

16-106488

EMERGENCY/TEMP NO. IF ANY

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER Ho - 20 - 0181
	1 2 3 6	5/15/22	70 fill in this form completely 79

Date Received (APA) 030922

OWNER INFORMATION

8 MM DD YY 13
Tucker/E Jennifer + Christopher

15 Last Name Owner First Name 34
6380 Barefoot Bcy

36 Street or RFD 55
Columbia MD 2045

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY 21
Howard

23 SUBDIVISION 42
Vil Owen Brown

SECTION 44 46 LOT 48 50
Columbia

52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Michael Kohler M S D 028
76 License No. 81

Firm Name Allied Well Drilling

Address PO Box 129 Annapolis Junction MD 20701

Signature Michael Kohler Date 04/28/22

B 4

SOURCES OF DRILLING WATER

1. Public

2. 5/23/22

3. 5/23/22

11 STREET ADDRESS 30
6380 Barefoot Bcy

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 90 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0036 BLK: PARCEL 6357

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 2 Loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 5/23/22

43 MM DD YY 48 CO SIGNATURE EXP. DATE 5/23/22

APPROXIMATE DEPTH OF WELL 320 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

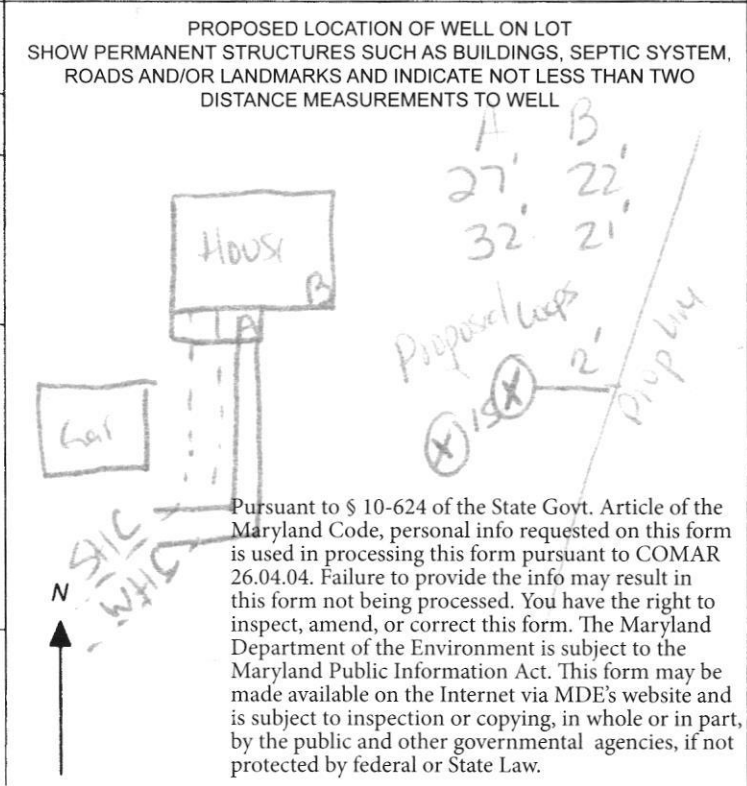
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G

PERMIT No. HO - 20 - 0181

70 71 72 73 74 75 76 77 78 79



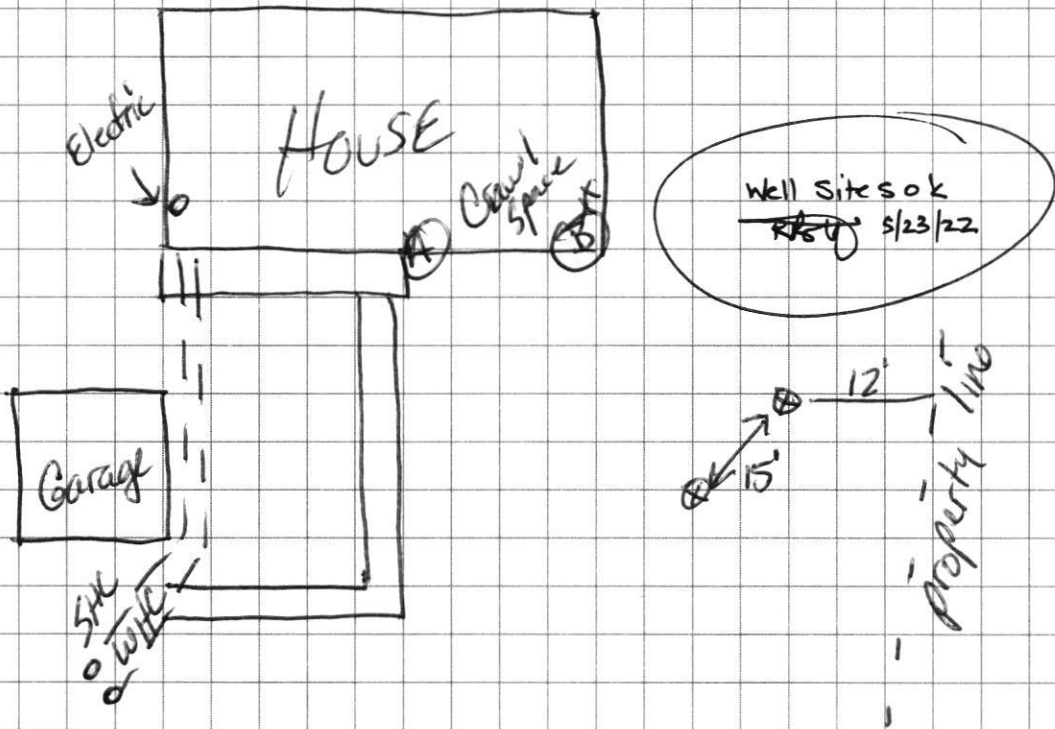
SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

A B
27 22
32 21



6380 Barefoot Bay
Columbia Md 21045
2 @ 320', 1.25"
Closed loop geothermal



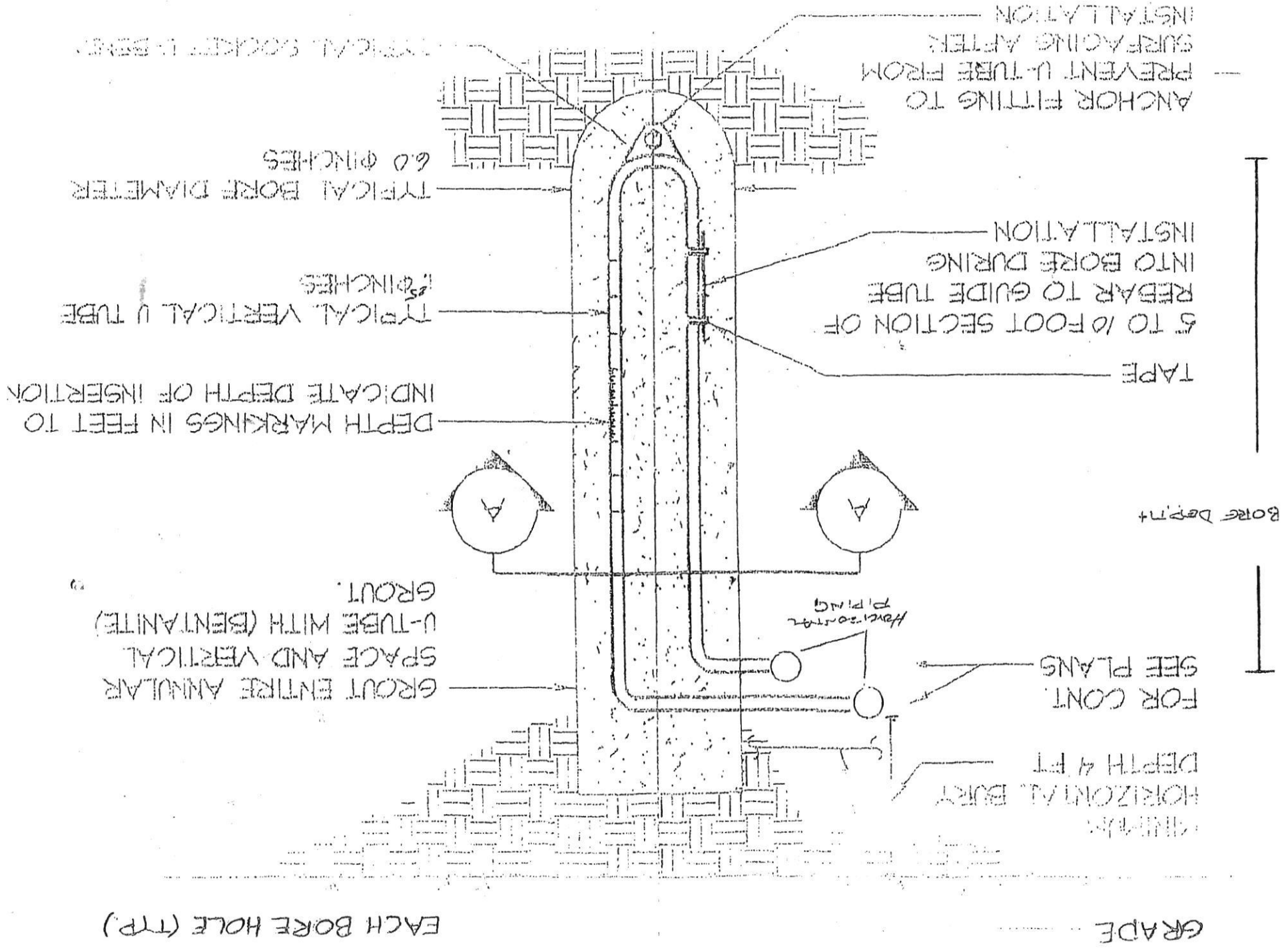
Sediment Control Protocol: Silt Fence

Distance From House: 21'
From Septic: N/A
From Sewer: 30' + (cast iron)
From Property Line: 12'
From Street: 30'

Trees Nearby: Small Branch OK
Utility Issues: Need Marked. OK
Mats Needed: YES
Access For H/U: YES
Neighboring Tags: See Comps

Comments: Bring pipes into crawl space. Then over to drop ceiling to mechanical room

Person Completing Form: Wes Wolfe



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-22-01397
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 6380 Barefoot,

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
3879	27601	\$160.00	05/10/2022	JUKING		Well Permit/ 6380 Barefoot

Work Description: Well Permit / 6380 Barefoot

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Mech/New	M22000348	04/12/2022
Description of Work		
Installation of 4 Ton Water Furnace 7 Series GEO Thermal Unit		
check spelling		

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
6380	BAREFOOT BOY	--Select--
Unit Type	Unit #	X Coordinate
--Select--		-76.8451
		Y Coordinate
		39.19724
City	State	Zip Code
COLUMBIA	MD	21045
	Primary	
	Yes	

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

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
915110	357	11819	190600	407300	216700	COLUMB
Legal Description						
IMPSLOT 146 11,819 SQ[]6380 BAREFOOT BOY[]VIL OWEN BROWN						
check spelling						

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	146	606704	3				
Plan Area	State Tax Id	Subdivision Name					
	1416106488						
Section	Area	Tax Map					
		36					
Grid	Zoning District	ADC Map					
36-15	NT	4935-E9					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1974	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	6-07A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

TUCKER JENNIFER LEIGH

Address Line 1

6380 BAREFOOT BOY

Address Line 2

Address Line 3

Mail City

COLUMBIA

Mail State

MD

Mail Zip Code

21045

Phone

410-615-9500

Primary

Yes

E-mail

kristopher.tucker@utexas.edu

Cell Number

Fax Number

Professionals * (This section is required.)

Search Reset Clear

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

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	Alex		Kougianos
Relationship	Full Name		
Applicant	Alex Kougianos		
Primary	Organization Name		
Yes	Supreme Air		
	Street Address		
	6203 Collinsway road		
	Address Line 2		
	City	State	Zip Code
	Baltimore	MD	21228
	Phone	Cell	Fax
	410-788-1114	4106271467	410-522-1178
	E-mail *		
	alex@supremeairllc.com		

HVAC INFORMATION

HVAC INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Building Permit No *	Existing Use *	Geothermal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	N/A	SFD	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of Zones *	Number of MF Units	HVACR System	Water Supply	Sewage Disposal	Expiration Date
1 ZONES	0 UNITS	Heating and Air Conditioning	Public	Public	10/9/2022

PAYMENT INFORMATION

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

Submit Cancel