

**C1** 70222 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 **5-11-23** DATE WELL COMPLETED **5-11-23** Depth of Well **22** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HW-20-0065**

OWNER **D. Schuman, Inc. - Maryland** WELL SITE ADDRESS **1122 8th St NW** TOWN **Marksville MD**

SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	1	
2nd Soil	1	30	
3rd Soil	30	40	
4th Soil	40	60	
5th Soil	60	65	
6th Soil	65	210	
7th Soil	210	320	

**GROUTING RECORD** yes no

WELL HAS BEEN GROUTED **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **C** BENTONITE CLAY **B**

NO. OF BAGS **40** NO. OF POUNDS **1500**

GALLONS OF WATER **750**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **30** ft.

**CASING RECORD**

casings types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

**60** **61** **63** **64** **66** **70**

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

E A C H C A S I N G

**SCREEN RECORD**

screen type or open hole insert appropriate code below

**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **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 15**

DRILLERS SIGNATURE **Walter A. Wojcik**

LIC. NO. **D**

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

**C2** DEPTH (nearest ft.)

E	8	9	11	15	17	21
A						
C	23	24	26	30	32	36
H						
S	38	39	41	45	47	51
C						
R						
E						
N						

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
from **56** to **60**

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3** **PUMPING TEST**

HOURS PUMPED (nearest hour) **8** **9**

PUMPING RATE (gal. per min.) **11** **15**

METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_

WATER LEVEL (distance from land surface)

BEFORE PUMPING \_\_\_\_\_ ft.

WHEN PUMPING **22** **25** ft.

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 or NO) 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 **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) **50** **51**

LATITUDE **39.20724**

LONGITUDE **76.9256**

(DEFAULT COORD. WGS 84)

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15-124121

EMERGENCY/TEMP NO. IF ANY

**B 1** SEQUENCE NO. (MDE USE ONLY) 05236 **STATE OF MARYLAND** STATE PERMIT NUMBER HO-20-0265  
**APPLICATION FOR PERMIT TO DRILL WELL** please type 574074 70 79  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) 04/17/23  
 8 MM DD YY T3  
 15 Last Name Di Stefano Em + Raymond Varun Owner First Name 34  
 36 Street or RFD 12132 Early Lakes Path 55  
 57 Town Clarksville MD 70 State 72 Zip 21027 76

**B 3** LOCATION OF WELL  
 8 COUNTY Howard 21  
 23 SUBDIVISION Village of Riv Hill 42  
 SECTION 4 LOT 48 50  
 52 NEAREST TOWN Clarksville 71

**DRILLER INFORMATION**  
 76 Driller's Name Wesley Wolfe M MD License No. 81 598  
 Firm Name Wesley Wolfe Well Drilling  
 Address 206 N 129 Annapolis Junction MD 20701  
 Signature Wesley Wolfe Date 04/10/23

**B 4** SOURCES OF DRILLING WATER  
 1. ROBIC  
 2.  
 3.  
 11 STREET ADDRESS 12132 Early Lakes Path 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 DISTANCE FROM ROAD 29 37  
 ENTER FT OR MI FT 38 39  
 TAX MAP 0035 BLK: 7 PARCEL 0457

**B 2** WELL INFORMATION  
 1 APPROX. PUMPING RATE (GAL. PER MIN.) 2 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

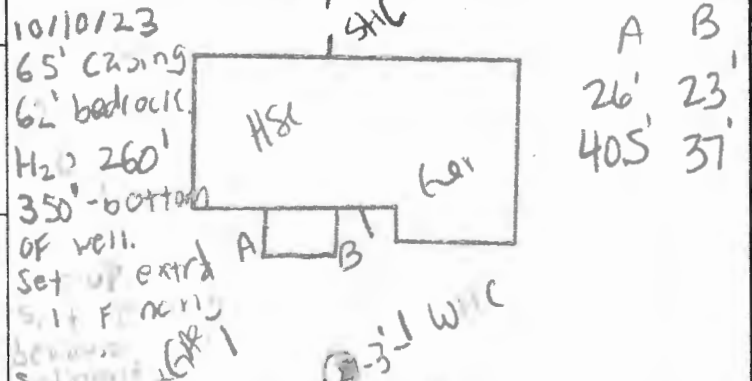
**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 O OPEN LOOP GEOTHERMAL  
 C CLOSED LOOP GEOTHERMAL 2 loops

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. 13  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 4/17/2023 43 MM DD YY 48  
 CO SIGNATURE Bob Pen EXP. DATE 4/17/2024  
 10/19/23 DOB: 10/11/23 DOY: N/A

APPROXIMATE DEPTH OF WELL 350 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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

**METHOD OF DRILLING** (circle one)  
 30 BORED (or Augered) AIR-ROTARY JETTED 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  
 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 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)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-20-0265 70 71 72 73 74 75 76 77 78 79

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10/11/23 First borehole drilled bottom used. (S)

**SPECIAL CONDITIONS**  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
Crust from bottom to top

## **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-23-00822

Application Type: EnvHealth/Well and Septic/Installation/Application

Address:

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<b>Receipt No.</b>	6276					
<b>Payment Method</b>	<b>Ref Number</b>	<b>Amount Paid</b>	<b>Payment Date</b>	<b>Cashier ID</b>	<b>Received</b>	<b>Comments</b>
Check	29744	\$160.00	04/04/2023	JUKING		Receipt # 74074

**Work Description:** Well Permit/ 12132 Early Lilacs Path

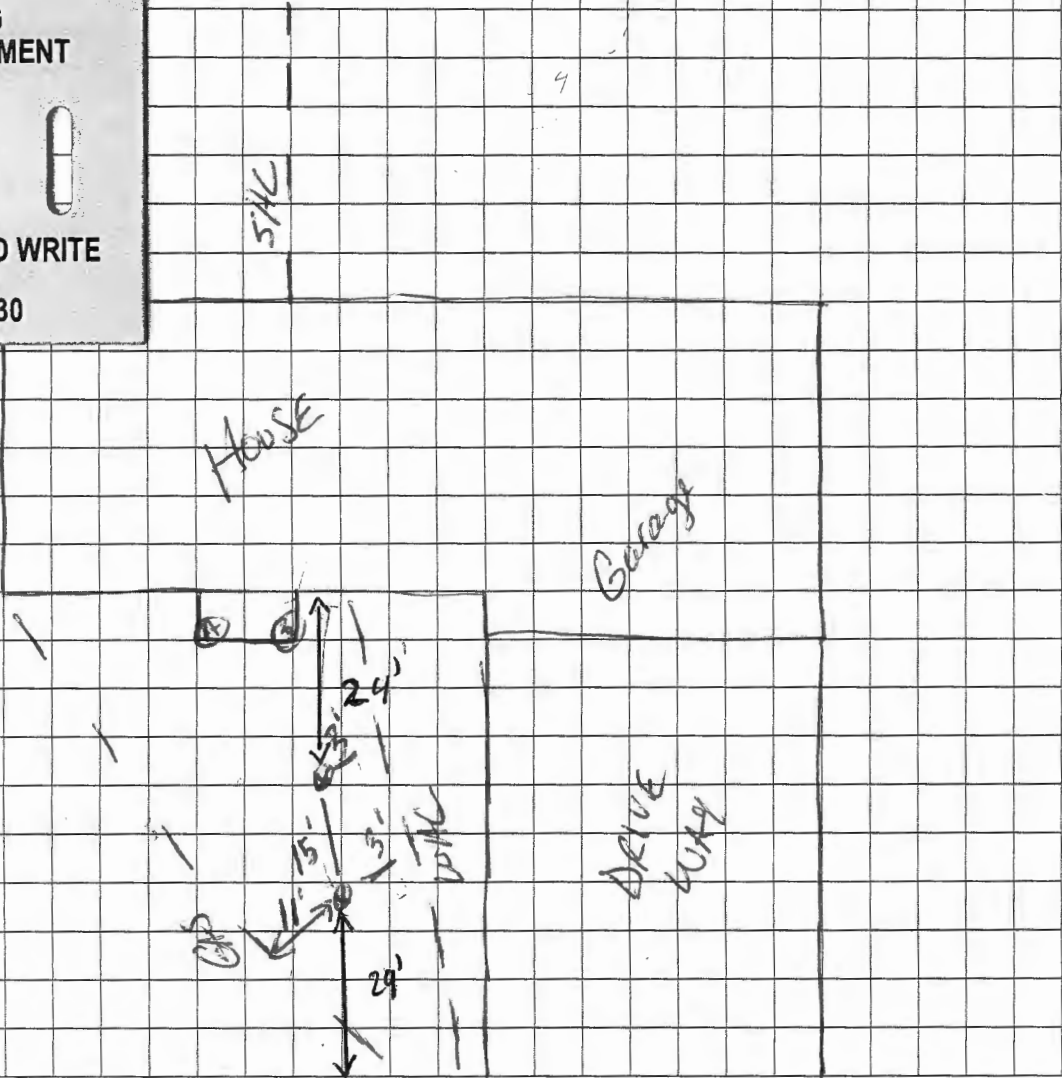
	A	B		
	26	23		
	40	37		



12132 Early Lacs Pkth  
 Clarksville Md  
 2 wells @ 350' each  
 closed loop geothermal

DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
**HO-20- 0265**  
 INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

well site  
 Approved (SP)  
 4/17/2023



Sediment Control Protocol: SILT Fence

Distance From House: 23'  
 From Septic: N/A  
 From Sewer: 50'+  
 From Property Line: 18'  
 From Street: 28'

Trees Nearby: NO  
 Utility Issues: Yes. Marked with paint  
 Mats Needed: Yes  
 Access For H/U: N/A By others  
 Neighboring Tags: See CompS

Comments: \_\_\_\_\_

Person Completing Form: Wes Wolfe



## Page, Shepsura

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**From:** Page, Shepsura  
**Sent:** Monday, April 17, 2023 1:32 PM  
**To:** Varun Agrawal  
**Subject:** RE: 12132 Early Lilacs Path

Great thank you!

**From:** Varun Agrawal <varun.k.agrawal@gmail.com>  
**Sent:** Monday, April 17, 2023 1:31 PM  
**To:** Page, Shepsura <spage@howardcountymd.gov>  
**Subject:** Re: 12132 Early Lilacs Path

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Yes, I'm OK with that

On Mon, Apr 17, 2023, 13:26 Page, Shepsura <[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)> wrote:

Good Afternoon Mr. Agrawal,

The boreholes for your geo-well are 5' away from your water line. Can you respond acknowledging you're aware and ok with the drillers going on as planned.

Thanks,

Shepsura Page, EH Specialist

Well & Septic Program

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-1789 (Office)

410-313-2648 (Fax)

[www.hchealth.org](http://www.hchealth.org)



HOWARD COUNTY HEALTH DEPARTMENT

74074

DATE 4/19/23

WS

Received From

allied env svcs. PHONE # 301-776-8370

CASH

CHECK

NO.

For well permit / 12/22  
early submittal path

24744 One hundred seventy Dollars

\$ 100.00

Received By Akin