C 1 42380 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 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER		
ST/CO USE ONLY DATE Received MM DD W 8 DATE WELL COMPL MM DD D 15	Depth of Well 22 600 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO BRILL WELL"		
OWNER LOS	first name A	50 VC 11/2		
WELL SITE ADDRESS 1947 Supply SUBDIVISION	SECTION TOWN	LOT 22		
WELL LOG	GROUTING RECORD Yes no	C 3		
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed) FROM TO Check if water bearing	NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min.)		
C/ay 07	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE		
0 7 27	from	WATER LEVEL (distance from land surface)		
Brown Mice / 21	(enter 0 if from surface) CASING RECORD	BEFORE PUMPING $\frac{124}{17}$ ft.		
Grey Limeston 27 225	types insert appropriate STEEL CONCRETE	WHEN PUMPING 3/12 ft.		
Frochere 225 226	code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine		
Gray Limestar 226 550	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	27 27 27 other		
Fractive 550 551	5+ 60 61 63 64 66 70	C centrifugal R rotary 0 (describe below)		
Grenkinestor 55160	E OTHER CASING (if used) A diameter depth (feet)	J jet S submersible		
0' 7 * 1	H inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP VES NO		
	G L L	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
storage: 699 gallons	screen type or open hole STBR	TYPE OF PUMP INSTALLED		
	appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX 29. CAPACITY: GALLONS PER MINUTE		
	code below PLASTIC OTHER	(to nearest gallon) 31 35		
	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH		
NUMBER OF UNSUCCESSFUL WELLS: yes no	HO 42 600	(nearest ft.)		
WELL HYDROFRACTURED Y	E 8 9 11 15 17 21 C 2	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H 23 24 26 30 32 36	LAND SURFACE (nearest)		
E ELECTRIC LOG OBTAINED D TEST WELL CONVERTED TO PRODUCTION	C 3 R 38 39 41 45 47 51	49) 50 51 TOOL)		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LATITUDE 3 9.3/92/3		
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	DIAMETER (NEAREST INCH) 56 60	LONGITUDE 7 7.02.6150 (DEFAULT COORD. WGS 84)		
KNOWLEDGE.	from to	Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on		
DRILLERS LIG. NO. M 5 D 2 2 4	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL WISERT F. IN DOY CO.	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		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 MDE USE ONLY	have the right to inspect, amend, or correct this form. The Maryland Department of the		
LIC. NO.1D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	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		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72 74 75 76 TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.		

Date: July 10, 2020

FOGLE'S WELL DRILLING, LLC P.O. Box 202 Woodbine, Md 21797 443-609-4195 FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-20-0005

Location of Property: 1941 Sycamore Springs Ct Cooksville, Md

Subdivision: Riggs Meadow Lot#: 22

Well Driller/Tech: Fogles Andrew Houseman MSD224___Owner/Buyer: Lori Rose

Depth of Well: 600' Casing: 42' of 6" Steel Casing Pump: 570'

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

Static water level (S.W.L.) below M.P.:___124'__

High rate pumping -reservoir Drawdown

Time pump started: _7:00 Pumping rate: _15

Total time 45 Mins to reach pumping water level 302 ft. below M.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER	CALCULATED FLOW
minute intervals)	Below M.P.	Time to fill 1	READING	(gallons per
		gallon bucket	(if used)	minute)
7:00	124'	4 Seconds		15 gpm
7:15	218'	5 Seconds		12 gpm
7:30	264'	7 Seconds		8.5 gpm
7:45	302'	19 Seconds	*	3.1 gpm
8:00	301'	19 Seconds		3.1 gpm
8:15	300'	19 Seconds		3.1 gpm
8:30	299'	19 Seconds		3.1 gpm
8:45	298'	19 Seconds		3.1 gpm
9:00	297'	19 Seconds		3.1 gpm
9:15	295'	19 Seconds		3.1 gpm
9:30	294'	19 Seconds		3.1 gpm
9:45	293'	19 Seconds		3.1 gpm
10:00	292'	19 Seconds		3.1 gpm
10:15	292'	19 Seconds		3.1 gpm
10:30	291'	19 Seconds		3.1 gpm
10:45	291'	19 Seconds		3.1 gpm
11:00	290'	19 Seconds		3.1 gpm
11:15	289'	19 Seconds		3.1 gpm
11:30	289'	19 Seconds		3.1 gpm
11:45	289'	19 Seconds		3.1 gpm
12:00	288'	19 Seconds	v	3.1 gpm
12:15	288'	19 Seconds		3.1 gpm
12:30	288'	19 Seconds		3.1 gpm
12:45	287'	19 Seconds		3.1 gpm
1:00	287'	19 Seconds		3.1 gpm
1:15	287'	19 Seconds		3.1 gpm
1:30	286'	19 Seconds		3.1 gpm
1:45	286'	19 Seconds		3.1 gpm



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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. eatment, LLC Company Name: ()()()(5) byecht sville, mp Must circle one: Licensed Plumber / Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: DUNGC Fogle License# MSDZZ6 *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: LOY Telephone #: Subdivision: Lot #: Well Tag #: HO - 7 (Site Address: Sycamore COOYSWILL Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Make: Cample Two piece watertight cap: Model #: 4 Model#: Screened, vented well cap: Pump Capacity GPM Depth: Cap secured to casing: Well Yield: GPM NSF/WSC approveds Conduit min 18" B.G.: Depth of well encountered at time of pump installation: ((feet) Conduit secured to well cap: 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 Piping to house / EXISTM9 line **House Connection** 1 NOW DI PVC sleeve to undisturbed soil at wall penetration: PSI: 2(2) (160 psi min) Length of sleeve(5' minimum from foundation): Depth of supply line: '36" min) 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. 8/24/2020 Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: 8/25/20 Date Insp. Approved: 8/25/20 Inspector: 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 30 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 tied into existing line Adequate grout observed below pitless adapter

(Revised form 10/24/2018)

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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

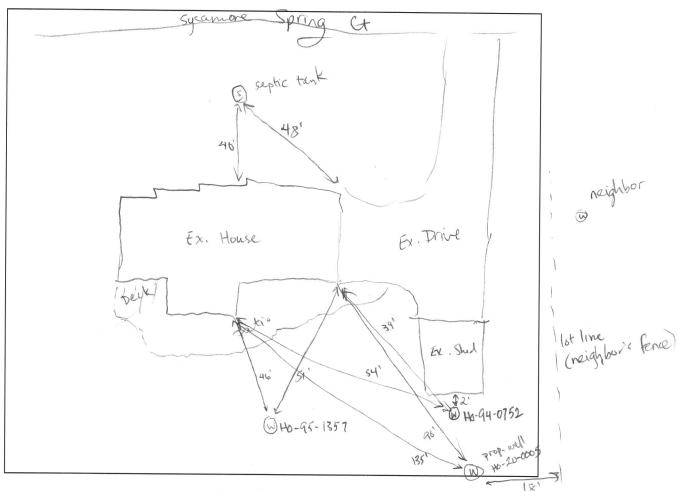
NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD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

Company Name:Address:	Telephone #:			
License # and name of Name (Print): *A licensed individua supervision of a licen subjected to field ver	l must perform the actual installation. Apprentices must be under the direct sed journeyman or master plumber, pump installer or well driller. Licenses may be fication.			
Name of Property Own	Telephone #: HI Sycamore Spring Lot #: Well Tag #: HO			
Subdivision: 7	Sycamore Spring Lot #:well lag #: HO			
Submersible Pump D Make: Model #: Pump Capacity Well Yield: Depth of well encount If pump capacity excee Torque arrestors or Ca Safety rope, if used, a	Make: Two piece watertight cap:			
Piping to house	House Connection PVC sleeved to undisturbed soil at wall penetration:			
Type: PVC sleeved to undisturbed soil at wall penetration: Approximate length of sleeve:				
Depth of supply line:(36" min) Sleeve caulked and 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 date			
*	For Health Department Use Only - Not to be completed by Installer			
	Date Insp. Approved: 12/13/07/80			
Date Insp. Requested:	Date Insp. Approved: ess adapter and water supply line at least 36" below grade			
	piece cap installed and attached to casing securely NotFinished			
Elec. conduit extends at least 18" below grade/attached to cap properly				
Safety rope installed inside of well casing				
Correct well tag attached properly and casing 8" above finished grade No Tag				
	ter supply line sleeved adequately at house connection			
Add	equate grout observed below pitless adapter			

SITE INSPECTION SHEET

ADDRESS: 1941 Sycamore Spring Ct CONTRACTOR: Fogles
Cooksylle, MD 21723 WELL TAG #: 40-20-0005 (new
SUBDIVISION: Rigas Meadow LOT: 22 COUNTY #: Howard
PROPOSAL: owner is building new garage in old well location

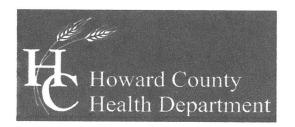
LOCATION DIAGRAM



COMMENTS: Ho-95-1357 was dilled in 2007 and never connected.

HO-94-0752 is in use to dwelling. Both existing wells will be too close to future garage. Plan to drill new well and abandon both existing wells.

DATE: 6/24/2020 INSPECTOR: Susan Thomas



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

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO: * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if addr * WELL QWAIER * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGR	111	2000 L)	
DATE WELL ABANDONED: 827/20 (mo	onth/day/year)		**************************************	
* PERMIT NUMBER OF ABANDONED WELL (if any)	<u> Ho</u> =	95 - 135	27	
* PERMIT NUMBER OF REPLACEMENT WELL:	HO -20 -0005			
* PERSON ABANDONING WELL: Andrew Housemany W	ELL DRILLER'S LICENSI			
* OWNER'S NAME: LOCI POSE		CIRCLE: MWD MSD MGD		
* WELL LOCATION: COUNTY: NEAREST TOWN: TAX MAP 0008 BLOCK 6022 PARCEL 0096 SUBDIVISION: SECTION: SECTION: STREET ADDRESS: 1941 Sycamore Spring C+	SHE corot Spr	iny Ct.	6.	
LATITUDE 39.319243	1/X	***	٨	
LONGITUDE 7 1 . 0 2 6 3 0 L	LOG QF S	SEALING MATERIA	L.	
A second	MATERIAL	FE	ET	
		FROM	ТО	
* TYPE OF WELL BEING ABANDONED: DRILLED BORED OTHER (specify)	Stone Bentonite	487	70	
* USE CODE: DOMESTICMUNICIPAL/PUBLIC IRRIGATIONINDUSTRIAL TEST/OBSERVATIONGEOTHERMAL			*	
	VOLUME	OF MATERIAL USED		
* TYPE OF CASING: STEEL PLASTIC	Stone 5 103	Bentan F	90016	
CONCRETE OTHER (specify) SIZE OF CASING: INCHES IN DIAMETER 3 CONCRETE DEPTH OF WELL: FEET DEEP WAS ANY CASING REMOVED? YES NO If yes, length removed, in feet: YES NO	Maryland Code, per is used in processin 26.04.04. Failure to this form not being inspect, amend, or Department of the Maryland Public Ir made available on is subject to inspect	24 of the State Govt. Artersonal info requested on g this form pursuant to to provide the info may reprocessed. You have the correct this form. The M Environment is subject to information Act. This form the Internet via MDE's witton or copying, in whole other governmental ageral or State Law.	n this form COMAR esult in e right to laryland to the m may be website and e or in part,	
Al Doffeen	224 MWD/MS	D) MGS 8-28	3-20 @	
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# COUNTY	CIRCLE	ONE D	ATE	

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

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUI	BMIT COPIES OF COMPLETED FORM TO: COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if add	lress needed)	POVED	1 0-	
*	WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGR	HYYY "	1 11000	(4)	
		onth/day/year)	10410		
*	PERMIT NUMBER OF ABANDONED WELL (if any)	Hb -9	4 -0%	3	
*	PERMIT NUMBER OF REPLACEMENT WELL:	HO -2	0 -000	15	
*,	PERSON ABANDONING WELL: Andrew Housemany W	VELL DRILLER'S LICENSE NU	MBER: 27	4	
*,	OWNER'S NAME: LOVI ROSQ		CIRCLE: MWD MSD MGD SITE LOCATION MAP		
*	WELL LOCATION: COUNTY: NEAREST TOWN: COOKSVILLE	SoringC	comore Spring Ct		
	SUBDIVISION: LOT: 22 STREET ADDRESS: 1941 SOME STREET	Canare	- m		
	LATITUDE 39.31.9 285	hy x			
	LONGITUDE 7 1 . 0 2 6 1 8 4	LOG OF SEAL	F SEALING MATERIAL		
	A CONTRACT AND A CONTRACT OF THE	MATERIAL		ET ₄	
		***************************************	FROM	ТО	
*	TYPE OF WELL BEING ABANDONED: DRILLED JETTED BORED HAND DUG OTHER (specify)	3/one Bentanite	320	70	
*	USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL	V W	-		
-		VOLUME OF M	MATERIAL USED)	
*	TYPE OF CASING: STEEL CONCRETE PLASTIC OTHER (specify)	Pursuant to \$ 10-624 of a Maryland Code, personal is used in processing this	l info requested or form pursuant to	this form	
	E OF CASING: 6 INCHES IN DIAMETER CPS	26.04.04. Failure to prove this form not being proceed inspect, amend, or correct Department of the Environment of the Environm	essed. You have the t this form. The M conment is subject t	e right to aryland o the	
	AS ANY CASING REMOVED?	made available on the Inis subject to inspection of by the public and other protected by federal or S	ternet via MDE's v r copying, in whole governmental ager	vebsite and e or in part,	
WA	S CASING RIPPED OR PERFORATED? YES NO	224 MWD/MSD/ M	IGS & -28	-20	
SIG	NATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#	CIRCLE ONE		ATE	
		ác.			