HOWA	ARD COUNTY HEALT	H DEPARTMENT	7 2927
Received From	I Env. 5	DWK OPHONE#	01/11/6-8375
CASH For	Ull fo	mel/1	967,000
NO.	Ino heer	000	216 219 Dollars
10000	Received By	A	Kerp

. .

C 1 59060 SEQUENCE NO.	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
THIS NUMBER IS TO BE PUNCHED	FILL IN THIS FORM COMPLETELY	COUNTY
IN COLS. 356 ON ALL CARDS) ST/CO USE ONLY DATE WELL COMPL	PLEASE TYPE ETED Depth of Well	PERMIT NO.
DATE Received 30	APPROVED 20 (00) 26	FROM "PERMIT TO DRILL WELL"
8 13.	20 03/12/7 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER_ 1/1/1 MY ONE	ille 4	C 1
WELL SITE ADDRESS Last hame 11967	121e# 216 first name TOWN_	Fulton, MID
SUBDIVISION	SECTION	LOT
WELL LOG	WELL HAS BEEN GROUTED Y	C 3
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)	PUMPING TEST
COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	45 46	
	GM1	PUMPING RATE (gal. per min.)
Brn Clay 0 90	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Grey Rock 90 600 2	from tt. to TO tt.	
Care Book 90 600 2	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Circula Mount	casing CASING RECORD	BEFORE PUMPING 5 ft.
- + · · · · · · · · · · · · · · · · · ·	types: ST CO	\$00
	appropriate STEEL CONCRETE	WHEN PUMPING 22 25 It.
	below PLASTIC OTHER	TYPE OF PUMP USED (for test)
- ,	MAIN Nominal diameter Total depth	P piston T turbine
	CASING top (main) casing of main casing TYPE: (nearest inch)! (nearest foot)	C centrifugal R rotary O other describe
	PL 6 90	centrifugal R rotary (describe below)
The state of the s	60 61 83 64 66 70	J jet S submersible A L
	E OTHER CASING (if used) A diameter depth (feet)	27 27
	H inch from to	PUMP INSTALLED
	Š.	DRILLER INSTALLED PUMP YES NO
	N 100 / Harris Manual Cont.	(CIRCLE) (YES or NO)
	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type SCREEN RECORD	TYPE OF PUMP INSTALLED
	or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below / PL OT	(to nearest gallon) 31 - 10 35
	PLASTIC OTHER	PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 37 500
yes no	HU 90 600	(nearest ft.)
WELL HYDROFRACTURED Y	8 9 11 21	CASING HEIGHT: (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	H 23 24 26 30 32 36	above LAND SURFACE
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S	helow (nearest)
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	49 foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	E E SLOT SIZE 1 2 3	LATITUDE 39. 15607
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND		LONGITUDE 76. 93781
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED	OF SCREEN INCH)	(DEFAULT COORD. WGS 84)
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	from to	Pursuant to \$10-624 of the State Govt. Article of
DRILLERS LIC. NO. 1 M S D 337	GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant
355	IF WELL DRILLED WAS FLOWING WELL	to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You
ORILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68	have the right to inspect, amend, or correct this
1	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	form. The Maryland Department of the Environment is subject to the Maryland Public
LIC. NO.1 D I	T (E.R.O.S.) (W.Q	Information Act. This form may be made available on the Internet via MDE's website and is
	70	subject to inspection or copying, in whole or in
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	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.
	COLINTY	

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Signature Second	Address	2 JAKENALLIN DE	3. 1/26/21	(CIRCLE APPROPRIATE BOX)		
Signation Date Dat		01/14/7021	8 bags Quik	W 32 E		
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100 MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784 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: (month/day/year) PERMIT NUMBER OF ABANDONED WELL (if any) PERMIT NUMBER OF REPLACEMENT WELL: PERSON ABANDONING WELL TOUL Sugary OWNER'S NAME: WELL LOCATION: COUNTY: rust lu-NEAREST TOWN: BLOCK PARCEL TAX MAP SUBDIVISION: SECTION: STREET ADDRESS: LATITUDE 3 LONGITUDE 7 6.

HAND DUG

MUNICIPAL/PUBLIC

INDUSTRIAL

PLASTIC

GEOTHERMAL

OTHER (specify)

WELL DRILLER'S LICENSE NUMBER: CIRCLE: MWD / MSD MGD

SITE LOCATION MAP

D NEW Well

LOG OF SEALING MATERIAL

MATERIAL	FEET		
WAIENAL	FROM	ТО	
TOPSOIL	0	2	
GOMENT	2	5	
Greno	5	2-2	
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VOLUME OF MATERIAL USED

YD Comer

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.

257 MWD/MSD/MGS

CIRCLE ONE



WAS CASING RIPPED OR PERFORATED? YES

TYPE OF WELL BEING ABANDONED:

TEST/OBSERVATION

SIZE OF CASING: 36 INCHES IN DIAMETER

DEPTH OF WELL: FEET DEEP

WAS ANY CASING REMOVED? YES

If yes, length removed, in feet:

DRILLED

DOMESTIC IRRIGATION

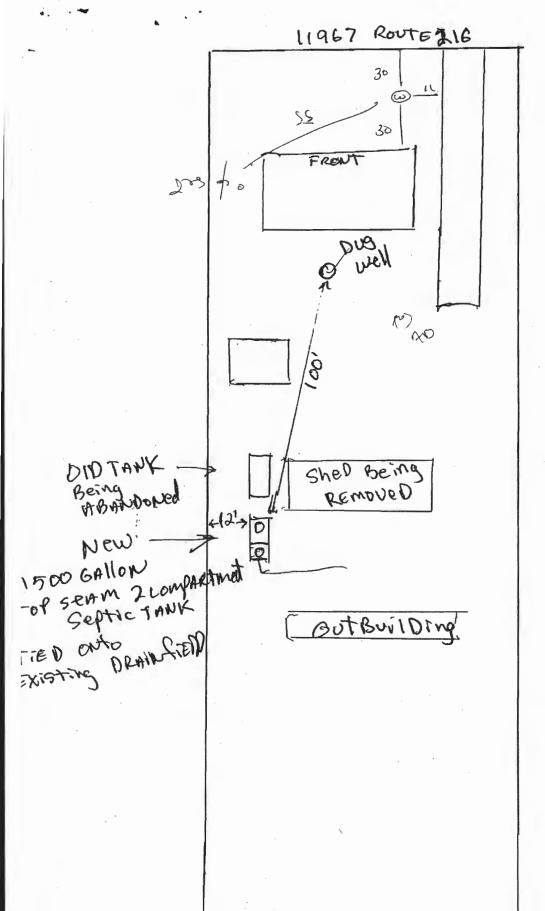
TYPE OF CASING:

STEEL CONCRETE

OTHER (specify)

BORED

USE CODE:



11967 SCAGGSVILLE R RT 216 APPROVED 01/22/2021 P HO-20-0070





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

MEMORANDUM

March 22nd, 2021

Home Owner

 $RE \cdot$

Replacement Well Sampling

11967 Scaggsville Road Fulton, MD 20759

Well Permit # HO-20-0070

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 <u>bacteria</u>, <u>nitrates</u>, <u>turbidity</u>, and <u>sand</u>.

It is preferred that the sample 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.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Be Advised that the well line installation was not called in for inspection and the Howard County Health Department did not have an opportunity to inspect work done and the well line installation is currently unapproved at the date of this letter.

Sincerely,

Joseph C. Cabahug LEHS

Licensed Environmental Health Specialist
Well & Septic Program

Bureau of Environmental Health