HOV	VARD COUNT	Y HEALTH DE	PARTMENT	71490	
Received From	€0 €	MU. S	MATE 122	#1776	-8370
CASH CHECK	lblo	form	1/1	3995 Filias	Ool plu
No. 519	me	helne	red,	5/14	Dollars
10000	Received By		1	enp	

C 1 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				
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE					
MAN NOTE TO BE PINCHED WELL COMPLETED NOTE OF MAN APPENDIX WELL SCOMPLETED PLEASE TO BE PINCHED MAN APPENDIX WELL SCOMPLETED PLEASE TO BE PINCHED Depth of Well TO WES DOWN TER Regarded TO WAS APPENDIX WELL SCOMPLETED PLEASE TO BE PINCHED Depth of Well TO WAS APPENDIX WELL SCOMPLETED TO WILL IN THIS SOMM COMPLETED TO WAS APPENDIX WELL SCOMPLETED TO WILL IN THIS SOMM COMPLETED TO WAS APPENDIX WELL SCOMPLETED TO						
OWNER	first name TOWAL	A 1 1110				
SUBDIVISION_		LOT				
	WELL HAS BEEN GROUTED V	C 3				
STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)					
DESCRIPTION (Use FEET check if water		8 9				
Binsolveny O VD	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO				
Burdene 60 40	(enter 0 if from surface)					
	types insert appropriate code below MAIN CASING TYPE MAIN (nearest inch)! Total depth of main casing (nearest foot)	WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 C centrifugal R rotary O ther (describe below)				
	diameter depth (feet) H inch from to C A S I N G CORPERN DECORPO	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.				
NUMBER OF UNSUCCESSFUL WELLS:	or open hole insert appropriate code below PLASTIC OTHER	PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)				
	Α	CASING HEIGHT (circle appropriate box				
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 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 _ D 1	H 2 23 24 26 30 32 36 S C 3	LATITUDE 3				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.				

	1-05-39	11652	EMERGENCY/TE	EMP NO. IF ANY						
В	1 00000	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERM	T NUMBER				
	i udquu	(MDE USE ONLY)		ERMIT TO DRILL WELL	HO-20-0174					
1	2 3 6	_	57149() pleas	se type	70 fill in this form	completely 79				
<u> </u>	Date Received (APA)			B 3	LOCATION OF WELL					
	8 MM DD YY 13	OWNER INFO	RMATION	. Howar	cd .					
	8 MM DD YY 13	Jonniter	+ toher+	8 COUNTY	21					
	15 Last Name	Owner	First Name 34	LTriade	Iphia IIII	Tarm				
	13995 11	igdelphia	M. 11 Rol	23 SUBDIVISION	14	42				
	36	Street or RFD	7 1621 55	SECTION 44 46	LOT					
	57 Town	70 State	72 Zip 76	Dayton		1				
	DRILLER INFORM		72 Zip 70	52 NEAREST TOWN		71				
	Michael F	-1-102	M SD 028			· · · · · · · · · · · · · · · · · · ·				
	Driller's Name		76 License No. 81	B 4	120051	indal I a MI				
	Mica h	Jen Unin	ins	SOURCES OF DRILLING WATER 1.	1077011	igaelphia mil				
	Firm Name	toward Tim	ton MD 2001	2.	11 STREET ADD	DRESS 30				
	Address	11/1/10	11011 1111) 2	3.	ON WHICH SIDE OF (CIRCLE APPROPRIA	ROAD IN I				
	Michael	1 Kohles	04/08/22		TOTALE AND THE STATE OF THE STA	WESTSEAST				
L	Signature	1 14 22	Date		34	37 souт н				
B 1		ORMATION OX. PUMPING RATE -			DISTANCE F					
ľ		PER MIN.)	8 12		0078	ER FT OR MI 38 39				
	AVERAGE DAILY QUANT (GAL. PER DAY)	TITY NEEDED 14	20		TAX MAP: DLO BLK: _	PARCEL OID				
		OR WATER (CIRCLE A			BE FILLED IN BY DR					
		TABLE SUPPLY & RESID	DENTIAL	HEALTH	H DEPARTMENT APPR	ROVAL				
	IRRIGATION F FARMING (LIVE	ESTOCK WATERING & AC	GRICUI TURAI	Howard		13				
	IRRIGATION)	STOOK WATERING G.	SKIOOLIOIVAL	COUNTY NAME		COUNTY NO.				
22		COMMERCIAL, DEWATER	RING	STATE SIGNATURE	IN	SERT S				
	The state of the s	R SUPPLY WELL		DATE ISSUED	A	41				
	T TEST, OBSERVA	ATION, MONITORING		43 MM DD YY 48	CO SIGNATURE	EXP. DATE				
	C CLOSED LOOP		2 1 222	70 mm 00 11 12	1-1-10					
_	9		a was	DON 6/7/2: (5)	DOG: 6/8/25					
		. 40	V)	PROPOS SHOW PERMANENT STRU	ED LOCATION OF WELL O					
	APPROXIMATE DEPTH C	OF WELL 24	28 FEET	ROADS AND/OR LAND	MARKS AND INDICATE NO	T LESS THAN TWO				
	APPROXIMATE DIAMETE	ER OF WELL	NEAREST INCH	(1717)	CE MEASUREMENTS TO V	VELL A B				
<u> </u>				Sun	13 14(21) 81	8				
		ETHOD OF DRILLING		(con)	PIOU	83 TI				
30	BORED (or Augered) AIR-ROTary	JETTED AIR-PERcussion	Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary)		- A Porch	71 75				
37		REVerse-ROTary	DRive-POINT	7.30		1' 10				
	other	<u></u>	<u> </u>	68/22. 201 / wo on 2	'hie libait					
	REPLA	ACEMENT OR DEEP	PENED WELLS	Rin hicked win	CITY	PIOPOSA				
Bruille I	(G)	(CIRCLE APPROPRIAT	TE BOX)	Divis Golde	17	· wor				
		NOT REPLACE AN EXIST		Diairi Roins						
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				- E	1 JULY MOIL	W 16(V)				
39		REPLACE A WELL THAT		Will grout tire # 1(1	1 .65	N ISO				
1	FOR POLICY ON S	CONTACT LOCAL APPRO STANDBY WELLS	VING AUTHORITY	Purs	suant to § 10-624 of the Sta yland Code, personal info	requested on this form				
1		DEEPEN AN EXISTING V		is us	sed in processing this form	pursuant to COMAR				
	PERMIT NUMBER OF WI (IF AVAILABLE) 41	ELL TO BE REPLACED	OR DEEPENED 52	N this	4.04. Failure to provide the form not being processed.	You have the right to				
\vdash	Not to be filled in	n by driller (MDE OR	COUNTY USE ONLY)	insp	ect, amend, or correct this artment of the Environme	form. The Maryland				
	Not to be filled in	, by diffier (MDE OR	COUNTY USE ONLY	Mar	yland Public Information	Act. This form may be				
	APPROP. PERMIT NUME	BER	G		le available on the Internet bject to inspection or cop					
		DEDMIT NO HO	-20 -0174	by the	he public and other govern	imental agencies, if not				
L		PERMIT No	72 73 74 75 76 77 78 79	prot	ected by federal or State L	aw.				
1	SPECIAL CONDITION	NS KOULD USE SEPARATE SHEET IE NEEDEDE	growt tetleny +	to top		●				

A, B, 83 71, 71 78			V	VELL DE	RILLIN	IG	1		13 Da	995 cyto, well	Trial	delp d	hia M o'cac op	411 L
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Distance From From Septic:	House: _	55'			Tre Uti	ees N ility Is	earby	: <u>Y</u> .	es lock	Bu1	Bei	reg 1	Reoro v	nd
rom Sewer:		NA			Ma	ats Ne	eded	: <u> </u>	25				U	
rom Property	Line:	50' t			Ac	cess	For H	/U: 「ags:	Ye	<u>S</u>	1	_		
rom Street:					NE	eignbo	oning	ags.			Com			
Johnnends														

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MEICAL BORE DIAMETER

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INTO BORE DURING

REBAR TO GUIDE TUBE

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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 E(-08) 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.















