

C 1 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND OK WELL COMPLETION REPORT 12/1/24 THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED 12-01-24 DATE WELL COMPLETED 11-12-24 Depth of Well 400 PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-22-0156 OWNER Leonard, Steve + Dan WELL SITE ADDRESS 3881 Pearl Mill Rd TOWN Ellwood City, MD SUBDIVISION SECTION 6 LOT 290

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	
Silty Sand w/ Clay Brown	1	30	
Weathered Rock	30	55	
Rock Gray Hard	55	400	

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y 44 N 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 45 46 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 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 S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO 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 W D 598 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to 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

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (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 LAND SURFACE - below (nearest foot) LATITUDE 3 9.264511 LONGITUDE 76.846845 (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.

B 1 73376 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER
 1 2 3 6 587839 please type 70 HO - 22 - 0156 79
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 10/18/24
 8 MM DD YY 13
 Leonard Steve + Ann
 15 Last Name Owner First Name 34
 3881 Paul Mill Rd
 36 Street or RFD 55
 Ellicott City MD 21042
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 Howard
 8 COUNTY 21
 Gray Rock Farm
 23 SUBDIVISION 42
 SECTION 6 LOT 290
 44 46 48 50
 Ellicott City
 52 NEAREST TOWN 71

DRILLER INFORMATION
 Wesley Wolfe M MD 598
 Driller's Name 76 License No. 81
 Allied Drilling LLC
 Firm Name
 PO Box 128 Annapolis Junction MD 20701
 Address
 Wesley Wolfe 10/17/24
 Signature Date

B 4 **SOURCES OF DRILLING WATER**
 1. Public
 2.
 3.
 3881 Paul Mill Rd
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 N
 32
 WEST S EAST
 SOUTH
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 0024 BLK: PARCEL 1178

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL
 22 1 1/2 / 24
 on 24 min/day
 20 days at 1000 gal/day
 80% of energy used
 2 loops

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 11-28-24 10-28-25
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: DOG: 11/14/24

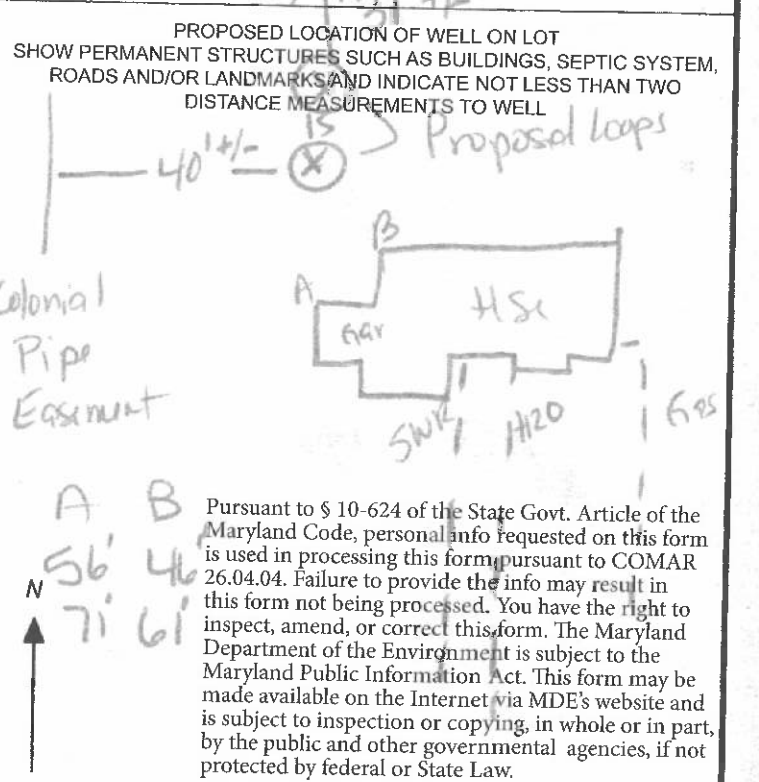
APPROXIMATE DEPTH OF WELL 400 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER G
 PERMIT No. 70 71 72 73 74 75 76 77 78 79



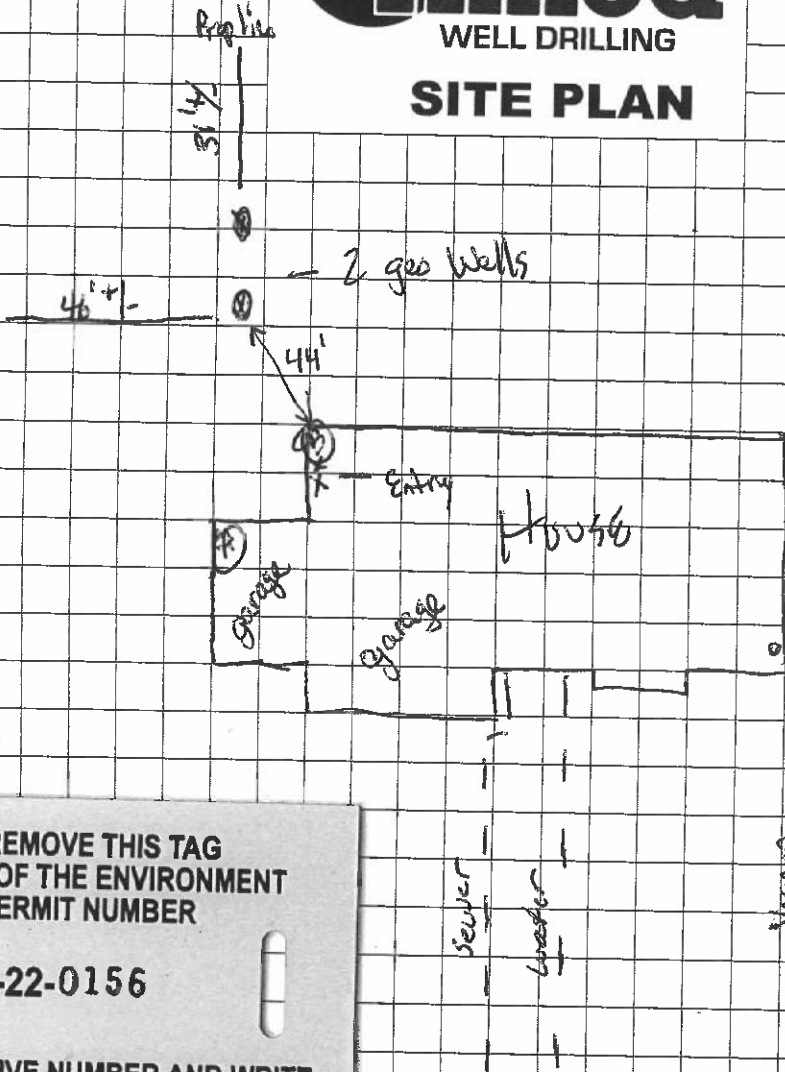
SPECIAL CONDITIONS Please notify office of drilling and grouting. Wells must be grouted to the bottom of the hole.

A B
50' 46"
71' 101"



3881 Paul Hill Rd
Ellicott City, Md
2 wells @ 400'
Closed loop geothermal

Colonnade Pipe Easement



Well site

Plan approved: MB 10/28/24

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-22-0156

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

Sediment Control Protocol: SILT Fence

Distance From House: 46'

From Septic: N/A

From Sewer: 50' + Sewer DOT Floor

From Property Line: 31' TO REAR

From Street: 50' + in Backyard

Trees Nearby: NO

Utility Issues: NO

Mats Needed: YES

Access For H/U: YES

Neighboring Tags: See Comps

Comments: _____

Person Completing Form: Wes Wolfe

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/24/24	Geo wall stakes meet setbacks

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-24-03047

Application Type: EnvHealth/Well and Septic/Installation/Application

Address: 3881 PAUL MILL RD, Ellicott City, 21042

Receipt No.	10918					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	33812	\$160.00	10/18/2024	SMARTIN		

Owner Info.:
MANDAL KAUSHIK
3881 PAUL MILL RD
ELLICOTT CITY, MD 21042

Work Description:

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 02 Account Number - 368412

Owner Information

Owner Name: LEONARD STEVE **Use:** RESIDENTIAL
LEONARD ANN M **Principal Residence:** YES
Mailing Address: 3881 PAUL MILL RD **Deed Reference:** /19867/ 00001
ELLICOTT CITY MD 21042-

Location & Structure Information

Premises Address: 3881 PAUL MILL RD **Legal Description:** LOT 290 32555 SQ
ELLICOTT CITY 21042-0000 3881 PAUL MILL RD
GRAY ROCK FARM SECTION 6

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 13082
0024 0015 1178 2070703.14 7306 290 2025 **Plat Ref:**

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
1998 3,096 SF 1010 SF 32,555 SF

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements
2 YES STANDARD UNIT SIDING/5 4 full/ 1 half 1 Attached

Value Information

	Base Value	Value As of 01/01/2022	Phase-in Assessments	
			As of 07/01/2024	As of 07/01/2025
Land:	320,700	320,700		
Improvements	452,400	452,400		
Total:	773,100	773,100	773,100	
Preferential Land:	0			

Transfer Information

Seller: MANDAL KAUSHIK **Date:** 10/28/2020 **Price:** \$745,000
Type: ARMS LENGTH IMPROVED **Deed1:** /19867/ 00001 **Deed2:**
Seller: TUHOLSKI MARTY T **Date:** 06/30/2014 **Price:** \$705,000
Type: ARMS LENGTH IMPROVED **Deed1:** /15664/ 00367 **Deed2:**
Seller: WYNDHAM DEVELOPMENT LLC **Date:** 08/27/1998 **Price:** \$352,569
Type: ARMS LENGTH IMPROVED **Deed1:** /04414/ 00434 **Deed2:**

Exemption Information

Partial Exempt Assessments: Class 07/01/2024 07/01/2025
County: 000 0.00
State: 000 0.00
Municipal: 000 0.00| 0.00|

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 02/19/2021

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

Department of Inspections Licenses and Permits 3430 Court House Drive Ellicott City, MD 21043 Permits (410) 313-2455 Opt. #4 Inspections (410) 313-1840	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>MA4001321</u> BUILDING PERMIT #
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SITE BUILDING ADDRESS: 3881 Paul Mill Rd Ellicott City, MD 21042 SUBDIVISION: TYPE OF IMPROVEMENTS: Installation of two geothermal heat pumps USE:	SUITE/APT: OWNERS NAME: Steve Leonard ADDRESS: 3881 Paul Mill Rd CITY: Ellicott City STATE: MD ZIP CODE: 21042 HOME PHONE: CELL PHONE: 321-507-3049
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<table border="1"> <thead> <tr> <th></th> <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>SINGLE FAMILY DWELLING</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><u>2</u></td> <td>ZONES</td> </tr> <tr> <td>SINGLE FAMILY TOWNHOUSE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td>ZONES</td> </tr> <tr> <td>MULTI-FAMILY / HOTEL/MOTEL</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td>ROOMS</td> </tr> <tr> <td>ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td>ROOMS</td> </tr> </tbody> </table>		<u>CHECK ONE</u>	<u>HOW MANY</u>		SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>2</u>	ZONES	SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	_____	ZONES	MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	_____	ROOMS	ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	_____	ROOMS	COMPANY NAME: Total Comfort Heating & AC, Inc. LICENSEE NAME: James E. Aaron ADDRESS: 12009 Margaret Dr CITY: Hagerstown STATE: MD ZIP CODE: 21742 PHONE: 301-745-3700 HVACR LICENSE NO: 5833-01
	<u>CHECK ONE</u>	<u>HOW MANY</u>																			
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>2</u>	ZONES																		
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	_____	ZONES																		
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	_____	ROOMS																		
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	_____	ROOMS																		

<u>New Construction</u> <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating	<u>Additions and Alterations</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	<input checked="" type="checkbox"/> Geo Thermal System <input type="checkbox"/> Gas Conversion (Make and Model of Equipment) <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Thru The Wall Systems <input type="checkbox"/> Other Work (Describe):
<u>Replacement</u> <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Heating and Air Conditioning		
<p style="text-align: center; background-color: yellow;">Installation of two WaterFurnace geothermal heat pumps. Model numbers: NVV036D1M1CTL0KN & NDZ026H100CNN0DA. Installation of vertical closed loop ground looping by Allied Well Drilling. Well permit # HO-22-0156.</p> <p style="text-align: center;">**Make and Model of Equipment is required**</p> <p style="text-align: center;">****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****</p>		

<u>Zones</u>	<u>Rooms</u>
Permit Fee = # of Zones x \$40 =	Permit Fee = # of Rooms x \$80 =
Technology Fee (10% of Permit Fee) =	Technology Fee (10% of Permit Fee) =
Plus Application Fee	Plus Application Fee \$50
Total Fees Due =	Total Fees Due =
<u>80.00</u>	<u>_____</u>
<u>8.00</u>	<u>_____</u>
<u>\$50.00</u>	<u>\$50.00</u>
<u>138.00</u>	<u>_____</u>

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 HVAC LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

SIGNATURE OF LICENSEE  James E. Aaron PRINT NAME OF LICENSEE jim@tchvac.net Email Address	Validation Check Number: <u>11364</u> Money Order #: _____ Invoice Number: <u>821069</u>
DATE: 11/13/2024 Approved Septic System Plan Howard County Health Department Signature:  DATE: 12/4/24	Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

M24001321



Load Short Form
AHU 1
TOTAL COMFORT HTG. & A/C, INC.

Job:
 Date: 2016
 By:

12009 MARGARET DRIVE, HAGERSTOWN, MD 21742 Phone: 301-745-3700

Project Information

For: LEONARD RESIDENCE
 3881 PAUL MILL RD., ELLICOTT CITY, MD

Design Information

	Htg	Clg	Method	Infiltration	Simplified Average
Outside db (°F)	12	91	Construction quality		0
Inside db (°F)	70	75	Fireplaces		
Design TD (°F)	58	16			
Daily range	-	M			
Inside humidity (%)	30	50			
Moisture difference (gr/lb)	25	24			

HEATING EQUIPMENT

COOLING EQUIPMENT

Make		Make	
Trade		Trade	
Model		Cond	
AHRI ref		Coil	
Efficiency	80 AFUE	AHRI ref	
Heating input	0 Btuh	Efficiency	0 SEER
Heating output	0 Btuh	Sensible cooling	0 Btuh
Temperature rise	0 °F	Latent cooling	0 Btuh
Actual air flow	670 cfm	Total cooling	0 Btuh
Air flow factor	0.024 cfm/Btuh	Actual air flow	670 cfm
Static pressure	0 in H2O	Air flow factor	0.047 cfm/Btuh
Space thermostat		Static pressure	0 in H2O
		Load sensible heat ratio	0.86

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
FIRST FLOOR	1388	16261	12669	388	591
BASEMENT	1388	11835	1706	282	80
AHU 1	2776	28096	14375	670	670
Other equip loads		0	0		
Equip. @ 0.96 RSM			13858		
Latent cooling			2407		
TOTALS	2776	28096	16265	670	670

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



M24001321

Load Short Form

AHU 2

TOTAL COMFORT HTG. & A/C, INC.

Job:
Date: 2016
By:

12009 MARGARET DRIVE, HAGERSTOWN, MD 21742 Phone: 301-745-3700

Project Information

For: LEONARD RESIDENCE
3881 PAUL MILL RD., ELLICOTT CITY, MD

Design Information

	Htg	Clg	Method	Infiltration	Simplified Average
Outside db (°F)	12	91	Construction quality		0
Inside db (°F)	70	75	Fireplaces		
Design TD (°F)	58	16			
Daily range	-	M			
Inside humidity (%)	30	50			
Moisture difference (gr/lb)	25	24			

HEATING EQUIPMENT

Make
Trade
Model
AHRI ref

Efficiency 80 AFUE

Heating input 0 Btuh

Heating output 0 Btuh

Temperature rise 0 °F

Actual air flow 784 cfm

Air flow factor 0.031 cfm/Btuh

Static pressure 0 in H2O

Space thermostat

COOLING EQUIPMENT

Make
Trade
Cond
Coil
AHRI ref
Efficiency 0 SEER

Sensible cooling 0 Btuh

Latent cooling 0 Btuh

Total cooling 0 Btuh

Actual air flow 784 cfm

Air flow factor 0.041 cfm/Btuh

Static pressure 0 in H2O

Load sensible heat ratio 0.93

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
SECOND FLOOR	1388	25263	19168	784	784
AHU 2	1388	25263	19168	784	784
Other equip loads		0	0		
Equip. @ 0.96 RSM			18478		
Latent cooling			1392		
TOTALS	1388	25263	19870	784	784

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

MD 4001321

02-368412

B 1 73376

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Leonard Steve r Ann
3881 Paul Mill Rd
Ellicott City MD 21012

LOCATION OF WELL

Howard
Gray Rock Farm
Ellicott City

DRILLER INFORMATION

Wesley Wolfe
Direct Drilling LLC
10/17/24

SOURCES OF DRILLING WATER

Public

3881 Paul Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 0024 BLK: PARCEL 1178

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
OPEN LOOP GEOTHERMAL
CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO

STATE SIGNATURE

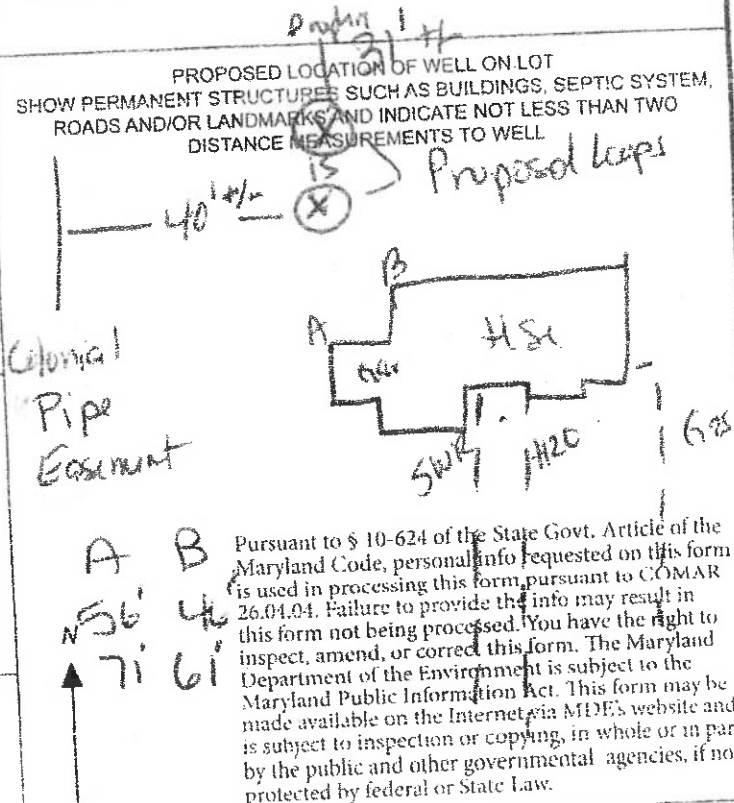
INSERT S

DATE ISSUED

CO SIGNATURE

EXP. DATE

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



METHOD OF DRILLING (circle one)

- BORED (or Augered)
JETTED
ROTARY (Hydraulic Rotary)
AIR-ROTARY
AIR-PERCussion
DRIVE-POINT
CABLE
REVERSE-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX PERMIT NUMBER

PERMIT No

SPECIAL CONDITIONS

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