C 1 33099

SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY 1 20 16

DATE WELL COMPLETED MM DD YY 04 26 15

Depth of Well 250 (TO NEAREST FOOT)

OK 1/21/16 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0050

OWNER Goodman / Hopkins (last name) Natalie / Kelly (first name)
WELL SITE ADDRESS 1700 Daisy Rd. TOWN Woodbine
SUBDIVISION Jennings Chapel SECTION ______ LOT 3

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	FEET TO	check if water bearing
Topsoil	0	1	
Silt, Lt. Brown Lt. Mica, Mud	1	75	
Rock / Schist Lt Gray	75	250	
12 bags × 26 gal / bag	= 312 gal	÷ 250	= .24 bags/ft.
Install 2 closed Geothermal Loops 1 in each well location.		1¼ all	250

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N (circled: 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. MWD 572

[signature] Samuel A. Connelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. __ __ D __ __ __

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N (circled: Y)

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

NO. OF BAGS 12 NO. OF POUNDS 600
GALLONS OF WATER 228
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 250 ft. (BOTTOM)
(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) ____

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 BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN DEPTH (nearest ft.)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (TELESCOPE CASING) (E.R.O.S.) (LOG INDICATOR) W Q (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 No Water 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 or NO) YES NO (circled: 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 / − below LAND SURFACE (circled: −) 3 (nearest) foot

LATITUDE 39.273451
LONGITUDE 77.023555
(DEFAULT COORD. WGS 84)
NOTES:

MDE/WMA/PER.071

DRILLER

EMERGENCY/TEMP NO. IF ANY

B 1 | 36527 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

555822

STATE PERMIT NUMBER: Ho-15-0050

fill in this form completely

Date Received (APA): 04 22 15 (MM DD YY)

OWNER INFORMATION

Goodman/Hopkins (Owner) Natalie/Korey (First Name)

3700 Daisy Rd. (Street or RFD)

Woodbine (Town) MD (State) 21797 (Zip)

DRILLER INFORMATION

Samuel A. Connelly (Driller's Name) MWD572 (License No.)

Connelly Associates, Inc. (Firm Name)

260 Interstate Ct. Frederick MD 21704 (Address)

Samuel A. Connelly (Signature) 4/21/15 (Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [O] OPEN LOOP GEOTHERMAL
- [C] CLOSED LOOP GEOTHERMAL

2 bores

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 5 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER ------G---

PERMIT No. Ho-15-0050

B 3 LOCATION OF WELL

Howard (COUNTY)

Jennings Chapel (SUBDIVISION)

SECTION LOT 3

Woodbine (NEAREST TOWN)

B 4

SOURCES OF DRILLING WATER
1. Private
2.
3.

3700 Daisy Rd. (STREET ADDRESS)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, E EAST, S SOUTH

DISTANCE FROM ROAD: 100 FT (ENTER FT OR MI)

TAX MAP: 20 BLK: 12 PARCEL 84

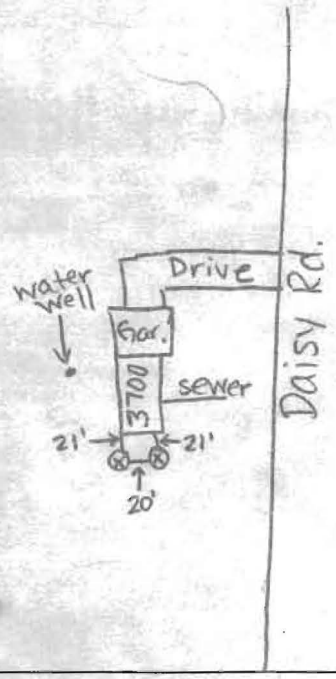
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A13331 (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED 4/27/15 CO SIGNATURE 4/27/16 EXP. DATE

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



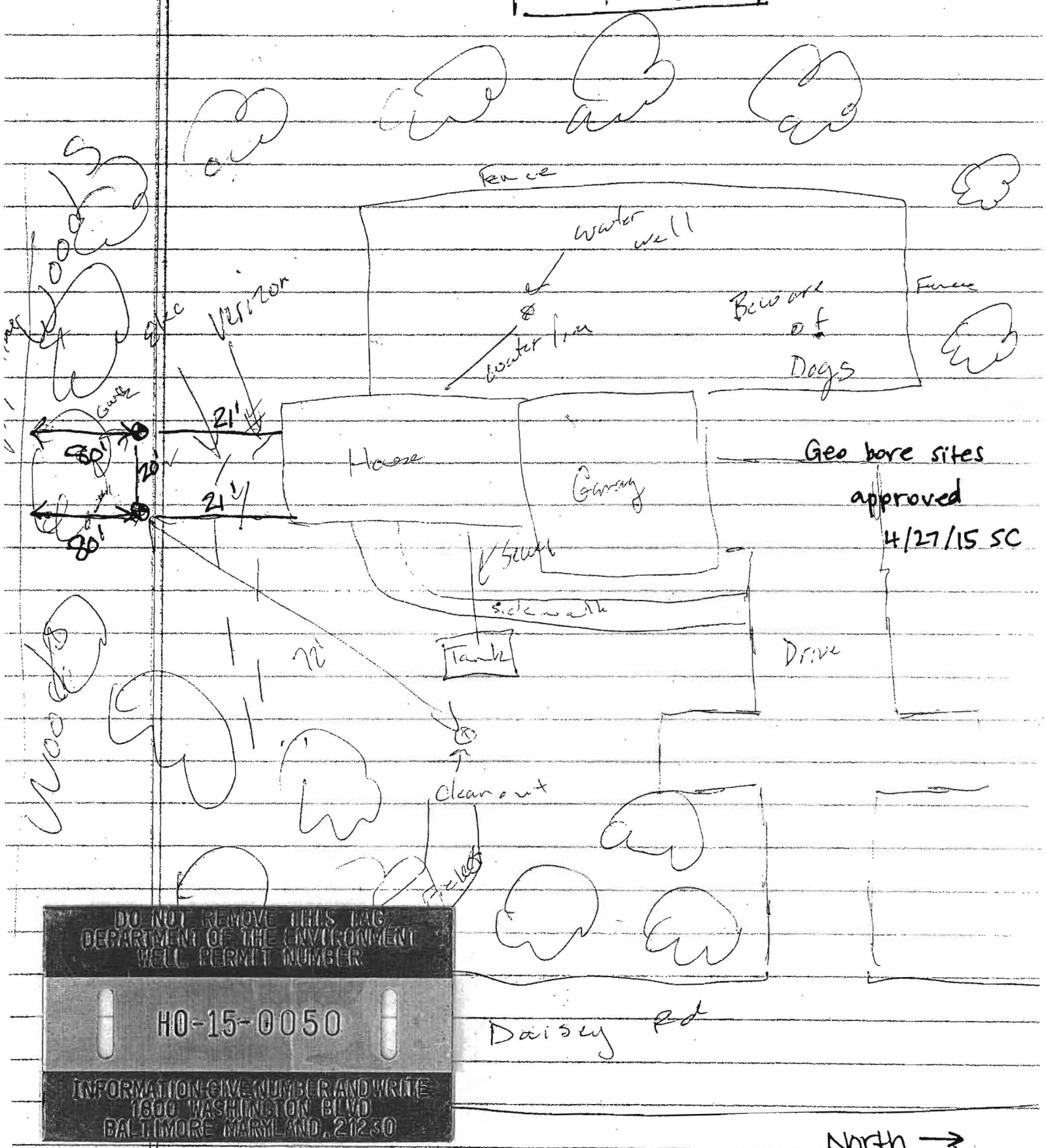
SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=

MDE/WMA/PER.071

② COUNTY

3700 Daisy Rd.



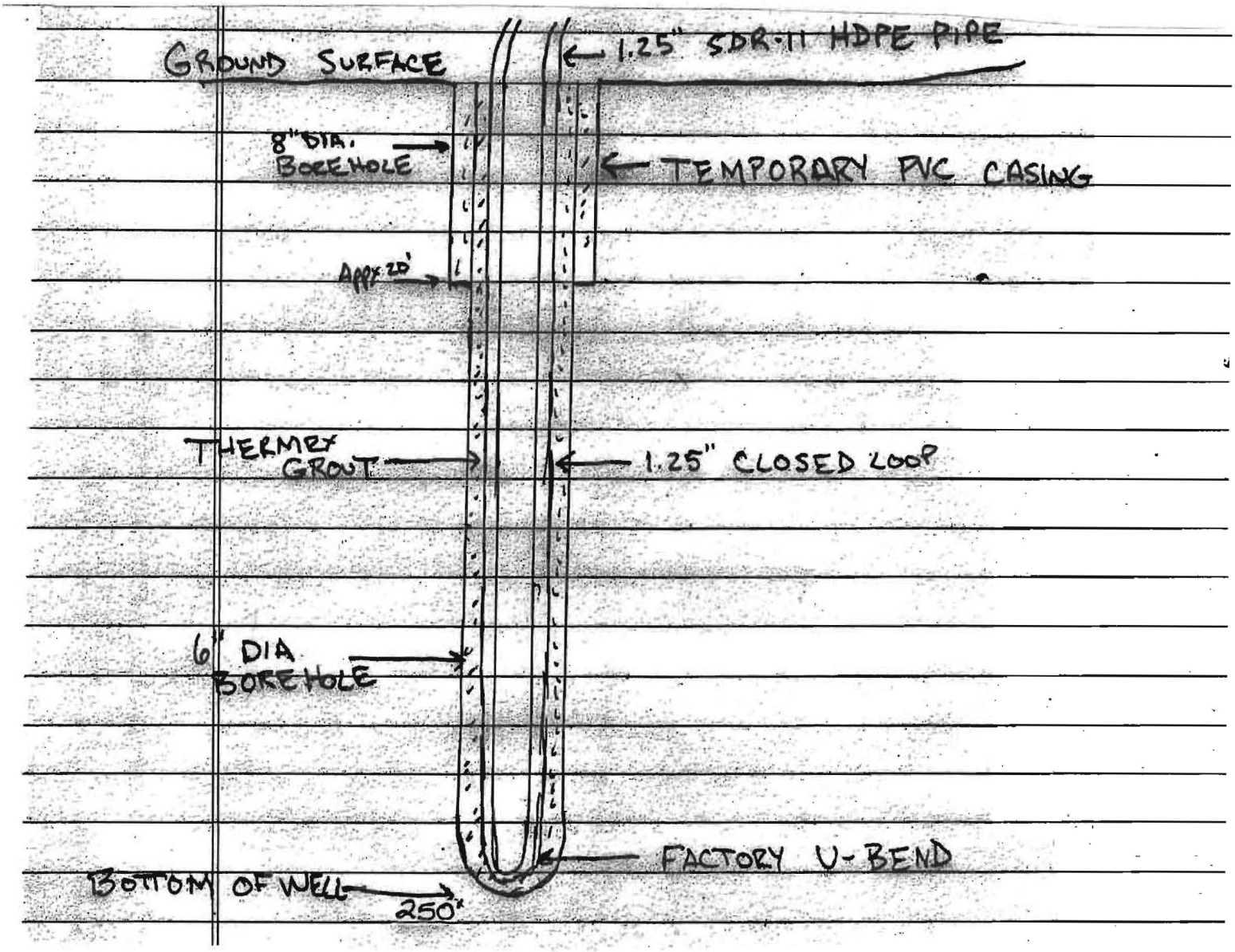
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-15-0050

INFORMATION-GIVE NUMBER AND WRITE
1600 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230

Connelly Geothermal
Partnering with Mother Earth

Geothermal Closed Loop – 3700 Daisy Rd.



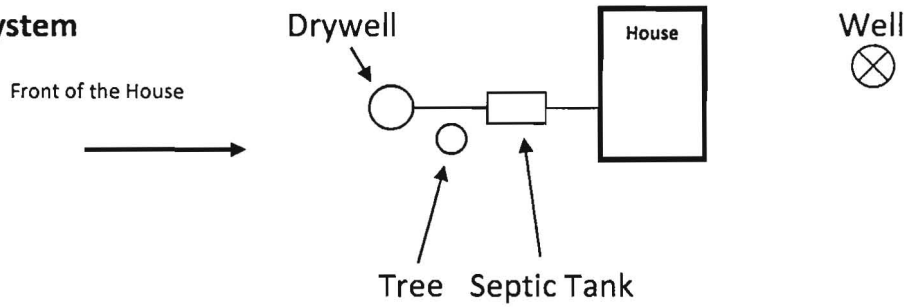
Grout information for this property is as follows:

Thermex grout mixture of 50 lb. grout to 17 gallons water, placed in the well using the tremie method, from bottom to top.

HOME LAND SEPTIC CONSULTING, LLC

HOME LAND SEPTIC CONSULTING LLC
PHONE (443) 995-5385
WWW.MDWELLANDSEPTIC.COM
INFO@MDWELLANDSEPTIC.COM

Sketch of System



- This is a subjective and visual inspection only, based upon many unknown and unseen factors.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The condition of the Sewage Disposal System is reported as and only as the day of the inspection.
- **This report does not WARRANT nor GUARANTEE** continued functional Sewage Disposal Systems operations.
- If house has been unoccupied this report may not be accurate. Little or no use of the septic system could have allowed problems to temporarily clear themselves.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the service.
- In the above cases, it is recommended that the septic system be reevaluated in 2 to 4 months.
- Payment and/or use of this evaluation signifies understanding and acceptances of the above clauses, as well as any noted faults with the system.

Representative's Signature: Date: **6/19/2014**

Amount: $525 (All testing) **Check Number:** 1009 **Date Paid:** 6/19/2014