



HOWARD COUNTY HEALTH DEPARTMENT

89189

CODES

DATE 9/3/25

WS

- CASH
- CHECK

NO. 35787

Received From

Med Environmental Services

For

Well Permit App. 10/087 Permit Fee

One hundred sixty ⁰⁰/₁₀₀ Hill Dollars

\$ 160.00

Received By

[Signature]

C 1 **78994** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received MM/DD/YY DATE WELL COMPLETED MM/DD/YY Depth of Well 22 300 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-25-0092

OWNER Regan, Sarah last name first name TOWN Columbia MD

WELL SITE ADDRESS 10687 Rain Drum Hill SECTION _____ LOT 93

SUBDIVISION _____

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	
Bin Clay	1	10	
Bin Sand + Mag	10	40	
Sandstone	40	45	
Broken Rock	45	60	
Gray Bedrock	60	65	
Med Gray Rock	65	100	✓
Gray Rock	100	305	

1-Twister loop @ 300'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 10 NO. OF POUNDS 350

GALLONS OF WATER 250

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 300 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)

diameter inch depth (feet) from to

E A C H C A S I N G

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	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

E A C H S 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 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 **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 **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 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 **-** below LAND SURFACE (nearest foot) 50 51

LATITUDE 39.22406

LONGITUDE 76.87125

(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.

NUMBER OF UNSUCCESSFUL WELLS: _____

WELL HYDROFRACTURED **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. 1 M D 598

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Walter Wolfe

LIC. NO. D

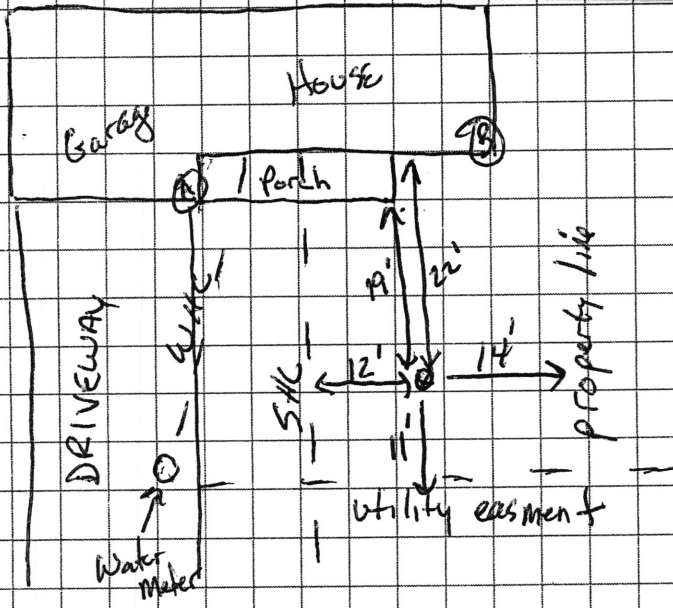
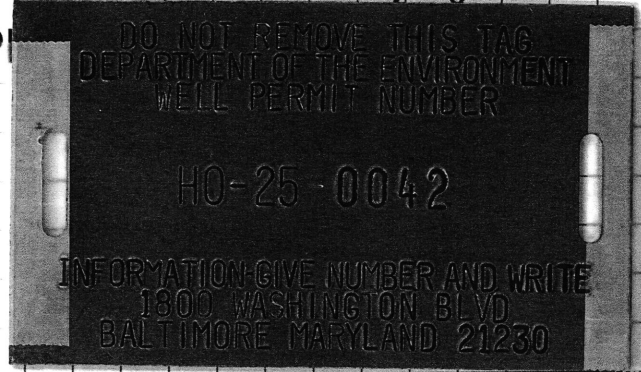
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

A B
31' 26'



10687 Rain Dream Hill
Columbia Md
1 well @ 300'
Closed loop geothermal

SITE PLAN



Well Site Approved
9/10/25

Sediment Control Protocol: SILT Fence, Bag if needed in Rear

Distance From House: 22'
From Septic: N/A
From Sewer: 12'
From Property Line: 14' +/- TO Right, 11' FRONT
From Street: 21' +/-

Trees Nearby: Yes, Cover w/ plastic
Utility Issues: NO
Mats Needed: YES FROM DRIVEWAY
Access For H/U: YES. MISSILE under Porch
Neighboring Tags: See Camps

Comments: _____

Person Completing Form: Wes Wolfe

10/22/25 - 10687 Rain Dream Hill geo bore grout unsatisfactory
requested it to be topped off by driller

Allied. @)



10/23/25 - grout had dropped by 19' - driller topped it off
(Allied)



GRADE

EACH BORE HOLE (TYP)

MINIMUM
HORIZONTAL BURY
DEPTH 4 FT

FOR CONT.
SEE PLANS

Horizontal
Piping

Bore Depth

5" TO 10 FOOT SECTION OF
REBAR TO GUIDE TUBE
INSTALLATION

ANCHOR FITTING TO
PREVENT U-TUBE FROM
SURFACING AFTER
INSTALLATION

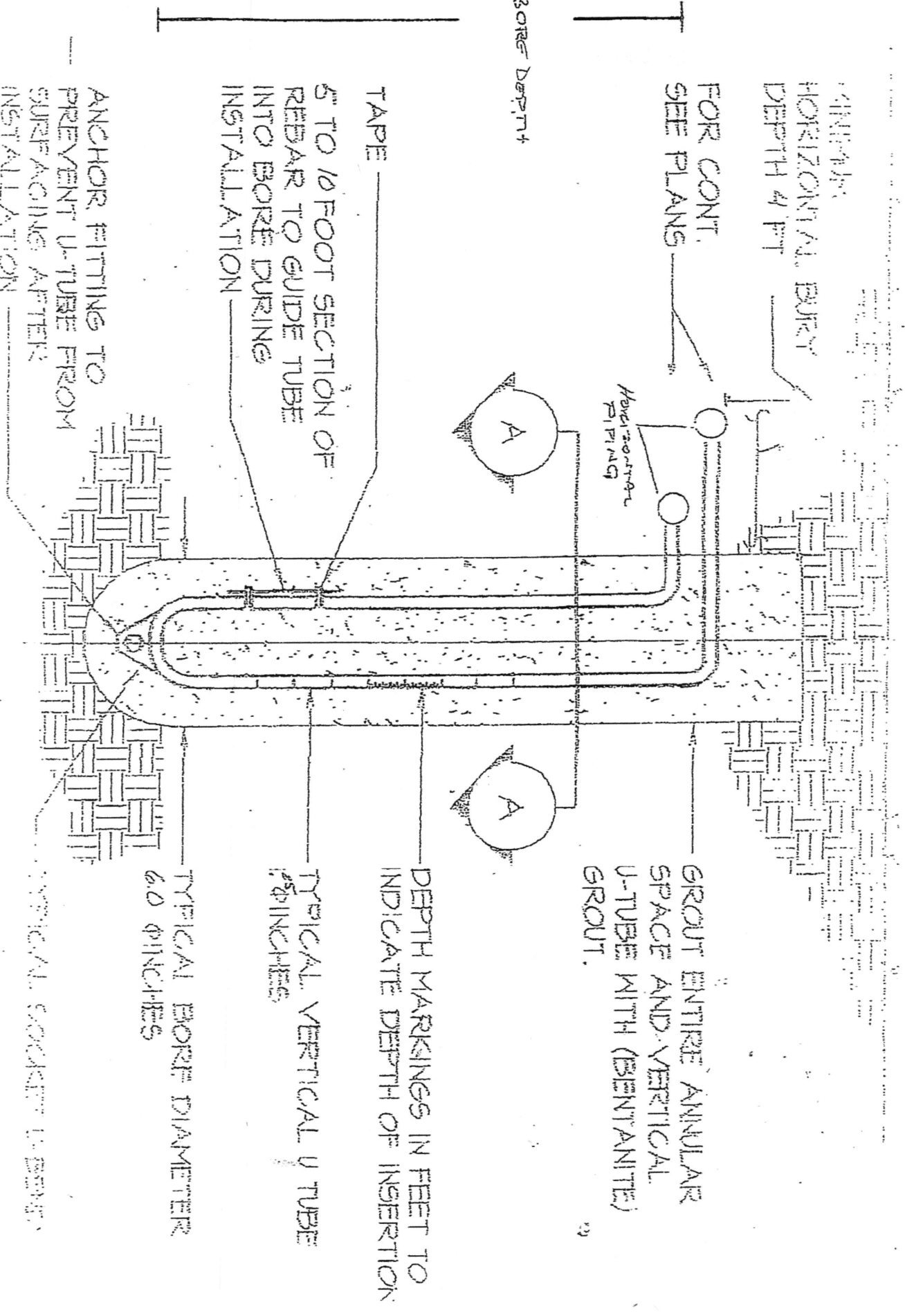
GROUT ENTIRE ANNULAR
SPACE AND VERTICAL
U-TUBE WITH (BENTONITE)
GROUT.

DEPTH MARKINGS IN FEET TO
INDICATE DEPTH OF INSERTION

TYPICAL VERTICAL U-TUBE
1/2" PINCHES

TYPICAL BORE DIAMETER
6.0 PINCHES

TYPICAL SOCKET U-TUBE



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 $2.5 \text{ E}(-08) \text{ cm/sec}$. 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.



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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:

_____	<u>93</u>	<u>10687 Rain Dream Hill</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Wesley Wolfe
(professional land surveyor or company employing professional land surveyors)
on 08/28/25 (date)

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 9/20/21

Re: 10687 Rain Dream Hill - Well Permit

From Donna Perez <dperez@alliedwells.com>

Date Fri 9/5/2025 7:50 AM

To Burns, Matthew <mburns@howardcountymd.gov>

WARNING!!!

This email originated from someone outside of Howard County
DO NOT CLICK LINKS OR OPEN ATTACHMENTS
unless you recognize the sender and know for sure that the content is safe

Good morning.

Everything in that neighborhood is plastic

On Thu, Sep 4, 2025 at 4:33 PM Burns, Matthew <mburns@howardcountymd.gov> wrote:

Good afternoon Darren and Donna,

I have received the geothermal well permit for review.

Question for you: Do you know what material the sewer line is made of?

Thank you,

Matt Burns, EH Specialist
Well & Septic Program | Howard County Health Department
8930 Stanford Blvd., Columbia, MD 21045
410-313-2643 (Office) | 410-313-2648 (Fax)
www.hchealth.org
mburns@howardcountymd.gov



<https://x.com/HoCoHealth>

facebook.com/HoCoHealth

instagram.com/hocohealth

Donna Perez
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Look us up on Google and give us a review of your experience.