

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER 3

ST/CO USE ONLY DATE Received MM DD YY 8 13 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-22-0128

DATE WELL COMPLETED MM DD YY 02 13 2004 Depth of Well 22 320 26 (TO NEAREST FOOT) OWNER [Signature] WELL SITE ADDRESS [Address] TOWN [Town] SUBDIVISION [Subdivision] SECTION [Section] LOT [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	
Topsoil	0	1	
Dark s.H	1	23	
Rock/Anthracite	23	43	
Anthracite	43	62	
White quartzite	62	130	
White quartzite	130	320	

Installed 1.25" x 320' closed loop hdpe U-board

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 46 18 NO. OF POUNDS 45 46 700
GALLONS OF WATER 342
DEPTH OF GROUT SEAL (to nearest foot) from 48 0 TOP 52 ft. to 54 320 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 60 Total depth of main casing (nearest foot) 60
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ST BRASS BR BRONZE PL PLASTIC PL OPEN HOLE HO OTHER OT
DEPTH (nearest ft.) 60 320

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. MW D 587
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 143
[Signature]

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

C 2

DEPTH (nearest ft.)	8	9	11	15	17	21
A						
H						
S						
C						
R						
E						
E						
N						

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH) 58 60
from to

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 7.5
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE N/A
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17 20
WHEN PUMPING 22 25
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
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 45
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } (nearest foot)

LATITUDE 39.15728
LONGITUDE 76.41314
(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.

C 1 73397

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)

COUNTY NUMBER 1

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-22-0123

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'Topsoil', 'Red sandy silt', 'Sandstone', 'Limestone', 'Tuffaceous sandstone', 'Biotite'.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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

DRILLERS LIC. NO. MWD 587, DRILLERS SIGNATURE, LIC. NO. MWD 163, SITE SUPERVISOR

GROUTING RECORD WELL HAS BEEN GROUTED Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing 60

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 320

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

PUMPING TEST

HOURS PUMPED (nearest hour) N/A, PUMPING RATE (gal. per min.) N/A, METHOD USED TO MEASURE PUMPING RATE N/A

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) N/A

LATITUDE 39.157213, LONGITUDE 76.845922 (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.

9762 Polished Stone 5/8/24



9762 Polished Stone 5/8/24





1513 Tilco Drive Frederick, Maryland 21704
301-696-8820 www.connellyandassociates.com

April 5, 2024

Mr. Eric McCormick
9762 Polished Stone
Columbia, Md. 21046

*approved - wells
must be at least 10 feet
from property line -
[Signature]
4/15/24*

Re: Geothermal Variance Request

Please accept this letter of agreement between both Mr. McCormick and Connelly & Associates, Inc. on this 5th day of April 2024 as a written request for the authorization and issuance of a variance for two geothermal closed loop wells on the above stated address. These two wells do not meet the county code set back regulations for the installation of geothermal closed loop wells on the private property, more specifically the county building structure set back. Please review the attached state well permit application and well location plan for the locations of both geothermal wells. All county enforced set backs can be achieved, except for the building structure which places the geothermal wells 10 feet from the home and not the 20 feet as in the county regulations.

After evaluating the property site with the homeowner, it has been determined the location of both wells can only be achieved in the location on the attached property site survey and the well location plan. Connelly & Associates Inc. has discussed with Mr. McCormick the potential risk associated with home/property damage in this request and have agreed that Connelly & Associates, Inc. will provide the best approach and drilling techniques moving forward to mitigate those risks during the installation of the two geothermal wells.

Property Owner

Signature: *Eric McCormick*

Date: 04/05/2024

C/A

Signature: *Stephen D. [Signature]*

Date: 4-10-2024

RECEIPT

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

Application: WS-WP-24-00924
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 9762 POLISHED STONE, Columbia, 21046

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
9294		\$160.00	04/10/2024	SMARTIN		

Owner Info.: MCCORMICK ERIC L
9762 POLISHED STONE
COLUMBIA, MD 21046

Work Description: GEOTHERMAL WELL

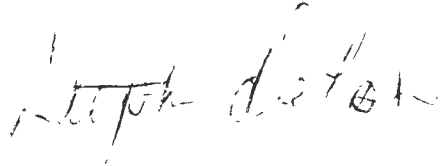
Transaction Code: BM0P5B6A9628
Date: 04/10/2024 11:06:47 AM
Card Type: Visa
Card Number: xxxxxxxxxxxx7326
Authorization Code: 111111
Total Amount: \$160.00
Operator ID: SMARTIN
Cash Drawer ID :
Record: WS-WP-24-00924

I agree to pay the above amount according to the Credit Card issuer agreement.

Sign Below:

Print Receipt

Cancel

A handwritten signature in black ink, appearing to read "Joseph D. [unclear]".

RECEIPT

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

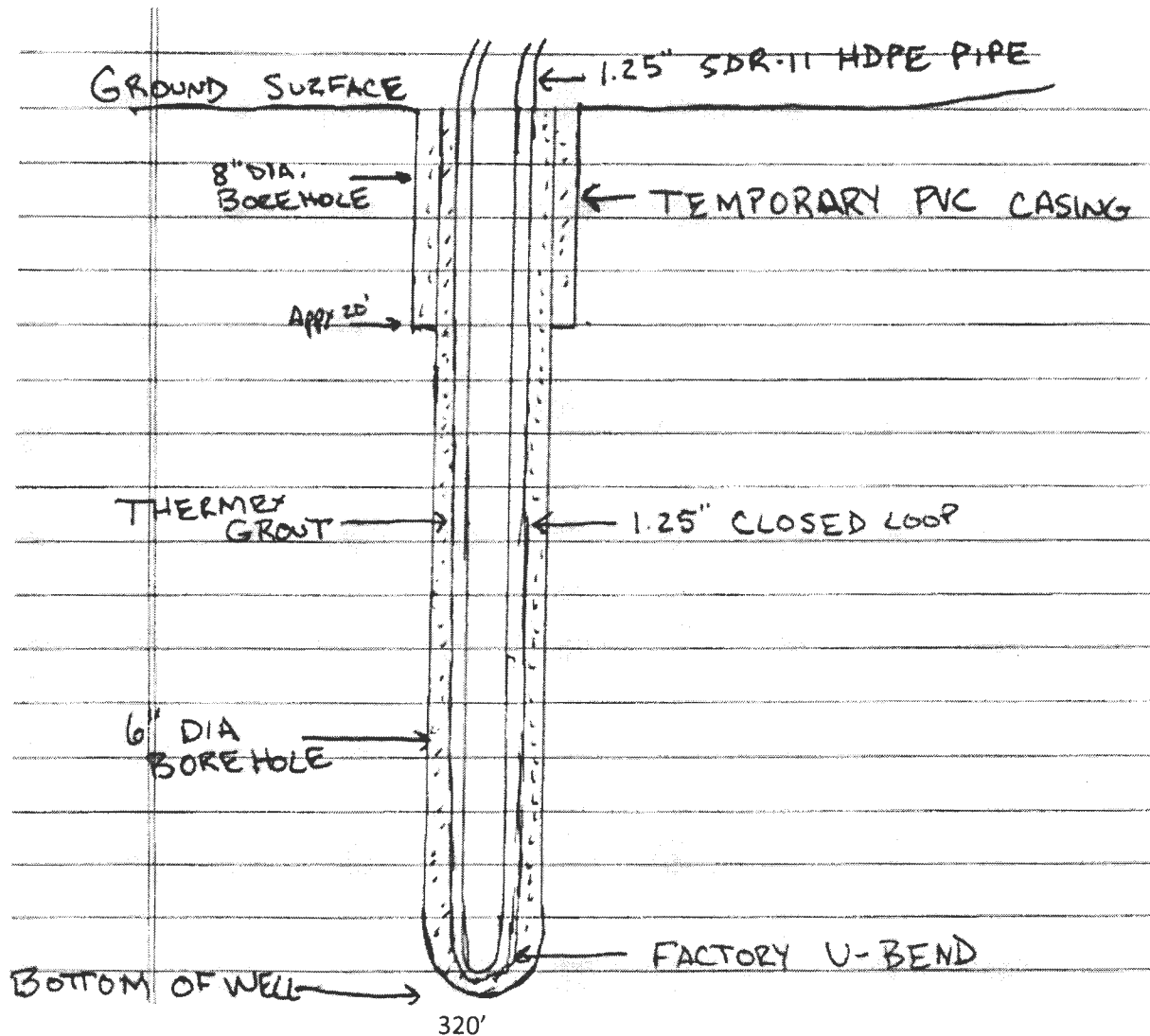
Application: WS-WP-PMT-24-00025
Application Type: EnvHealth/Well and Septic/Installation/Permit
Address: 9762 POLISHED STONE, Columbia, 21046

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
9594		\$160.00	05/08/2024	SMARTIN		Previously paid via credit card 4/10/24

Owner Info.: MCCORMICK ERIC L
9762 POLISHED STONE
COLUMBIA, MD 21046

Work Description:

McCormick Residence: 9762 Polished Stone Columbia, Md. Geothermal Closed Loop



Grout information for this property is as follows:

Well Grout DF grout mixture of 50 lb. grout to 19 gallons water, placed in the well using the tremie method, from bottom to top.



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

<i>9762 Polished Stone Vil Kings Contr</i>	<i>179</i>	<i>Polished Stone</i>
Subdivision/Property Name <i>S3</i>	Lot #	Road Name
<i>AR-2</i>		

- 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.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.