

| | | | | |
|---|--------------|---|--|--|
| C 1 | 56529 | 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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | | |
| ST/CO USE ONLY DATE Received MM <u>08</u> DD <u>17</u> YY <u>18</u> | | DATE WELL COMPLETED MM <u>7</u> DD <u>26</u> YY <u>18</u> | | Depth of Well 22 <u>600</u> 26 (TO NEAREST FOOT) |
| PERMIT NO. FROM "PERMIT TO DRILL WELL" | | | | |
| COUNTY NUMBER | | | | |
| OWNER <u>Gladden Robert</u> WELL SITE ADDRESS <u>3211 Roscommon DR</u> TOWN <u>Glenelg</u> SUBDIVISION <u>Roscommon Estates</u> SECTION <u> </u> LOT <u>22</u> | | | | |
| 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) | | |
| DESCRIPTION (Use additional sheets if needed) | | TYPE OF GROUTING MATERIAL (Circle one) | | |
| FEET FROM TO check if water bearing | | CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC | | |
| NO. OF BAGS <u>23</u> NO. OF POUNDS <u>2162</u> GALLONS OF WATER <u>138</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>58</u> ft. (enter 0 if from surface) | | NO. OF BAGS <u>23</u> NO. OF POUNDS <u>2162</u> GALLONS OF WATER <u>138</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>58</u> ft. (enter 0 if from surface) | | |
| Brown ly red Saprolite Gray schist white Gray schist white Gray schist white Gray schist white Gray schist | | CASING RECORD casing types insert appropriate code below MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>600</u> 60 61 63 64 66 70 | | |
| 0 50 50 200 200 201 ✓ 201 450 450 451 ✓ 451 525 525 526 ✓ 526 600 | | OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING | | |
| NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> | | SCREEN RECORD screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HO OPEN HOLE <input checked="" type="checkbox"/> PL PLASTIC <input checked="" type="checkbox"/> OT OTHER | | |
| WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N | | DEPTH (nearest ft.) 1 <u>HO</u> 2 <u>60</u> 3 <u>600</u> 1 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u> DIAMETER OF SCREEN (NEAREST INCH) from <u> </u> to <u> </u> | | |
| 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 | | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u> </u> | | |
| 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. | | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q | | |
| DRILLERS LIC. NO. <u>M 5 D 009</u> DRILLER'S SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> | | 70 <u> </u> 72 <u> </u> 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA | | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | | LATITUDE <u>39.284029</u> LONGITUDE <u>76.991299</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.

TAG: 7/26/18 (SC)

| | | | |
|---|--|--|---|
| B 1 | SEQUENCE NO. (MDE USE ONLY) 59750 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER HO-17 - 0314 <small>fill in this form completely</small> |
| Date Received (APA) 07/23/18 <small>8 MM DD YY 13</small> | | B 3 LOCATION OF WELL Howard <small>8 COUNTY 21</small> Roscommon Estates <small>23 SUBDIVISION 42</small> SECTION 24 LOT 22 <small>46 48 50</small> Glenely <small>52 NEAREST TOWN 71</small> | |
| OWNER INFORMATION Gladden Robert <small>15 Last Name 34 First Name</small> 3211 Roscommon Dr. <small>36 Street or RFD 55</small> Glenely, Md 21737 <small>57 Town 70 State 72 Zip 76</small> | | B 4 SOURCES OF DRILLING WATER 1. well water 2. 7/26 - driller says tronic went to -23 bags cement -pumped a couple hrs, 2.3 gpm -35' static | |
| DRILLER INFORMATION Andrew Hausman M S D 224 <small>Driller's Name 76 License No. 81</small> Eagles Well Drilling, LLC <small>Firm Name</small> P.O. Box 202 Woodbine, Md 21797 <small>Address</small> Andrew Hausman 7-23-18 <small>Signature Date</small> | | 3211 Roscommon Dr <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N W E S SOUTH S DISTANCE FROM ROAD 600 <small>34 37</small> ENTER FT OR MI FT <small>38 39</small> TAX MAP 0000 BLK: 0001 PARCEL 054A | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL. PER DAY) 14 20</small> | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 7/23/18 S. L. C. H. 7/23/19 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL | | DON: 7/24/18 (SC) DOG: 7/26/18 (SC) | |
| APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> | | 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 | |
| APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small> | | 7/24 - @ 200' - water @ 40' - about 10' Barn + silo set 60' st. casing - bedrock @ 50' (Hand) 7/25 - @ 525' - little water ~450' septic Roscommon Dr Property line | |
| METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____ | | 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. | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____ | | N ↑ | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-17-0314 <small>70 71 72 73 74 75 76 77 78 79</small> | | | |
| SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> | | | |

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pileless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Pump & Water Treatment LLC Telephone #: 410 795 5070
Address: 580 Obrecht Rd
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David C Fogle License #: MSD226

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Robert Gladden Telephone #: 410-320-4599
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0314

Site Address: 3211 Roscommon Dr
Glendeg, MD 21737

| <u>Submersible Pump Data</u> | <u>Pileless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|--|---|---------------------------------------|
| Make: <u>Goulds</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>500E15430</u> | Model #: <u>N/A</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity: <u>5</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>YES</u> |
| Well Yield: <u>3</u> GPM | NSF/WSC approved: <u>YES</u> | Conduit min 18" B.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>100'</u> (feet) | Conduit secured to well cap: <u>YES</u> | |

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4
Torque wrenches, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

| <u>Piping to house existing line</u> | <u>House Connection</u> |
|--|---|
| Type: <u>1" poly pipe</u> | <u>sleeved under driveway</u> |
| PSI: <u>200</u> (psi min) | PVC sleeve to undisturbed soil at well penetration: |
| Depth of supply line: <u>36"</u> (36" min) | Length of sleeve: <u>minimum from footing</u> |
| | Sleeve sealed properly: |

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Fogle date: 7-30-18

For Health Department Use Only - Not to be completed by Installer

| | | |
|---|-------------------------------------|--------------------------------------|
| Date Insp. Requested: <u>7/31/18</u> | Date Insp. Approved: <u>7/31/18</u> | Inspector: <u>SC</u> |
| Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade | <u>✓</u> | |
| Two piece cap installed and attached to casing securely | <u>✓</u> | |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <u>✓</u> | |
| Safety rope not outside of well cap/casing | <u>✓</u> | |
| Correct well tag attached properly and casing 8" above finished grade | <u>✓</u> | |
| Water supply line sleeved adequately at house connection | <u>✓</u> | <u>tied into ex. line @ old well</u> |
| Adequate ground observed below pileless adapter | <u>✓</u> | |

Maura J. Rossman, M.D., Health Officer

July 31, 2018

Homeowner
3211 Roscommon Drive
Glenelg, MD 21737

RE: **Replacement Well Sampling**
3211 Roscommon Drive
#HO-17-0314

Dear Homeowner,

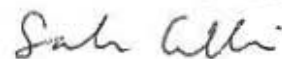
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

The existing well on the property will be used for agriculture. In the case that the well is not put into use, it must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department.

Feel free to contact me with any questions.

Sincerely,



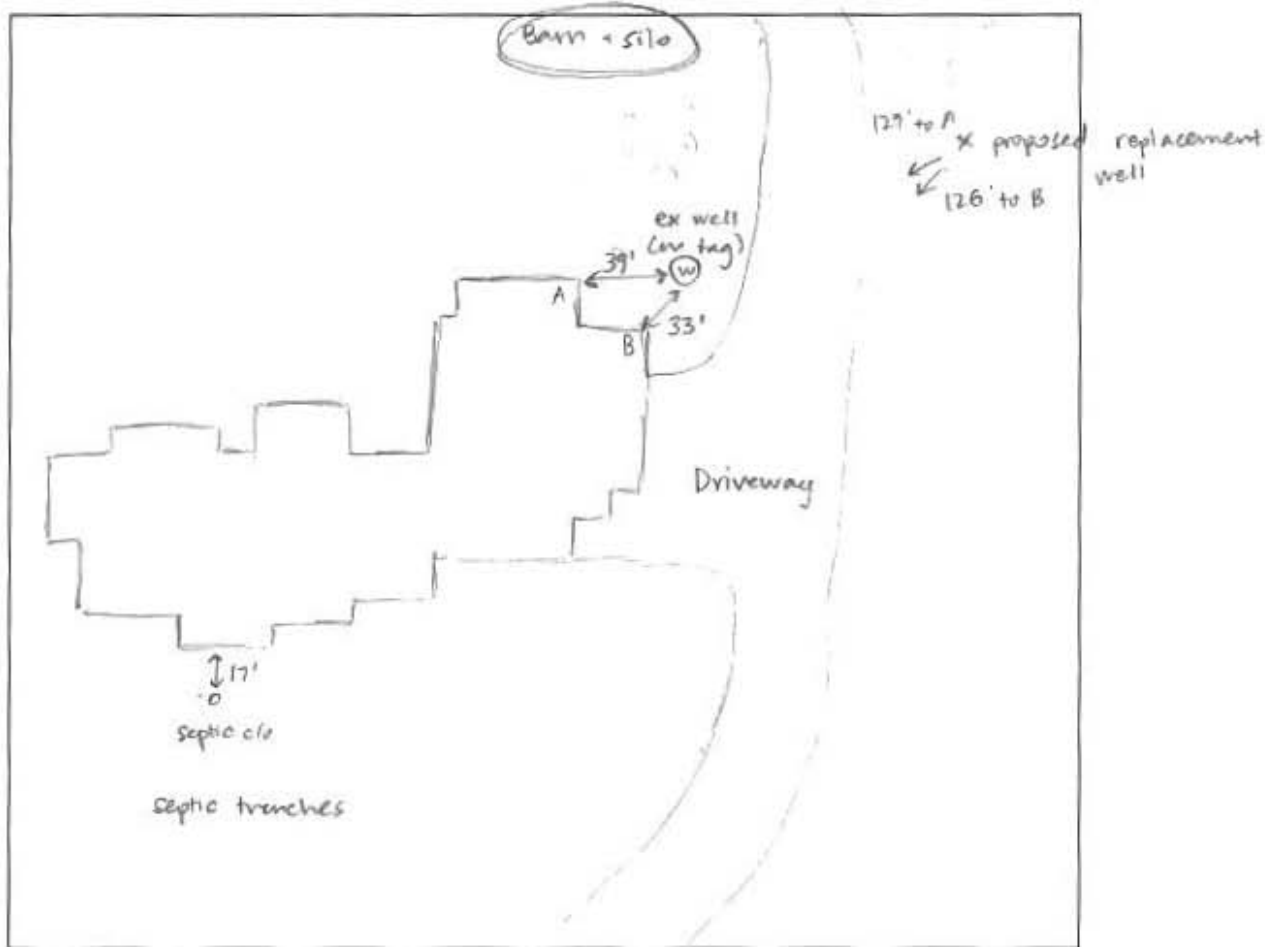
Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

SITE INSPECTION SHEET

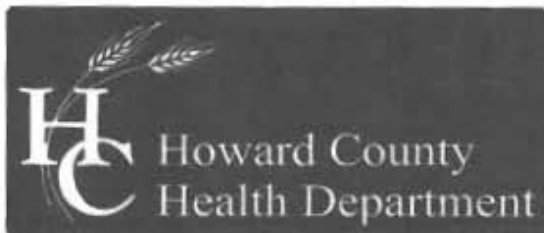
OWNER: Robert Gladden PHONE #: _____
ADDRESS: 3211 Roscommon Drive CONTRACTOR: Fogle's
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Drill a new potable well.

LOCATION DIAGRAM



COMMENTS: Existing well has lots of sediment and is clogging
filters. Yield is good so homeowner would like to keep as
an agricultural well. Jones Well Drilling used a camera to look
inside the well on 7/20/18 and found very cloudy water just
below casing depth (30'). Existing well may be H0-73-0956.

DATE: 7/23/18 INSPECTOR: Sarah Collins



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](https://twitter.com/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:

Roscommon Estates 22 Roscommon Dr
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, 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.