



HOWARD COUNTY HEALTH DEPARTMENT

69562

DATE 6/14/21

WS

Received From

Allied Env. Services PHONE # 301-770-8370

For

Well Permit / 1040

Box 1111
Ct.

☐ CASH

☒ CHECK

NO.

25661 One hundred sixty

Dollars

\$

160.00

Received By

Kemp

C1 59083

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"MM DD YY
8 15 130-25-27 APPROVED
08/24/200422 320 26
(TO NEAREST FOOT)HO - 20 - 0107
28 29 30 31 32 33 34 35 36 37OWNER Singh, Veer
WELL SITE ADDRESS 4070 Roxmill Ct first name TOWN Glenwood, MD
SUBDIVISION SECTION LOT 14

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	1	
Brn Soil	1	10	
Brn Rock	10	20	
Gray Rock	20	120	✓
Red Gray Rock	120	320	

3 loops GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
45 46 48 49 50
NO. OF BAGS NO. OF POUNDS 2700
GALLONS OF WATER 1200
DEPTH OF GROUT SEAL (to nearest foot) 320
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
DEPTH (nearest ft.)

C 2
1 2
E 8 9 11 15 17 21
A 23 24 28 30 32 36
H 39 39 41 45 47 51
S
C 3
R
E
E
N
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
1 2
PUMPING TEST
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
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED
DRILLER INSTALLED PUMP YES NO
(CIRCLE) (YES or 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 (nearest foot)
- below 49 50 51

LATITUDE 39.25840
LONGITUDE 77.04929
(DEFAULT COORD. WGS 84) Q

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used as 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.

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED yes no
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. M 5 D 237
DRILLER'S SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 75055	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 56952 please type	STATE PERMIT NUMBER 10-20-0107 fill in this form completely
OWNER INFORMATION Date Received (APA) 06/14/21 8 MM DD YY 13 15 Last Name Owner First Name 34 36 4070 Roxm 11 Ct Street or RFD 55 57 Glenwood MD 21238 Zip 76		LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Parkbury Sec. 2 42 SECTION 2 LOT 14 44 48 48 50 52 NEAREST TOWN Glenwood 71	
DRILLER INFORMATION Driller's Name Brett Sweary MS D 231 Firm Name Allied Well Drilling Address PO Box 129 Annapolis Junction MD 20701 Signature [Signature] Date 6-14-21		SOURCES OF DRILLING WATER 1. PUBLIC 2. PUBLIC 3. PUBLIC 11 4070 Roxm 11 Ct STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 400+ 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 0021 BLK: PARCEL 0201	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) N/A 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) N/A 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 21 STATE SIGNATURE [Signature] INSERT S 41 DATE ISSUED 06/14/2021 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 06/14/2022	
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		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 Distances A/B 0 30 / 52 0 45 / 72	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37		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 DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 10-20-0107 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Department of Inspections Licenses and Permits 3430 Court House Drive Ellicott City, MD 21043 Permits (410) 313-2455 Opt. #4 Inspections (410) 313-1840	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # M2100631 BUILDING PERMIT #
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SITE BUILDING ADDRESS: 4070 Roxmill Ct. SUBDIVISION: TYPE OF IMPROVEMENTS: USE:	SUITE/APT: OWNERS NAME: Veer Singh ADDRESS: 4070 Roxmill Ct CITY: Glenwood STATE: MD ZIP CODE: 21738 HOME PHONE: 240-478-9833 CELL PHONE:
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<table> <tr> <th><u>CHECK ONE</u></th> <th><u>HOW MANY</u></th> </tr> <tr> <td>SINGLE FAMILY DWELLING <input type="checkbox"/></td> <td><u>2</u> ZONES</td> </tr> <tr> <td>SINGLE FAMILY TOWNHOUSE <input type="checkbox"/></td> <td>___ ZONES</td> </tr> <tr> <td>MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/></td> <td>___ ROOMS</td> </tr> <tr> <td>ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/></td> <td>___ ROOMS</td> </tr> </table>	<u>CHECK ONE</u>	<u>HOW MANY</u>	SINGLE FAMILY DWELLING <input type="checkbox"/>	<u>2</u> ZONES	SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES	MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS	ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS	COMPANY NAME: Total Comfort Htg & A/C LICENSEE NAME: James E. Aaron ADDRESS: 12009 Margaret Dr. CITY: Hagerstown STATE: MD ZIP CODE: 21742 PHONE: 301-745-3700 HVACR LICENSE NO: 5833-01
<u>CHECK ONE</u>	<u>HOW MANY</u>										
SINGLE FAMILY DWELLING <input type="checkbox"/>	<u>2</u> ZONES										
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES										
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS										
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS										

<u>New Construction</u> <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating	<u>Additions and Alterations</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	<input checked="" type="checkbox"/> Geo Thermal System <input type="checkbox"/> Gas Conversion (Make and Model of Equipment) <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Thru The Wall Systems <input type="checkbox"/> Other Work (Describe):
<u>Replacement</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Heating and Air Conditioning	Remove existing HVAC equipment & install (1) 4 ton geothermal heat pump to serve first floor & (1) 2 ton unit to serve second floor. **Make and Model of Equipment is required**	
****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****		

<u>Zones</u> Permit Fee = # of Zones x \$40 = <u>80.00</u> Technology Fee (10% of Permit Fee) = <u>8.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>138.00</u>	<u>Rooms</u> Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
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I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVAC LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

SIGNATURE OF LICENSEE: <u>James E. Aaron</u> PRINT NAME OF LICENSEE: <u>James E. Aaron</u> Email Address: <u>Jim@tchvac.net</u>	DATE: <u>7/1/2021</u>	Approved Septic System Plan Howard County Health Department Signature: <u>[Signature]</u> Date: <u>07/16/2021</u>	Validation Number: <u>9994</u> <u>667114</u>
Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY			

MD. ROUTE 97

+ 2 →

1" = 50'

APPROVED 06/22/2021
STAKED BY DRILLER
HO-20-0107
4070 Roxmill Ct

BLDG. PERMIT SIGNED
AND RETURNED 11/27/87

11/27/87
Elevations & w/
Changes to inv. at

Elevations &
BP 15479 SH - Truck 800

WELL ELEV 479.9 ✓ EXST. ELEV.
@ TRENCH 475 ✓
@ DIST BOX 475 ✓

SEWAGE DISPOSAL
EASEMENT

Distances

A	B
---	---

30	52
----	----

① 30 52
② 43 72

HOUSE INV.
ELEV. 480.3 ✓
FF 490 ✓
BE 480 ✓

INV. ELEV INTO TANK 479 ✓
INV. ELEV OUT OF TANK 478.7 ✓
EXST ELEV @ TANK 482 ✓

INV ELEV INTO
DIST BOX 480.7 ✓
INV ELEV INTO
TRENCHES 481-471 ✓

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

HO-20-0107

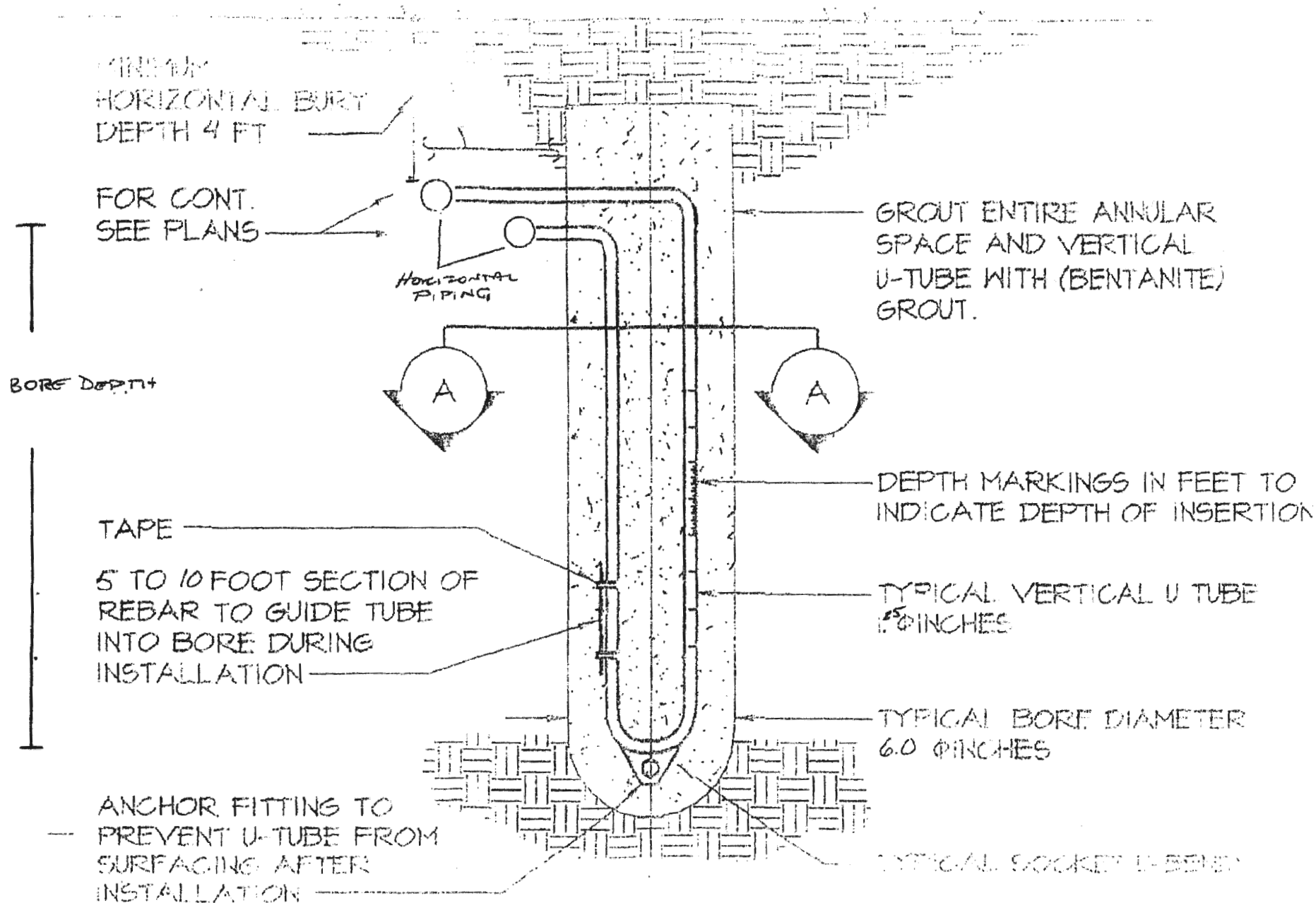
INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

TIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL
ORRECT FOR THIS PROPERTY. SIGNED,

WALTER MCKAY
LANCASTER CRAFTSMEN ELDERS, INC. ↓
FOX MILL CT
TO

GRADE

EACH BORE HOLE (TYP.)



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 2.5×10^{-8} 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.