



HOWARD COUNTY HEALTH DEPARTMENT

72927

DATE 11/5/21

WS

Received From

PHONE #

301 776-8370

Called Env. Services

For

well permit / 19607

☐ CASH

☒ CHECK

NO.

2444

Dollars

One thousand Sixty

216

\$ 1600.00

Received By

Kierp

C1 59060	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 <u>02</u> DD <u>23</u>	DATE WELL COMPLETED <u>4-28-21</u>	Depth of Well <u>600</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HD-20-0070</u>
OWNER <u>MDM One LLC</u> WELL SITE ADDRESS <u>11967 Rte 216</u> TOWN <u>Fulton, MD</u> SUBDIVISION _____ SECTION _____ LOT _____			

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>16</u> NO. OF POUNDS <u>400</u> GALLONS OF WATER _____ DEPTH OF GROUT SEAL (to nearest foot) <u>90</u> from <u>48</u> TOP <u>52</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)	C3 PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>2</u> METHOD USED TO MEASURE PUMPING RATE <u>timer</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>55</u> ft. WHEN PUMPING <u>500</u> 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 <u>Timer Bucket</u>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Brn Clay</td> <td>0</td> <td>90</td> <td></td> </tr> <tr> <td>Gray Rock</td> <td>90</td> <td>600</td> <td>✓</td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Brn Clay	0	90		Gray Rock	90	600	✓	CASING RECORD casing types: insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>90</u> OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____ EACH CASING _____	ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	
DESCRIPTION (Use additional sheets if needed)		FEET			check if water bearing															
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NUMBER OF UNSUCCESSFUL WELLS: _____ WELL HYDROFRACTURED Y N 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. <u>M SD 037</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>	SCREEN RECORD screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table> C2 DEPTH (nearest ft.) <u>90</u> <u>600</u> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____ GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____	ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER		PUMP INSTALLED DRILLER INSTALLED PUMP 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 <u>S</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>7</u> PUMP HORSE POWER <u>1.5HP</u> PUMP COLUMN LENGTH (nearest ft.) <u>500</u> CASING HEIGHT: (circle appropriate box and enter casing height) + above - below LAND SURFACE <u>1</u> (nearest foot)												
ST STEEL	BR BRASS	HO OPEN HOLE																		
PL PLASTIC	OT OTHER																			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) _____	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	LATITUDE <u>39.15607</u> LONGITUDE <u>76.90781</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.																		

02-356024 EMERGENCY/TEMP NO. IF ANY TAG # = 1/26/2021 (57)

B 1 65838 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER **Ho-20-0070** fill in this form completely

Date Received (APA) 8 MM DD YY 13 **OWNER INFORMATION**

15 Last Name **Owner** First Name **34**

36 Street or RFD **55**

57 Town **70** State **72** Zip **76**

DRILLER INFORMATION

Driller's Name **Brett Sweeney** M **S D 237** License No. **81**

Firm Name **Allied Well Drilling**

Address **PO Box 129 Annapolis Junction MD 20704**

Signature **[Signature]** Date **01/14/2021**

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) **10**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **1,000**

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

APPROXIMATE DEPTH OF WELL **350** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

☒ BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN

☒ AIR-ROTARY ☐ AIR-PERCUSION ☐ ROTARY (Hydraulic Rotary)

☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT

other

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** **52**

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

APPROX. PERMIT NUMBER **G**

PERMIT No. **Ho-20-0070**

B 3 LOCATION OF WELL

Howard COUNTY

23 SUBDIVISION **42**

SECTION **44** **46** LOT **48** **50**

52 NEAREST TOWN **71**

B 4 SOURCES OF DRILLING WATER

1. Public

2. 1/26/21

3. 8 bags quick grout bentonite

11967 Route 216 STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **30** **37** DISTANCE FROM ROAD

ENTER FT OR MI **38** **39**

TAX MAP: **0041** BLK: **0079** PARCEL **0079**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

STATE SIGNATURE **INSERT S**

DATE ISSUED **01/25/2021**

CO SIGNATURE **EXP. DATE**

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

1/26/21

600' total

1-2 GPM

bedrock: 85'

casing 90'

old well

Proposed well

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SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ABANDON + SEAL EX WELL

DE/WMA/PER.071 © COUNTY

1 ran
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

APPROVED
02/15/2021 CP

DATE WELL ABANDONED: 2-12-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

H0-20-0070

* PERSON ABANDONING WELL: Brett Sweeney

WELL DRILLER'S LICENSE NUMBER: 237

* OWNER'S NAME: nm m One, LLC

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Fulton

TAX MAP 41 BLOCK PARCEL 79

SUBDIVISION:

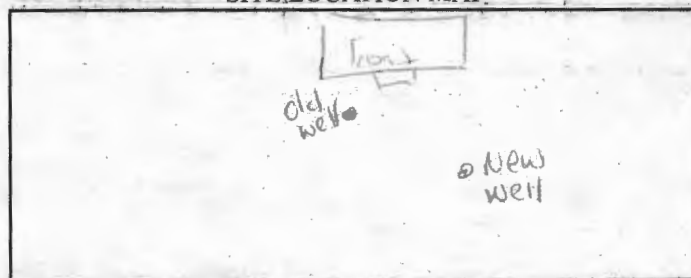
SECTION:

STREET ADDRESS: 11967 Scraggsville Rd

LATITUDE 3 9.15583

LONGITUDE 7 6.92777

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>TOPSOIL</u>	<u>0</u>	<u>2</u>
<u>CEMENT</u>	<u>2</u>	<u>5</u>
<u>GRAVEL</u>	<u>5</u>	<u>22</u>
VOLUME OF MATERIAL USED		
<u>14 TONS GRAVEL / 1 YD CEMENT</u>		

* TYPE OF WELL BEING ABANDONED:

- ☐ DRILLED
- ☒ BORED
- ☐ OTHER (specify) _____
- ☐ TETTED
- ☒ HAND DUG

* USE CODE:

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

* TYPE OF CASING:

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

SIZE OF CASING: 36 INCHES IN DIAMETER

DEPTH OF WELL: 22 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE# 237

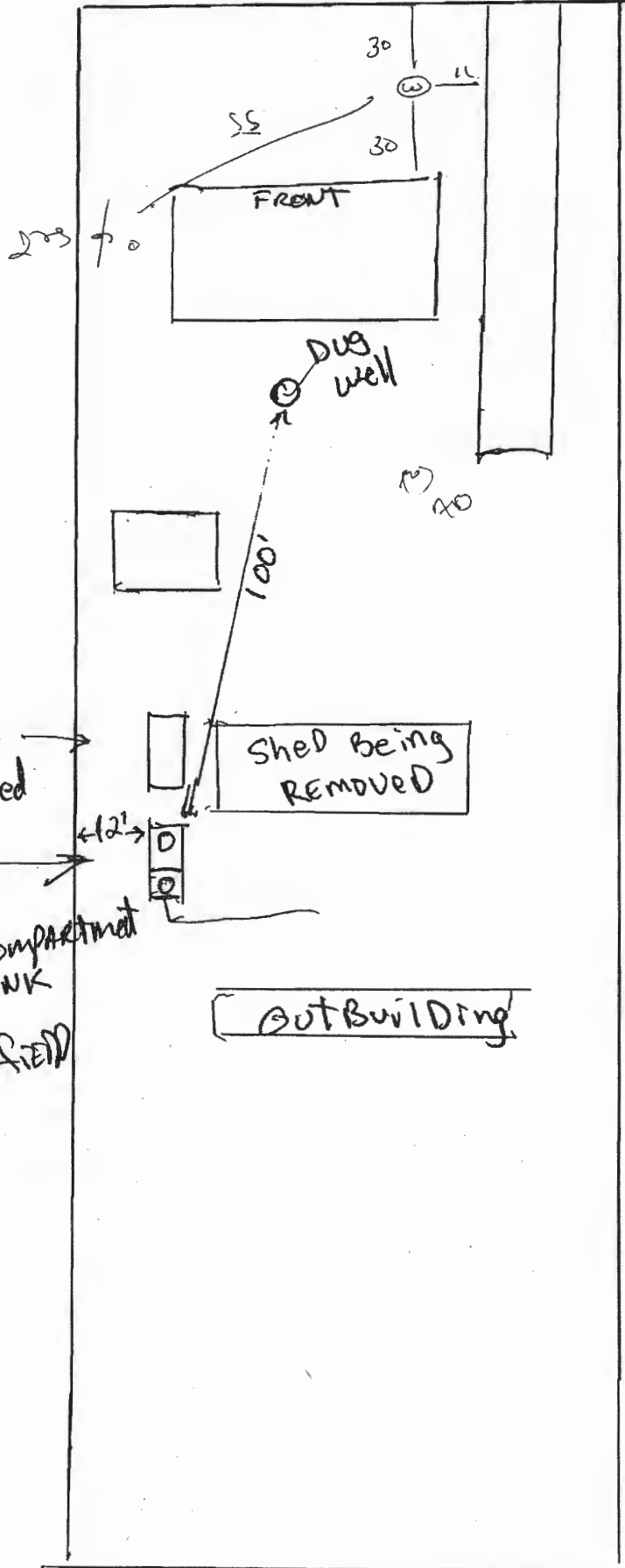
237 MWD / MSD / MGS
CIRCLE ONE

2/18/21
DATE

COUNTY

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.

11967 ROUTE 216



11967 SCAGGSVILLE R
RT 216

APPROVED 01/21/2021

HO-20-0070



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

MEMORANDUM

March 22nd, 2021

Home Owner

RE: **Replacement Well Sampling**
11967 Scaggsville Road
Fulton, MD 20759
Well Permit # HO-20-0070

Dear Homeowner:

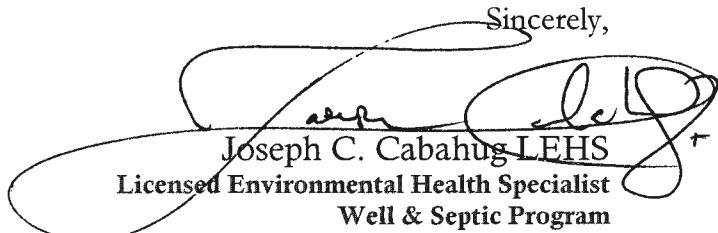
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand.

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