



HOWARD COUNTY HEALTH DEPARTMENT

71461

WS

DATE 3/24/22

Received From

David Kelly

PHONE #

410-692-6901

For

Well Permit 10217

Releigh Drive

- CASH
- CHECK

NO.

4806

One hundred sixty

Dollars

\$ 160.00

Received By

A. Kemp

C1 74873

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY 08 15 22

DATE WELL COMPLETED MM DD YY 7 13 22 APPROVED 05/25/22 (250) 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HA 20-0162

OWNER TILLY BOY WELL SITE ADDRESS 10217 DONLEIGH DR TOWN COLUMBIA SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Soft brown 0-15, med hard Sandstone 15-80, hard gray rocks 80-250. Includes 'RECEIVED AUG 08 2022 Harford County Health Dept Environmental Health' stamp.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (13), NO. OF POUNDS (650), GALLONS OF WATER (260), DEPTH OF GROUT SEAL (0 to 250 ft).

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (5), Total depth of main casing (84').

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) table with columns: 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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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: HOURS PUMPED (8.9), PUMPING RATE (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, P, T, C, R, O, J, S).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (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, - below) LAND SURFACE (nearest foot) (49-51).

LATITUDE 39.184352 LONGITUDE 76.866993 (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.

B 1 75714

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-20-1162

please type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 05/29/22, Last Name Tiley, First Name Roy, Street or RFD 10217 Donleigh Dr., Town Columbia, State Md, Zip 21046

LOCATION OF WELL: COUNTY Howard, SUBDIVISION Donleigh, SECTION 44, LOT 6, NEAREST TOWN Columbia

DRILLER INFORMATION: Driller's Name David Kelly, License No. MW D 304, Firm Name Jones Well Drilling, Address 3700 Rush Rd. Jarrettsville MD, Signature David Kelly, Date 3/21/22

SOURCES OF DRILLING WATER: 1. potable well, STREET ADDRESS 10217 Donleigh Dr., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, DISTANCE FROM ROAD 30 FT, TAX MAP: 0042, BLK: PARCEL 0192

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

USE FOR WATER (CIRCLE APPROPRIATE BOX): [C] CLOSED LOOP GEOTHERMAL 2 holes

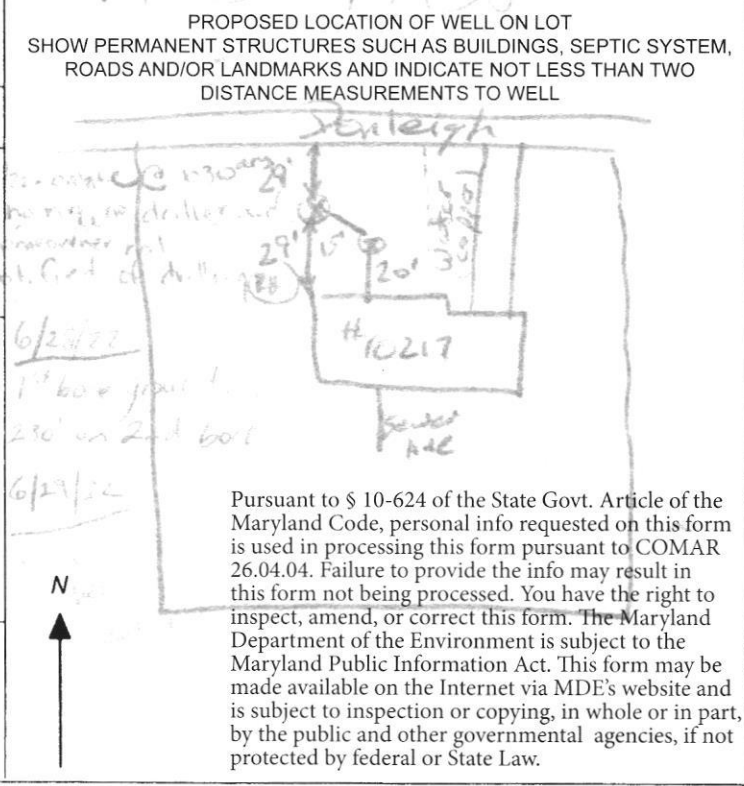
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. VIII, STATE SIGNATURE, DATE ISSUED 03/28/22, CO SIGNATURE, EXP. DATE 03/28/23

APPROXIMATE DEPTH OF WELL 250 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED 41

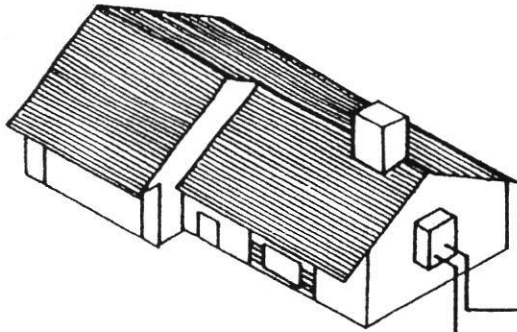
Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER, PERMIT No. Ho-20-1162



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.

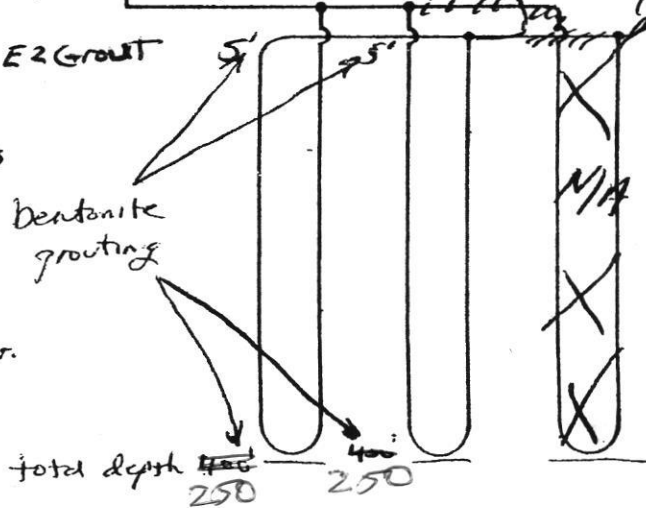
SPECIAL CONDITIONS: NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- CALL IN ALL DRILLING ACTIVITIES

Driller: James Well Drilling
 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: ~~450~~ 250' x 2 holes (~~500~~ 500' vertical bore)
 Pipe Lengths: ~~500~~ 500' x 2 (1000 vertical pipe)

FIGURE 4.5: Parallel Vertical Ground Heat Exchanger

PROPERTY KNOWN AS:

LOT 6 BLOCK B

SECTION ONE "DONLEIGH"
6TH ELECTION DISTRICT
HOWARD COUNTY, MD

D
PLAT BOOK BHM 6 PAGE 90

THIS P
PROPE

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20-0162

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

LISH

DONLEIGH DRIVE

50' R/W

586° 50' E

100'

132.71'

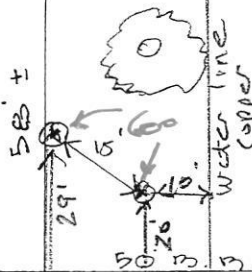
231.52'

10217 DONLEIGH

APPROVED 03/28/2022

001/997

STAKED BY DRILLER



ASPHALT DRIVE

CON. CONC.

1 STORY BRICK
VINYL SIDING

10217

46.5'

WOOD DECK

SCREENED WOOD DECK

ENCLOSED
AREAWAY

SEWER
LINE

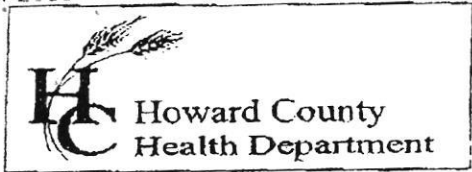
Lot 6

5

N 0° 29' 10" E

± 15' ES. MT FOR
DRAINAGE & UTILITIES

50' B/W



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:

Kenleigh 6 10217 Donkigh Drive
 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. *Well locations flagged in the field*

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 Opt. #4 Inspections (410) 313-1840	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M22000297</u> BUILDING PERMIT #
--	--	--

SITE BUILDING ADDRESS: <u>10217 Donleigh Drive</u> SUITE/APT: _____ SUBDIVISION: <u>Columbia 21046</u> TYPE OF IMPROVEMENTS: USE: <u>Install Geothermal System</u>	OWNERS NAME: <u>Roy Tiley</u> ADDRESS: <u>10217 Donleigh Drive</u> CITY: <u>Columbia</u> STATE: <u>Maryland</u> ZIP CODE: <u>21046</u> HOME PHONE: <u>410-992-4548</u> CELL PHONE: _____
--	---

CHECK ONE	HOW MANY	COMPANY NAME:
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES	<u>Watervale Heating & Air, Inc</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	____ ZONES	LICENSEE NAME: <u>Joseph Opolyke</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	____ ROOMS	ADDRESS: <u>2116 Watervale Road</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	____ ROOMS	CITY: <u>Fallston</u>
		STATE: <u>Maryland</u> ZIP CODE: <u>21047</u>
		PHONE: <u>410-879-0292</u> HVACR LICENSE NO: <u>7629</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 * OUTSIDE WORK <input type="checkbox"/> Thru The Wall Systems <input type="checkbox"/> Other Work (Describe): <u>DONE BY OTHERS</u>
<u>Replacement</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	<u>Replace existing HVAC with 3-ton Waterfurnace split geo system Model: ND2038</u> **Make and Model of Equipment is required** * WATERVALE WILL DO INSIDE WORK ONLY! ***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.

SIGNATURE OF LICENSEE: <u>Joseph Opolyke</u> 3/15/22 <u>Kim Zink representative</u> DATE: _____	Validation Check Number: <u>26392</u> Money Order#: _____ Invoice Number: <u>1098544</u>
PRINT NAME OF LICENSEE: <u>Joseph F Opolyke</u> Email Address: <u>Watervale hvac @ verizon.net</u>	RECEIVED MAR 23 2021
Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY	