

C 1	79173	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE #1	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 <u>13</u>		
ST/CO USE ONLY DATE Received MM DD YY <u>11 23 25</u>		DATE WELL COMPLETED MM DD YY <u>10 24 2025</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0 25 0001</u>
8 13		15 20		22 26 <u>240</u> (TO NEAREST FOOT)
OWNER <u>Foster</u>		Depth of Well		
WELL SITE ADDRESS <u>9307 Furrow Ave</u>		TOWN <u>Ellicott City</u>		
SUBDIVISION <u>9113 MT Herbron</u>		SECTION _____ LOT _____		

WELL LOG Not required for driven wells			GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)		
FEET			CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC		
FROM TO			NO. OF BAGS <u>45 46 16</u> NO. OF POUNDS <u>45 46 304</u>		
check if water bearing			GALLONS OF WATER _____		
TOP soil 0 1			DEPTH OF GROUT SEAL (to nearest foot)		
Brown s. H 1 18			from <u>0</u> ft. to <u>240'</u> ft.		
grey s. H 18 32			(enter 0 if from surface)		
Brown s. H 32 36			CASING RECORD		
grey s. H 36 240 ✓			casing types insert appropriate code below		
* ins fall 240'			<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE		
HDPE 600 loop			<input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch)! <u>40</u> Total depth of main casing (nearest foot) <u>40</u>		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____		
CIRCLE APPROPRIATE LETTER			SCREEN RECORD		
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			screen type or open hole <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE		
E ELECTRIC LOG OBTAINED			<input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		
P TEST WELL CONVERTED TO PRODUCTION WELL			DEPTH (nearest ft.)		
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.			1 2 <u>H0</u> <u>40</u> <u>240</u>		
DRILLERS LIC. NO. <u>M D 587</u>			E 8 9 11 15 17 21		
DRILLERS SIGNATURE <u>[Signature]</u>			A 23 24 26 30 32 36		
LIC. NO. <u>AW D 083</u>			C 38 39 41 45 47 51		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			R 38 39 41 45 47 51		
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			S 38 39 41 45 47 51		
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)			T _____ (E.R.O.S.) _____ W Q _____		
TELESCOPE CASING LOG INDICATOR OTHER DATA			70 _____ 72 _____ 74 75 76 _____		

C 3	PUMPING TEST	
1 2	HOURS PUMPED (nearest hour) <u>N/A</u>	
	PUMPING RATE (gal. per min.) <u>N/A</u>	
	METHOD USED TO MEASURE PUMPING RATE <u>N/A</u>	
	WATER LEVEL (distance from land surface)	
	BEFORE PUMPING <u>N/A</u> ft.	
	WHEN PUMPING <u>N/A</u> ft.	
	TYPE OF PUMP USED (for test)	
	<input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine	
	<input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)	
	<input type="checkbox"/> J jet <input type="checkbox"/> S submersible	
	PUMP INSTALLED	
	DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. <u>N/A</u>	
	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u>	
	CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>N/A</u>	
	PUMP HORSE POWER <u>N/A</u>	
	PUMP COLUMN LENGTH (nearest ft.) <u>N/A</u>	
	CASING HEIGHT (circle appropriate box and enter casing height)	
	<input checked="" type="checkbox"/> + above } LAND SURFACE	
	<input type="checkbox"/> - below } <u>-5</u> (nearest foot)	
	LATITUDE <u>39.305554</u>	
	LONGITUDE <u>76.837412</u>	
	(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.	

C1 **79172** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** 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)

ST/CO USE ONLY DATE RECEIVED MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 240 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-23-0061

OWNER Foster Kevin & Patricia L.
WELL SITE ADDRESS 9205 Furrow Ave. TOWN ELLICOTT CITY
SUBDIVISION 7113 MT Hebron SECTION _____ LOT _____

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	
Topsoil	0	1	
Brown silt	1	15	
grey shist	15	30	
Brown silt	30	40	✓
grey shist	40	240	

*install 240' HDPE Geo wrap

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 16 NO. OF POUNDS 304
GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot)
from 82 ft. to 240 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST **BR** **HO**
STEEL BRASS OPEN HOLE
PL **OT**
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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. MD D 587
DRILLERS SIGNATURE [Signature]
LIC. NO. AWD 083

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

C2 DEPTH (nearest ft.)

DEPTH (nearest ft.)	8	9	11	15	17	21
EACH CASING						
SLOT SIZE 1						
SLOT SIZE 2						
SLOT SIZE 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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**
HOURS PUMPED (nearest hour) N/A
PUMPING RATE (gal. per min.) N/A
METHOD USED TO MEASURE PUMPING RATE N/A
WATER LEVEL (distance from land surface)
BEFORE PUMPING N/A ft.
WHEN PUMPING N/A 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. N/A
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) N/A
PUMP HORSE POWER N/A
PUMP COLUMN LENGTH (nearest ft.) N/A
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } 5

LATITUDE 39.305511
LONGITUDE 76.897398
(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.

OK MO 11/26/25

B 1	93760	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 590229C please type	STATE PERMIT NUMBER HO - 25 - 0061 70 fill in this form completely 79
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OWNER INFORMATION

Date Received (APA) 10/25/25
8 MM DD YY 13

15 Last Name: Foster
Owner: Kevin H & Rebecca L.
34 First Name

36 Street or RFD: 9365 Furrow Ave.
55

57 Town: Ellicott city
70 State: MD
72 Zip: 21042
76

LOCATION OF WELL

Howard
8 COUNTY 21

9113 / MT Herbron
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50
1

52 NEAREST TOWN: Ellicott city 71

DRILLER INFORMATION

76 Driller's Name: Stephen Delosh
License No.: MWD 587 81

Firm Name: Connelly & Associates INC.

Address: 1513 tilco Drive, Frederick MD 21734

Signature: Stephen Delosh Date: 10-3-25

SOURCES OF DRILLING WATER

1. Public
2. 10/27/2025
3. Rain @ 30', setting 40' of casing. At 40' upon departure.

9365 Furrow Ave.
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0017 BLK: PARCEL 0619

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) N/A
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) N/A
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

Driller Ben on site
At depth of 220', set 60' casing to 45' rock @ 30', 20' left. 1 well from 10/27/2025.

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County
13 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED: 10/20/2025
43 MM DD YY 48

CO SIGNATURE: DON: 10/27/2025
48

EXP. DATE: DOG 10/29/25

APPROXIMATE DEPTH OF WELL 240' FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

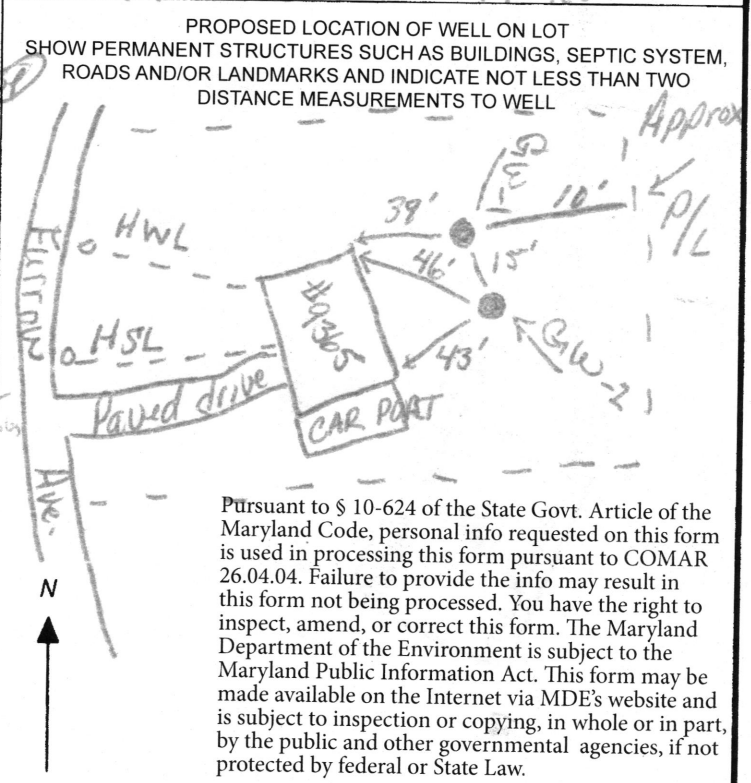
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

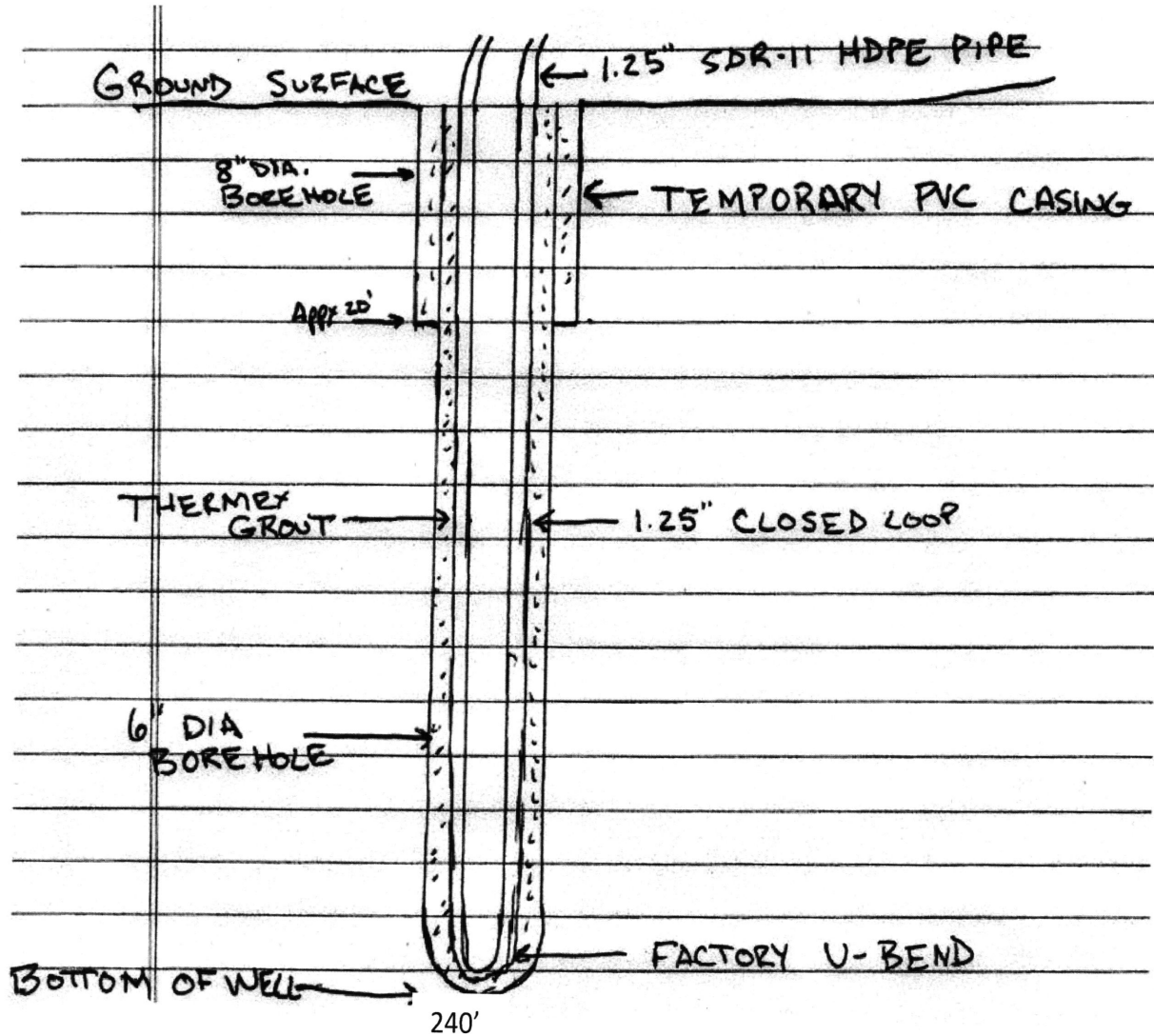
APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO - 25 - 0061
70 71 72 73 74 75 76 77 78 79



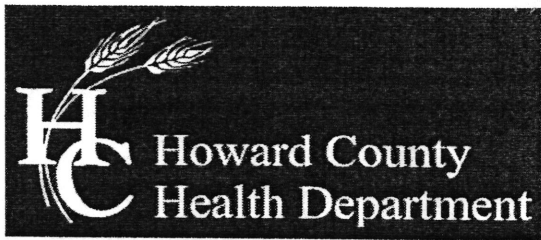
SPECIAL CONDITIONS Please Notify Office of Drilling & Grout.
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Foster Res.: 9365 Furrow Ave. Ellicott City, Md. 21042 Geothermal Closed Loop



Grout information for this property is as follows:

Well Grout DF grout mixture of 50 lb. grout to 19 gallons water, placed in the well using the tremie method, from bottom to top.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. 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:

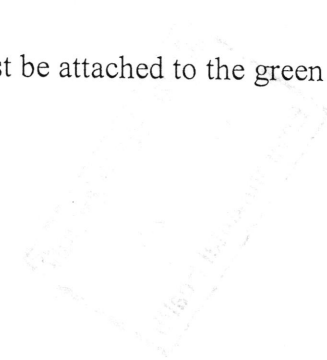
Well Site Location:

9113 / MT Herbron 1 Furrow
Subdivision/Property Name Lot # Road Name

The well site has been staked by Connelly Geothermal - Stephen Delosh
(professional land surveyor or company employing professional land surveyors)
on 10-2-2025 (date) and does not require a site inspection.

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.

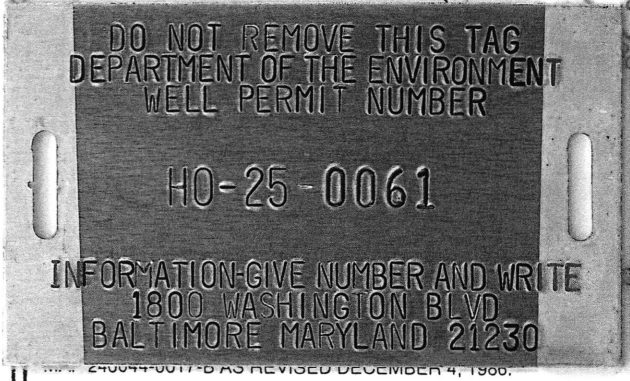
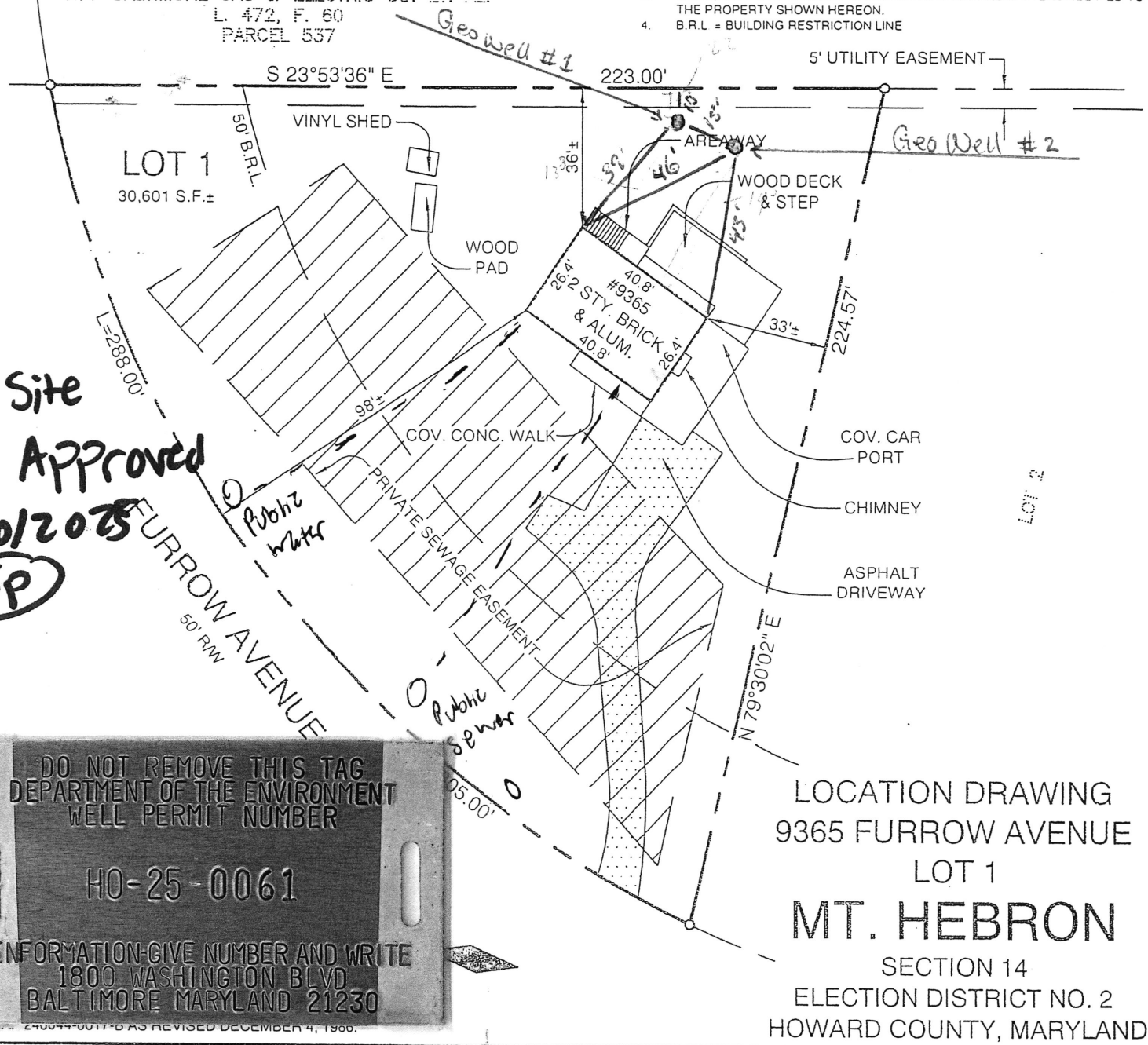
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



- NOTES
1. THIS PLAT IS A BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING PURPOSES. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE STRUCTURES. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
 2. THE +/- SETBACK ACCURACY IS 1 FOOT
 3. THIS PLAN OR PLAT IS NOT INTENDED TO SHOW ALL MATTERS RELATED TO THE PROPERTY SHOWN HEREON.
 4. B.R.L. = BUILDING RESTRICTION LINE

N/F BALTIMORE GAS & ELECTRIC CO. ET. AL.
L. 472, F. 60
PARCEL 537

well site
7/20/2008 Approved
01/20/2008
SP



LOCATION DRAWING
9365 FURROW AVENUE
LOT 1
MT. HEBRON
SECTION 14
ELECTION DISTRICT NO. 2
HOWARD COUNTY, MARYLAND

CERTIFICATION

I HEREBY CERTIFY THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS LOCATION DRAWING AND THE SURVEY WORK REFLECTED IN IT, IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN THE CODE OF MARYLAND TITLE 9, SUBTITLE 13, CHAPTER 06, REGULATION 12, AND THE POSITION OF EXISTING IMPROVEMENTS AS SHOWN THEREON, ARE CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Michael D. Adcock

MICHAEL D. ADCOCK
PROFESSIONAL LAND SURVEYOR
NO. 21257, EXPIRATION DATE 06-15-2013

Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: mike@saaland.com

REFERENCE:	P.B. 27, P.N. 38
DATE:	DECEMBER 31, 2012
SCALE:	1"=40'
FILE NO.:	12-003-158

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/11/2025	Notified well driller well site plan meets setback requirements.
	onsite later in day, verified geo-well flagged per plan + > 50' from sewer + water. Did not see any signs of well/seps while
	onsite. (SP) Plan Approved. (SP)