

C1 1667 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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DO YY

DATE WELL COMPLETED 06 24 09

Depth of Well 320 (TO-NEAREST FOOT) 11/5/09 OK (PB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1768

OWNER Kirshe Vicki STREET OR RFD 14676 Mustang Path TOWN Clearwood SUBDIVISION Stenwood Estates SECTION 1 LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soft Brown, Hard Gray, Med hard Gray, Hard Gray.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 950 GALLONS OF WATER 329 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 320 ft.

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) BRASS (BR) HO OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

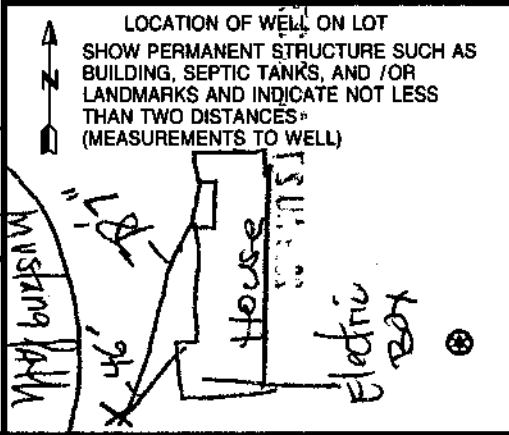
C2 DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, R, E, E, N

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST HOURS PUMPED (nearest hour) 8 0 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) 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 36 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)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER 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. MW D 304 David Kelly DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW D 564 Natl Morris A SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C1 1668

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 Kirshe, STREET OR RFD 14616 Mustang Path, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soft Brown, hard gray, med hard gray, Hard gray, Med hard gray, Hard gray.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 15, NO. OF POUNDS 750. GALLONS OF WATER 315. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 250 ft.

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).

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

SCREEN RECORD screen type or open hole. ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER.

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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.

C 3 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, 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.

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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 D 304

DRILLERS SIGNATURE David Kelly

LIC. NO. M D 564

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

B 1 **6094**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
531023 please type

STATE PERMIT NUMBER
HU-95-1768
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Kirshe Vicki
15 Last Name Owner First Name 34
14676 Mustang PATH
36 Street or RFD 55
Glenwood, md 21738
57 Town 70 State 72 Zip 76

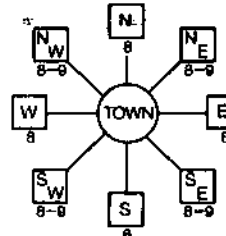
B 3 LOCATION OF WELL

8 COUNTY **Howard** 21
23 SUBDIVISION **Glenwood Estates** 42
SECTION **1** LOT **13**
44 46 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION

David Kelly MW D 304
76 License No. 81
Jones Well Drilling Inc.
Firm Name
3700 Rush Rd. Jarricksville, md 20844
Address
David Kelly 5/26/09
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14676 Mustang PATH
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **21** BLK: **5** PARCEL **174**

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)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL **3-holes 1-320 closed 2-250 Loop**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **A19188**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED **6/10/09** **6/10/09** 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **526** 0 0 0 EAST GRID **797** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **320/250** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** 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 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. **HU-95-1768**
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

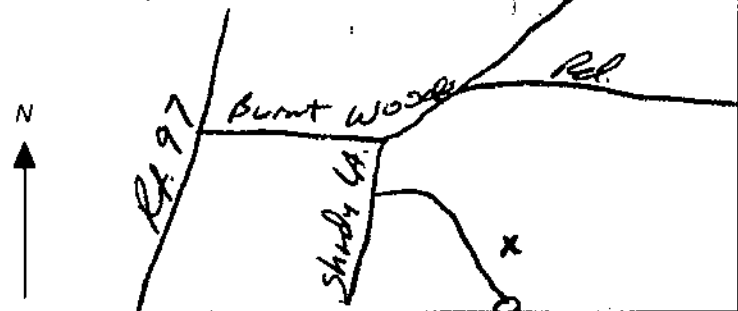
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

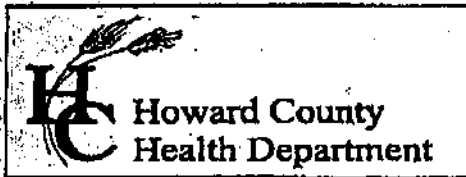
E **797**
N **526**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE APPROVING AGENCIES 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:

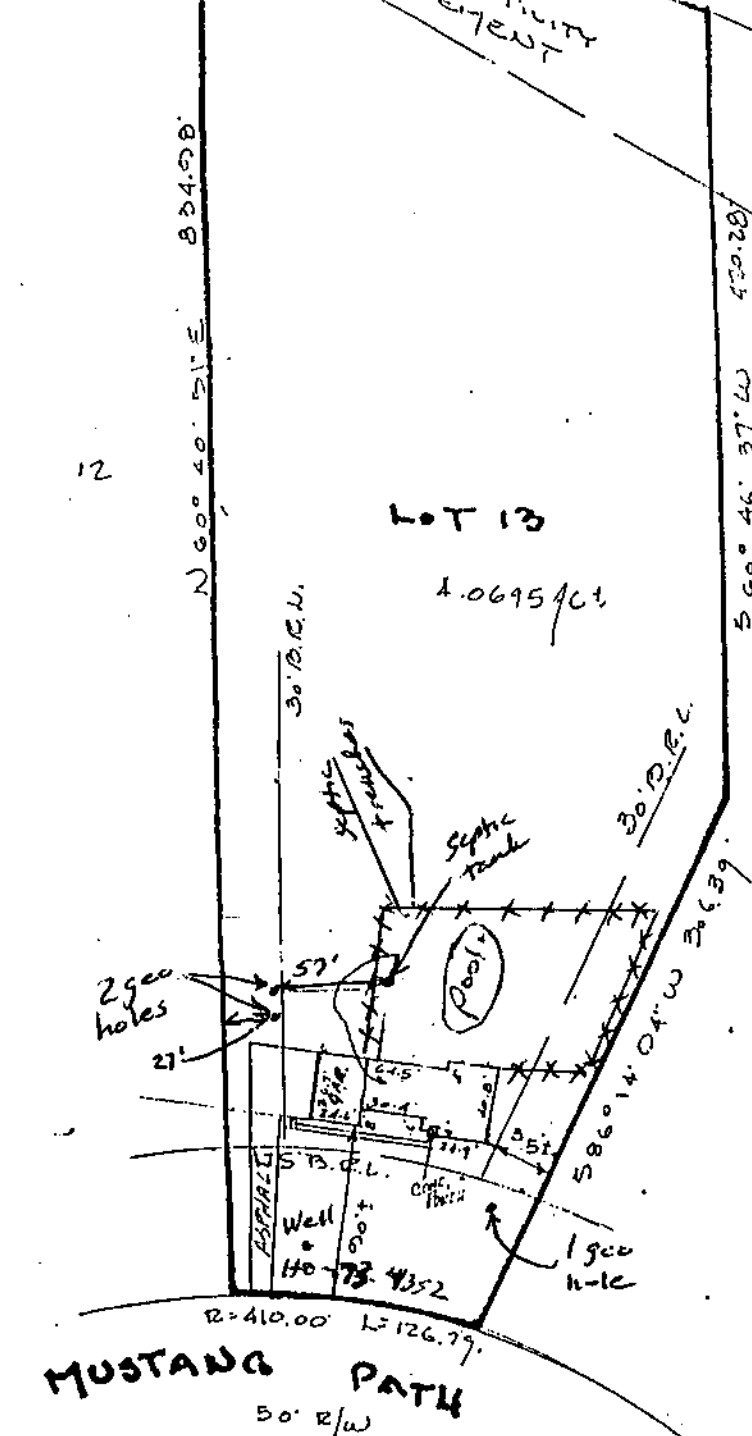
Well Site Location:

Glenwood Estate 14676 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.

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




6/10/09 Geo well sites OK (SC)

OWNER: MARK AND Victoria Kirshe

14676 Mustang PATH
Glenwood rd 21738

Glenwood Estates
Lot #13

LOCATION SURVEY PLAT

CERTIFICATION	SEAL	SCALE 1"=100' DATE 5-22-86
<p>This is to certify that I have surveyed the property known as: <u>14676 MUSTANG PATH</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	 <p>Walter Park</p>	<p>PHONE 828-8060 TOWSON 730-8060 COLUMBIA</p> <p>JUDKINS ASSOCIATES, INC. Surveyors and Subdivision Designers</p> <p>SUITE 231, JOSEPH SQUARE 5485 HARPERS FARM ROAD WALTER PARK, L.S. COLUMBIA, MARYLAND 21044 # 5539</p>

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 #
MD09000492
 BUILDING PERMIT #

BUILDING ADDRESS: 14676 Mustang Path **SUITE/APT:** _____
OWNERS NAME: VICKI Kirshe
ADDRESS: 14676 Mustang Path
CITY: Glenwood **STATE:** MD **ZIP CODE:** 21738
LOT: _____ **SECTION:** _____ **TAX MAP:** _____ **AREA:** _____
BLOCK: _____ **ZONE:** _____ **PARCEL:** _____
PROPERTY ID: _____ **MAP COORDINATES:** _____
HOME PHONE: 410 489-2926 **WORK PHONE:** _____
TYPE OF IMPROVEMENT: _____ **USE:** _____

<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: Silver Spring **STATE:** MD **ZIP CODE:** 21144
PHONE: 301 551-1376 **HVACR LICENSE NO:** 5613

New

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

Replacement

Heating
 Air Conditioning
 Heating and Air Conditioning

Additions and Alterations

Heating
 Air Conditioning
 Heating and Air Conditioning

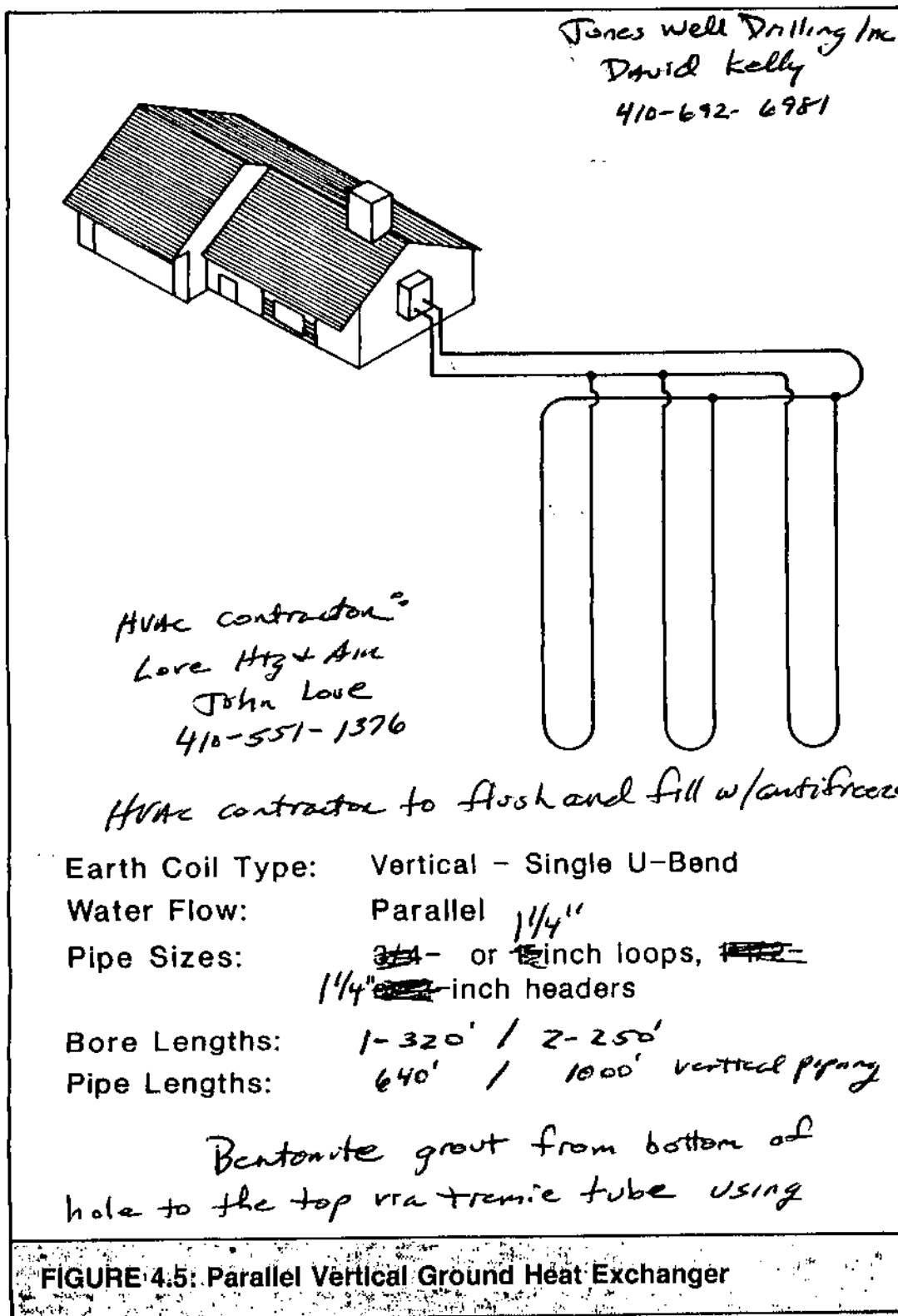
Zones	Units
Permit Fee = # of Zones x \$40 = <u>80</u>	Permit Fee = # of Units x \$80 = _____
Technology Fee (10% of Permit Fee) = <u>8</u>	Technology Fee (10% of Permit Fee) = _____
Plus Application Fee <u>\$50</u>	Plus Application Fee <u>\$50</u>
Total Fees Due = <u>138</u>	Total Fees Due = _____

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) 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 _____ **DATE** _____
John Davidson
PRINT NAME

Validation

Check Number: 2597
 Cash: _____
 Receipt Number: 177859



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