

C1 6002

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5-18-09

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 5/13/15 SC HO-95-1755

OWNER TAYMAN, DAVID last name first name STREET OR RFD 11213 McGee Way TOWN JELICOTT CITY SUBDIVISION SECTION LOT Well 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, sand stone, Gray Mica, opening, and Gray Mica.

Installed loop + Backfilled from 400-0

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.) 1 2 3 400

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MW D 640 DRILLERS SIGNATURE George F. Rasterling

LIC. NO. 33 D 038 DRILLER SIGNATURE Bruce Thompson

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

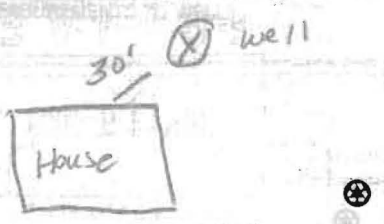
PUMPING TEST

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 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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) 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) 49 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 2626 SEQUENCE NO. (MDE USE ONLY) 03 31 05 66

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 530962 please type

STATE PERMIT NUMBER HO-95-1755 fill in this form completely 79

Date Received (APA) 11084 OWNER INFORMATION TAYMAN DAVID & APRIL 11213 MCGEE WAY ELLICOTT CITY, MD 21042-6128

B 3 LOCATION OF WELL Howard COUNTY 8 21 Pt of Homewood SUBDIVISION Clarksville SECTION 44 46 LOT 3 48 50 NEAREST TOWN Clarksville MILES FROM TOWN 2

DRILLER INFORMATION George F. Easterday MWD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 Signature: George F. Easterday Date: 4-3-09

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11213 Mcgee Way NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 50 ENTER FT OR MI 38 39 TAX MAP: 29 BLK: 10 PARCEL: 279

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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 G GEO-THERMAL 3 Closed Loop

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/20/09 CO SIGNATURE EXP. DATE 4/20/10 NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. wells 3. wells WRITE THE BOX NUMBER FROM THE MAP HERE 820 500

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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 15 A 2 Mc GEE way 108 Clarksville

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. HO-95-1755

SPECIAL CONDITIONS Use only COMAR approval from bottom to top

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)813-2455 INSPECTIONS (410)813-1050	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M 09 000432</u> BUILDING PERMIT #
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BUILDING ADDRESS: <u>11213 McGee Way</u> SUBDIVISION: CENSUS TRACT: LOT: BLOCK: PROPERTY ID: TYPE OF IMPROVEMENT:	SUITE/APT: SECTION: TAX MAP: ZONE: MAP COORDINATES: USE:	OWNERS NAME: <u>David Tayman</u> ADDRESS: <u>11213 McGee Way</u> CITY: <u>Ellicott City</u> STATE: <u>MD</u> ZIP CODE: <u>21042</u> HOME PHONE: WORK PHONE: <u>410-730-2122</u>
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<table border="0"> <thead> <tr> <th style="text-align: center;"><u>CHECK ONE</u></th> <th style="text-align: center;"><u>HOW MANY</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</td> <td style="text-align: center;"><u>3</u></td> <td>ZONES</td> </tr> <tr> <td><input type="checkbox"/> SINGLE FAMILY TOWNHOUSE</td> <td style="text-align: center;">—</td> <td>ZONES</td> </tr> <tr> <td><input type="checkbox"/> MULTI-FAMILY / HOTEL/MOTEL</td> <td style="text-align: center;">—</td> <td>UNITS</td> </tr> </tbody> </table>	<u>CHECK ONE</u>	<u>HOW MANY</u>		<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	<u>3</u>	ZONES	<input type="checkbox"/> SINGLE FAMILY TOWNHOUSE	—	ZONES	<input type="checkbox"/> MULTI-FAMILY / HOTEL/MOTEL	—	UNITS	COMPANY NAME: <u>Total Comfort Htg & A/C, Inc.</u> LICENSEE NAME: <u>James E. Aaron</u> ADDRESS: <u>P.O. Box 643</u> CITY: <u>Smithsburg</u> STATE: <u>MD</u> ZIP CODE: <u>21783</u> PHONE: <u>301-824-3700</u> HVACR LICENSE NO: <u>5833-01</u>
<u>CHECK ONE</u>	<u>HOW MANY</u>												
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New

Heating and Air Conditioning Heating System Only Other Work (Describe):

Replacement

Heating Air Conditioning

Heating and Air Conditioning

Additions and Alterations

Heating Air Conditioning

Heating and Air Conditioning

* Removing old forced air systems and replacing with geothermal systems.

Zones Permit Fee = # of Zones x \$40 = <u>120.00</u> Technology Fee (10% of Permit Fee) = <u>12.00</u> Plus Application Fee <u>\$50</u> Total Fees Due = <u>182.00</u>	Units Permit Fee = # of Units x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee <u>\$50</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 HVACR LICENSED PERSON(S) INSURED TO CONTRACT WORK, AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY AND THE STATE OF MARYLAND.

James E. Aaron
 SIGNATURE OF LICENSED CONTRACTOR 6/16/09 DATE

James E. Aaron
 PRINT NAME

Validation

Check Number: 1964

Receipt Number: 176070

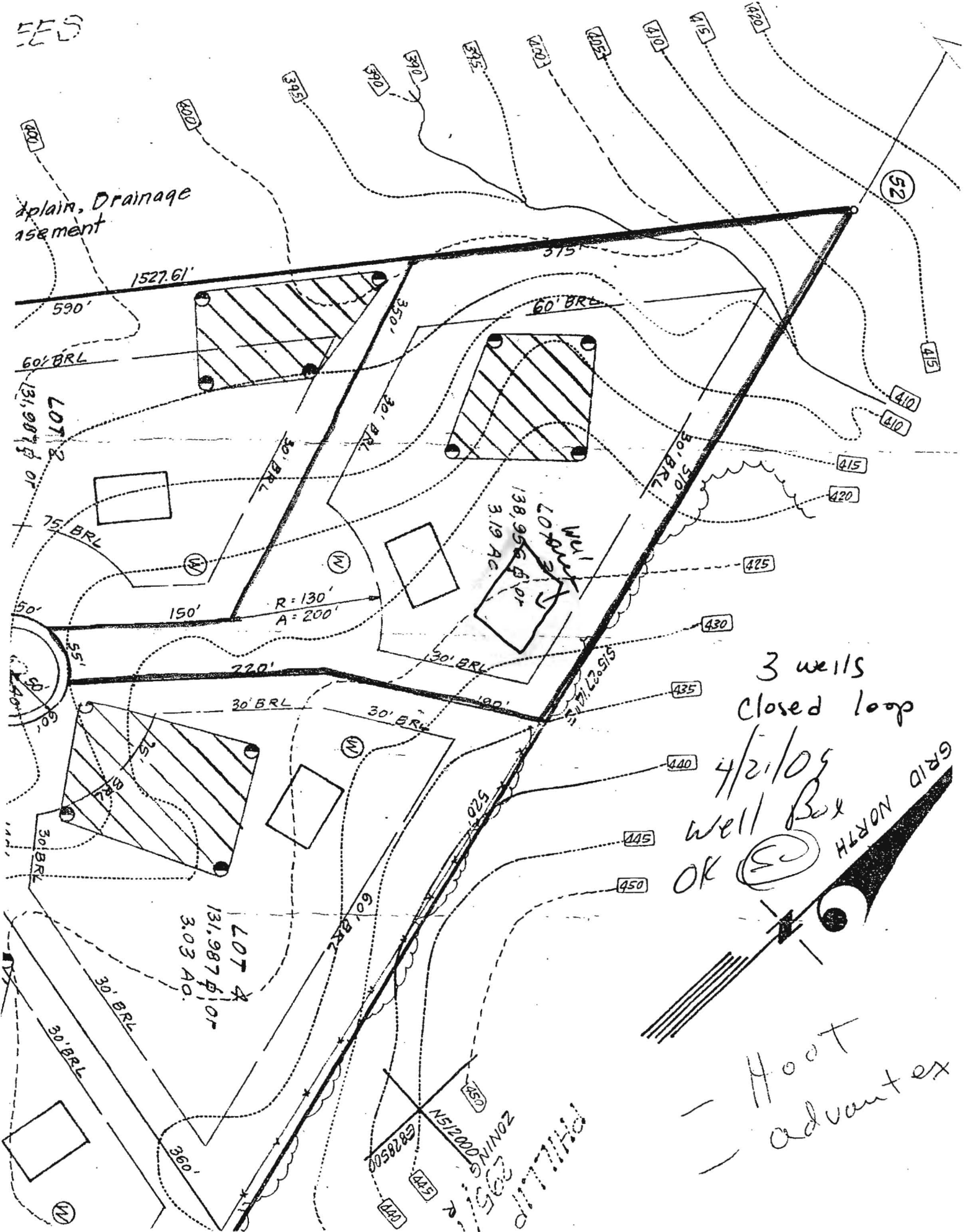
Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 T:\Chl\fp\HVACR4.WPD REV 6/17/04

6/29/09 Approved in Accordance

(Seal)

FES

Plain, Drainage
Assessment



3 wells
closed loop

4 1/2" / 10" well Box
OK (S)

Foot
advances

NS12000 S
E828500
ZONING DISTRICT 2315

GRID NORTH

1527.61'

590'

60' BRL

131,987 sq ft

LOT 2

75' BRL

150'

R = 130'
A = 200'

720'

30' BRL

30' BRL

131,987 sq ft

LOT 4

3.03 AC.

30' BRL

360'

60' BRL

LOT 3

138,956 sq ft

3.19 AC.

130' BRL

30' BRL

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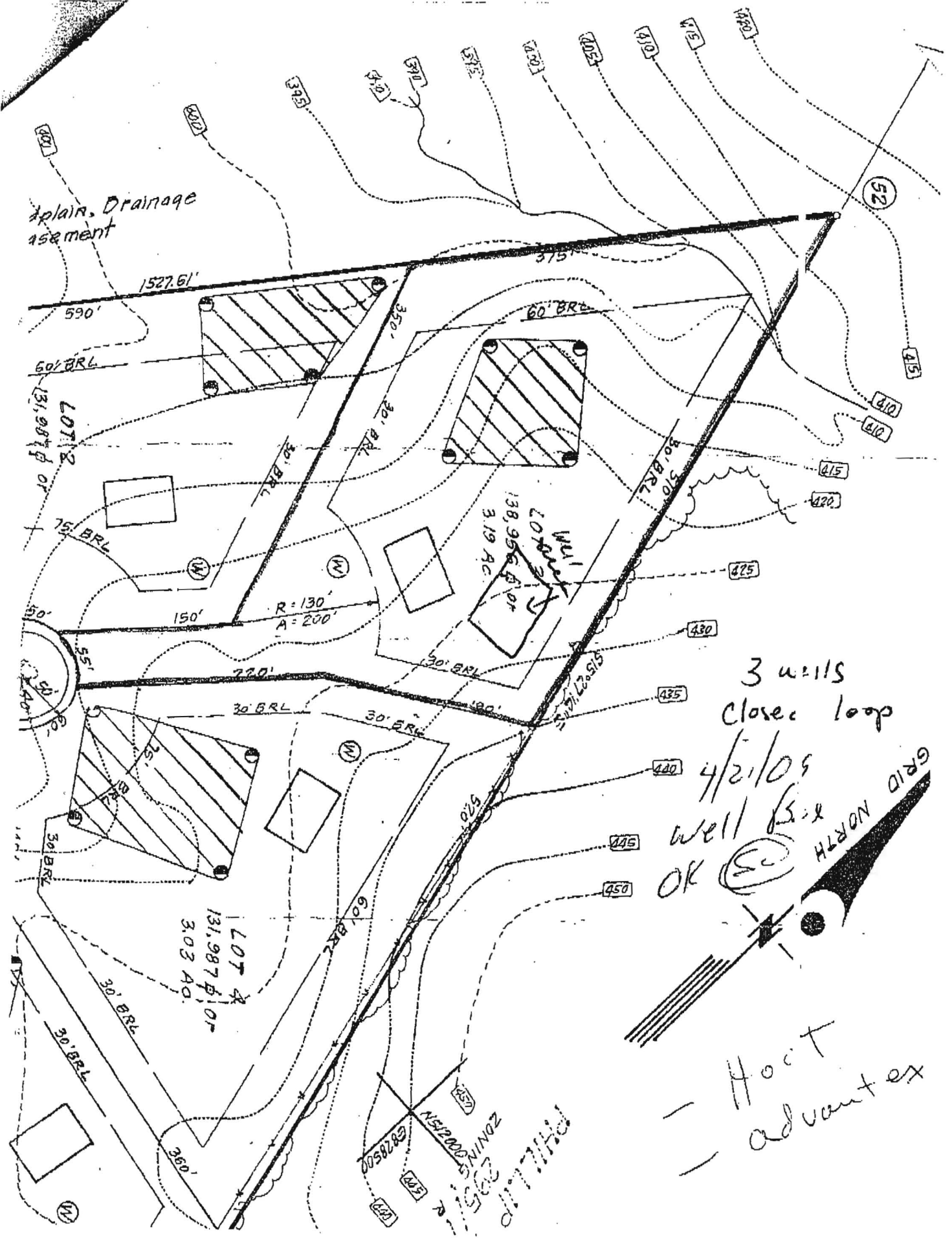
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B-1 2626 SEQUENCE NO. (MORE USE ONLY) 03 31086 0502112		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER HV-95-1755 fill in this permit completely	
Data Received (APA) 11084		B-3 LOCATION OF WELL Howard COUNTY Pt of Howard		21 342	
OWNER INFORMATION TAYMAN DAVID S APRIL East Name 11213 MCGEE WAY Street or RFD ELICOTT CITY, MD 21042-6128 Town State Zip		23 SUBDIVISION SECTION 44 46 LOT 3 48 50 Clarksville NEAREST TOWN MILES FROM TOWN (enter 0 if below 1/4 mile) 2 M		71	
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