

B 1 **27190** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO - 15 - 0100**
 1 2 3 6 70 79 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **06 18 15**
 8 MM DD YY 13
 15 Last Name **Cherney** Owner First Name **Rob** 34
 36 Street or RFD **10113 Labelle Ct.** 55
 57 Town **Ellicott City MD** 70 State 72 Zip **21042** 76

LOCATION OF WELL
 B 3
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Chateau VALLEY** 42
 SECTION **44** 46 LOT **7** 48 50
 52 NEAREST TOWN **Ellicott City** 71

DRILLER INFORMATION
 Driller's Name **David Kelly** MW License No. **D304** 76 81
 Firm Name **JONES WELL DRILLING**
 Address **3700 Rush Rd. Jarrettsville MD 21084**
 Signature **David Kelly** Date **6-16-15**

SOURCES OF DRILLING WATER
 B 4
 1. **potable well** 11 STREET ADDRESS **10113 Labelle Ct.** 30
 2. 34 37 DISTANCE FROM ROAD **160** FT 38 39
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W SOUTH S EAST E
 TAX MAP **0024** BLK: _____ PARCEL **1B30**

WELL INFORMATION
 B 2
 7 2 APPROX. PUMPING RATE **0** 8 12 (GAL. PER MIN.)
 AVERAGE DAILY QUANTITY NEEDED **0** 14 20 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 22 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 **3 holes**

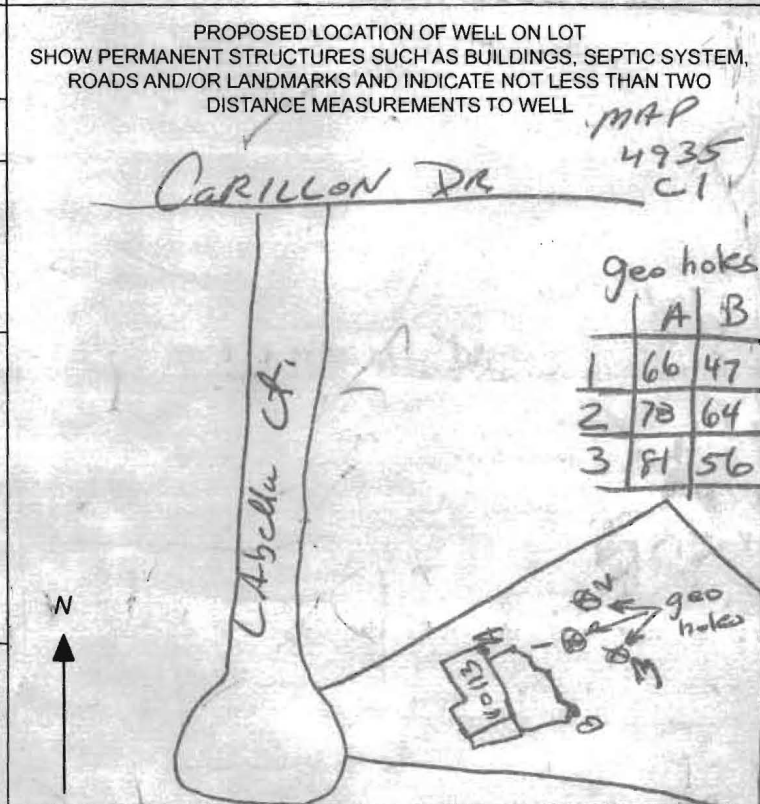
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **07/06/2015** CO SIGNATURE **RKT** EXP. DATE **7/16/16**
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **373** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jettied & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 39 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO - 15 - 0100**
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **all wells must be grouted from bottom to top.**
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 27048

SEQUENCE NO. (MDE USE ONLY)

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Cherney Robert; WELL SITE ADDRESS: 10113 Labelle Ct.; TOWN: Ellicott City; SUBDIVISION: Chateau VALLEY; SECTION: ; LOT: 7

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for hard gray rock, med hard tan rock, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (26), NO. OF POUNDS (1380), GALLONS OF WATER (572), DEPTH OF GROUT SEAL (0 to 373 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (60-70), Nominal diameter top (main) casing (nearest inch), Total depth of main casing (nearest foot).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type of open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) table.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: 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...

DRILLERS LIC. NO.: MWD 304; DRILLERS SIGNATURE: David Kelly; LIC. NO.: JWD 376; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-21; DIAMETER OF SCREEN (NEAREST INCH) table with columns 56-60; 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.

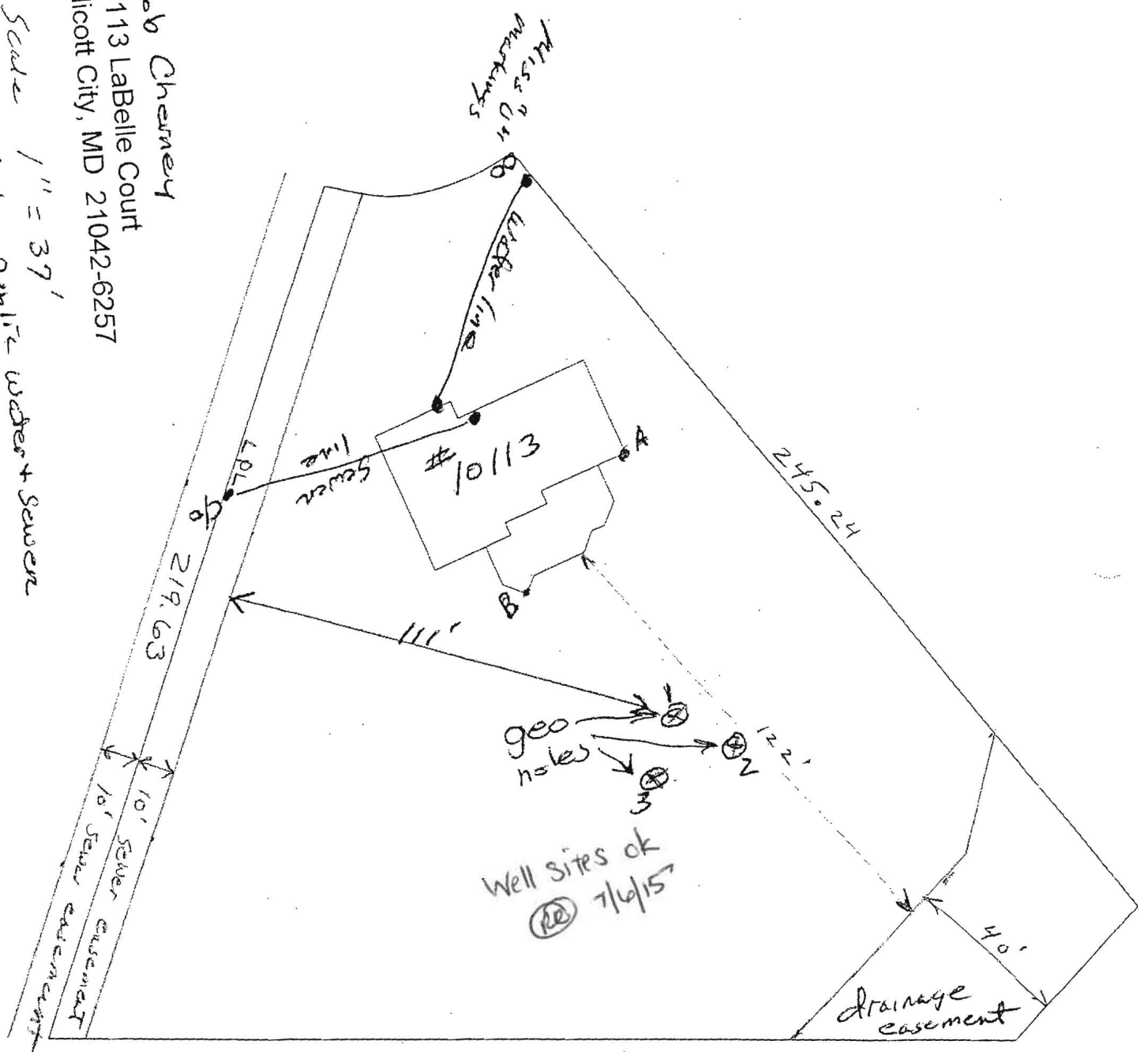
PUMPING TEST: HOURS PUMPED (nearest hour) 8 9; PUMPING RATE (gal. per min.) 11 15; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20; WHEN PUMPING 22 25; TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (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 below LAND SURFACE (nearest foot) 49 51.

LATITUDE 39.248113; LONGITUDE 76.859980; (DEFAULT COORD. WGS 84); NOTES: As per plat AB, 1/6847, 2/7864, 3/38156; Includes a hand-drawn diagram of a well casing.

Rob Chernery
 10113 LaBelle Court
 Ellicott City, MD 21042-6257

Scale 1" = 37'
 Served by public water + sewer



geo holes

	A	B
1	86	47
2	78	64
3	81	56

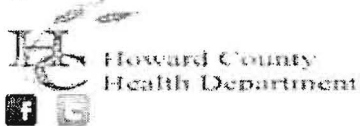
Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, June 24, 2015 2:12 PM
To: 'water@joneswelldrilling.com'
Subject: 10000 Emily Fox Ct, 10113 Labelle Ct Geothermal permits

Dave,
Im in review of these two well permits and I have a comment that needs to be addressed regarding the submitted site plan. Please indicate the location of the public water and public sewer line are running to the house. Refer to sec .04 B. *Criteria for Approval* (4)d. in the reg's. a Setback of 50' must be made to any gravity sewer line. It can be 10' if made of cast iron welded joints, sch 40 or equivalent, or HDPE. Please revise and resubmit.

Thanks,

Kevin M. Wolf, LEHS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

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Wolf, Kevin

From: Brooks, Calvin
Sent: Thursday, June 25, 2015 1:36 PM
To: Wolf, Kevin
Subject: RE: Property

10000 Emily Fox
Water and sewer 4/25/89

10113 Labelle Ct.
Sewer 4/6/82
Water 7/21/78

Cal

f


From: Wolf, Kevin
Sent: Tuesday, June 23, 2015 1:10 PM
To: Lang, Joe
Cc: Brooks, Calvin
Subject: Property



Can you tell me the install dates for water and sewer for these properties?

10000 Emily Fox Court
10113 Labelle Court

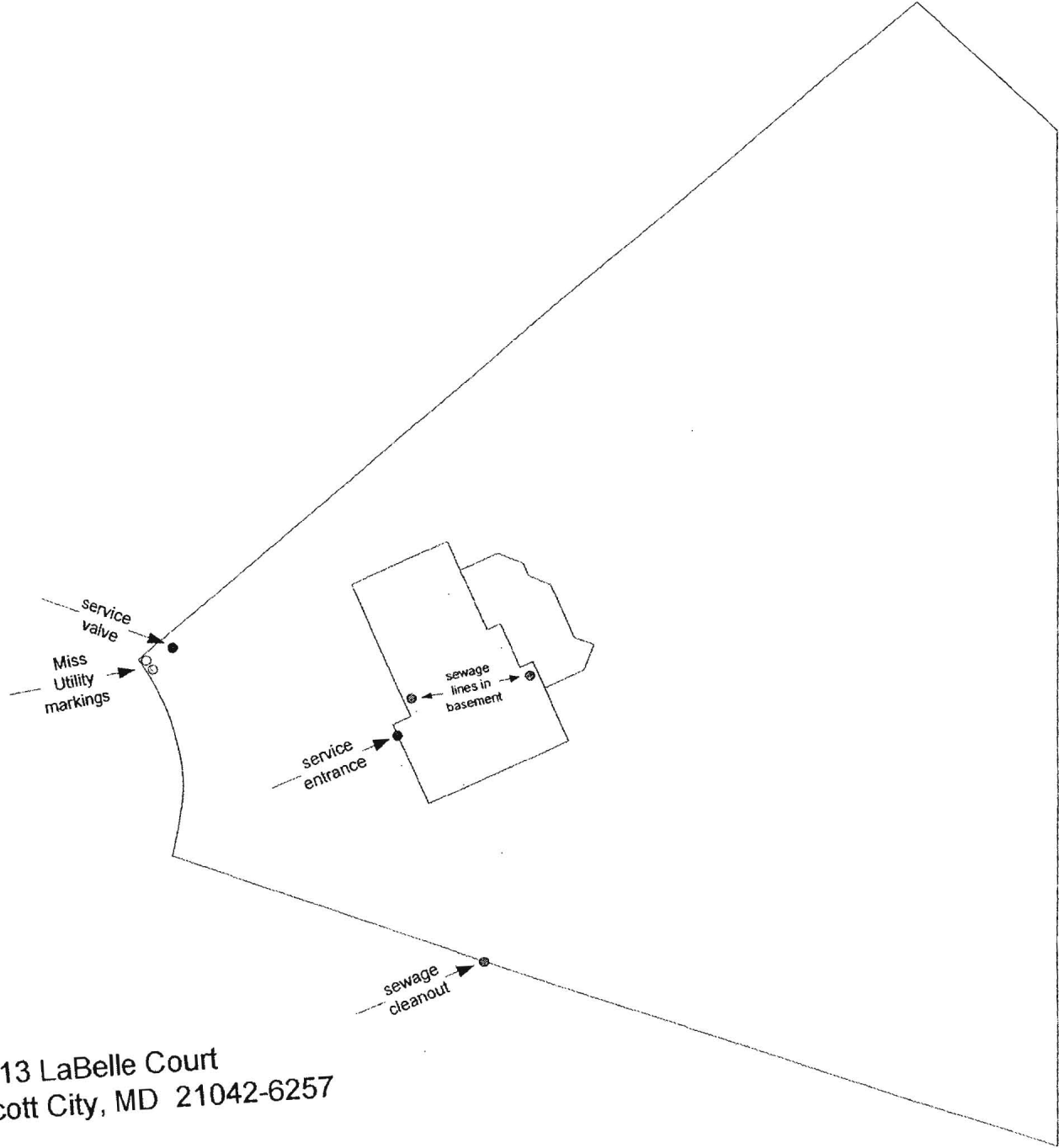
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Kevin M. Wolf, LEHS
Groundwater Mgmt. Sec. Supervisor
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 Howard County
Health Department

 
kwolf@howardcountymd.gov

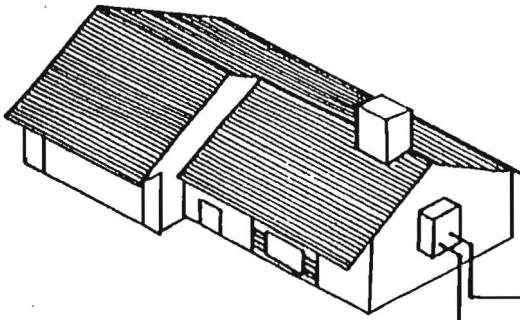
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10113 LaBelle Court
Ellicott City, MD 21042-6257

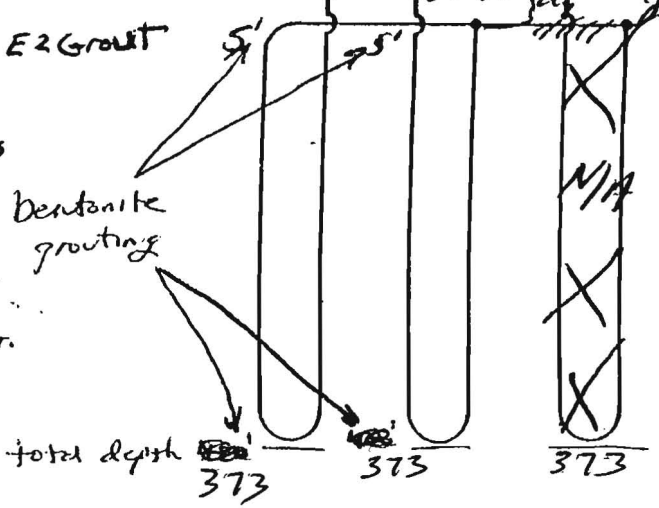


Driller: Jones Well Drilling
 contact: David Kelly
 410-692-6987



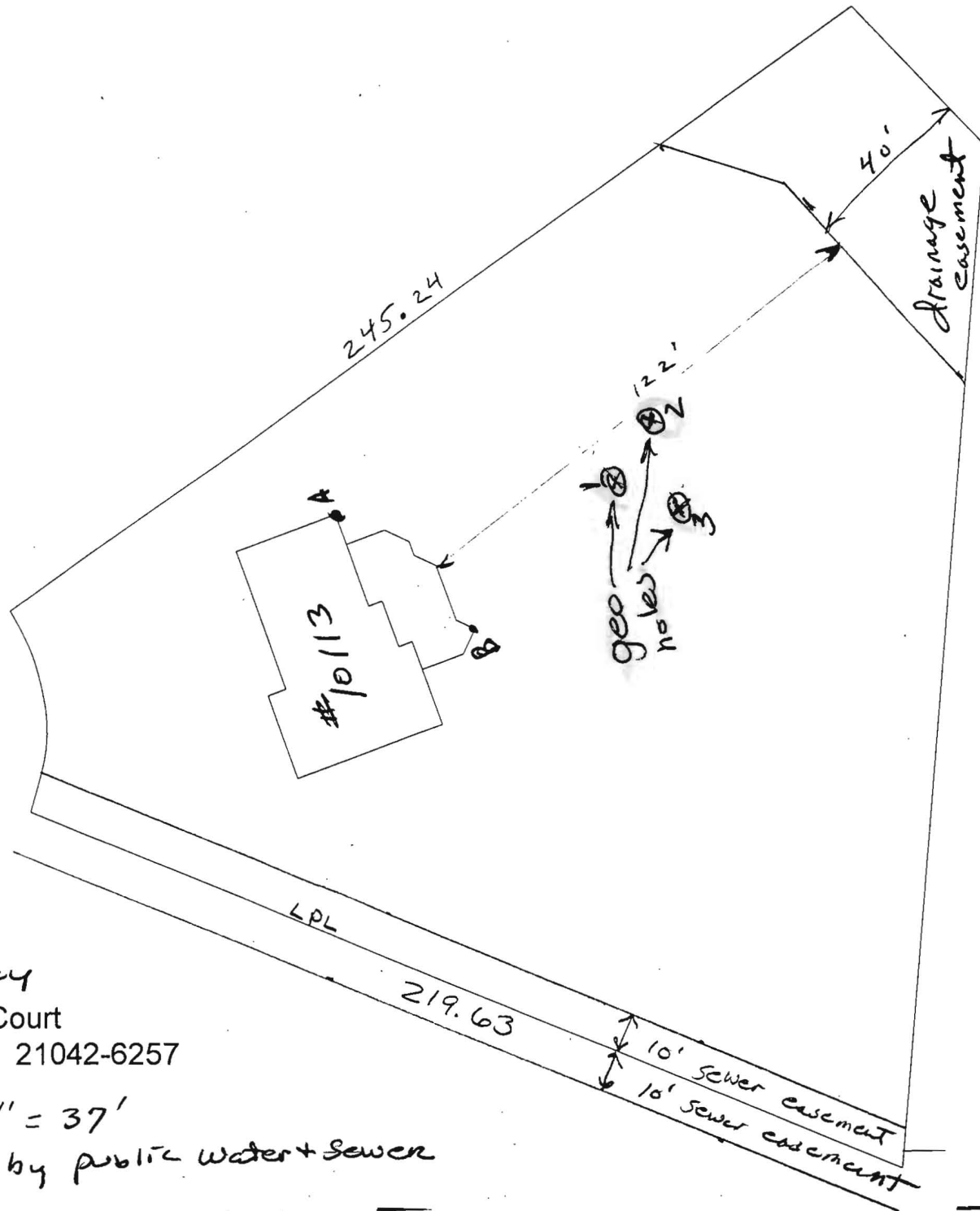
bury depth 5' below grade

Wyo-Ben bentonite-E2 GROUT
 GROUT (50 lb. bags)
 mixed with 24 gallons
 of water per
 manufacturer specs
 yields 27 gal. slurry
 with a 0.42 btu-ft/ft-hr.
 thermal conductivity



Earth Coil Type: Vertical - Single U-Bend
 Water Flow: Parallel
 Pipe Sizes: 1 1/4" double Loop
 Bore Lengths: 373 x 3 (1120' holes (1120' vertical bore))
 Pipe Lengths: 746 x 3 (1120' vertical pipe)

FIGURE 4.5: Parallel Vertical Ground Heat Exchanger

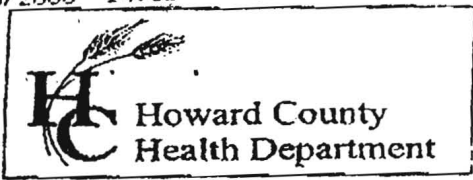


geo holes

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Rob Cherney
 10113 LaBelle Court
 Ellicott City, MD 21042-6257

Scale 1" = 37'
 served by public water + sewer



7178 Columbia Gateway Drive, Columbia MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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: Chateau Valley Lot 7
10113 Labelle Cr.

Subdivision/Property Name	Lot#	Road Name

The well site has been staked by _____
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

The well driller *- flags are in per plat plan* 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 3/11/05



HOWARD COUNTY HEALTH DEPARTMENT

56491

DATE
6/18/15

115

Received From

David M Kelly

PHONE #

For

Well Permit / 10/13 Labelle Ct.

CASH

CHECK

NO.

2076

One hundred sixty

Dollars

\$

100.00

Received By

[Signature]