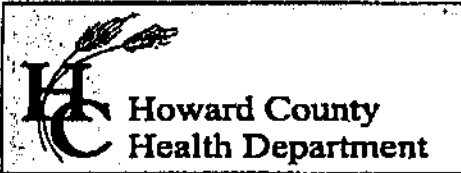
MUSTANG

Scale 1" = 75'

|    | TABLE |     |
|----|-------|-----|
| #1 | 34'   | 38' |
| #2 | 49'   | 51' |
| #3 | 44'   | 39' |







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:

Glenwood Estates      7      14628 Mustang PATH  
 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. *flagged by driller 5/20/09*

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

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 #  
M09000494  
 BUILDING PERMIT #

**BUILDING ADDRESS:**  
 14628 Mustang Path  
 Glenwood, MD 21738

**SUITE/APT:**

**SUBDIVISION:**  
**CENSUS TRACT:**      **SECTION:**  
**LOT:**                      **TAX MAP:**              **AREA:**  
**BLOCK:**                    **ZONE:**                    **PARCEL:**

**PROPERTY ID:**      **MAP COORDINATES:**

**TYPE OF IMPROVEMENT:**      **USE:**

**OWNERS NAME:** Karen Carman

**ADDRESS:**  
 14628 Mustang Path

**CITY:** Glenwood

**STATE:** MD                      **ZIP CODE:** 21738

**HOME PHONE:**                      **WORK PHONE:**

410 489-2954

| <u>CHECK ONE</u>   | <u>HOW MANY</u> |       |
|--|-----------------|-------|
| 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:** Loves Heating & Air, Inc.

**LICENSEE NAME:** John Davidson

**ADDRESS:** P.O. Box 396

**CITY:** Severn

**STATE:** MD                      **ZIP CODE:** 21144

**PHONE:** 410 551-1376              **HVACR LICENSE NO:** 563

**New**

Heating and Air Conditioning       Heating System Only       Other Work (Describe):

|  |   |
|--|---|
| <p><b>Replacement</b></p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Air Conditioning</p> <p><input checked="" type="checkbox"/> Heating and Air Conditioning</p> <p>Geothermal</p> | <p><b>Additions and Alterations</b></p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Air Conditioning</p> <p><input type="checkbox"/> Heating and Air Conditioning</p> |
|--|---|

**Zones**

Permit Fee = # of Zones x \$40 = 80

Technology Fee (10% of Permit Fee) = 4

Plus Application Fee \$50

Total Fees Due = ~~130~~  
138

**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

*John Davidson*

PRINT NAME

DATE

6/10/09

Validation

Check Number: 21600

Cash: \_\_\_\_\_

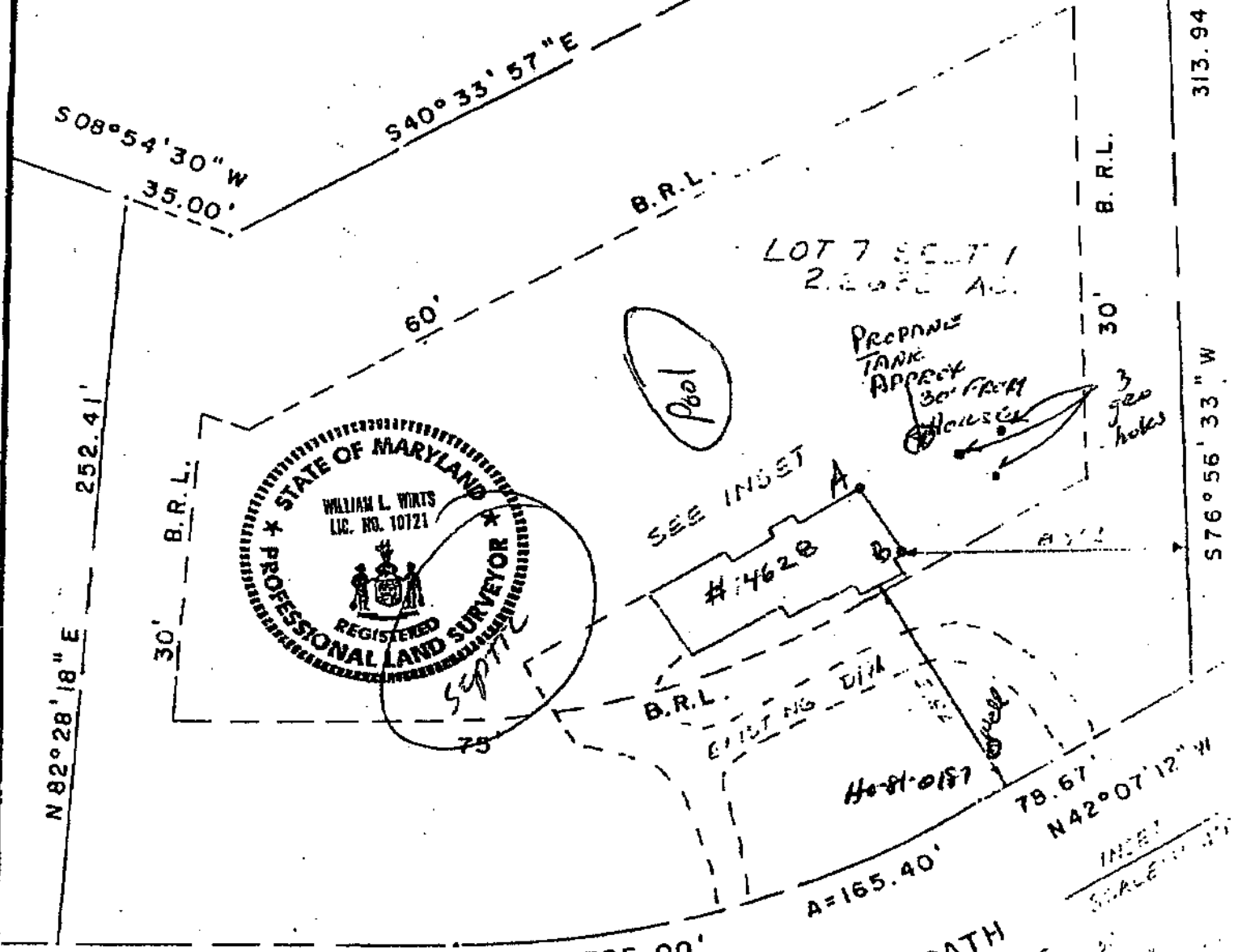
Receipt Number: 177869

FINAL HOUSE LOCATION  
 LOT - 7 ; SECTION - 1  
 "GLENWOOD ESTATES"

FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

owner: Karen Carmen  
 14628 Mustang PATH  
 Glenwood MD 21738

M09000494



$N12^{\circ}57'37''W$  126.65'

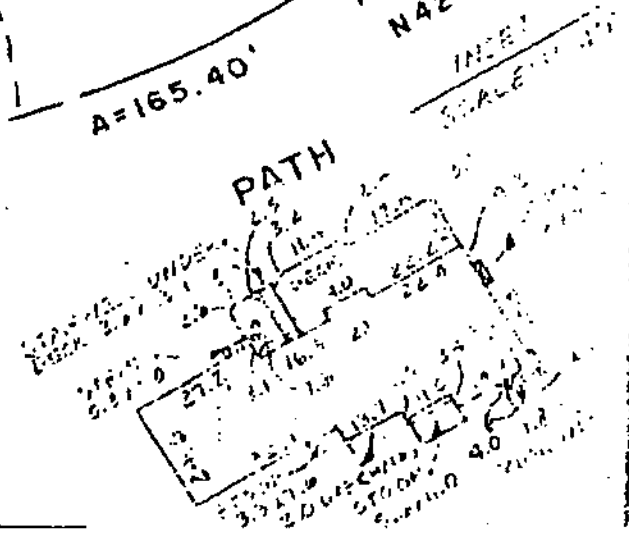
MUSTANG

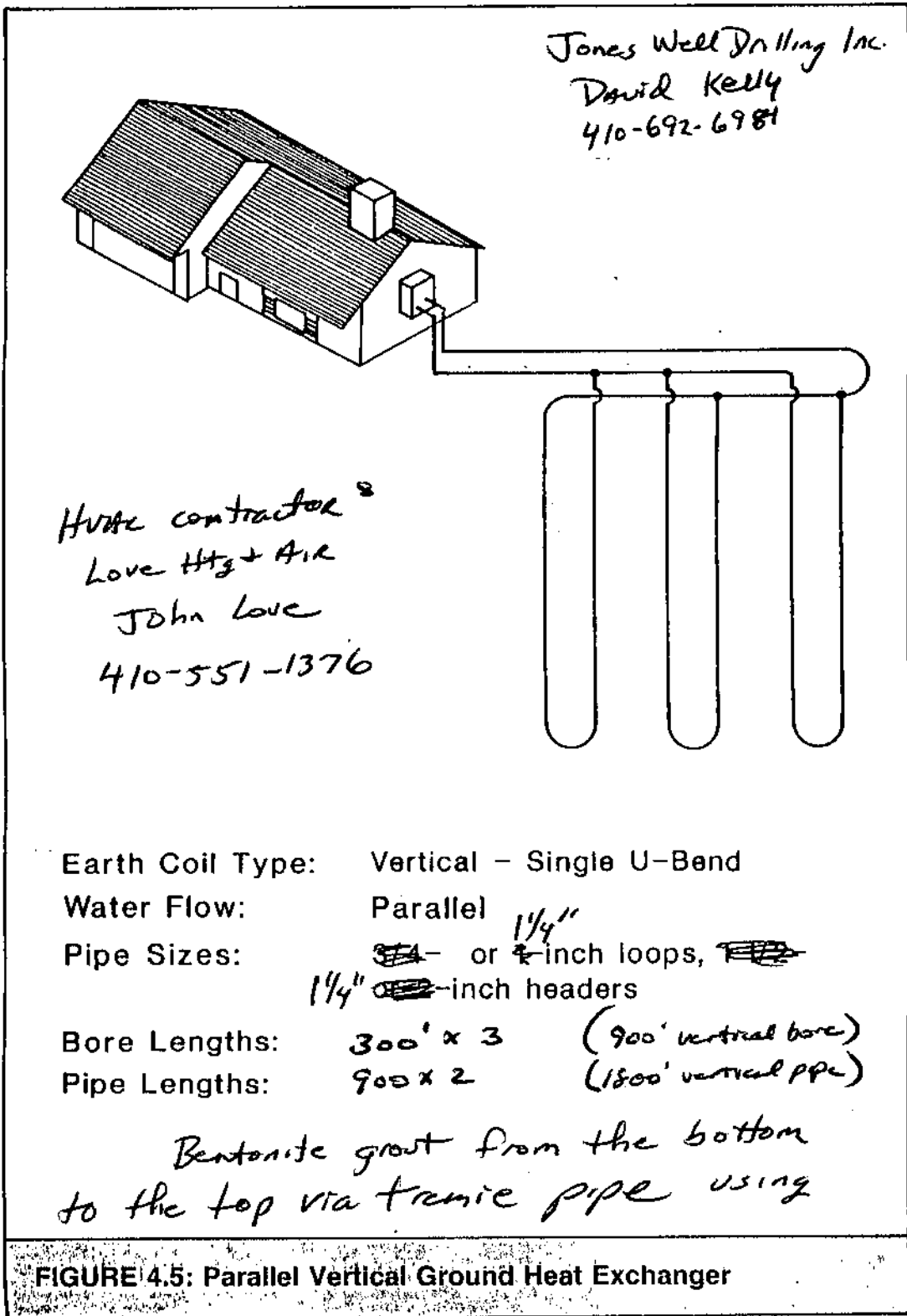
# 14628

Scale 1" = 75'

TABLE

|    |                 |                 |
|----|-----------------|-----------------|
| #1 | $\frac{4}{34'}$ | $\frac{3}{38'}$ |
| #2 | 49'             | 61'             |
| #3 | 44'             | 39'             |





Wyo-Ben Easy Grout in 50lb bags. Mix with 24 gals. of water to produce a 27 gallon slurry. Manifold the holes together and run lines to the Bldg. Pressure test to 100 PSI. HVAC contractor to flush & add antifreeze