

C1 79855 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND 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) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY 13 NUMBER

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED 8-19-24 Depth of Well 22 400 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-22-0141

OWNER last name first name TOWN WOODRIDGE, MD 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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	4	
Red Brn Soil	4	6	
Yellow Soil	6	8	
Red Clay Soil	8	10	
Gravelly Red	10	100	
Gravelly Red	100	400	

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 NO. OF POUNDS 45 46
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing 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)
EACH CASING diameter inch depth (feet) from to

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. 1 M D
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)
1 2
E A C H S R E E N
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
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**
1 2
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 17 20 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
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 } (nearest foot)

LATITUDE 39.27479
LONGITUDE 77.0710
(DEFAULT COORD. WGS 84)

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04-322320

EMERGENCY/TEMP NO. IF ANY

B 1	73717	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HD - 22 - 0141 <small>fill in this form completely</small>
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Date Received (APA) 8 MM DD YY 13

OWNER INFORMATION

15 Last Name Mason 34 First Name Trust Mary L

36 Street or RFD 3630 Daisy Rd 55

57 Town Woodbine MD 70 State MD 72 Zip 21797 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Woodbine 71

DRILLER INFORMATION

Driller's Name Wesley Wolfe M 44 D 598 76 License No. 81

Firm Name Allied Well Drilling

Address PO Box 129 Annapolis Branch MD

Signature Wesley A Wolfe Date 07/30/24

B 4 SOURCES OF DRILLING WATER

1. Public

2. _____

3. _____

11 STREET ADDRESS 3630 Daisy Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 DISTANCE FROM ROAD 50 37

ENTER FT OR MI 38 39

TAX MAP: 0020 BLK: 6 PARCEL 004

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)

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

1 Loop

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 7/30/24 CO SIGNATURE [Signature] EXP. DATE 7/30/25

APPROXIMATE DEPTH OF WELL 480 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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

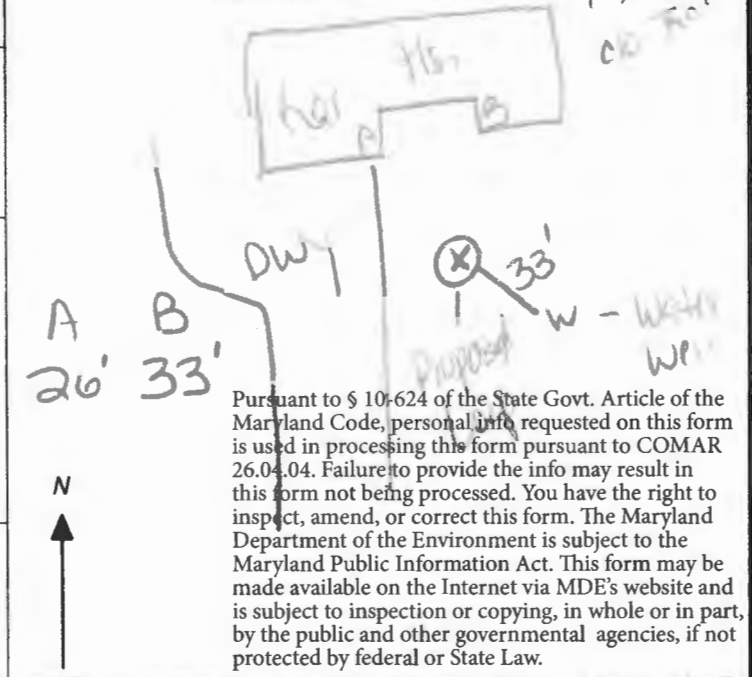
METHOD OF DRILLING (circle one)

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. HD-22-0141

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

grant we bore from bottom to top - call all drilling activities

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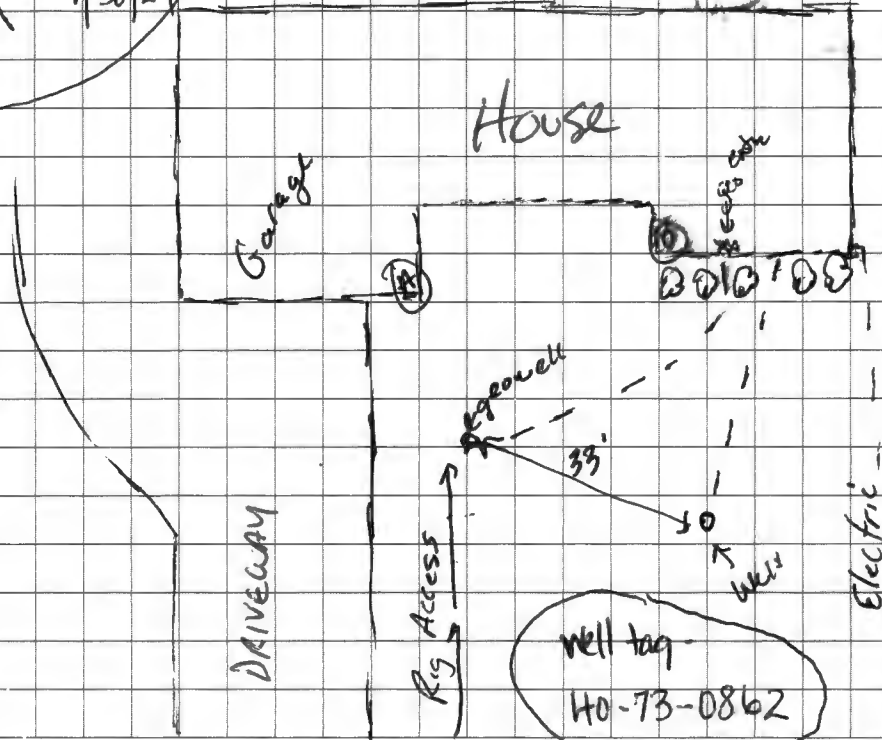
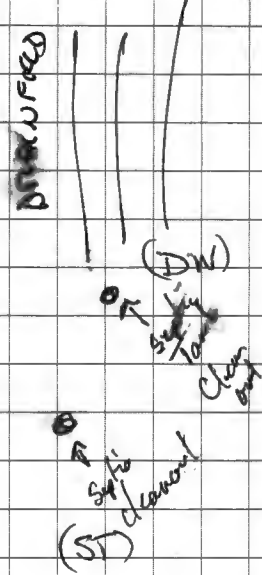
Ab
26'33"



3630 Daisy Rd
Woodbury MD
1 well @ 480'
closed loop geothermal

SITE PLAN

Field verified
w/ setbacks
Setbacks OK
geo Well site OK
7/30/24



Well permit

HO-22-0141
ISSUED 7/30/24

Sediment Control Protocol: SILT Fence

Distance From House: 26' TO garage
From Septic: 50' +
From Sewer: N/A
From Property Line: 78' Road side
From Street: 88'

Trees Nearby: NO
Utility Issues: NO
Mats Needed: Yes
Access For H/U: Yes
Neighboring Tags: See CompS

Comments: Set rig up parallel with driveway in grass

Person Completing Form: Wes Wolfe



7/30/24
site pics @

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.

GRADE

EACH BORE HOLE (TYP.)

MINIMUM
HORIZONTAL BURY
DEPTH 4 FT

FOR CONT.
SEE PLANS

HORIZONTAL
PIPING

GROUT ENTIRE ANNULAR
SPACE AND VERTICAL
U-TUBE WITH (BENTANITE)
GROUT.

BORE DEPTH

TAPE

5 TO 10 FOOT SECTION OF
REBAR TO GUIDE TUBE
INTO BORE DURING
INSTALLATION

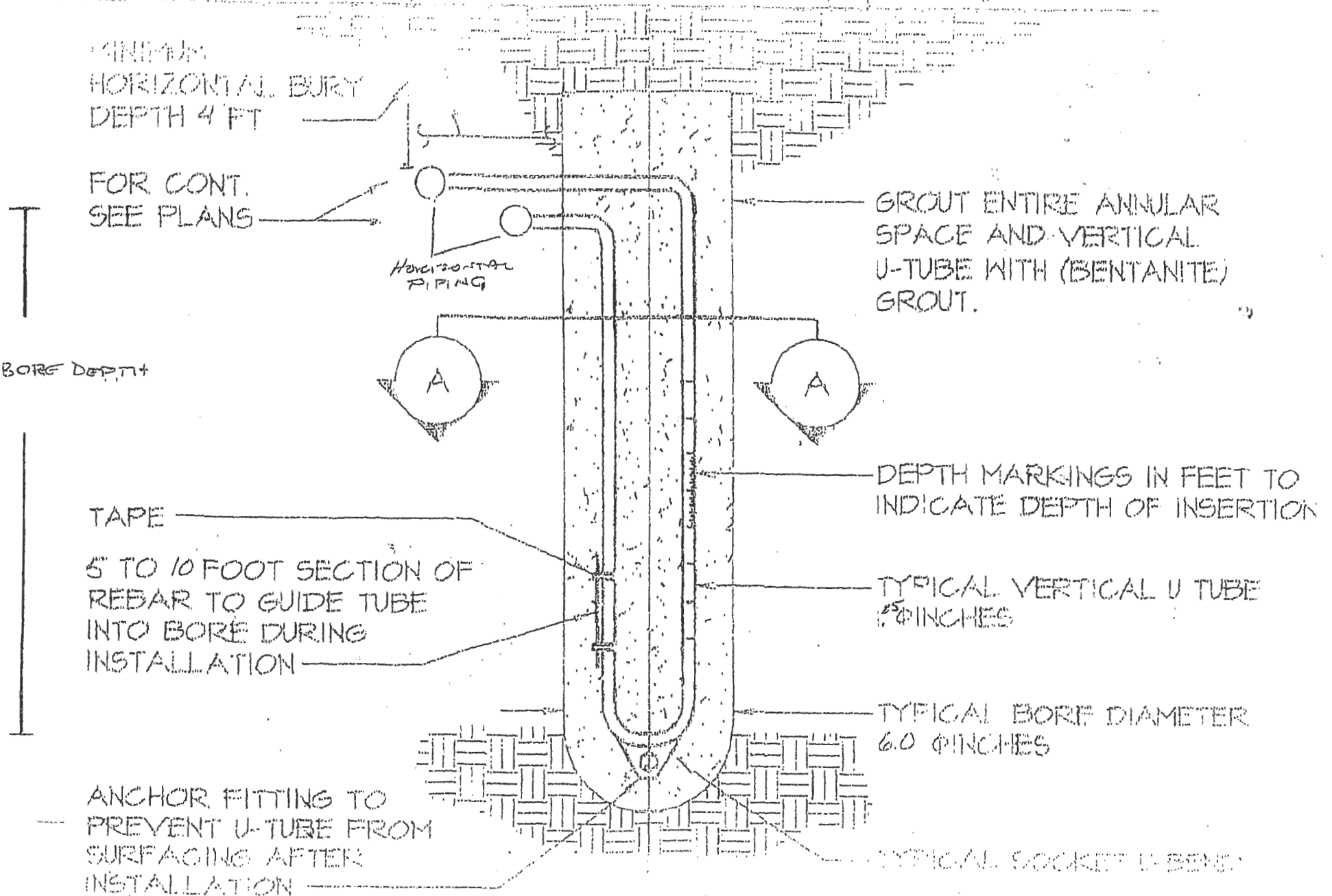
DEPTH MARKINGS IN FEET TO
INDICATE DEPTH OF INSERTION

TYPICAL VERTICAL U TUBE
1.85 INCHES

TYPICAL BORE DIAMETER
6.0 INCHES

ANCHOR FITTING TO
PREVENT U-TUBE FROM
SURFACING AFTER
INSTALLATION

TYPICAL SOCKET U-BEND



RECEIPT

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

Application: WS-WP-24-02178

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

Address: 3630 Daisy RD, Woodbine, MD 21797

Receipt No.	10305					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	33103	\$160.00	07/24/2024	ATAYLOR		

Owner Info.: Mary Mason-Trustee
3630 Daisy Rd.
Woodbine, MD 21797

Work Description: