

## HOWARD COUNTY HEALTH DEPARTMENT

31043

	DATE	
7.9	6 /17/09	

Received M	charl Barlow Well DrillingHONE #110 838	3.6910
-		
☐ CASH ☐ CHECK	15282 Roybury Rd	
NO. 9038	one hundred sixty-	Dollars
\$ 160	Received By LLBMVIR	9 16

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

SEQUENCENO. (MDE USE ONLY)

STATE OF MARYLAND

THIS REPORT MUST BE SUBMITTED WITHIN AS DAYS AFTER WELL IS COMPLETED.

c1 4910	SEQUENCI-NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY NUMBER 1.49
ST/CO USE ONLY	DATE WELL COM	PLETED PLETED Depth of Well	PERMIT NO.
DATE Received	19 MM 7 DD 10	1 V 09 22 4/05 26 C	FROM "PERMIT TO DRILL WELL"
8 13	15	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER STREET OR RFD	last name	ROXDULI ROCHISTIAMO TOWN	MANAIA
SUBDIVISION	1 170009	SECTION	LOT
WELL	\1 / fmf : 1 1 1	GROUTING RECORD yes no	C 3
Not required to		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
STATE THE KIND OF FORMAT COLOR, DEPTH, THICKNESS	FEET   check	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT CM BENTONITE CLAY	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FROM TO bearing		PUMPING RATE (gal. per min.)
Divit	03	GALLONS OF WATER 470	METHOD USED TO
Got & Brown Hard Grey	3 10	DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	MEASURE PUMPING RATE
Hard Grey	10 18	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Med Tan	18 45	casing CASING RECORD	BEFORE PUMPING 17 ft.
Head Grece	45 405	types insert appropriate STEEL CONCRETE	WHEN PUMPING ft.
War & G		code pelow PL OT	TYPE OF PUMP USED (for test)
		PLASTIC OTHER	A air P piston T turbine
		MÁIN Nominal diameter Total depth  CASING top (main) casing of main casing  TYPE (nearest incb)! (nearest foot)	27 27 27 other
		TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)
		60 61 63 64 66 70	J jet S submersible
musin	1//	E OTHER CASING (if used) A diameter depth (feet)	27 27
(1) 405 Ge	100/8	inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
	1984	ŝ	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
		N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
		screen type SCREEN RECORD or open hole	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,Ø) 29
		insert STEEL BRASS OPEN	IN BOX 29.
		(appropriate code below BRONZE HOLE P L O T	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
		below PLASTIC OTHER	PUMP HORSE POWER
		C 2 DEPTH (nearest ft/)	PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSE	yes no	1 2	(nearest ft.) 43 47
WELL HYDROFRACTURED	YN	E 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROP		H 2 23 24 26 30 32 36	49 LAND SURFACE
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		S C 3 R 38 39 41/ 45 47 51	below (nearest) foot)
P TEST WELL CONVERTED TO PRODUCTION WELL		R 38 39 41 45 47 51 E E SLOT SIZE/1 2 3	49 50 51  A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND		N DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
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		OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
KNOWLEDGE.	11 466	from to	(MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M ND 202		GRAVEL PACK  IF WELL DRILLED	
DRILLERS SIGNATURE		WAS FLOWING WELL INSERT F IN BOX 68 68	0 2
(MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. 1  LIC. NO. 1		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Sheo
LIC. NO.1 1 100 00 1		T (E.R.O.S.) W Q	29/
SITE SUPERVISOR (sign, or	f driller or journeyman	70 72 74 75 76	1/2/10,
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	X

SEQUENCE NO. STATE OF	MARYLAND	STATE PERMIT NUMBER
(MDE USE ONLY)	ERMIT TO DRILL WELL	110-95-17-80
, 2 3	e type	70 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	D O	LOCATION OF WELL
Date Received (APA)  OWNER INFORMATION	B 3 HOWARD	
8 MM DD YY 13	8 COUNTY	21
Earth River Geothomps		
15 Last Name Owner First Name 34	23 SUBDIVISION	42
36 Street or RFD 55	SECTION L 44 46	LOT [] 48 50
1 Accepts MD 21401	Glevela	40 30
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	MILES FROM TOWN (enter	Q if in town) 2 M 11
MWACL BARBW MW D355		73 76 77 78
Driller's Name 76 License No. 81	B 4 1 2	15282 Roxbury ROAD
Firm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
1522 underwood Lane 121015	N	NOTH
Address /	NW & NE	(CIRCLE APPROPRIATE BOX)
6/12/09	8-9	WEST SEAST
Signature Date	(TOWN) E	34 50 a 37 SOUTH
B 2 WELL INFORMATION APPROX. PUMPING RATE		DISTANCE FROM ROAD
(GAL. PER MIN.) 8 12	Sw   S   S   S   S   S   S   S   S   S	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20	8-9 S 8-9	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)		BE FILLED IN BY DRILLER
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL	// HEALTH	I DEPARTMENT APPROVAL
Innigation	COUNTY NAME	COUNTY NO.
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	STATE	
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	DATE JSSUED /	INSERT S 41
P PUBLIC WATER SUPPLY WELL	6/26/01 /	in Well 6/26/10
I TEST, OBSERVATION, MONITORING	43 MM DD YY 48 NORTH	CO SIGNATURE EXP. DATE
G GEO-THERMAL \ X 400'	GRID 5/0 0 (	0 0 GRID 07-3 0 0 0 0 55 63
	SHOW MAJOR FEATURES	05
APPROXIMATE DEPTH OF WELL 400 FEET	BOX & LOCATE WELL '	
24 28	WITH AN X SOURCES OF DRILLING W	(ATER
APPROXIMATE DIAMETER OF WELL NEAREST INCH	1.	
METHOD OF DRILLING (circle one)	2.	7
BORED (or Augered) JETTED Jetted & DRIVEN	3.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	
<sup>37</sup> CABLE REVerse-ROTary DRive-POINT	FROM THE MAP HERE	13
other	780	123
REPLACEMENT OR DEEPENED WELLS	E	000
(CIRCLE APPROPRIATE BOX)  N THIS WELL WILL NOT REPLACE AN EXISTING WELL	510	000
Y THIS WELL WILL REPLACE A WELL THAT WILL BE		SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	RELATION TO NEARBY TO	WNS AND ROADS AND GIVE
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	DISTANCE PROM WELL TO	NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS  D THIS WELL WILL DEEPEN AN EXISTING WELL		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	1	
(IF AVAILABLE) 4152	N	\
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	A Route	
APPROP, PERMIT NUMBER	/	Roxbert RB
PERMIT No. 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 & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850

## RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION

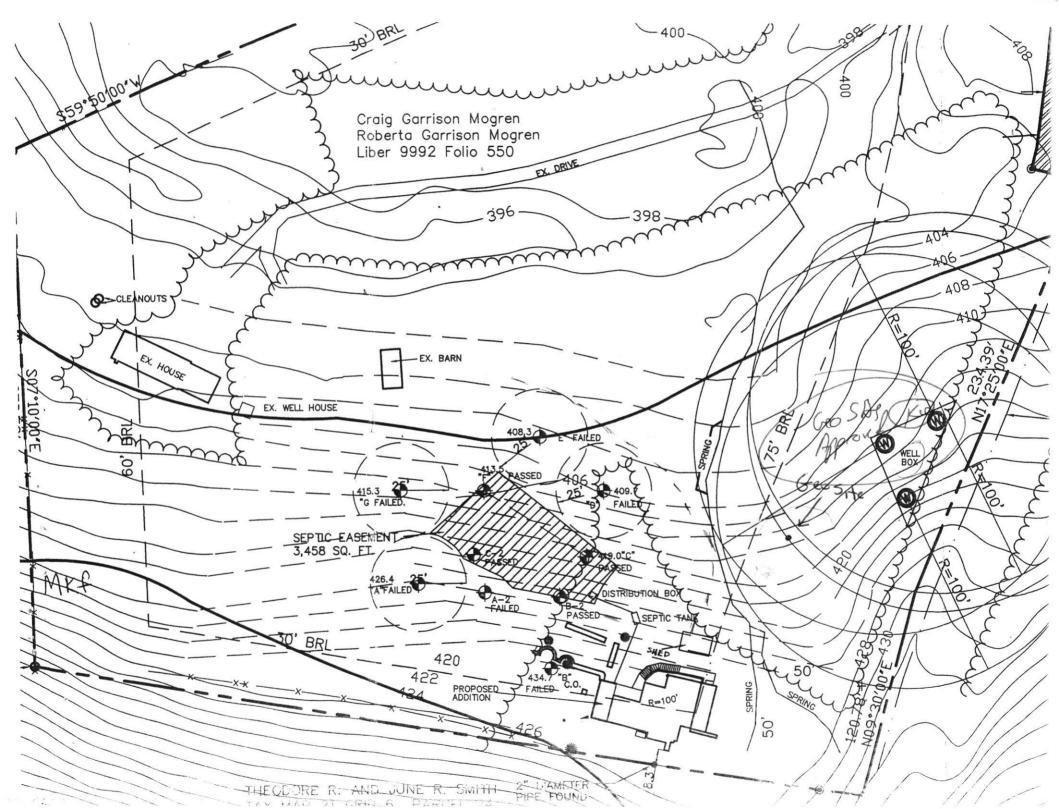
HVACR PERMIT #
BUILDING PERMIT #

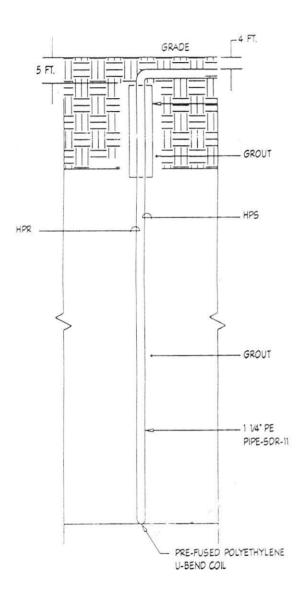
BUILDING ADDRESS: SUITE/APT:	OWNERS NAME: Graig Garrison-Mogren ADDRESS: 15-282 Roxbury Road
SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE:  PROPERTY ID: MAP COORDINATES:  TYPE OF IMPROVEMENTS: USE:	CITY: 28 Len Elg STATE: Md ZIP CODE: 21737 HOME PHONE: 410-489-D85WORK PHONE: 410-262-3
CHECK ONE HOW MANY	COMPANY NAME: BAIR Necessities, LLC
SINGLE FAMILY DWELLING  SINGLE FAMILY TOWNHOUSE  ZONES  MULTI-FAMILY / HOTEL/MOTEL  UNITS	LICENSEE NAME: Terry Beir ADDRESS: 1045 Carbondale leay CITY: Gambrills STATE: Mo zip code: 21054 PHONE: 410-721-4142 HVACR LICENSE NO: 02/3061
New  Heating and Air Conditioning  Replacement  Heating  AIR Heating  BP# M0900000000000000000000000000000000000	System Only  Other Work (Describe):  DING PERMIT Additions and Alterations  Heating  Ajr Conditioning  DATE: /2 it Heating and Air Conditioning
Zones  Permit Fee = # of Zones x \$40 =  Technology Fee (10% of Permit Fee) =  Plus Application Fee Total Fees Due =   \$\frac{40^{\infty}}{20}\$	Units  Permit Fee = # of Units x \$80 = Technology Fee (10% of Permit Fee) = Plus Application Fee \$50 Total Fees Due =
I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AT AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED IN CAPPLICABLE CODES OF STANDARDS OF HOWARD COUNTY THE MARYLAND.  SIGNATURE OF LICENSEE  PRINT NAME OF LICENSEE	ND KNOW IT IS TRUE RMED BY A STATE HVACR COMPLIANCE WITH  Validation

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: HVAC APPLICATION - JUNE 2004











Providing Quality Systems for Over 20 Years Commercial & Residential Water Well Drilling Test Borings & Consulting • Geothermal Drilling & Systems NGWA & IGSHPA Certified

June 15, 2009

Mr. Brian Baker Howard County Health Department 7178 Columbia Gateway Drive Columbia, MD 21046

15282 Roxbury Road

Fax: 410-313-2648

Re:

Dear Mr. Baker:

This letter is in reference to the message you left on 4/16/09. Please note unless otherwise specified all geothermal bores installed by our company will be installed as follows:

Grout:

Bentonite Grout 20% solids minimum

Manufacture(s): Baroid or Wyo-Ben

Will be grouted from the bottom to the top with grout material

Piping:

Polyethylene SDR 11 160 PSI as recommended per IGSHPA

Manufacture: EnDot or Charter Plastics or equal, Size 1" or 1 1/4"

**IGSHPA Certification Number 12687** 

Also attached is a cross section diagram of the bore hole.

We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

Sincerely,

Michael Barlow