

MB 10/3/25

C 1	7137	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	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)		DATE WELL COMPLETED	Depth of Well	COUNTY NUMBER 13
ST/CO USE ONLY DATE Received MM 10 DD 27 YY 25		MM 9 DD 25 YY 25	22 1-480 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-25-0044
8 13		15 20		28 29 30 31 32 33 34 35 36 37

OWNER **NOYCE ADAM** last name first name
 WELL SITE ADDRESS **5151 DARTING BIRD LN** TOWN **COLUMBIA**
 SUBDIVISION **VWL Country Brook** SECTION _____ LOT **53**

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	
clay/sand	0	36	<input checked="" type="checkbox"/>
soft sandstone (Broken)	36	81	<input checked="" type="checkbox"/>
hard sandstone	81	85	
med sandstone	85	110	
med gray rock	110	170	
hard gray rock	170	370	
med hard gray rock	370	371	<input checked="" type="checkbox"/>
hard gray rock	371	480	

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 **30** NO. OF POUNDS **1500**
 GALLONS OF WATER **660**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** TOP **52** ft. to **480** 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 **ST** Nominal diameter top (main) casing (nearest inch!) **8 1/2** Total depth of main casing (nearest foot) **84**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
ST **10** **0** **21**

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
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)
 from _____ to _____

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) _____

PUMPING RATE (gal. per min.) _____

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING _____ ft.
 WHEN PUMPING _____ 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }

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. **MWD304**
 DRILLERS SIGNATURE **David Kelly**
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **WRD 127**
 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

LATITUDE **39.23150**
 LONGITUDE **76.85934**
 (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.

OMB MB 10/30/25

B 1	87725	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-25-0049 <small>70 fill in this form completely 79</small>
------------	-------	--------------------------------	--	---

OWNER INFORMATION

Date Received (APA) 9/16/25

8 MM DD YY 13

15 Last Name Owner First Name 34
Noyce Adam + Mathewy Sarah

36 Street or RFD 55
5157 Darting Bird Lane

57 Town 70 State 72 Zip 76
Columbia MD 21044

LOCATION OF WELL

8 COUNTY 21
Howard

23 SUBDIVISION 42
VWL Running Brook

SECTION 44 46 LOT 48 50
53

52 NEAREST TOWN 71
Columbia

DRILLER INFORMATION

Driller's Name 76 License No. 81
David Kelly MWD 304

Firm Name
Jones Well Drilling / Carroll water

Address
3700 Rush Rd. Jarrettsville MD 21084

Signature Date
David Kelly 9/16/25

SOURCES OF DRILLING WATER

1. potable water
2. 9/23/2025-
3. Driller onsite, drilling @ loc closest to drill 1 x 480' hole in site. At depth of 240' upon departure.

11 STREET ADDRESS 30
5157 Darting Bird

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST
 EAST
 SOUTH

34 DISTANCE FROM ROAD 37 FT
15'

ENTER FT OR MI 38 39

TAX MAP: 0030 BLK: _____ PARCEL 0253

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
0

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
0

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING Driller onsite finished drilling to 480' used 6 bags of grout 50 FT.

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME 13
Howard County

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 41
9/18/2025 9/18/2026

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 24 28 FEET
480' 240'

APPROXIMATE DIAMETER OF WELL _____ INCH
6

NEAREST TOWN

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 driller confirmed 600 gallons used

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

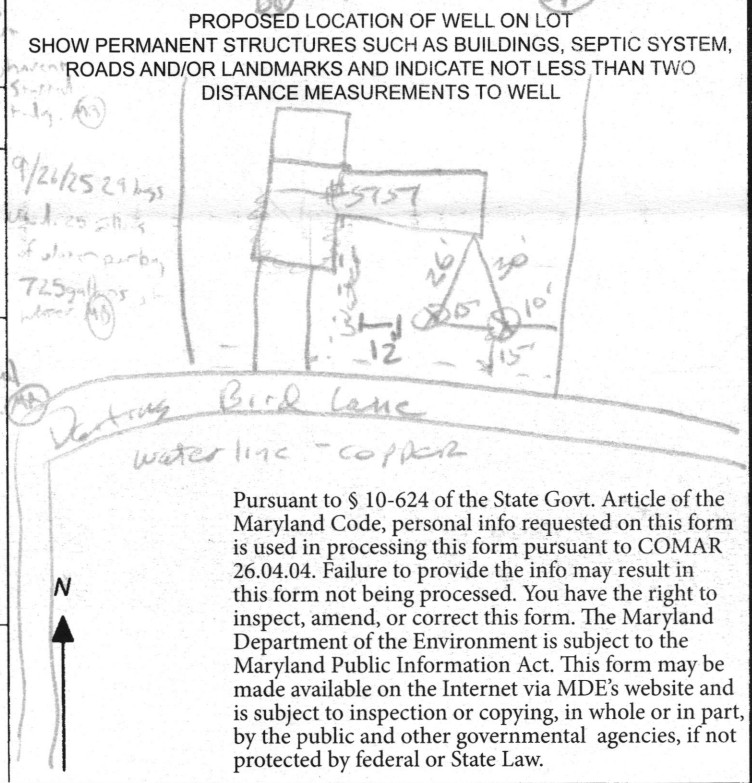
THIS WELL WILL DEEPEM AN EXISTING WELL

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** _____

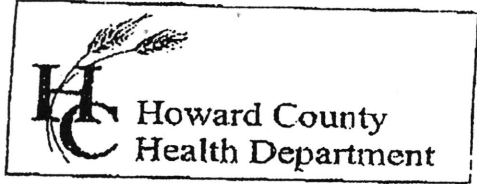
PERMIT No. HO-25-0049
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Please Notify office of Drilling & Grout

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Must grout bore hole from top to bottom



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:

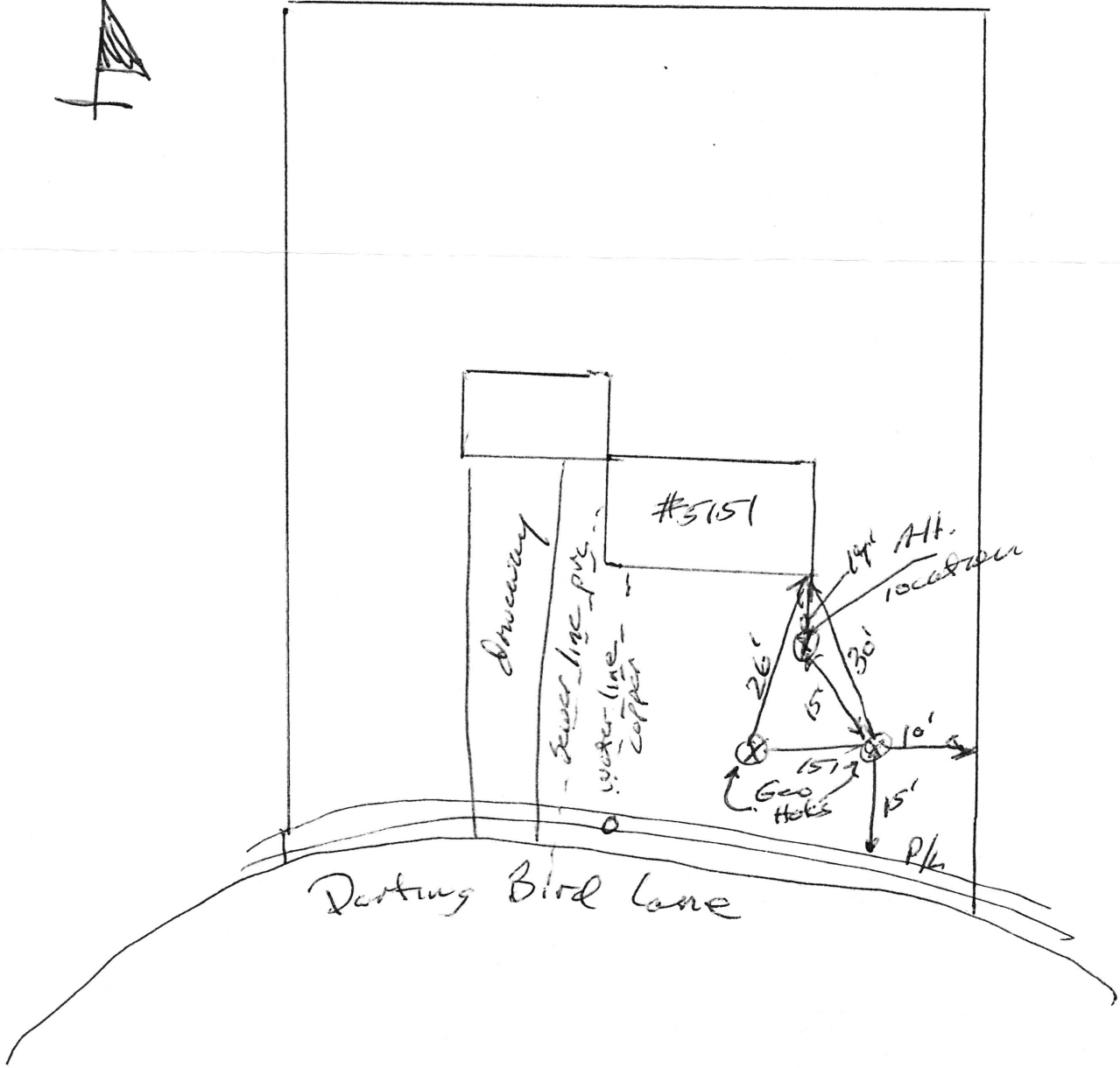
Well Site Location:

V/L Running Brook 53 5757 Darting Bird Lane
 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.

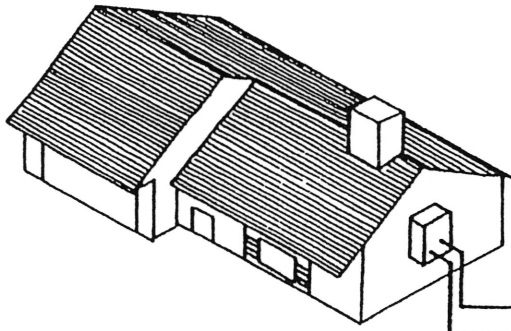
Revised 3/11/05



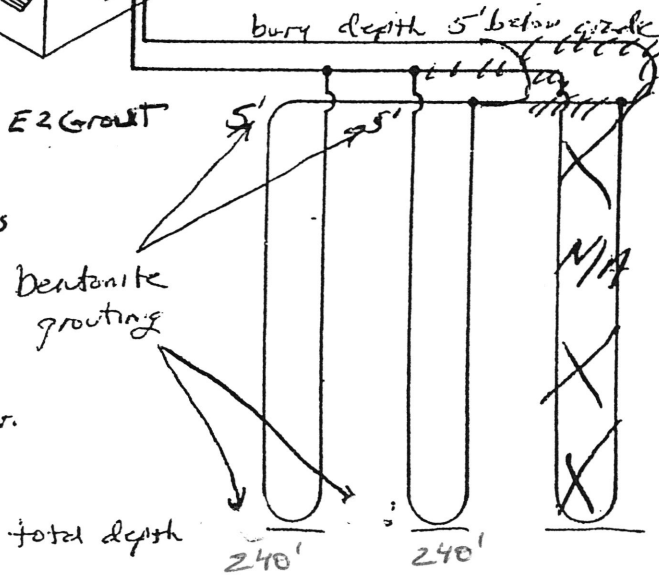
Not to Scale

owner's Adam Noyce
5151 Darting Bird Lane
Columbia MD 21044

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



Wyo-Ben bentonite-E2 GROUT
 GROUT (50 lb. bags)
 mixed with 24 gallons
 of water per
 manufacturer specs
 yields 27 gal. slurry
 with a 0.42 btu/ft/hr.
 thermal conductivity

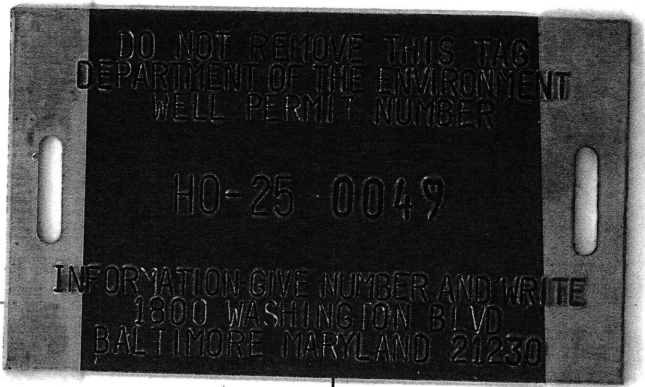


Earth Coil Type: Vertical - Single U-Bend
 Water Flow: Parallel
 Pipe Sizes: 1 1/4" double Loop
 Bore Lengths: 240' x 2 holes (480' vertical bore)
 Pipe Lengths: 480' x 2 (960' vertical pipe)

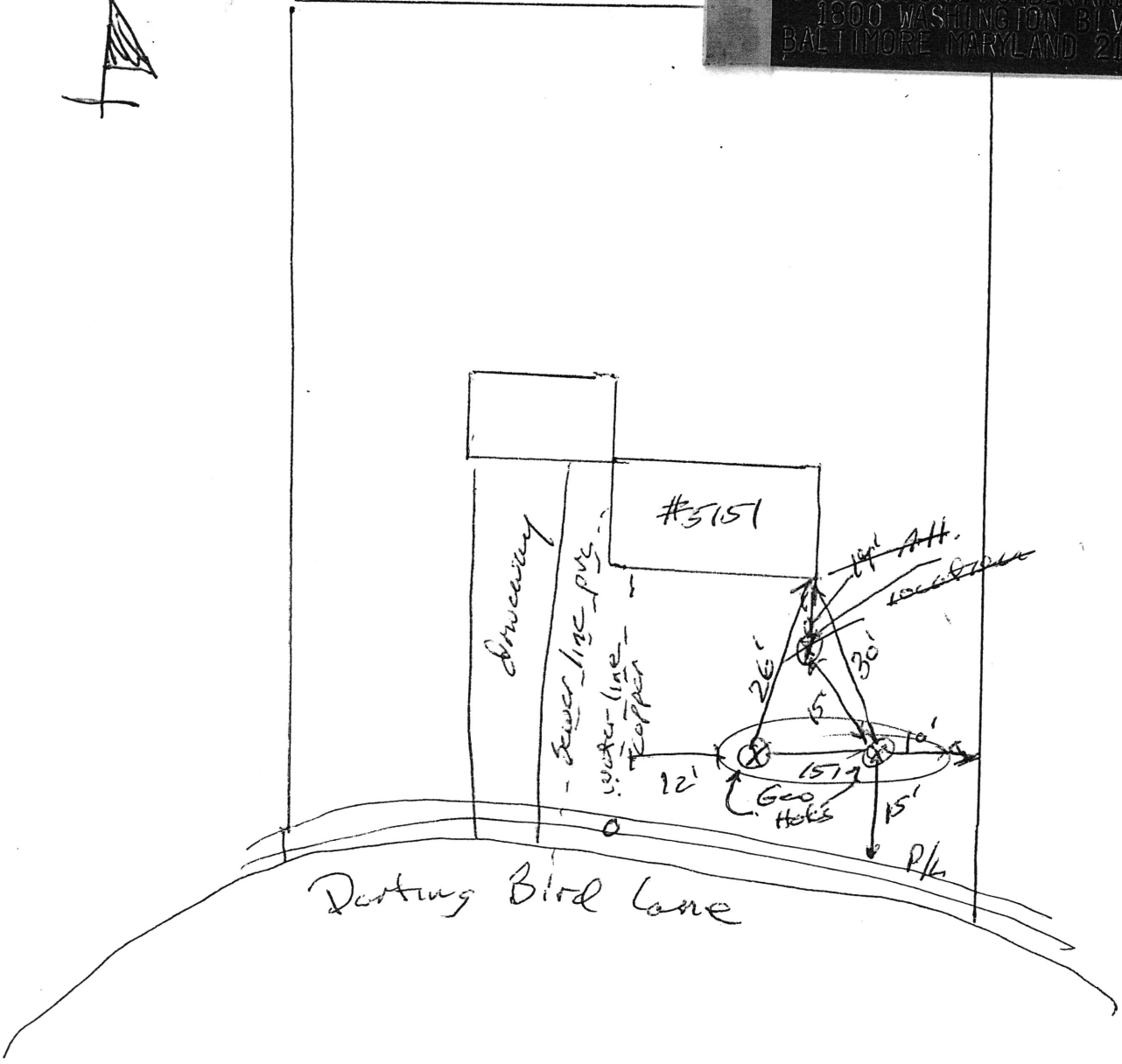
FIGURE 4.5: Parallel Vertical Ground Heat Exchanger

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/18/2025	Met H/O onsite. verified geo well stakes, unable to verify water line @ property.
	Met driller later in day. verified water line 12' from
	geo stake. Also notified driller 3 rd stake < 20' from house
	not approvable. Driller came back to office for permit. (SP)



N
H



Not to Scale

owner's Adam Noyce
5151 Darting Bird Lane
Columbia MD 21044

Well Site Approved

9/18/2025 (SP)

RECEIPT

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

Application: WS-WP-25-02849
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 5151 DARTING BIRD LN, Columbia, 21044

Receipt No.	13586					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	000080	\$160.00	09/16/2025	SMARTIN		

Owner Info.:
NOYCE ADAM J
5151 DARTING BIRD LN
COLUMBIA, MD 21044

Work Description: