



HOWARD COUNTY HEALTH DEPARTMENT

38064

DATE 9 / 12 / 12

10538064

Received From

Jones Well Building Inc.

PHONE #

692 681

For

WCB Permit - 2401

permit turned.

CASH

CHECK

NO.

3505

One hundred fifty four

Dollars

\$

110 00

Received By

King

C1 13466

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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

C3

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)

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Soft Brown, Hard gray Tan, Hard light gray, Med hard brown, Hard light gray, Med hard brown, Hard light gray, Broken Lime, Hard limestone, Med hard brown, Hard limestone.

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

NUMBER OF UNSUCCESSFUL WELLS: 0

C2 DEPTH (nearest ft.)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 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 to

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)

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. 1 M W D 304 David Kelly DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M W D 564 Matt Moffitt

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.304879 LONGITUDE 76.859274 (DEFAULT COORD. WGS 84)

NOTES: 15' apart AS per plat

B 1	11318	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-95-2397 <small>70 79</small> <i>fill in this form completely</i>
------------	--------------	--------------------------------	--	--

OWNER INFORMATION

Date Received (APA) 09/26/12

8 MM DD YY 13

15 Last Name Graham Owner First Name Bradley 34

36 Street or RFD 2401 Sunset Farm Road 55

57 Town Ellicott City MD 70 State 72 Zip 21042 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Ellicott City 71

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 _____

B 4 SOURCES OF DRILLING WATER

1. N/A

2. _____

3. _____

11 STREET ADDRESS 2401 Sunset Farm Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 62 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 17 BLK: 8 PARCEL 464

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL 2-240'

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. (13) Public

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 9/26/2012 CO SIGNATURE Brian Baker EXP. DATE 9/26/2013

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 240 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH



METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN

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)

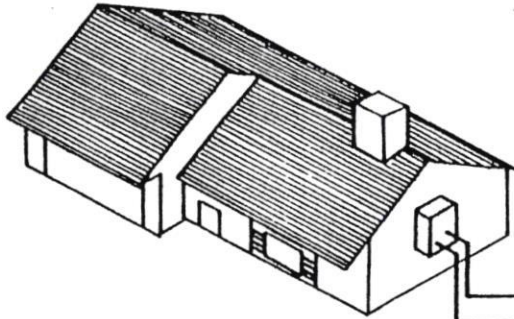
APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2397
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

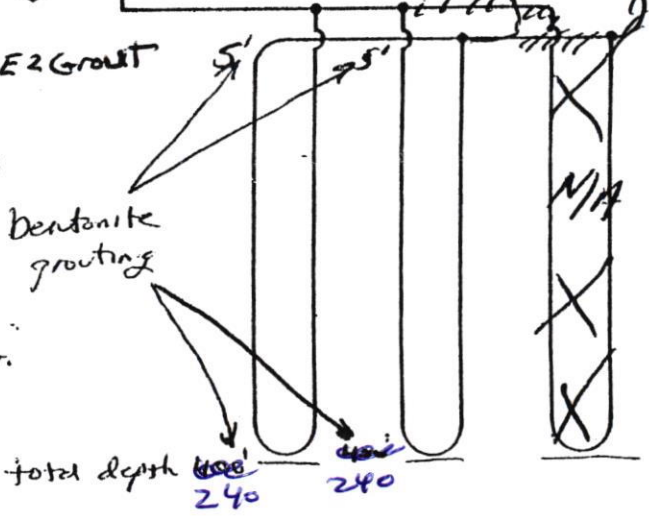
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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



bury depth 5' below grade

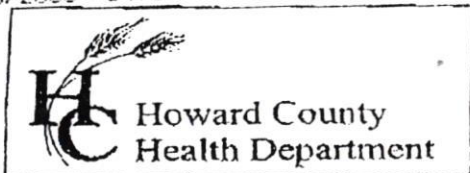
Wyo-Ben bentonite-E2 GROUT
 GROUT (50 lb. bags)
 mixed with 24 gallons
 of water per
 manufacturer specs
 yields 27 gal. slurry
 with a 0.42 btu/ft-hr.
 thermal conductivity



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

Bore Lengths: ~~480~~²⁴⁰ x 2 holes (480' vertical bore)
 Pipe Lengths: ~~800~~⁴⁸⁰ x 2 (480' vertical pipe)

FIGURE 4.5: Parallel Vertical Ground Heat Exchanger



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:

2401 Sunset Farm 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.

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