

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 11/22/23 DATE WELL COMPLETED 4 24 23 Depth of Well 228.40 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-20-0257

OWNER: [Name] WELL SITE ADDRESS: [Address] TOWN: ELLESMERE CITY SUBDIVISION: [Subdivision] SECTION: [Section] LOT: 50

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	
soft brown	0	33	
Hard Gray rock	33	100	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
CEMENT NO. OF BAGS 24 NO. OF POUNDS 250
GALLONS OF WATER 450
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 400 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS OPEN HOLE
PLASTIC OTHER
DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO

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. 1 M.D.304
DRILLERS SIGNATURE [Signature]
LIC. NO. 1 [Signature]

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 8
PUMPING RATE (gal. per min.) 11
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft. WHEN PUMPING 22 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 36
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE (nearest foot) - below }

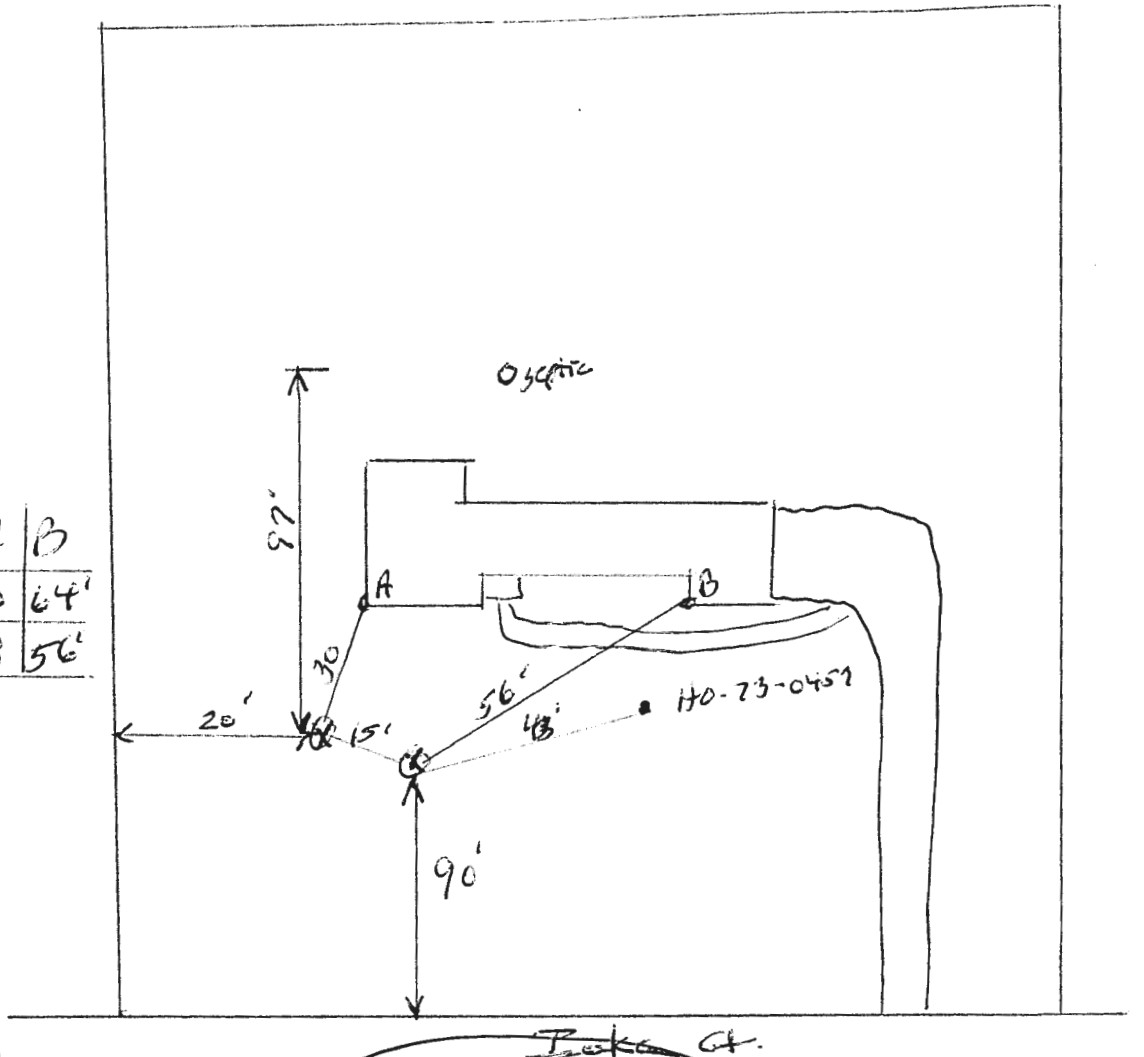
LATITUDE 39.273920
LONGITUDE 76.43662
(DEFAULT COORD. WGS 84)

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	SEQUENCE NO. (MDE USE ONLY) 54017	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 20 - 0257 <small>70 fill in this form completely 79</small>
Date Received (APA) 8 MM DD YY 13 12/23	B 3 LOCATION OF WELL		
OWNER INFORMATION 15 Last Name <u>Woodlum</u> PAUL Owner First Name 34 36 <u>12217 Ioka Ct.</u> Street or RFD 55 57 <u>Ellicott City MD</u> 70 State 72 <u>21042</u> Zip 76		8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Woodmark</u> 42 SECTION <u>44 46</u> LOT <u>50</u> 52 NEAREST TOWN <u>Ellicott City</u> 71	
DRILLER INFORMATION Driller's Name <u>David Kelly</u> 76 License No. 81 <u>MWD 304</u> Firm Name <u>JONES Well Drilling</u> Address <u>3700 Rush Rd. Jarrettsville MD 20884</u> Signature <u>David Kelly</u> Date <u>3/1/23</u>		B 4 SOURCES OF DRILLING WATER 1. <u>12217 Ioka Ct</u> STREET ADDRESS 30 2. <u>stake well</u> 3. _____ ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W 32 EAST E SOUTH S DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>M23</u> BLK: <u>0007</u> PARCEL <u>0089</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>11-1-23</u> CO SIGNATURE <u>ZIT</u> EXP. DATE <u>11-1-24</u> 43 MM DD YY 48	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL <u>2 holes</u>		APPROXIMATE DEPTH OF WELL <u>400</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT other _____		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 	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 20 - 0257</u> 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>	



	A	B
1	30	64'
2	38	56'



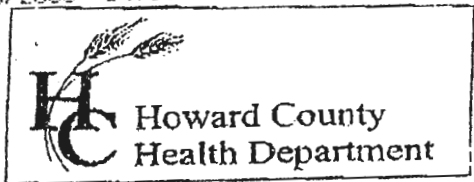
well stakes
verified
3/13/23

well sites ok
3/14/23
HO-20-0257

Not to scale

owner: PAUL Leadman
12217 Ioka Ct.
Ellicott City md
21042

HVAC contractor: Waterville Geo
c/o Joe Opatyke
410-879-0292



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:

<u>Woodmark</u>	<u>50</u>	<u>12217 Ioka Ct.</u>
Subdivision/Property Name	Lot#	Road Name

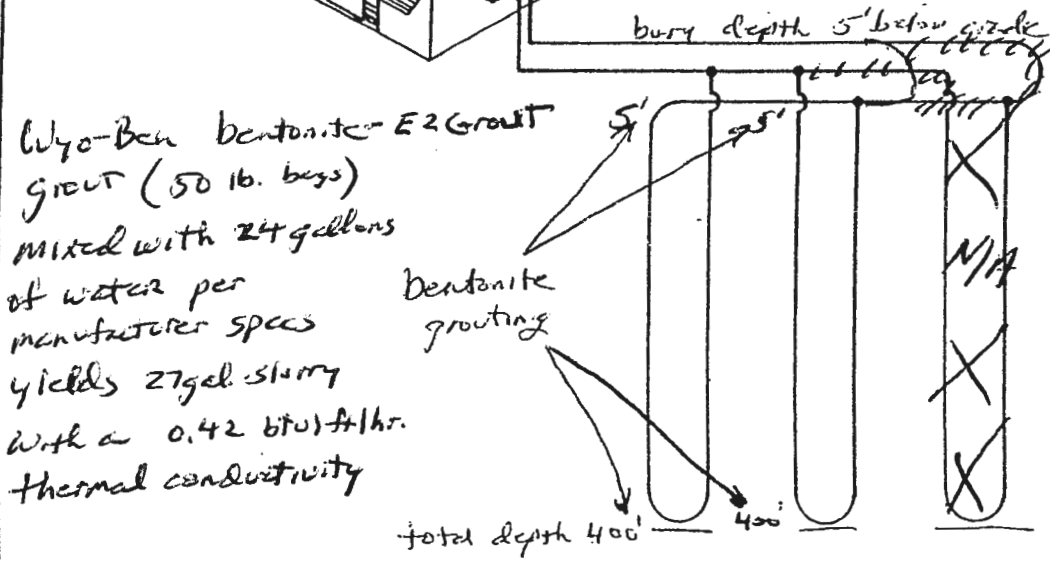
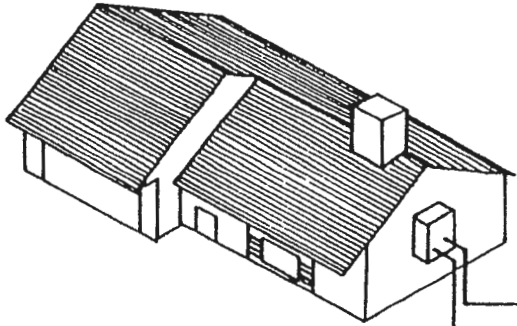
The well site has been staked by well driller,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

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.

Revised 3/11/05

Driller: Jones Well Drilling
 contact: David Kelly
 410-692-6981



Earth Coil Type: Vertical - Single U-Bend
 Water Flow: Parallel
 Pipe Sizes: 1 1/4" double Loop
 Bore Lengths: 400' x 2 holes (800' vertical bore)
 Pipe Lengths: 800 x 2 (1600' vertical pipe)

FIGURE 4.5: Parallel Vertical Ground Heat Exchanger

RECEIPT

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

Application: WS-WP-23-00552

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

Address:

Receipt No.	6006					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Cash		\$160.00	03/07/2023	JUKING		Receipt # 74019

Work Description: Well Permit/ 12217 Ioka Ct



HOWARD COUNTY HEALTH DEPARTMENT

74019

WS

DATE 3 11 63

Received From

Carroll water systems

PHONE #

410 876-5100

For

Well Permit / 12217 / oka ct

CASH

CHECK

NO.

5312

One hundred sixty

Dollars

\$

160.00

Received By

Keim