



# HOWARD COUNTY HEALTH DEPARTMENT

71460

DATE 3/24/22

Received From

Stephen Delosh

PHONE #

240 307-7925

For

WellPermit/9920

Centennial

Meadows

One hundred sixty

Dollars

CASH

CHECK

NO

\$

100.00

Received By

King

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <u>73952</u>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 571460 please type	STATE PERMIT NUMBER <u>HO - 20 - 0161</u> 70 fill in this form completely 79
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**OWNER INFORMATION**

Date Received (APA) 05/24/22

8 MM DD YY 13

15 Last Name Fan Owner First Name Rundong 34

36 Street or RFD 9720 Centennial Meadows Ln. 55

57 Town Ellicott City Md. 70 State 72 Zip 21042 76

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Centennial Meadows 42

SECTION 4 44 46 LOT 4 48 50

52 NEAREST TOWN Dorsey's Search 71

**DRILLER INFORMATION**

Driller's Name Stephen DeLoach MW D 587 76 License No. 81

Firm Name Connelly & Associates Inc.

Address 1513 Tilco Dr, Frederick, MD 21704

Signature Stephen DeLoach 3-23-2022 Date

**SOURCES OF DRILLING WATER**

1. public

2. 1st bore @ 120' @ 150' so far

3. 2nd bore @ 150' so far

4. 1st bore @ 150' so far

5. 1st bore @ 150' so far

6. 1st bore @ 150' so far

7. 1st bore @ 150' so far

8. 1st bore @ 150' so far

9. 1st bore @ 150' so far

10. 1st bore @ 150' so far

11 STREET ADDRESS 9720 Centennial Meadows Ln 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 121 37 DISTANCE FROM ROAD 9 FT 38 39

TAX MAP: 0030 BLK: BLK PARCEL 0112

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) N/A 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) N/A 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL 3 bores

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

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 12/22 EXP. DATE 12/23

43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

APPROXIMATE DEPTH OF WELL 373 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

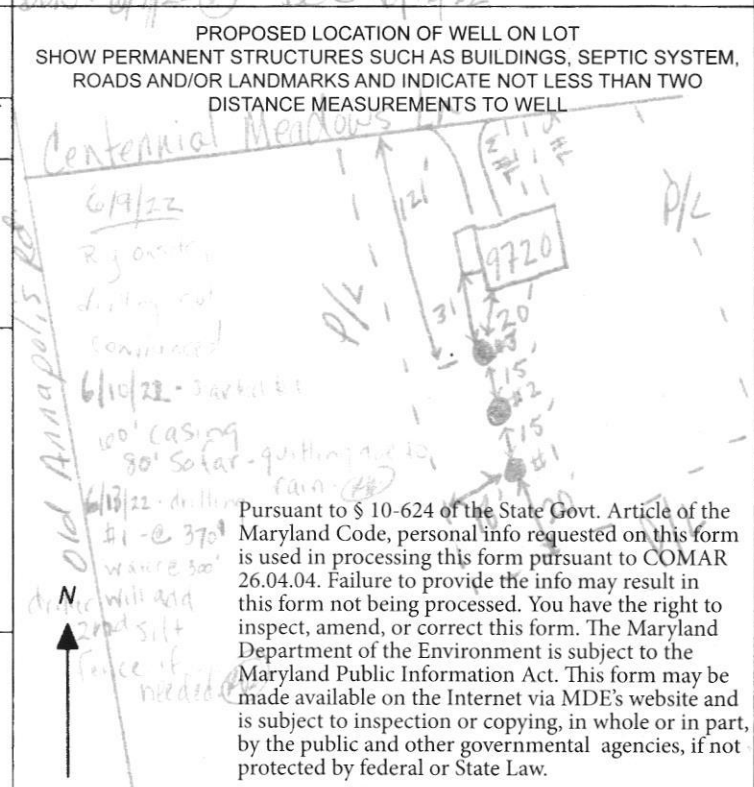
THIS WELL WILL DEEPEM AN EXISTING WELL

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)**

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO - 20 - 0161



**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

grout bores from bottom to top

C1 65769

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE #3

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 6 16 2022

DEPTH OF WELL 22 373 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-20-0161

OWNER tan Kundong WELL SITE ADDRESS 7720 Centennial meadows LN TOWN Dorsey's Search SUBDIVISION Centennial meadows SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Silt. Sandy Gravels, brown med. st. Weathered Rock Red Rock W. ss. sh. ckn formation Pelitic sh. st. Gray

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N) 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. MWD 587 DRILLERS SIGNATURE Robert M... LIC. NO. AWD 063

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 16 NO. OF POUNDS 300 GALLONS OF WATER 304 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 373 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 70

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (H) (O) (P) (L) (O) (T) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.) 70 373

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

PUMPING TEST HOURS PUMPED (nearest hour) N/A PUMPING RATE (gal. per min.) N/A METHOD USED TO MEASURE PUMPING RATE N/A WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 WHEN PUMPING 22 25 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 (CIRCLE) (YES or NO) YES (N) 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 -3 (nearest foot)

LATITUDE 39.250315 LONGITUDE 76.848496 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

C1 65768 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE #2

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 13

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 6 16 2022 Depth of Well 22 373 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 20 - 0161 28 29 30 31 32 33 34 35 36 37

OWNER tan Kundong WELL SITE ADDRESS 9720 Centennial meadows TOWN Dorsey's Search SUBDIVISION Centennial meadows 5 SECTION LOT 4

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) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 16 NO. OF POUNDS 304

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

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. M D 587 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. AWD 063

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

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

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

PUMPING TEST HOURS PUMPED (nearest hour) N/A PUMPING RATE (gal. per min.) N/A METHOD USED TO MEASURE PUMPING RATE N/A WATER LEVEL (distance from land surface) BEFORE PUMPING N/A WHEN PUMPING N/A 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) (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

LATITUDE 39.250306 LONGITUDE 76.848394 (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

C 1 65767

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE #1

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 6 16 2002

Depth of Well 22 373 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-20-0161

OWNER Fan Ken Dong WELL SITE ADDRESS 9720 Centennial Meadows Ln TOWN Dorsey's Search SUBDIVISION Centennial meadows SECTION LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for sand, gravel, weathered rock, bed rock, and schist.

GROUTING RECORD Form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for MAIN CASING TYPE, Nominal diameter, Total depth, OTHER CASING (if used).

SCREEN RECORD Form with fields for screen type or open hole, SCREEN RECORD (STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER).

DEPTH (nearest ft.) Form with a grid for recording depth measurements at various intervals.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (YES/NO).

CIRCLE APPROPRIATE LETTER (A, E, P) for well status: A WELL WAS ABANDONED AND SEALED, ELECTRIC LOG OBTAINED, 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...

DRILLERS LIC. NO. MWD 587, DRILLERS SIGNATURE, LIC. NO. AWD 063, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

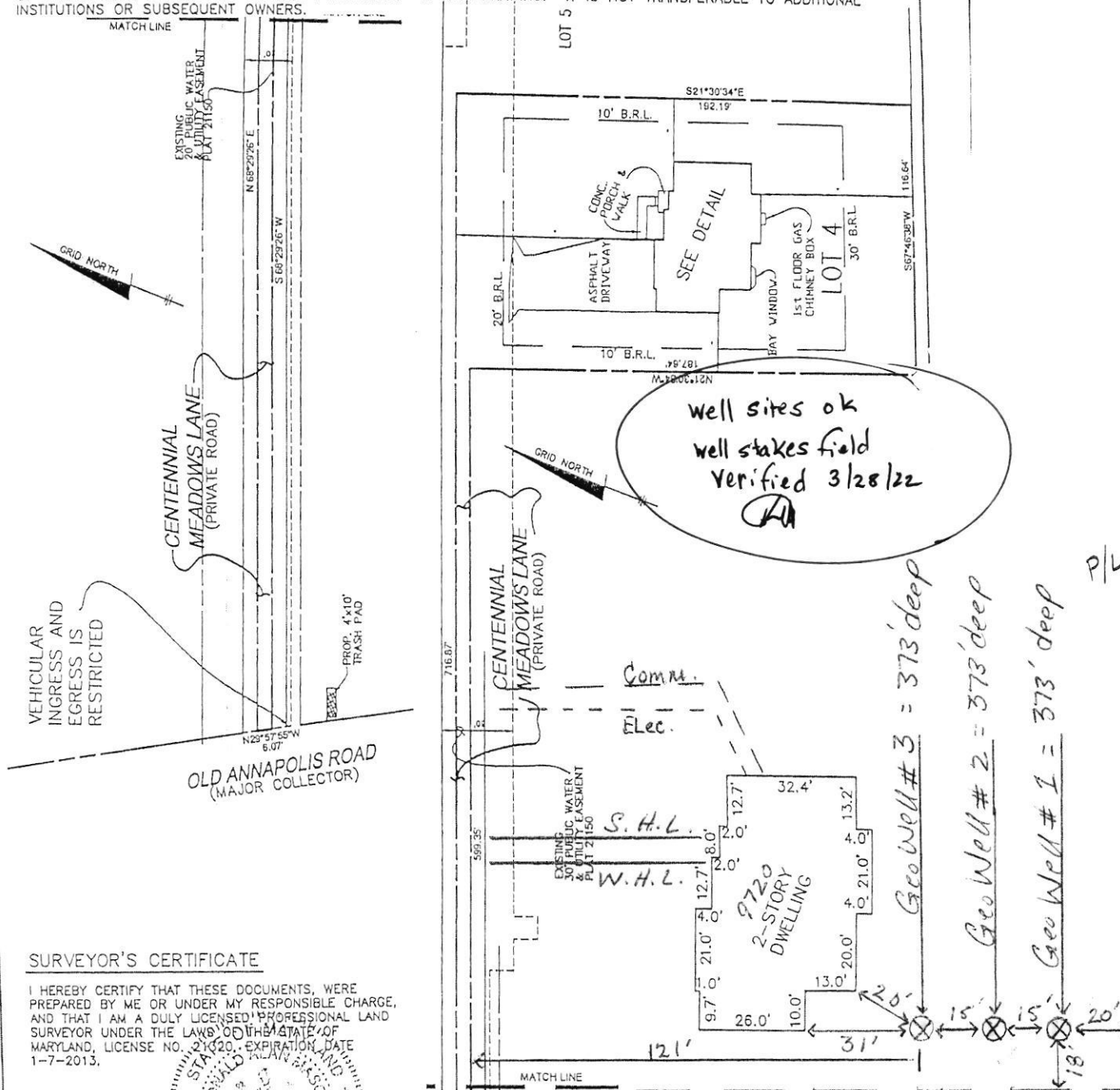
PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (before and when pumping), TYPE OF PUMP USED.

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.250296, LONGITUDE 76.848445 (DEFAULT COORD. WGS 84), Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

**NOTE:**

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE 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. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.

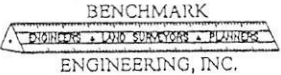


**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THESE DOCUMENTS, WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21320, EXPIRATION DATE 1-7-2013.

*Donald A. Mason*  
 DONALD A. MASON  
 PROFESSIONAL LAND SURVEYOR  
 MARYLAND REG. No. 21320

FEMA FIRM No. 240044 0028 C  
 ZONE: X  
 DATED: 12/04/86



**BENCHMARK ENGINEERING, INC.**  
 8480 BALTIMORE NATIONAL PIKE • SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 phone: 410-465-6105 • fax: 410-465-6644  
 www.bei-civilengineering.com

FIELD OBS. BY DAVE  
 COMP. BY EWF  
 DRAWN BY EWF

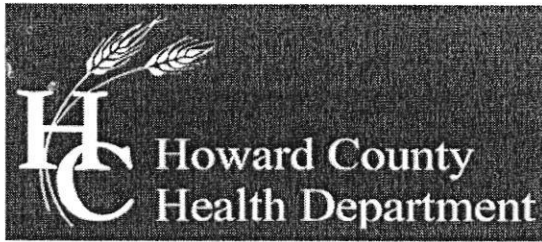
LOCATION DRAWING  
 CENTENNIAL MEADOWS  
 LOTS 1 THRU 5  
 PLAT No. 21150  
 LOT No. 4  
 9720 CENTENNIAL MEADOWS LANE

2ND ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 08/10/11

Not to Scale

P/L

P/L



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

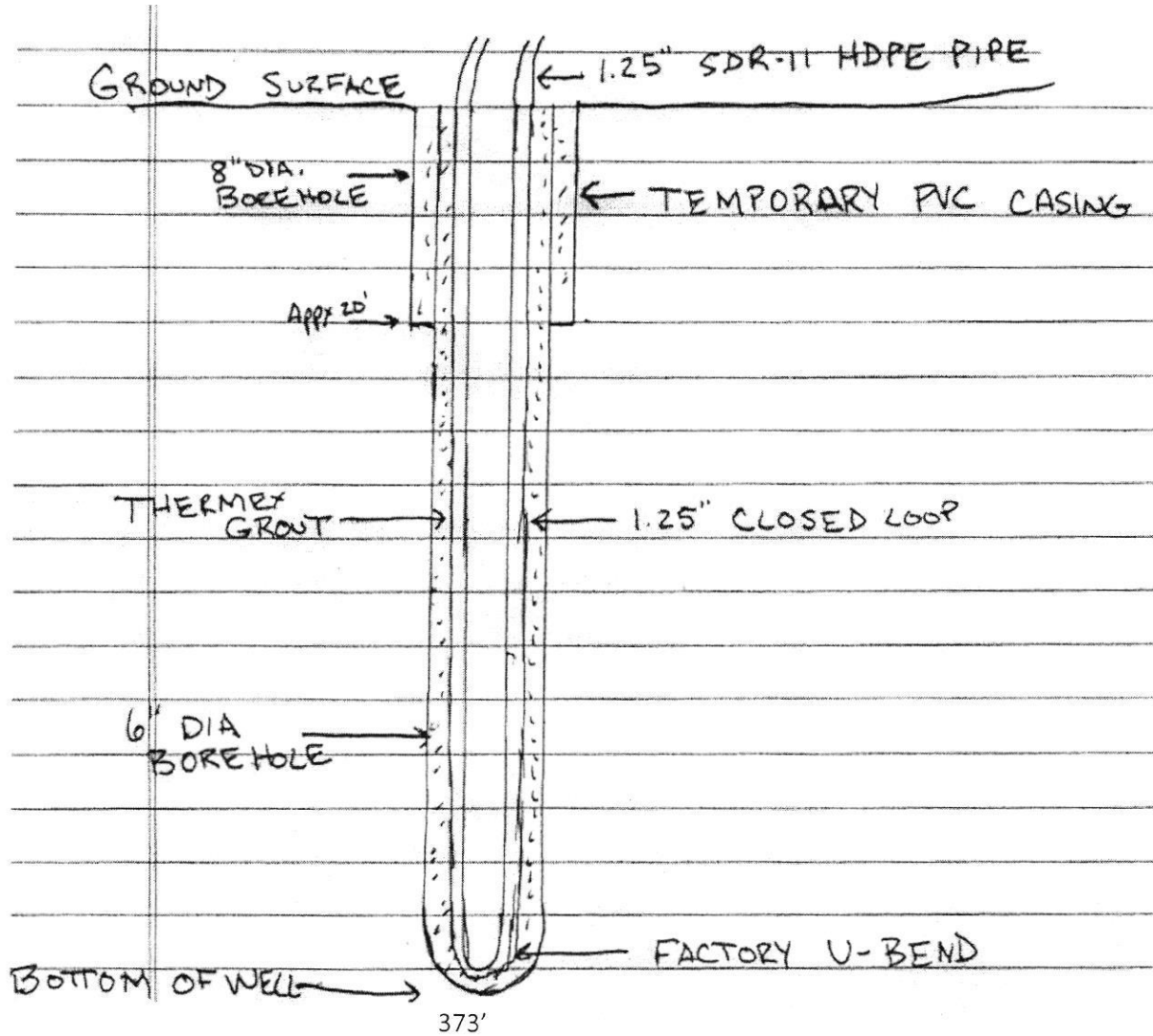
9720 Centennial Meadows      4      Centennial Meadows Ln.  
Subdivision/Property Name      Lot #      Road Name

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.

Fan Residence: 9720 Centennial Meadows Ln. Ellicott City Geothermal Closed Loop



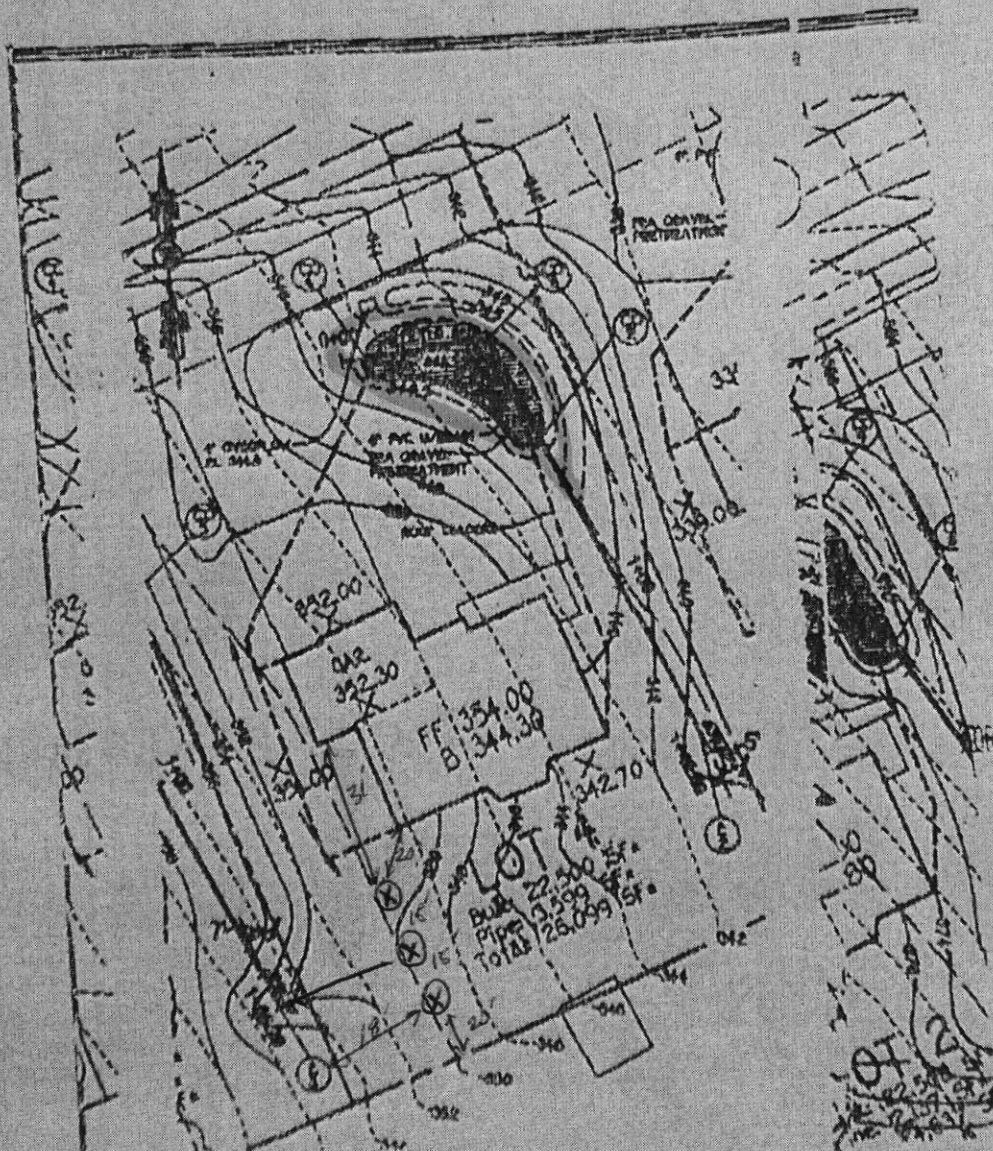
Grout information for this property is as follows:

Well Grout DF grout mixture of 50 lb. grout to 19 gallons water, placed in the well using the tremie method, from bottom to top.



# DECLARATION OF COVENANTS AND MAINTENANCE AND RIGHT OF ENTRY AGREEMENT PRIVATE STORM WATER MANAGEMENT FACILITIES - BIORETENTION (RAIN GARDENS)

Exhibit A  
[Location of Storm water Management Facility on the Lot]



LOT #4 BIORETENTION PLAN  
1"=30'

RETENT  
1"=30'

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Mech/New	M22000347	04/12/2022
Description of Work		
Install 4 Ton GEO Thermal Heat Pump 5 Series package unit and a 3 Ton Water Furnace 5 series split system		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
9720	CENTENNIAL MEADOWS	LN
Unit Type	Unit #	X Coordinate
--Select--		-76.84846
		Y Coordinate
		39.25044
City	State	Zip Code
ELLCOTT CITY	MD	21042
	Primary	Yes

Approved Septic System Plan  
 Howard County Health Department  
*Signature*  
 vertical  
 5/4/22  
 Date

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
929541	112	25376	258100	774000	515900	ELLCO
Legal Description						
IMPSLOT 4 26.099 SQ[ ]9720 CENTENNIAL MEADOWS[ ]CENTENNIAL MEADOWS						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	4	602304	1			1	
Plan Area	State Tax Id	Subdivision Name					
	1402435373	Centennial Meadows					
Section	Area	Tax Map					
		24					
Grid	Zoning District	ADC Map					
24-21	R-20	4815-E10					
SDP No.	Final Plan No.	WP File No.					
SDP-10-029	F-09-018			Primary			
Record Plat No.	WS Contract No.	FDP No.		Yes			
21149-2115							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2011	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	2-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

FAN RUNDONG

Address Line 1

9720 CENTENNIAL MEADOWS LN

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
ELLCOT CITY	MD	21042
Phone	Primary	
443-288-6188	Yes	
E-mail		
xunfan@gmail.com		
Cell Number	Fax Number	

Professionals \* (This section is required.)

Search    Reset    Clear

**License # \*** 05010047207    **Business Name** SUPREME SERVICE TODAY  
**License Type \*** HVACR    **First Name** ALEXANDROS    **Middle Name** G    **Last Name** KOUGIANOS  
**Primary** No    **Address Line 1** 4401 EASTERN AVE. #17  
                                      **Address Line 2**  
**City** BALTIMORE    **State** MD    **ZIP Code** 21224-0000  
**Phone 1** 4106271467    **Phone 2**    **Fax**  
**E-mail** ALEXX@SUPREMESERVICETODAY.COM

**Applicant** (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

**Type \*** Applicant    **First Name** Stacie    **MI**    **Last Name** Morony  
**Relationship** Applicant    **Full Name**  
**Primary** Yes    **Organization Name**  
**Street Address** 4401 Fait Avenue  
**Address Line 2**  
**City** Baltimore    **State** MD    **Zip Code** 21224  
**Phone** 443-991-0057    **Cell** 410-788-1114    **Fax**  
**E-mail \*** install@supremeservicetoday.com

**HVAC INFORMATION**

**HVAC INFORMATION**

**Capital Project-No Fee \***  Yes  No    **Capital Project Number**    **Fee Exempt \***  Yes  No    **Building Permit No \*** N/A    **Existing Use \*** SFD    **Geothermal \***  Yes  No  
**Number of Zones \*** 2    **Number of MF Units** 0    **HVACR System** Heating and Air Conditioning    **Water Supply** Public    **Sewage Disposal** Public    **Expiration Date** 10/31/2022

**PAYMENT INFORMATION**

**Check 1**    **Payee 1**    **Check 2**    **Payee 2**    **SAP Doc No**    **SAP Entered**

Submit    Cancel