

C1 6936

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 A516902

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 6 6 2007

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1035

OWNER Highland Development Corporation
STREET OR RFD Hadden Creek Way
SUBDIVISION Windsor Forest Knolls SECTION TOWN Mt. Airy LOT 8

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale 0 76, Blue Rock 76 220.

Handwritten note: 23 = 7.0 + 3.0

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [Y] NO [N]
TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 23 NO. OF POUNDS 2162
GALLONS OF WATER 138
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole ST BR HO PL OT
STEEL BRASS OPEN HOLE BRONZE PLASTIC OTHER

DEPTH (nearest ft.)

Table showing depth intervals and slot size. Includes handwritten 'Ho 78 220'.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 8.5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 102 ft.
TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 31 35
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 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
See attached location. Well drilled at location. Staked by FSH Engineers.

STATE OF MARYLAND
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN
60 DAYS AFTER THE WELL IS COMPLETED
COUNTY
HARRIS
A214102

DATE WELL COMPLETED
6 & 2007

DATE REPORTED
6-12-07
No. 42-102
4141x

OWNER
TOWN
SECTION

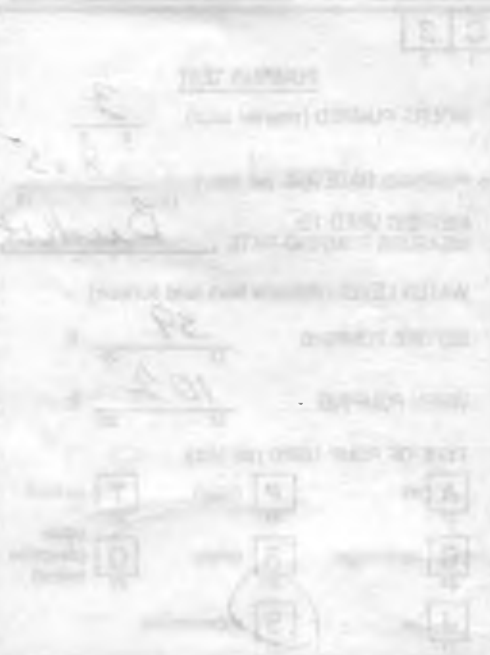


Table with columns for well depth, casing, tubing, and perforations. Includes handwritten annotations like '200' and '100'.

Table with columns for well depth, casing, tubing, and perforations. Includes handwritten annotations like 'Blue back 10000' and '200'.

WELL IDENTIFICATION
WELL NAME
WELL NUMBER
WELL TYPE
WELL STATUS

Table with columns for well depth, casing, tubing, and perforations. Includes handwritten annotations like '200' and '100'.

Table with columns for well depth, casing, tubing, and perforations. Includes handwritten annotations like '200' and '100'.

WELL LOCATION
WELL DEPTH
WELL STATUS
WELL TYPE

Table with columns for well depth, casing, tubing, and perforations. Includes handwritten annotations like '200' and '100'.

Table with columns for well depth, casing, tubing, and perforations. Includes handwritten annotations like '200' and '100'.

RECEIVED
JUN 12 2007
HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

B 1 9853

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526278 please type

40-95-1035 fill in this form completely

Date Received (APA) 3/12/07

OWNER INFORMATION

Highland Development Corp P.O. Box 228 Clarksville Md 21029

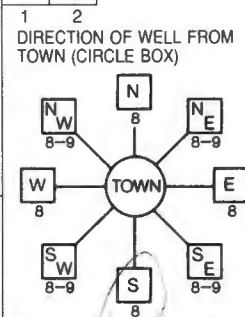
LOCATION OF WELL

Howard 8 COUNTY Windsor Forest Knolls 23 SUBDIVISION Mt. Airy 52 NEAREST TOWN

DRILLER INFORMATION

Joseph L Mayne MS D 024 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy 21776

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hidden Creek way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 100 FT

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 516902 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 3/28/07 EXP. DATE 3/28/08

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

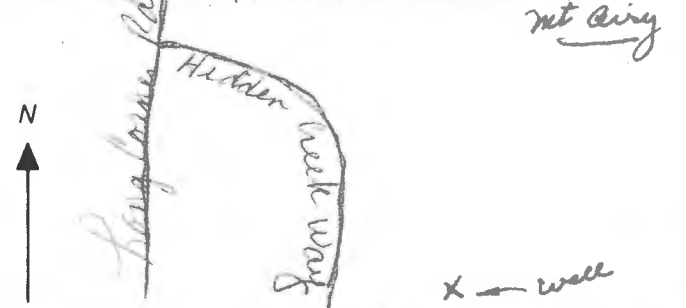
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7507 N 5404

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

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

APPROX. PERMIT NUMBER PERMIT No.

SPECIAL CONDITIONS PLEASE ATTACHED MEMO REGARDING DRILLED LOCATION OF WELL...

RECEIVED

MAR 12 2007

**HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH**



Bureau of Environmental Health
7178 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

Peter L. Beilenson, M.D., M.P.H., Health Officer

Wednesday, March 28th, 2007

IMPORTANT

MEMORANDUM

To: FILE

From: Kevin Wolf, Sanitarian *KW*
Well and Septic Program

Re: Windsor Forest Knolls
Lot 8

Maximize the separation of the well on lot 8 to the adjacent existing septic system NW of lot 8. The well **must** be drilled in the southwest ^{east} corner (looking at the plan-upper/left corner) of the well box. The 200ft setback will not be maintained and other reasoning will follow behind this action.

C1 65734 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT #1

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (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 MM DD YY

DATE WELL COMPLETED

Depth of Well 22 320 26 (TO NEAREST FOOT)

Approved 10/7/21 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0123

OWNER Ready Kathleen Howard Jeffrey Rush WELL SITE ADDRESS 12415 Hidden Creek Way TOWN Mount Airy 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 FROM TO check if water bearing. Topsoil 0 2, Brown silt 2 40, Grey silt 40 50, Brown silt 50 80, Grey silt 80 320.

GROUTING RECORD YES NO WELLS HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 550 GALLONS OF WATER 209 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 320 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 98

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

SCREEN RECORD screen type or open hole insert appropriate code below. ST BR HO PL OT

DEPTH (nearest ft.) 98 320. T 2 11 15 17 21. A 8 9 11 15 17 21. C 23 24 26 30 32 36. S 38 39 41 45 47 51. R 38 39 41 45 47 51. E 70 72 74 75 76. N DIAMETER OF SCREEN (NEAREST INCH) from to

PUMPING TEST HOURS PUMPED (nearest hour) N/A PUMPING RATE (gal. per min.) N/A METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING N/A WHEN PUMPING N/A TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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 DRILLER SIGNATURE LIC. NO.: AWD 083

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.329300 LONGITUDE 77.153541 (DEFAULT COORD. WGS 84)

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1 65735

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND #2
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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received 09/30/21

09/17/21

320 (TO NEAREST FOOT)

Approved 10/7/21

HO-20-0123

OWNER Ready Kathleen Howard Jeffrey Rush
WELL SITE ADDRESS 1395 Hidden Creek Way TOWN Mount Airy
SUBDIVISION 1395 Hidden Creek Way SECTION LOT 8

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

C 3 PUMPING TEST

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

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

HOURS PUMPED (nearest hour) N/A

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Silty Brn. w/ fine sand, Silty Grey, Silty, Silty Brn. Tan sandy w/ med. rock, Silty Grey med-hard, and a note: Installed 1.25' x 320' closed loop hdpa liner.

NO. OF BAGS 10 NO. OF POUNDS 320
GALLONS OF WATER 190
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 320 ft.

PUMPING RATE (gal. per min.) N/A

CASING RECORD casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

METHOD USED TO MEASURE PUMPING RATE

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 98

WATER LEVEL (distance from land surface) BEFORE PUMPING N/A ft.

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

WHEN PUMPING N/A ft.

SCREEN RECORD screen type or open hole (insert appropriate code below): ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

WELL HYDROFRACTURED YES Y NO N

Table with 3 columns: A-C, H-S, R-E, N. Values: 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. N/A

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...

CAPACITY: GALLONS PER MINUTE (to nearest gallon) N/A

DRILLERS LIC. NO. MWD 587

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

PUMP HORSE POWER N/A

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP COLUMN LENGTH (nearest ft.) N/A

LIC. NO. AW D 083

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

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below. LAND SURFACE -3 (nearest foot)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 37.329325 LONGITUDE 77.153606 (DEFAULT COORD. WGS 84)

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COUNTY NUMBER

STATE OF MARYLAND
WELL COMPLETION REPORT
PLEASE TYPE

DATE WELL COMPLETED

WELL IDENTIFICATION NUMBER

WELL TYPE

DATE WELL COMPLETED

TOWN

SECTION

OWNER

LOT

SECTION

WELL LOG

WELL IDENTIFICATION NUMBER

WELL TYPE

WELL LOG

WELL IDENTIFICATION NUMBER

WELL TYPE

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WELL LOG

WELL IDENTIFICATION NUMBER

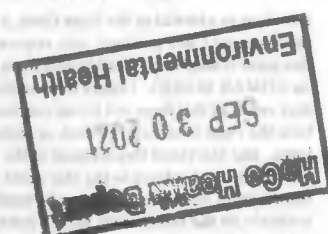
WELL TYPE

WELL LOG

WELL IDENTIFICATION NUMBER

WELL TYPE

WELL LOG



C1 65736

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND #3
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED
MM DD YY
09 30 21

09 14 21

22 320 26
(TO NEAREST FOOT)

Approved 10/7/21 (SB) HO-20-0123

OWNER: Reedy Kathleen Howard Jeffrey Rush
WELL SITE ADDRESS: 18745 Hidden Creek Way TOWN: Marat Hill
SUBDIVISION: 1003 Lot 8 43A Windsor Forest SECTION: _____ LOT: 8

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 FROM TO

check if water bearing

Topsail	0	2	
Silt: B/N	2	40	
Schist: Tan	40	55	
grey w/ silt			
Silt: B/N	55	82	✓
Tan, wet			
Schist: Grey	82	320	✓
Mod. hard wet			
Installed 1.25" x 320' closed loop hdpe U bend			

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 550

GALLONS OF WATER 209

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 320 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 98

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

screen type or open hole insert appropriate code below
STEEL BRASS BRONZE PLASTIC
HOLE OTHER

DEPTH (nearest ft.)

1 HO 2 98 3 320
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N

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

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) N/A

PUMPING RATE (gal. per min.) N/A

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING N/A ft.

WHEN PUMPING N/A 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 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. N/A

CAPACITY: GALLONS PER MINUTE (to nearest gallon) N/A

PUMP HORSE POWER N/A

PUMP COLUMN LENGTH (nearest ft.) N/A

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } -3 (nearest foot)

LATITUDE 39.329370
LONGITUDE 77.153559
(DEFAULT COORD. WGS 84)

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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.: M D 587

DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: AW D 083

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

COUNTY

WELL ID: 4485738

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE COMPLETED
BEFORE THE WELL IS COMPLETED
COUNTY: ST. MARY'S

DATE WELL COMPLETED: 11/15/2021

WELL NAME: WELL 1
WELL TYPE: WATER

WELL DEPTH (FEET): 100
WELL DIAMETER (INCHES): 4

OWNER: John Doe
WELL SITE ADDRESS: 123 Main St
TOWN: St. Mary's

WELL LOG

DATE WELL COMPLETED: 11/15/2021

WELL ID: 4485738

DEPTH (FEET)	DIAMETER (INCHES)	FORMATION	REMARKS
0 - 10	4	CLAY	...
10 - 20	4	SAND	...
20 - 30	4	CLAY	...
30 - 40	4	SAND	...
40 - 50	4	CLAY	...
50 - 60	4	SAND	...
60 - 70	4	CLAY	...
70 - 80	4	SAND	...
80 - 90	4	CLAY	...
90 - 100	4	SAND	...

WELL HAS BEEN TESTED

TEST DATE: 11/15/2021

TEST TYPE: WATER

TEST RESULTS:

WELL CAPACITY (GPM): 10

WELL EFFICIENCY (%): 100

WELL YIELD (GPM): 10

WELL HEAD LOSS (FEET): 10

WELL STATIC HEAD (FEET): 10

WELL TOTAL HEAD (FEET): 10

WELL PUMP HEAD (FEET): 10

WELL PUMP CURVE:

WELL PUMP TYPE: Hand Pump

WELL PUMP MODEL: Model X

WELL PUMP SERIAL: 12345

WELL PUMP MANUFACTURER: ABC

WELL PUMP INSTALLATION DATE: 11/15/2021

WELL PUMP OPERATING PRESSURE (PSI): 10

WELL PUMP FLOW RATE (GPM): 10

WELL PUMP HEAD LOSS (FEET): 10

WELL PUMP TOTAL HEAD (FEET): 10

WELL PUMP PUMP HEAD (FEET): 10

WELL PUMP PUMP CURVE:

WELL TEST

TEST DATE: 11/15/2021

TEST TYPE: WATER

TEST RESULTS:

WELL CAPACITY (GPM): 10

WELL EFFICIENCY (%): 100

WELL YIELD (GPM): 10

WELL HEAD LOSS (FEET): 10

WELL STATIC HEAD (FEET): 10

WELL TOTAL HEAD (FEET): 10

WELL PUMP HEAD (FEET): 10

WELL PUMP CURVE:

WELL PUMP TYPE: Hand Pump

WELL PUMP MODEL: Model X

WELL PUMP SERIAL: 12345

WELL PUMP MANUFACTURER: ABC

WELL PUMP INSTALLATION DATE: 11/15/2021

WELL PUMP OPERATING PRESSURE (PSI): 10

WELL PUMP FLOW RATE (GPM): 10

WELL PUMP HEAD LOSS (FEET): 10

WELL PUMP TOTAL HEAD (FEET): 10

WELL PUMP PUMP HEAD (FEET): 10

WELL PUMP PUMP CURVE:

WELL LOCATION:

WELL DEPTH (FEET): 100

WELL DIAMETER (INCHES): 4

WELL TYPE: WATER

WELL STATUS: Active

WELL OWNER: John Doe

WELL ADDRESS: 123 Main St

WELL TOWN: St. Mary's

WELL COUNTY: St. Mary's

WELL STATE: Maryland

WELL ZIP: 20688

WELL COORDINATES:

LONGITUDE: 76.6308

LATITUDE: 38.7272

WELL ELEVATION (FEET): 100

WELL SURFACE ELEVATION (FEET): 100

WELL STATIC HEAD (FEET): 10

WELL TOTAL HEAD (FEET): 10

WELL PUMP HEAD (FEET): 10

WELL PUMP CURVE:

WELL PUMP TYPE: Hand Pump

WELL PUMP MODEL: Model X

WELL PUMP SERIAL: 12345

WELL PUMP MANUFACTURER: ABC

WELL PUMP INSTALLATION DATE: 11/15/2021

WELL PUMP OPERATING PRESSURE (PSI): 10

WELL PUMP FLOW RATE (GPM): 10

WELL PUMP HEAD LOSS (FEET): 10

WELL PUMP TOTAL HEAD (FEET): 10

WELL PUMP PUMP HEAD (FEET): 10

WELL PUMP PUMP CURVE:

Maryland Health Department
Environmental Health
 SEP 20 2021

B 1 61182 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO - 20 - 0123
APPLICATION FOR PERMIT TO DRILL WELL 501437 please type 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (ARA) 080321
 8 MM DD YY 13
 15 Reedy Kathleen Howard Jeffrey Rust Last Name Owner First Name 84
 36 7546 Honey Locust Ln Street or RFD 55
 57 Hanover Town 70 MD State 72 21076 Zip 76

LOCATION OF WELL
Howard COUNTY 21
 23 1003 Lot 8 1.183A Windsor Forest Knolls SUBDIVISION #2
 SECTION 44 46 LOT 8 48 50
 52 Mount Airy NEAREST TOWN 71

DRILLER INFORMATION
 76 Stephen DeLosh Driller's Name 81 MWD 587 License No.
 Firm Name Connelly + Associates, Inc
 Address 1513 Tilco Dr, Frederick MD 21704
 Signature Stephen DeLosh Date 7-28-21

SOURCES OF DRILLING WATER
 1. private
 2.
 3. 18445 Hidden Creek Way STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 1,000 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 0006 BLK: 7777 PARCEL 0057

WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) N/A 12
 8
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) N/A 20
 14

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

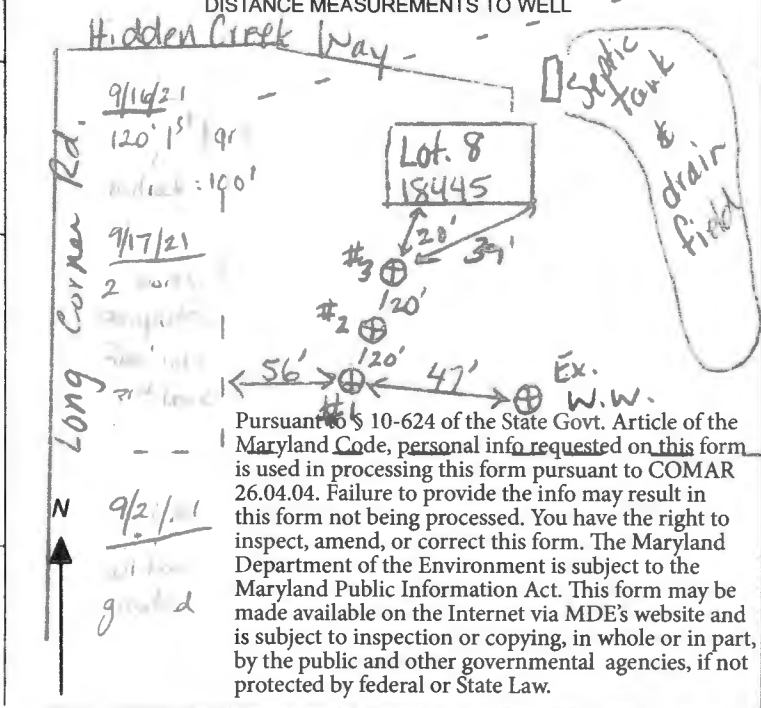
COUNTY NAME Howard COUNTY NO. 21
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 08/20/2021 41
 43 MM DD YY 48 **CO SIGNATURE** _____ **EXP. DATE** 08/20/2022
Jon 9/16/21 (SD) DOG 9/21/21 (SD)

APPROXIMATE DEPTH OF WELL 320 FEET
 24 28

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

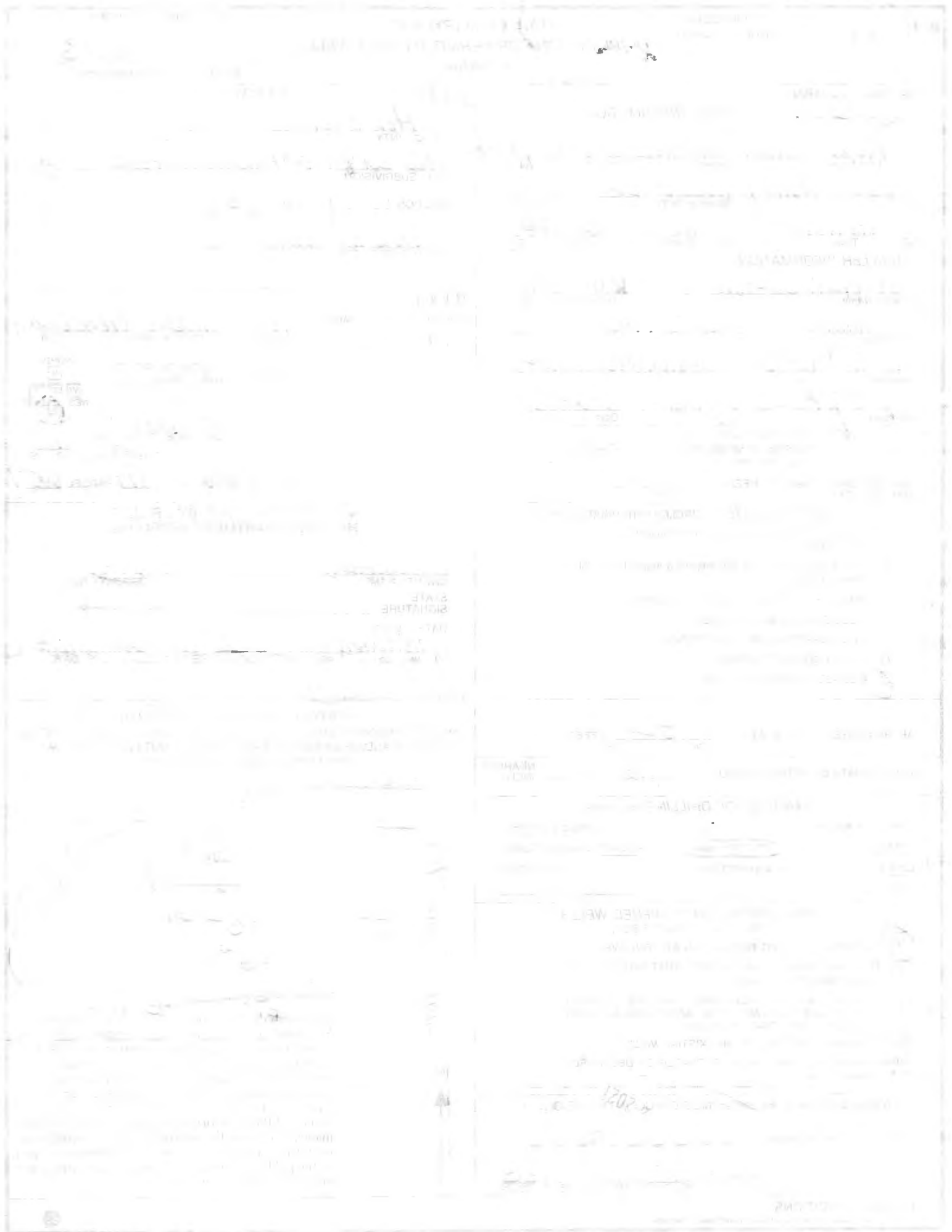
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 - 0123
 70 71 72 73 74 75 76 77 78 79



RECEIVED

JUN 12 2007

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: FEEZER Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: 18445 HIDDEN CR Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1035
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

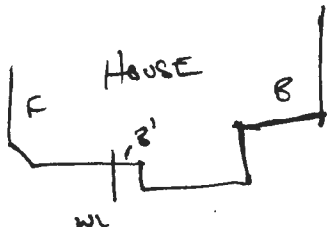
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

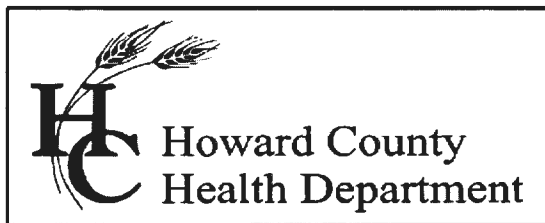
Signature of company representative responsible for installation _____ date _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 07/09/2021 Date Insp. Approved: 07/09/2021 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 47" 07/09/2021
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 37" 07/09/2021
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 25" 07/09/2021
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



* CHECK w/ SHARHONDA FOR FEEZER SHEET



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

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 12, 2022

November 12, 2021

Homeowner
18445 Hidden Creek Way
Mount Airy, MD 21771

RE: Windsor Forest Knolls, Lot 14
18445 Hidden Creek Way
Building Permit: B20004122
Well Permit: HO-95-1035

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/19/2021**. Final approval of the well line connection to the dwelling was granted on **7/9/2021**. The well construction was completed on **6/6/2007**. Water samples were collected on **11/9/2021**.

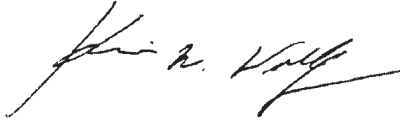
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1035. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co., Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Russell George License# PI0148

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Keystone Homes Telephone #: 717-464-9060
Subdivision: _____ Lot #: 8 Well Tag #: HO -95 -1035
Site Address: 18445 hidden creek Way
Mt Airy, Maryland 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5CS10422C</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>

Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: Yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing *N/A*

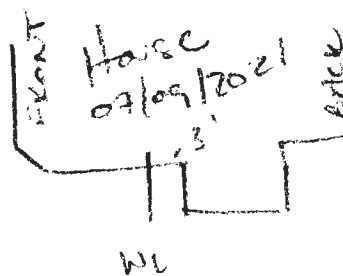
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42'</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

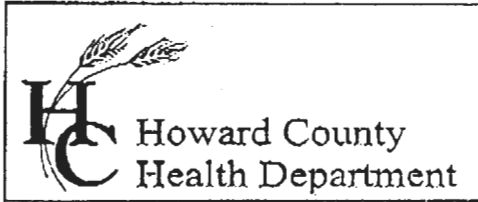
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer
Signature of company representative responsible for installation _____ date _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 07/09/2021 Date Insp. Approved: 07/09/2021 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 47" 07/09/2021
Two piece cap installed and attached to casing securely 37" 07/09/2021
Elec. conduit extends at least 18" below grade/attached to cap properly 25" 07/09/2021
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____





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>Windsor Forest Knolls</u>	<u>Hidden Creek Way</u>
Subdivision/Property Name	Road Name
<u>18 Lots</u>	

The well site has been staked by FSH Associates,
 (professional land surveyor or company employing professional land surveyors)
Wilson 3-15-2007 (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

[Faint, illegible text or stamp]

E Bulk

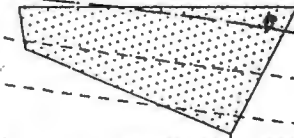
PAYNE'S VIEW
LOT 1

PLAT NO.: 10069
ZONED: RC

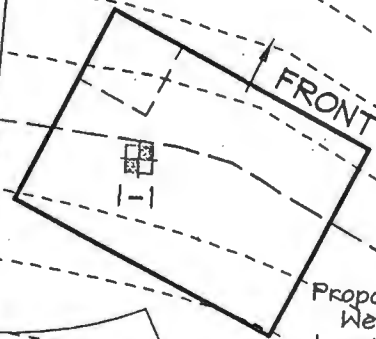
M&C2

N 16°58'08" E

N 16°58'08" E



50' BRL



LOT 7
56,530sf±

FRONT

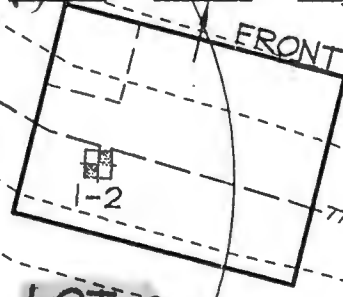
N 83°45'36" W

10' BRL

10' BRL

255.72'

Handwritten notes:
3/29/02
Well site
OK (Kuss)
Spoked
FSV



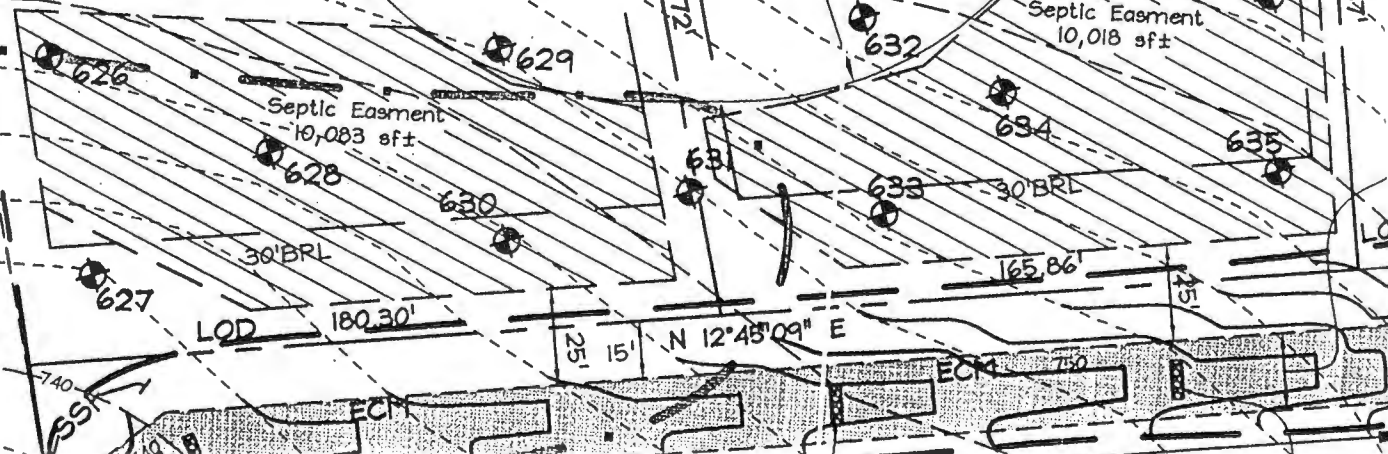
LOT 8
51,394sf±

FRONT

N 77°14'51" W

10' BRL

770



Septic Easment
10,083 sf±

Septic Easment
10,018 sf±

30' BRL

30' BRL

LOD 180.30'

25'

N 12°48'09" E

165.86'

75'

740

ECM

ECM

750

RECEIVED

MAR 12 2007

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

Thomas, Susan

From: Steve DeLosh <steve@connellyandassociates.com>
Sent: Monday, September 20, 2021 2:25 PM
To: Thomas, Susan
Subject: Re: Mobilization: 18445 Hidden Creek Way Mt. Airy - Geothermal Well Drilling

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

Susan,

We are just now leaving Arlington. Let's plan to begin grouting tomorrow morning at 8am as we still have an hour to drive back to our Frederick office and load up material.

Best regards,
Steve

Sent from my iPhone

On Sep 20, 2021, at 8:53 AM, Thomas, Susan <sathomas@howardcountymd.gov> wrote:

Ok thanks Steve. I'll be looking for your email at noon.

-Susan

From: Steve DeLosh <steve@connellyandassociates.com>
Sent: Monday, September 20, 2021 6:36 AM
To: Thomas, Susan <sathomas@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>; Cabahug, Joseph <jcabahug@howardcountymd.gov>; Rappaport, Ryan <RRappaport@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: RE: Mobilization: 18445 Hidden Creek Way Mt. Airy - Geothermal Well Drilling

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

Good morning Susan,

Our drill crew on site did not contact me until 5:30 pm on Friday evening stating they had installed the 3rd and final geothermal loop. Our grout truck and crew have a scheduled grout inspection in Arlington, Va. this morning for two geo wells. If our crew can complete that task early this afternoon, we can have them mobilize and begin grouting later this afternoon at 18445 Hidden Creek Way. I will contact you at noon today if our crew can start grouting this afternoon, if not we will be ready tomorrow morning to complete the grouting.

Sincerely,

Steve DeLosh

Project Manager
Connelly & Associates, Inc.
cell: 240-367-7925
office: 301-696-8820 Ext. 20
<image001.png>

From: Thomas, Susan <sathomas@howardcountymd.gov>
Sent: Friday, September 17, 2021 4:12 PM
To: Steve DeLosh <steve@connellyandassociates.com>; Martin, Sharhonda <smmartin@howardcountymd.gov>; Cabahug, Joseph <jcabahug@howardcountymd.gov>; Rappaport, Ryan <RRappaport@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: RE: Mobilization: 18445 Hidden Creek Way Mt. Airy - Geothermal Well Drilling

Dear Steve,

I stopped by today and all the bores were done. Just wanted to double check that you'll be grouting on Monday.

Thanks! Have a great weekend,

Susan

Susan M. Thomas
Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
410-313-6287
sathomas@howardcountymd.gov
www.hchealth.org
<image002.png>

<image003.png>
twitter.com/HoCoHealth

<image004.png>
facebook.com/HoCoHealth

<image005.png>
instagram.com/hocohealth

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Steve DeLosh <steve@connellyandassociates.com>

Sent: Wednesday, September 15, 2021 7:57 AM

To: Thomas, Susan <sathomas@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>; Cabahug, Joseph <jcabahug@howardcountymd.gov>; Rappaport, Ryan <RRappaport@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>

Subject: Mobilization: 18445 Hidden Creek Way Mt. Airy - Geothermal Well Drilling

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

Good morning all,

We are planning to mobilize the drilling equipment to the above stated address later this afternoon, and then begin drilling tomorrow morning. Drilling to begin approx. 8 am

Best regards,

Steve DeLosh

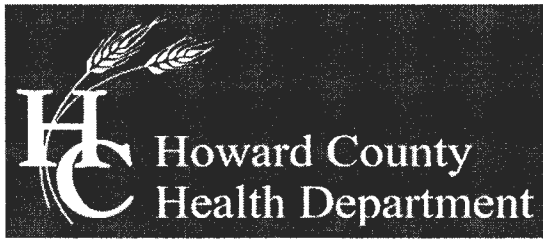
Project Manager

Connelly & Associates, Inc.

cell: 240-367-7925

office: 301-696-8820 Ext. 20

<image001.png>



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](https://twitter.com/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:

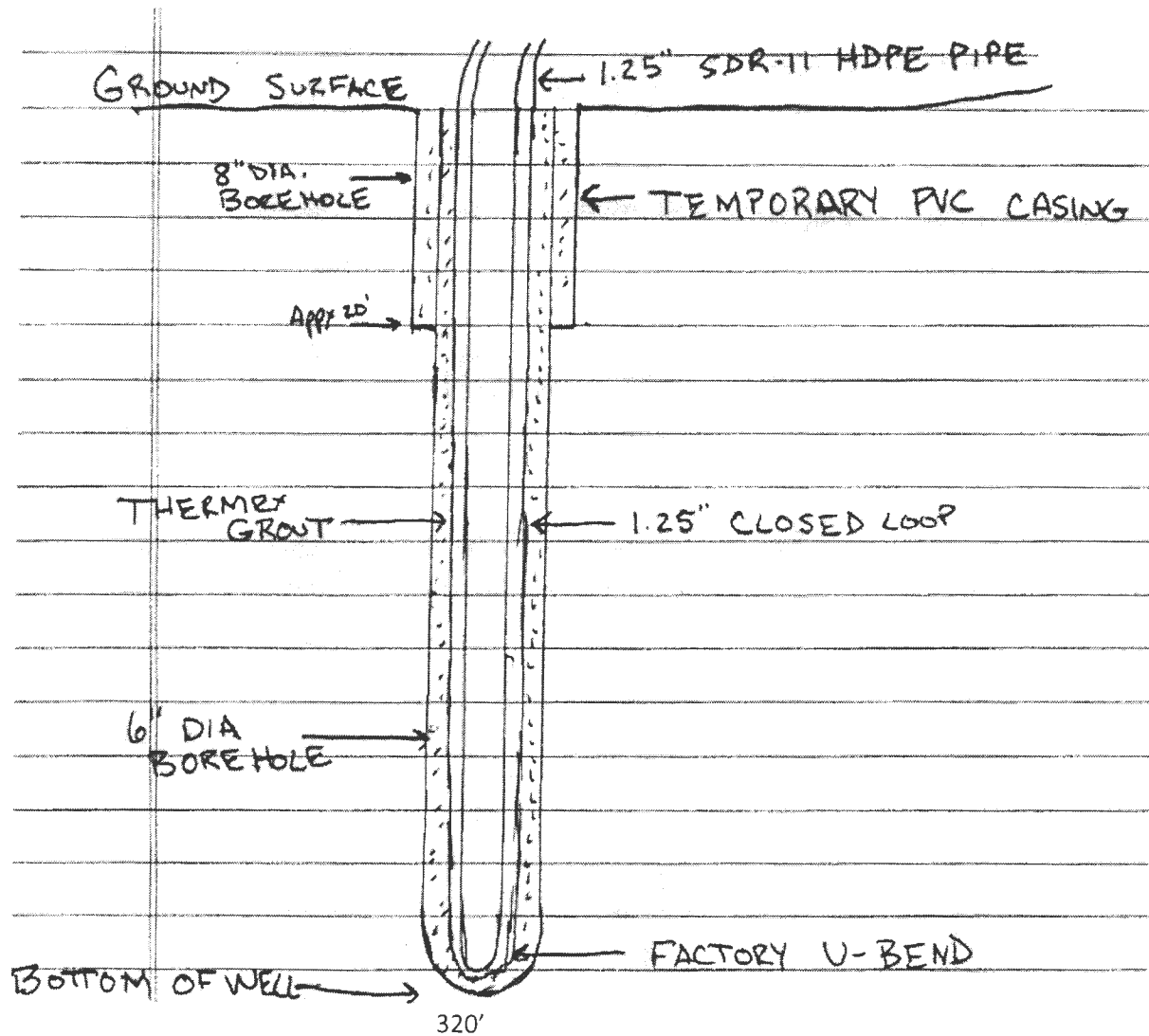
1002 Lot 8 1.183A Windsor Forest Knolls 8 Hidden Creek Way
Subdivision/Property Name Lot # Road Name

The well site has been staked by Connelly & Associates Inc.
(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.

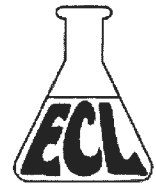
Reedy Residence: 18445 Hidden Creek Way, Mount Airy Geothermal Closed Loop



Grout information for this property is as follows:

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

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 11/11/2021
Report Number: 211111124614
Use and Occupancy
PERMIT #:

LAB#- E068817-01 SAMPLE ID- 18445 Hidden Creek Way WELL # HO 95-1035
LOCATION- Powder Room SAMPLER- R Johnston #0792RJ
DATE SAMPLED- 11/09/2021 TIME SAMPLED- 08:00 CHLORINE- Non detect
DATE RECEIVED- 11/09/2021 TIME RECEIVED- 12:16
DELIVERED BY- Mike Isom RECEIVED BY- Fred Dory
COMMENTS- Secure well, 2 piece PVC cap and casing. Neutralizer and softener.

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
----------	--------	-----------------------	----	--------	--------------

Microbiology by Enviro-Chem

Total Coliform	SM 9223B	11/09/21 14:00	VPS	< 1.0	MPN/100 mL	PASS
E. Coli	SM 9223B	11/09/21 14:00	VPS	< 1.0	MPN/100 mL	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	11/09/21 18:49	FRD	3.69	mg/L	PASS
pH	SM4500-H+B	11/09/21 15:45	FRD	7.2	SU	
Sand	EPA 160.5	11/09/21 15:00	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	11/09/21 15:45	FRD	0.9	NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

PAYNELS VIEW

LOT 1

PLAT NO: 10069

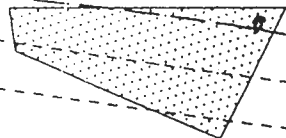
ZONE: RC

MTC2



N 16°58'08" E

N 16°58'08" E



50' BRL

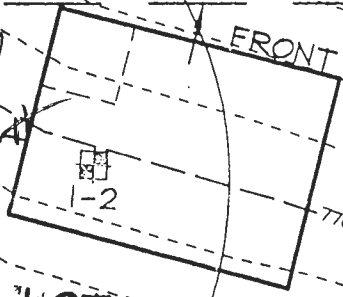
FRONT

50' BRL

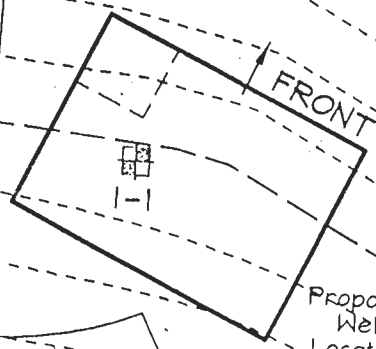
FRONT

3/28/07 well site OK (Ked)

stated by FSA



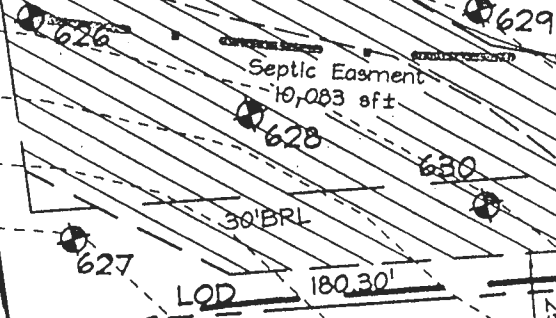
LOT 8
51,394 sq ft



LOT 7
56,530 sq ft

Proposed Well Location

Septic Easment
10,018 sq ft



Septic Easment
10,083 sq ft

30' BRL

LOD 180.30'

N 12°45'09" E

ECC

N 81°22'34" W
10' BRL
27' 1/2" AT
Ex. Driveway
27' 1/2" AT

N 77°14'51" W
10' BRL
221' 6 1/2"

740

25'

15'

75'

75'

221' 6 1/2"

RECEIVED

JUN 12 2007

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Steve DeLosh
Connelly and Associates

FROM: Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well & Septic Program

RE: 18445 Hidden Creek geothermal wells not grouted within 72 hours

DATE: September 21, 2021 

On September 16th, 2021 drilling activities commenced on three proposed geothermal bores. The well bores were completed by Friday September 17th, 2021. One of the well bores was completed on Thursday, requiring a Friday grout to meet the 72 hour time limit. The remaining two bores were completed Friday, requiring a Monday grout. None of the well bores were protected over the weekend with a bore hole cover, leaving them exposed to contamination, including wildlife (small game).

Please be advised that drilling activities need to be coordinated in such a way to meet well construction requirements set forth by **COMAR 24.04.04.19 B**:

(2) In Hydrogeological Area's 3, 4 & 5 all wells shall be grouted within 72 hours after the permanent casing has been set.

Maryland State Regulation requires that well bores are grouted within 72 hours. This is to protect the well from contamination and to protect the well from potential collapsing conditions. Protection from contamination prior to grouting includes berming around the bore hole and covers or caps put on the well casing.

Adhering to grouting time limits may require special attention approaching weekends, around holidays and in planning other drilling projects. If you believe you are coming up to the deadline, you need to contact the approving authority (in this case, Howard County Health Department) to make us aware of delays.

✓ Cc: File

**RICT (HSCD)
L NOTES**

y Department of Public
r the future LOD and
i hours notice to CID must

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3.
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actices.

ding to the provisions of
STANDARDS AND
visions thereto.

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IS FOR SOIL EROSION AND
Sec. B-4-5), temporary
stabilization with mulch alone
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shall receive soil

to be maintained in
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next day after each
request, is part of every

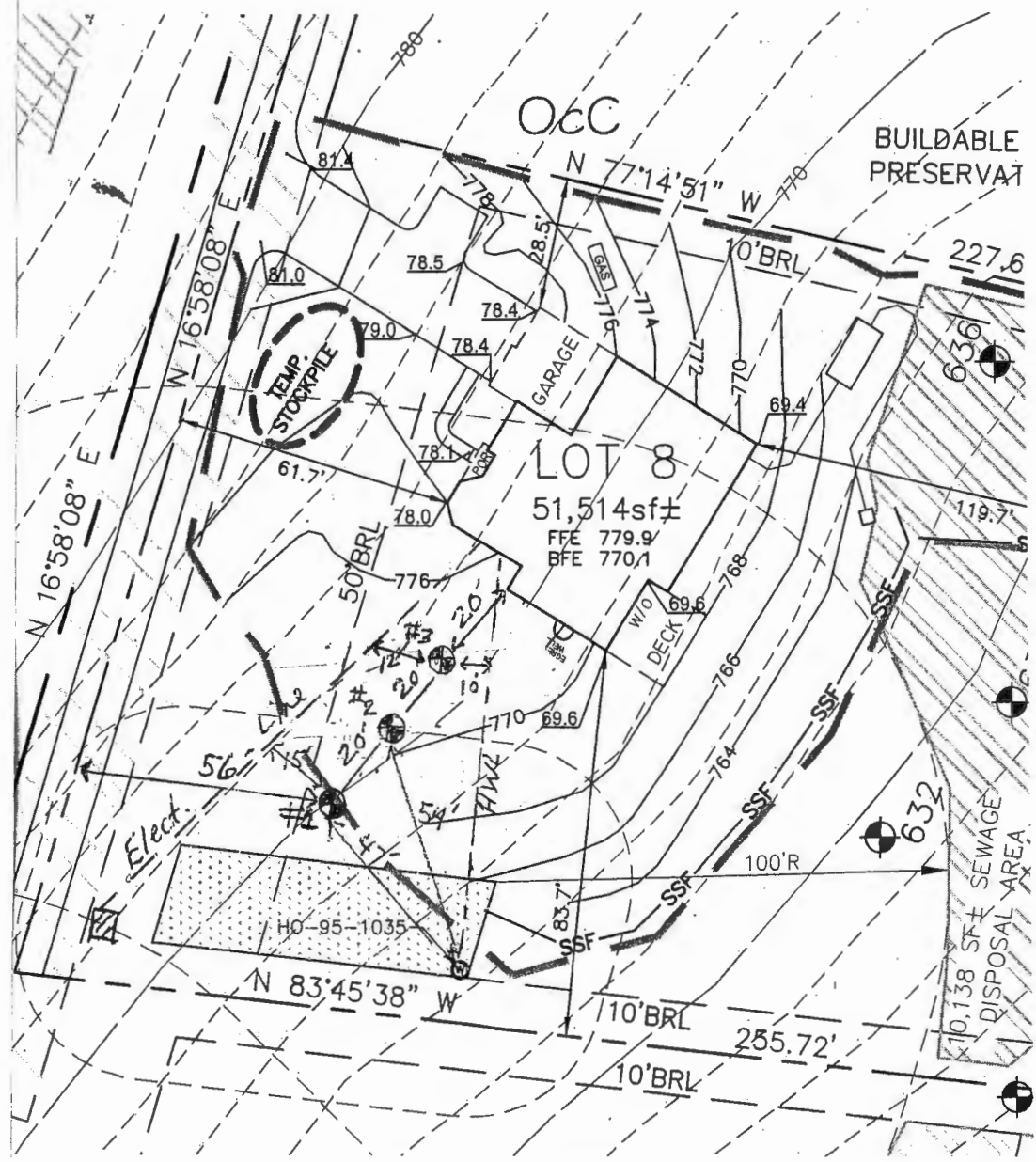
unt of last recorded
current activities

lization requirements

water Associated with

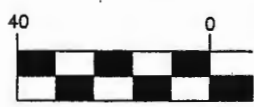
ngths or that which
day, whichever is

uction must be
ion. Minor revisions
es.



PLAN VIEW

1" = 40'



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

HO-20-0123

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

APPROVED 08/20/2021
 STATED BY DEWINE
 HO-20-0123
 18445 HODGEN CREEK
 G20

USES

