

C1 63429

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand	0	15	
Brown	15	38	
Gray schist	38	68	
Fracture	68	69	✓
Gray schist	69	110	
Sand	110	111	✓
Gray schist	111	180	
Fracture	180	181	✓
Gray schist	181	300	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 14 NO. OF BOUNDS 13/6

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

☒ STEEL☒ CONCRETE☒ PLASTIC☒ OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST	06	42
60 61	63 64	66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ STEEL☒ BRASS☒ OPEN☒ BRONZE☒ HOLE☒ PLASTIC☒ OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes

☒

no

☒

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. M-5 D 224

DRILLER'S SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE 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)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

☒ air☒ piston☒ turbine☒ centrifugal☒ rotary☒ other
(describe
below)☒ jet☒ submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP
(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)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)☒ above

LAND SURFACE

☒ below2 (nearest
foot)LATITUDE 39.277091
LONGITUDE 76.939411
(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
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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.

EMERGENCY/TEMP NO. IF ANY

TAG = 9/18/2020

STATE PERMIT NUMBER

66489

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND

APPLICATION FOR PERMIT TO DRILL WELL

567907

please type

HD - 20 - 0037

fill in this form completely

Date Received (APA)

8/20/2020

OWNER INFORMATION

Garden Mike + Janine

12257 Woodspurge Ct

Ellicott City, Md. 21042

DRILLER INFORMATION

Andrew Houseman M.S.D. 224

Foales Well Drilling, LLC

P.O. Box 202 Woodbine Md 21797

7-14-29

LOCATION OF WELL

Howard

Ogden Property

2

12

Ellicott City

SOURCES OF DRILLING WATER

1 well water

12257 Woodspurge Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150

ENTER FT OR MI

TAX MAP: 22 BLK: 6 PARCEL: 67

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 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 DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)

X THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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

D THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER

PERMIT No. HD - 20 - 0037

SPECIAL CONDITIONS

Radium, Chloride, Sodium, TDS water samples required @ yield test and existing well on the property must be sealed & abandoned.

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

COUNTY NAME

13

COUNTY NO.

STATE SIGNATURE

DATE ISSUED 8/31/20

CO SIGNATURE

EXP. DATE 8/31/21

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

House

Septic

70'

120'

40'

Carroll Mill Rd

9/16/20

Casing 50'

bed rock 40'

125' @ 2:40 pm

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.

Well Permit No. HO-20-0037

Location of Property: 12257 Woodspurge Ct Ellicott City, Md 21042

Subdivision: Ogden Property Sec: 2 Lot: 12

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Mike & Jenine Ogden

Depth of Well: 300' Casing: 42' of 6" Steel Casing

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 35'

High rate pumping –reservoir Drawdown

Time pump started: 7:00 **Pumping rate:** 15

Total time 75 Mins to reach pumping water level 147 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

[illegible]

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

Information Form for the Installation of the Well Pump, Pitless 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 WPN Pump & Water Treatment, LLC Telephone #: 410 795 9670
Address: 550 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): Douglas C. Fogles License# MS0226

*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: Mike Ogden Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 20 - 0037 (ST)
Site Address: 12257 Woodspruce Ct
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: 74505422
Pump Capacity: 7
Well Yield: 5

Depth of well encountered at time of pump installation: 200 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Pitless Adapter

Make: Camco 11
Model #: N/A
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YES

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

date

9/23/2020

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

Date Insp. Requested: 9/23/2020 Date Insp. Approved: 9/23/2020 Inspector: (ST)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

50"
45"
14"

(Revised form 10/24/2018)

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-24-20 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

* OWNER'S NAME: Mike + Jennine

* WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 22 BLOCK 6 PARCEL 167
SUBDIVISION: Ogden Property
SECTION: 2 LOT: 12
STREET ADDRESS: 72257 Woodspurge Ct

LATITUDE 39.277276

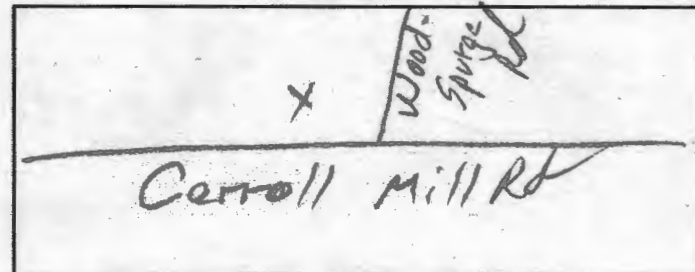
LONGITUDE 76.939640

APPROVED
12/01/2020

H0-20-0037

CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>75</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Bentonite 1500 lbs</u>		

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 75 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew Houseman LICENSE# 224

MWD MSD MGS
CIRCLE ONE

9-25-20
DATE

COUNTY

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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:

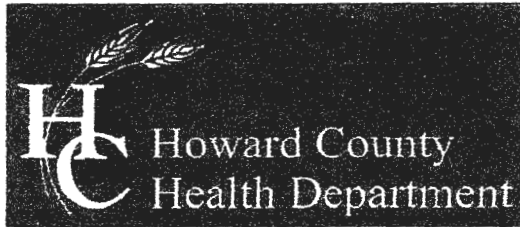
Ogden Property 12 12257 Woodspurge Ct
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Richard Kurlay
(professional land surveyor or company employing professional land surveyors)
on August 27, 2020 (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.

rec'd 8/28/20
HL



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:

Garden Property 12 12257 Woodspurge Ct
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by CLST
(professional land surveyor or company employing professional land surveyors)
on July 13, 2020 (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.

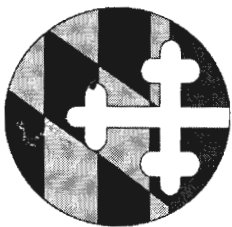
8/20/20 - f/v completed
Stakes not in place
fvl

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS

HOJCOO37TD

[illegible]

MDH-90-A 07/17



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Certificate of Analysis

Lab Project NoE21000790 Date Coll. 09/18/2020 Date Received: 09/21/2020 Submitted By: Cabahug

Field ID: HOJCOO37TD
Lab No.: E21000790001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	121	mg/L	09/25/2020
Total Dissolved Solids	SM 2540C	347	mg/L	09/24/2020

Comments:

Approved by:

Approval date: 10/01/2020

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Send Report To:

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Howard County Health Department
Bureau of Environmental Health
930 Stanford Blvd.
Columbia, Maryland 21045

Lab No. Date Received



E21000792001

Received: 09/21/2020

Metals

HOJC0037N

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOJC0037NA Site Name: OGDEN County: HOWARD

Sample Source: 1257 WOODSPURGE COURT Collector: CABATUG
Street Town or City Name

Date Collected: 09/18/2020 Time Collected: 1030 a.m. / p.m. Phone #: 410-313-2643

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 2.0 mL pH: 6.0

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid

Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid

Code ☒ ☐ Non-Community ☐ Sediment ☐ Other

☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks:

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	SHS		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: Date Reported:

Phone: (443) 681 - 4596

Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E21000792 Date Coll.: 09/18/2020 Date Received: 09/21/2020 Submitted By: Cabahug

Field ID: HOJC0037NA
Lab No.: E21000792001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	39.60	ppm	09/23/2020

Comments:

Approved by:

Wanda Tresson

Approval date: 09/28/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



HOWARD COUNTY HEALTH DEPARTMENT

67907

DATE 7/12/20

WS

Received From

Boyles Well Drilling

PHONE #

410-3609-4115

☐ CASH

☒ CHECK

NO

013460

For

Well Permit / 12257 well
Spurge ct

One hundred sixty

Dollars

\$

160.00

Received By

[Signature]