

C1 71-857

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0195

OWNER WELL SITE ADDRESS SUBDIVISION SECTION LOT

WELL LOG table with columns for FEET (FROM, TO) and check if water bearing. Includes handwritten entries for Bin Sand, Bin sand, Blastard rock, Hard Gypsum rock, and Drill Gypsum rock.

GROUTING RECORD WELL HAS BEEN GROUTED YES NO CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) table with columns for depth intervals and slot size

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M D DRILLERS SIGNATURE

LIC. NO. 1 D I

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) TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

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)

LATITUDE 39.2720 LONGITUDE 76.8465 (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.

TAG = 600

02-355612

B 1 03875 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 571578 STATE PERMIT NUMBER Ho-20-0195

1 2 3 6

Date Received (APA) 06/13/22

8 MM DD YY 13

15 Last Name Owner First Name 34

Mason Stephanie + Thomas

36 Street or RFD 55

2812 Brian Ct

57 Town 70 State 72 Zip 76

Ellicott City MD 21043

B 3 LOCATION OF WELL

8 COUNTY 21

Howard

23 SUBDIVISION 42

Rockland Square

SECTION 44 46 LOT 48 50

3

52 NEAREST TOWN 71

Ellicott City

DRILLER INFORMATION

Driller's Name 76 License No. 81

Michael Kohler M S D 0228

Firm Name

Allied Well Drilling

Address

PO Box 129 Annapolis Junction MD 20704

Signature Date

Michael Kohler 06/02/22

B 4 SOURCES OF DRILLING WATER

1. Public

2. 2812 Brian Ct

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0017 BLK: PARCEL 035

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL 3 loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME 13 COUNTY NO.

Howard

STATE SIGNATURE INSERT S 41

DATE ISSUED 06/14/22

43 MM DD YY 48 CO SIGNATURE EXP. DATE

Don: 7/7/22 DOG: 07/11/2022

APPROXIMATE DEPTH OF WELL 267 FEET

24 28

PROPOSED LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

A B

76' 70'

76' 74'

77' 82'

7/7/22 Beginning @ 2PM

7/5/22

Proposed Loops

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)

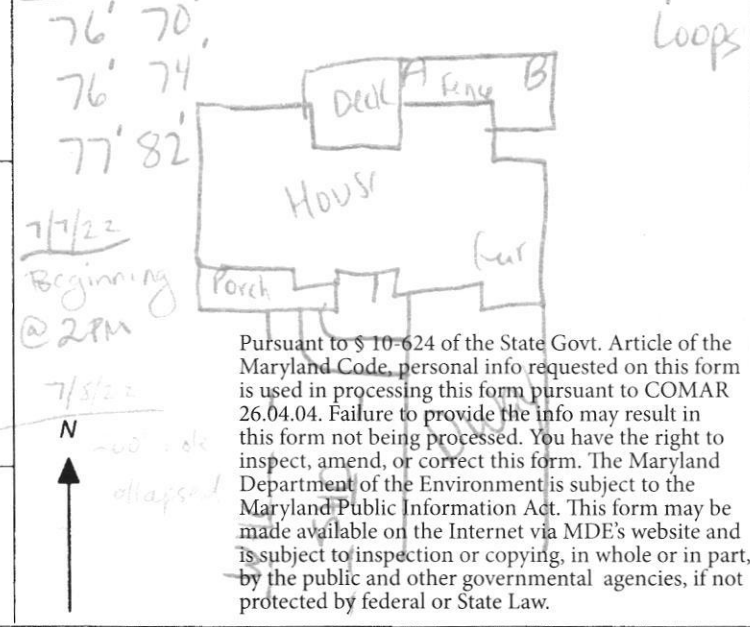
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G

PERMIT No. Ho-20-0195

70 71 72 73 74 75 76 77 78 79

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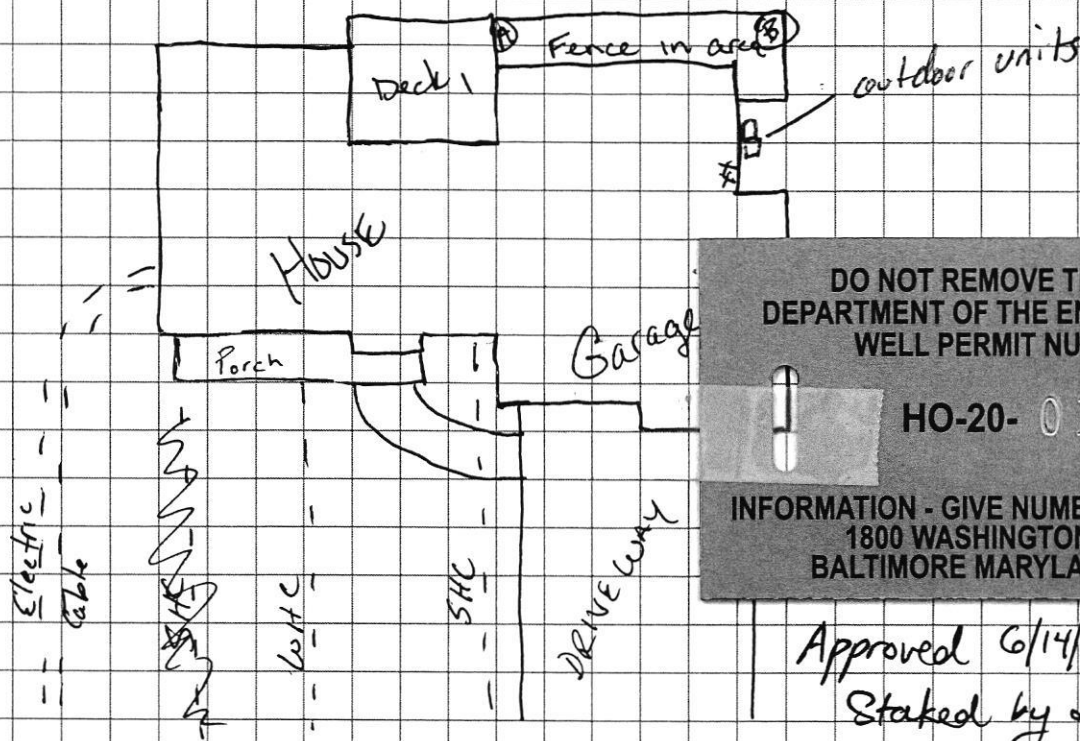
A B
 76' 70'
 76' 74'
 78' 82'

Allied

WELL DRILLING

SITE PLAN

2812 Bran Ct
 Ellicott City Md
 3 wells @ 267'
 closed loop geothermal



Sediment Control Protocol: SILT Fence

Distance From House: 70'
 From Septic: N/A
 From Sewer: 100' +
 From Property Line: 24'
 From Street: 106' +

Trees Nearby: Yes BUT OK
 Utility Issues: Private line to shed
 Mats Needed: Yes, Yes, Yes
 Access For H/U: Yes
 Neighboring Tags: See Comps

Comments: Big Access from neighbors driveway. MUST USE MATS. Neighbors Access agreement signed

Person Completing Form: (signature) Wes Wolfe

GRADE

EACH BORE HOLE (TYP.)

MINIMUM

HORIZONTAL BURY
DEPTH 4 FT

FOR CONT.
SEE PLANS

HORIZONTAL
PIPING

BORE DEPTH

GROUT ENTIRE ANNULAR
SPACE AND VERTICAL
U-TUBE WITH (BENTONITE)
GROUT.

DEPTH MARKINGS IN FEET TO
INDICATE DEPTH OF INSERTION

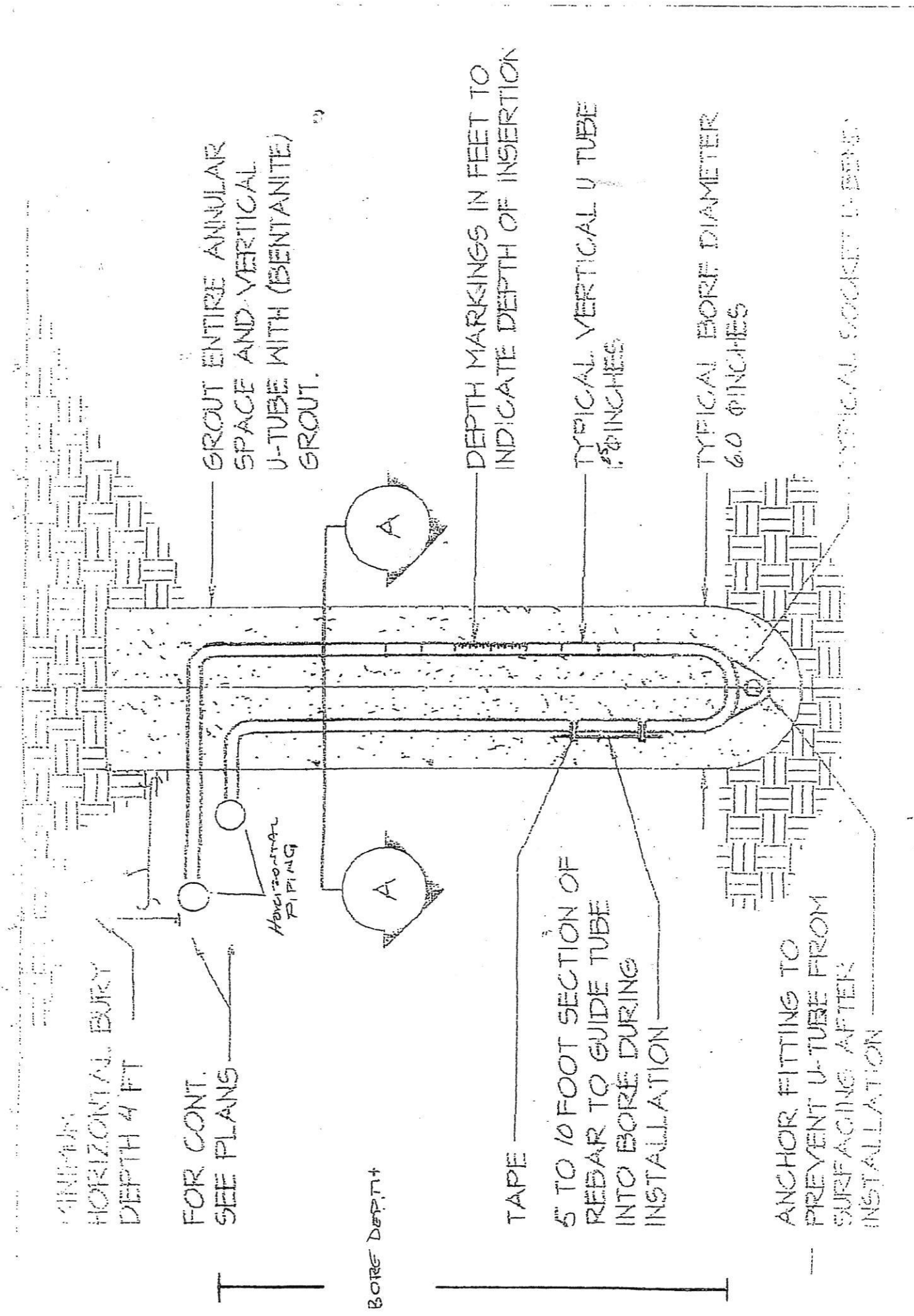
TYPICAL VERTICAL U TUBE
PINCHES

TYPICAL BORE DIAMETER
6.0 PINCHES

TYPICAL SOCKET I-BEAM

TAPE
5 TO 10 FOOT SECTION OF
REBAR TO GUIDE TUBE
INTO BORE DURING
INSTALLATION

ANCHOR FITTING TO
PREVENT U-TUBE FROM
SURFACING AFTER
INSTALLATION



HOWARD COUNTY GROUTING PROCEDURE

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than $2.5 \text{ E}(-08) \text{ cm/sec}$. Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-22-01741
Application Type: EnvHealth/Well and Septic/Installation/Application
Address:

Receipt No.	4147					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	27831	\$160.00	06/03/2022	JUKING		Well Permit/ 2812 Brian Ct

Work Description: Well Permit/ 2812 Brian Ct

Department of Inspections Licenses and Permits 3430 Court House Drive Ellicott City, MD 21043 Permits (410) 313-2455 Opt. #4 Inspections (410) 313-1840	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M22000709</u> BUILDING PERMIT #
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SITE BUILDING ADDRESS: <u>2812 Brian Ct.</u> SUITE/APT: _____ SUBDIVISION: <u>Ellicott City, MD</u> TYPE OF IMPROVEMENTS: <u>Replace existing heat pump with Geothermal</u> USE: <u>Heat pumps.</u>	OWNERS NAME: <u>Thomas Mason</u> ADDRESS: <u>2812 Brian Ct.</u> CITY: <u>Ellicott City</u> STATE: <u>MD</u> ZIP CODE: <u>21043</u> HOME PHONE: <u>704-327-8466</u> CELL PHONE: _____
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	<u>CHECK ONE</u>	<u>HOW MANY</u>	COMPANY NAME: <u>Total Comfort Htg & AC, Inc.</u>
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>2</u> ZONES	LICENSEE NAME: <u>James E. Aaron</u>
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	_____ ZONES	ADDRESS: <u>12009 Margaret Dr.</u>
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	_____ ROOMS	CITY: <u>Hagerstown</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	_____ ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21742</u> PHONE: <u>301-745-3700</u> HVACR LICENSE NO: <u>5833-01</u>

<u>New Construction</u> <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating	<u>Additions and Alterations</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	<input checked="" type="checkbox"/> Geo Thermal System <input type="checkbox"/> Gas Conversion (Make and Model of Equipment) <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Thru The Wall Systems <input type="checkbox"/> Other Work (Describe): <u>Waterfurne NDV038 & ND2026</u>
<u>Replacement</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning <u>Replace existing heat pumps with (2) geothermal heat pumps. Re-use existing ductwork. Earth loop by Allied Well Drilling.</u> **Make and Model of Equipment is required** ****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****		

<u>Zones</u>	<u>Rooms</u>
Permit Fee = # of Zones x \$40 = <u>80.00</u> Technology Fee (10% of Permit Fee) = <u>8.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>138.00</u>	Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</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 HVAC LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

James E. Aaron 7/11/22
 SIGNATURE OF LICENSEE DATE
James E. Aaron
 PRINT NAME OF LICENSEE
Jim@tc-hvac.net
 Email Address

Validation	
Check Number: <u>10500</u>	Money Order#: _____
Invoice Number: <u>713289</u>	

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 DATE: 7/16/22
 DISC. OF WORK: V 600 B01E