

OK MB 1/8/26

C 1	83477	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.
		(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 02 DD 25 YY	DATE WELL COMPLETED MM 12 DD 25 YY	Depth of Well 22 320 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-25-0064
---	---------------------------------------	---	---

OWNER Weatherby, Daren T
 WELL SITE ADDRESS 8519 Baltimore St TOWN Savage, MD
 SUBDIVISION _____ 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	
TOP Soil	0	1	
Silty Sand	1	15	
Weathered Rock	15	50	
Rock	50	320	
M. Hard			

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 30 NO. OF POUNDS 150
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 320 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 C A S I N G

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

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

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 _____ ft.
 WHEN PUMPING _____ 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.
 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)
 49 _____ 50 51 _____

LATITUDE 39.13776
 LONGITUDE 76.81766
 (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.

06-433618

EMERGENCY/TEMP NO. IF ANY

OR MS 1/8/25

B 1	94525	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 25 - 0064 <small>70 fill in this form completely 79</small>
------------	-------	-----------------------------	--	---

Date Received (APA)
8 MM DD YY 13
Weatherby Daren T
15 Last Name Owner First Name 34
8819 Baltimore Street
36 Savage MD 20763
57 Town 70 State 72 Zip 76

OWNER INFORMATION

Driller's Name: Wesley Wolfe
Firm Name: Allied Drilling LLC
Address: PO Box 129 Annapolis Junction MD 2081
Signature: Wesley A Wolfe
Date: 09/03/25
License No.: MD 598

DRILLER INFORMATION

B 2 WELL INFORMATION

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 **2 loops**

APPROXIMATE DEPTH OF WELL 320 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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 DEEPEINED 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 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 - 25 - 0064**
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

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Vill Savage 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Savage 71

B 4 SOURCES OF DRILLING WATER

1. Public

2. 2819 Baltimore St

3. 4/2/2025 Down 240'

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 28' 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0047 BLK: _____ PARCEL: 0429

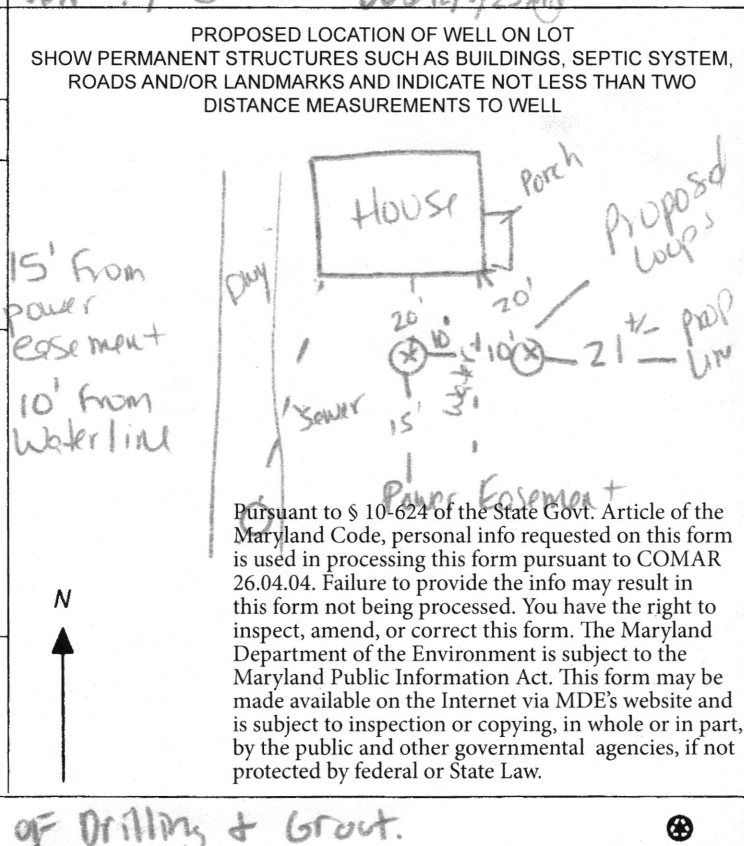
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard County COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 11/10/2025 43 MM DD YY 48 CO SIGNATURE 11/10/2025 EXP. DATE

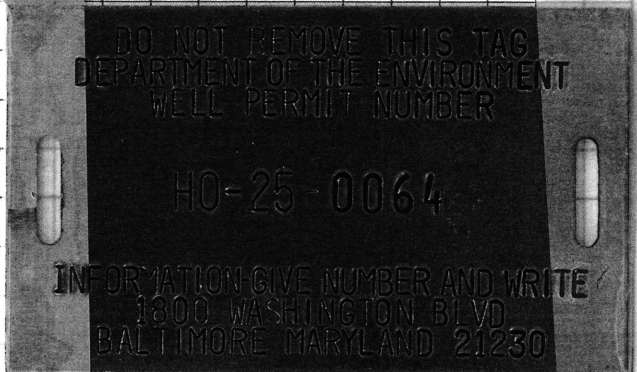
Don: 12/2/25 DOG 12/3/25



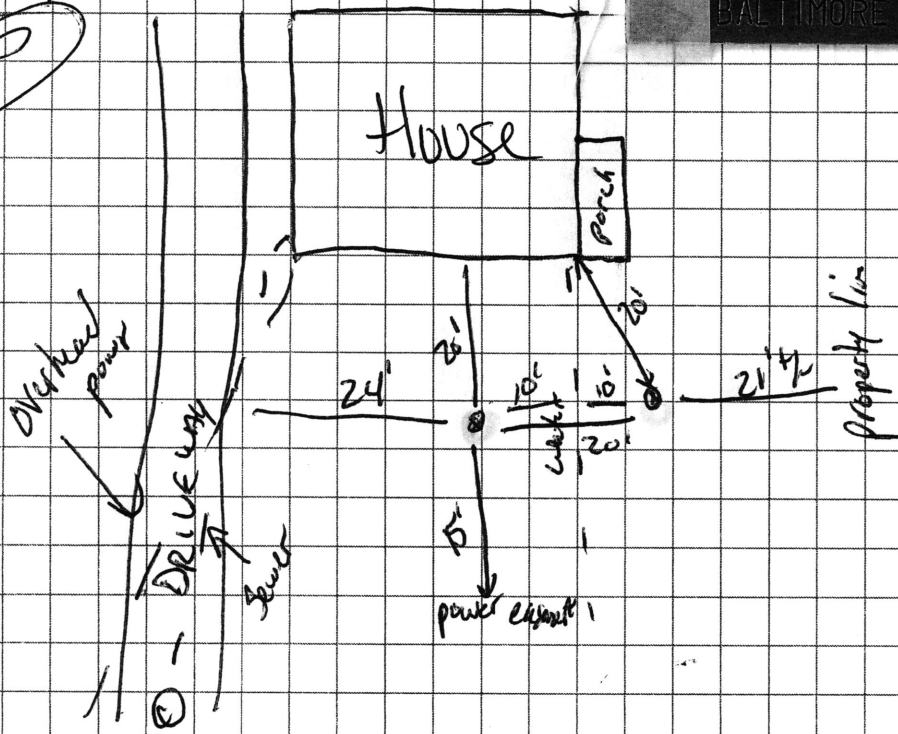
Must grout from Bottom to TOP



8819 Baltimore St
 Savage Md
 2 wells @ 320' each
 closed loop geothermal



Well site
 Approved
 11/10/2025
 (SP)



Sediment Control Protocol: SILT FENCE

Distance From House: 20'

From Septic: N/A

From Sewer: 24'

From Property Line: 15' TO Easement

From Street: 23' TO Sidewalk, 28' TO street

Trees Nearby: Yes, small trimming

Utility Issues: Overhead Power

Mats Needed: YES

Access For H/U: By others

Neighboring Tags: See Comp

Comments: _____

Person Completing Form: Wes Wolk



8815

8817

200

8819

8823

89

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 $2.5 \text{ E}(-08) \text{ cm/sec}$. 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.

