



HOWARD COUNTY HEALTH DEPARTMENT

35968

DATE
09 / 07 / 2011

W5

Received
From

Fogles Well Drilling, LLC

PHONE # (443) 609 4195

P O Box #202 Woodbine, MD 21797

For

Well Application - 12101 Sudbury Court
Ashleigh Greene Subdivision Lot #18

☐ CASH

☒ CHECK

NO.

12503

one hundred sixty xx / Dollars

\$

100 | 00

Received By

Rachael Mitchell

C1 5417

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER A 40725

ST/CO USE ONLY

DATE Received
MM 12 DD 05 YR 11

DATE WELL COMPLETED

10 09 11

Depth of Well

22 350 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-95 2196

OWNER Tomalis Elizabeth

STREET OR RFD 12107 Sudbury Ct

first name

TOWN Clarksville

SUBDIVISION Ashleigh Greene

SECTION 1

LOT 18

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 TOcheck
if water
bearingBrown
mrea
Gray
slate0 81
81 350 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 3100

GALLONS OF WATER 240

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 83 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 06 85
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
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. 1 M 5D 007

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 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
TELESCOPE
CASING72
LOG
INDICATOR74 75 76
OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 01

PUMPING RATE (gal. per min.) 3

METHOD USED TO
MEASURE PUMPING RATE 1906

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29 ft.

WHEN PUMPING 270 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

PUMP INSTALLED

DRILLER INSTALLED PUMP
(CIRCLE) (YES or NO) YES NOIF 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 7

PUMP HORSE POWER 3/4

PUMP COLUMN LENGTH
(nearest ft.) 330CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

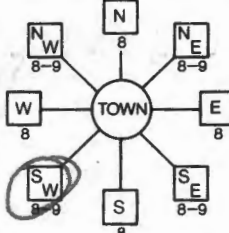
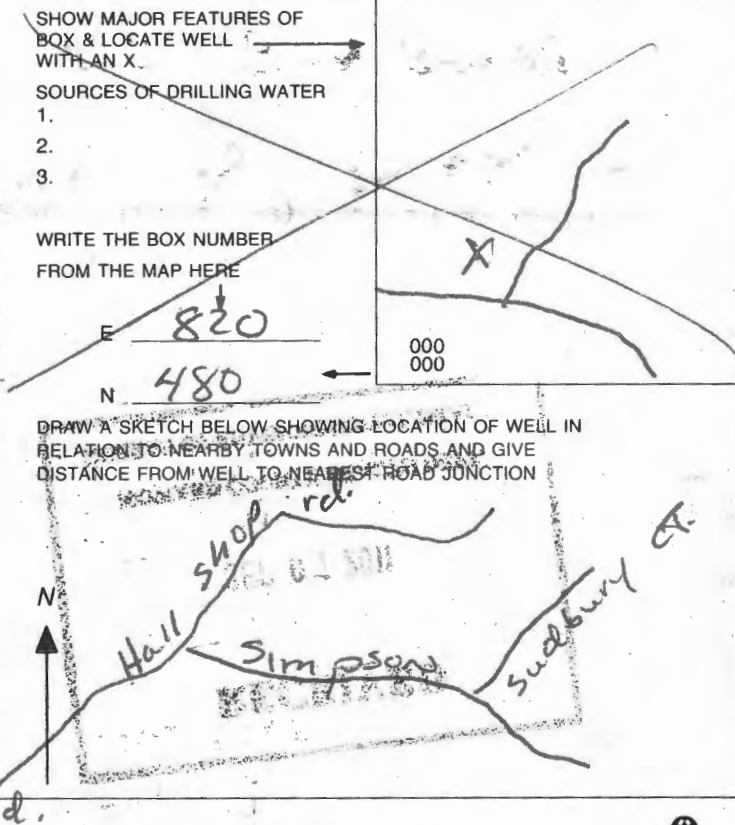
LAND SURFACE

- below

02 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)N 39° 14. 119
W 076° 58. 374

B 1	6103	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	STATE PERMIT NUMBER
1 2 3 4 5 6			APPLICATION FOR PERMIT TO DRILL WELL	fill in this form completely
			535968 please type	12/7/11
Date Received (APA) <u>09 07 11</u> 8 MM DD YY 13 OWNER INFORMATION <u>Tomalis, Elizabeth</u> 15 Last Name Owner First Name 34 <u>12101 Sudbury Ct</u> 36 Street or RFD 55 <u>Clarksville Mt. 21029</u> 57 Town 70 State 72 Zip 76			LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>Ashleigh Greene</u> 23 SUBDIVISION 42 SECTION <u>1</u> LOT <u>18</u> 44 46 48 50 <u>Clarksville</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>7</u> M I 73 76 77 78	
DRILLER INFORMATION <u>Allen Compton</u> M S D 009 Driller's Name 76 License No. 81 <u>Fogles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine Md</u> Address <u>Allen Compton 9-2-11</u> Signature Date			12101 Sudbury Ct 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST S EAST SOUTH 34 <u>100</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>0041</u> BLK: <u>0001</u> PARCEL <u>0458</u>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 <u>500</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 <u>500</u> 20			1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
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"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST				
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input 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 checked="" 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 DEEPEINED (IF AVAILABLE) 41 <u>HO-83-0831</u> 62 Not to be filled in by driller (MDE OR COUNTY USE-ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HO-95-2196</u> 70 71 72 73 74 75 76 77 78 79				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> 13 A40725 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>9/13/2011</u> <u>Brian Baber</u> 9/13/2012 43 MM DD YY 48 CO SIGNATURE EKP DATE NORTH GRID <u>N/A 000</u> EAST GRID <u>N/A 000</u> 50 55 57 63				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>820</u> N <u>480</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 				
SPECIAL CONDITIONS <u>New well must be capped.</u> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

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

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2196
Site Address: 12101 Sudberry Ct.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

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

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

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

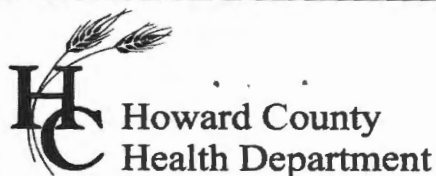
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 10/21/11 Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well casing ☒
Correct well tag attached properly and casing 8" above finished grade No Tag
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

Tied into existing well.



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, MD.,M.P.H., Health Officer

October 31st, 2011

Elizabeth Tomalis
12101 Sudbury Ct.
Clarksville, MD 21029

RE: **Replacement Well**
Ashleigh Greene, Lot 18
Well Permit # HO-95-2196

Dear Homeowners:

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. In addition, your existing well must be sealed according to COMAR 23.04.04.11 by a MD licensed well driller providing documentation of the completed process. If this process has already been completed, disregard this procedure.

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) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

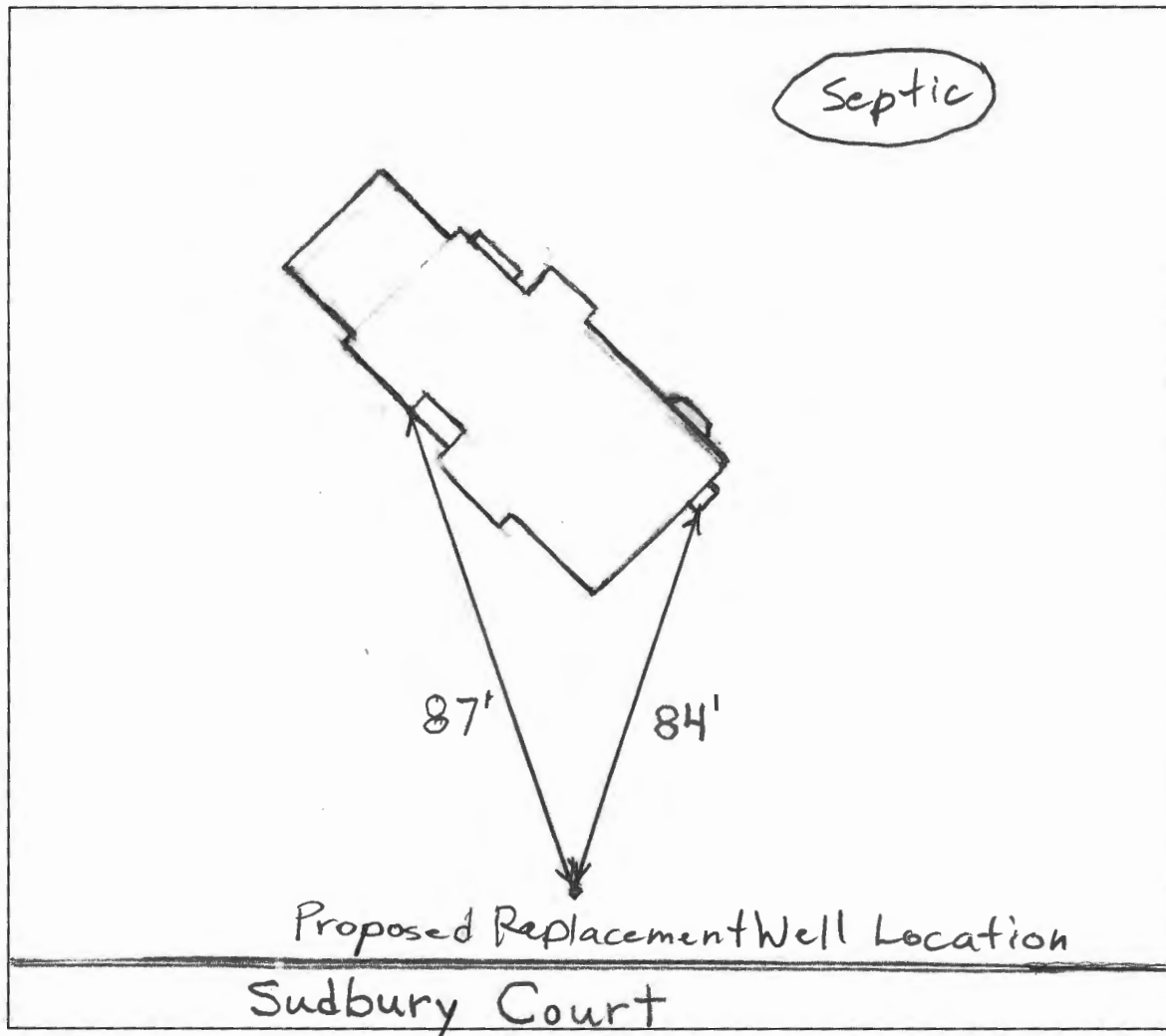
Kevin M. Wolf, R.S., R.E.H.S.
Howard County Health Dept.
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Being Sold PHONE #: _____
ADDRESS: 12101 Sudbury Ct. CONTRACTOR: Fogles
WELL TAG #: 95-2196
SUBDIVISION: Ashleigh Green LOT: 18 COUNTY #: A40725
PROPOSAL: Replace existing well to sell house.

LOCATION DIAGRAM



COMMENTS: Keep existing well in use or abandon/seal it. Yield measured at 0.8 GPM by Fogles.

DATE: 9/13/2011 INSPECTOR: B. Baker