

C1 79112	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE #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)				COUNTY NUMBER	13
ST/CO USE ONLY DATE Received, MM (01) DD (13) YY (25)	DATE WELL COMPLETED 5 19 25	Depth of Well 22 320 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 82 - 0106	
8 13	15 20			28 29 30 31 32 33 34 35 36 37	

OWNER Hemady Karim / Katherine
WELL SITE ADDRESS 4717 Cross Country Dr. TOWN ELICOTT CITY
SUBDIVISION Lot 4620-03750 Centennial 55 SECTION LOT 76

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	
Gross / Top Soil	0	1'	
light brown silty soft moist weathered rock	1'	48'	✓
Bed Rock	48'	52'	
Soft Schist	52'	320'	✓
Insulated 1/4" Geo loop to 320'			

GROUTING RECORD		yes	no
WELL HAS BEEN GROUTED (Circle Appropriate Box)		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC		
NO. OF BAGS 32	NO. OF POUNDS 11600		
GALLONS OF WATER 600			
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		
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
60 61	6 64	60 70

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

SCREEN RECORD		
screen type or open hole		
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	
insert appropriate code below		

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST LOG 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 587

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW 0163

DEPTH (nearest ft.)	
1 2	3 20
8 9 11	15 17 21
23 24 26	30 32 36
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

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

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

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. N/A	
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)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	-3 (nearest foot)

LATITUDE 39.248091

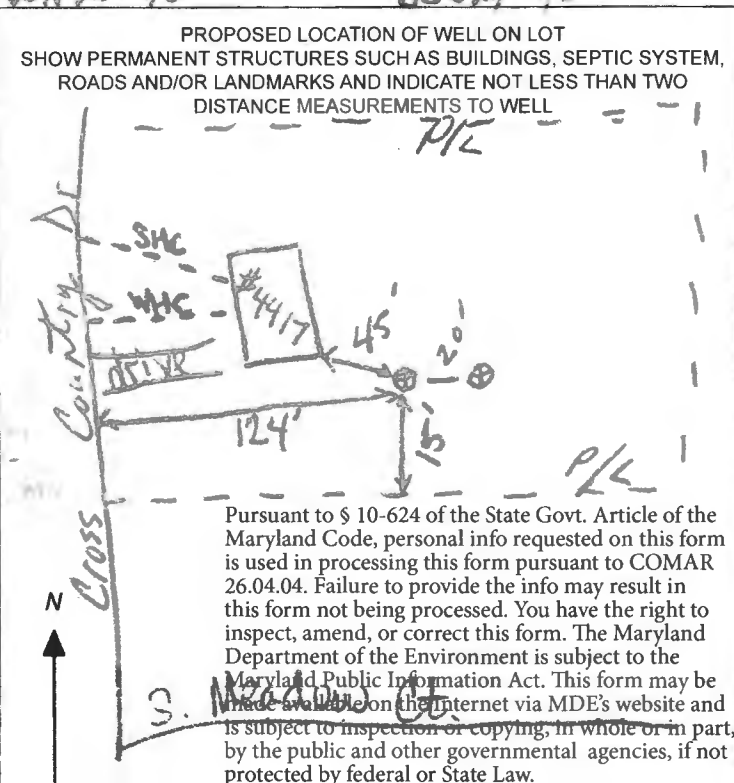
LONGITUDE 76.264217

(DEFAULT COORD. WGS 84)

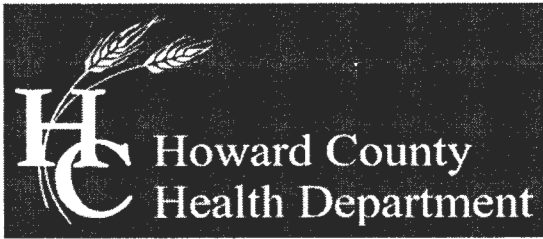
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MD 11/15

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-22-0186 <small>70 79</small> fill in this form completely
1 2 3 6	OWNER INFORMATION Date Received (APA) <u>11/15/2025</u> <small>8 MM DD YY 13</small> <u>Henady Karim / Katherine</u> <small>15 Last Name Owner First Name 34</small> <u>4417 Cross Country Dr.</u> <small>36 Street or RFD 55</small> <u>Ellicott City Md. 21042</u> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>462023730</u> <small>23 SUBDIVISION 42</small> <u>446</u> <small>44 SECTION 46 LOT 48 50</small> <u>Ellicott City</u> <small>52 NEAREST TOWN 71</small>
DRILLER INFORMATION <u>Stephen Delosh</u> <small>76</small> <u>MWD 587</u> <small>81</small> <small>Driller's Name License No.</small> <u>Connelly & Associates Inc.</u> <small>Firm Name</small> <u>1513 Tilgham St. Frederick Md 21704</u> <small>Address</small> <u>Steph Delosh</u> <u>48-2025</u> <small>Signature Date</small>		B 4 SOURCES OF DRILLING WATER 1. <u>public</u> 2. 3. <u>5/4/25</u> 4417 Cross Country Dr. <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>NORTH</small> <small>WEST EAST</small> <small>SOUTH</small> 34 <u>124</u> 37 <small>DISTANCE FROM ROAD FT</small> ENTER <input checked="" type="checkbox"/> OR MI <u>38 39</u> TAX MAP <u>0030</u> BLK: _____ PARCEL <u>0207</u>	
B 2	WELL INFORMATION APPROX. PUMPING RATE <u>N/A</u> <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <u>N/A</u> <small>(GAL. PER DAY) 14 20</small>		NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL <u>Howard county</u> <u>13</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <small>DATE ISSUED 41</small> <u>4/15/2025</u> <u>4/15/2026</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> <u>5/14/25</u> <u>006/5/17/25</u>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <u>5/15/15</u> <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 <u>5/14/25</u> <input type="checkbox"/> OPEN LOOP GEOTHERMAL <u>250' 320' 350' 450'</u> <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL <u>1 1/2' to 2' of water</u>			
APPROXIMATE DEPTH OF WELL <u>320</u> FEET <small>24 28</small>		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jetted & DRIVEN <small>30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVerse-ROtary DRive-POINT</small> other _____			
REPLACEMENT OR DEEPEMED 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 <small>39</small> 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 _____ <u>G</u> _____ PERMIT No. <u>HO-22-0186</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.		Please Notify Office of Drilling & Grout Must grant wellbore from bottom to top	



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Bureau of Environmental Health

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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:

Lot 46 20.037 SQ 4417 Cross Country Dr. 46 Cross Country Dr.
Subdivision/Property Name Lot # Road Name

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.



SETTLEMENT GROUP
— Service You Deserve. People You Trust —

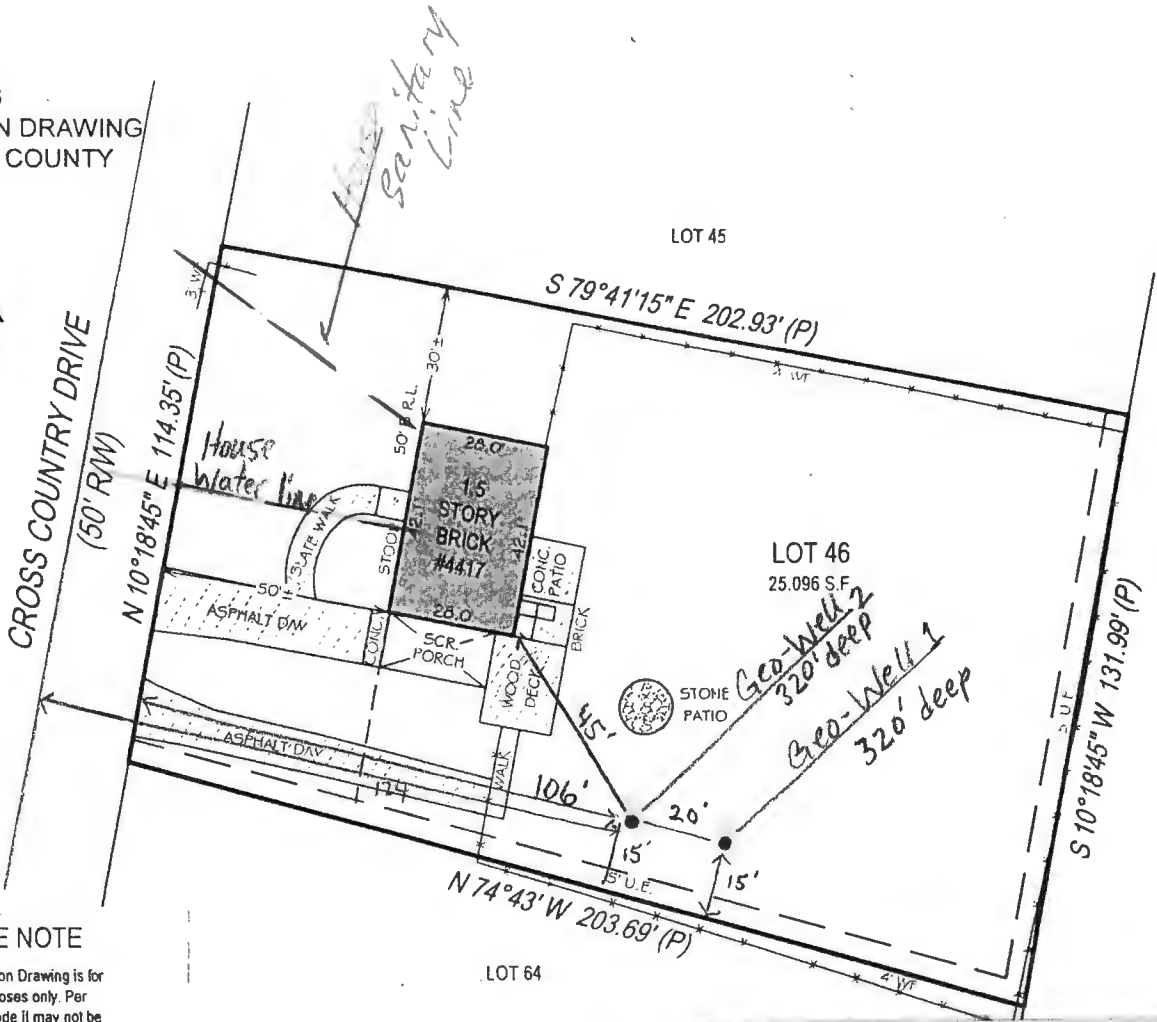
R&P Settlement Group
1407 York Road | Suite 201
Lutherville-Timonium, MD 21093
410.821.1401 | rpsettlement.net



PROPERTY ADDRESS: 4417 CROSS COUNTRY DRIVE, ELLICOTT CITY, MARYLAND 21042

SURVEY NUMBER: 2306 2686

2306.2686
LOCATION DRAWING
HOWARD COUNTY



PLEASE NOTE

This House Location Drawing is for informational purposes only. Per Maryland State Code it may not be relied upon to determine property boundaries and may not be used for building permits or construction.

4/15/2023
Well site Approved



X [Signature]



GRAPHIC SCALE (In Feet)

1 inch = 40' fl.
ACCURACY=1±

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

HO-22-0186

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

SURVEYORS CERTIFICATION:

A LICENSEE EITHER PERSONALLY PREPARED THIS DRAWING OR WAS IN RESPONSIBLE CHARGE OVER ITS PREPARATION AND THE SURVEYING WORK REFLECTED IN IT, ALL IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 09.13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS.

POINTS OF INTEREST:

FENCE APPEARS TO EXTEND OVER PROPERTY LINE



William R. Hebert

WILLIAM R. HEBERT

State of Maryland Property Line Surveyor
License Number 483 | Expires 1/14/2025



Exacta Land Surveyors, LLC
LB#21937
office: 443.819.3994
4424 Ventura Way, Apt L | Aberdeen, MD 2100



DATE SIGNED: 06/15/23
FIELD WORK DATE: 6/14/2023
REVISION DATE(S): (REV.1 6/15/2023)

SEE PAGE 2 OF 2 FOR LEGAL DESCRIPTION
PAGE 1 OF 2 - NOT VALID WITHOUT ALL PAGES

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/11/2025	Notified Connelly & Associates of well permit status.
	Well plan meets all setbacks & will verify stakes soon.
	Received update from Connelly & Associates that one
	well needs to be moved further apart. (SP)
4/14/2025	Steve from Connelly & Associates moved well
	to match plan. (SP)
4/15/2025	on-site to verify well flags matches well plan.
	Both wells flagged per plan. Verified sewer, gas, & water
	lines are staked @ front of house. Released permit
	to driver. (SP)