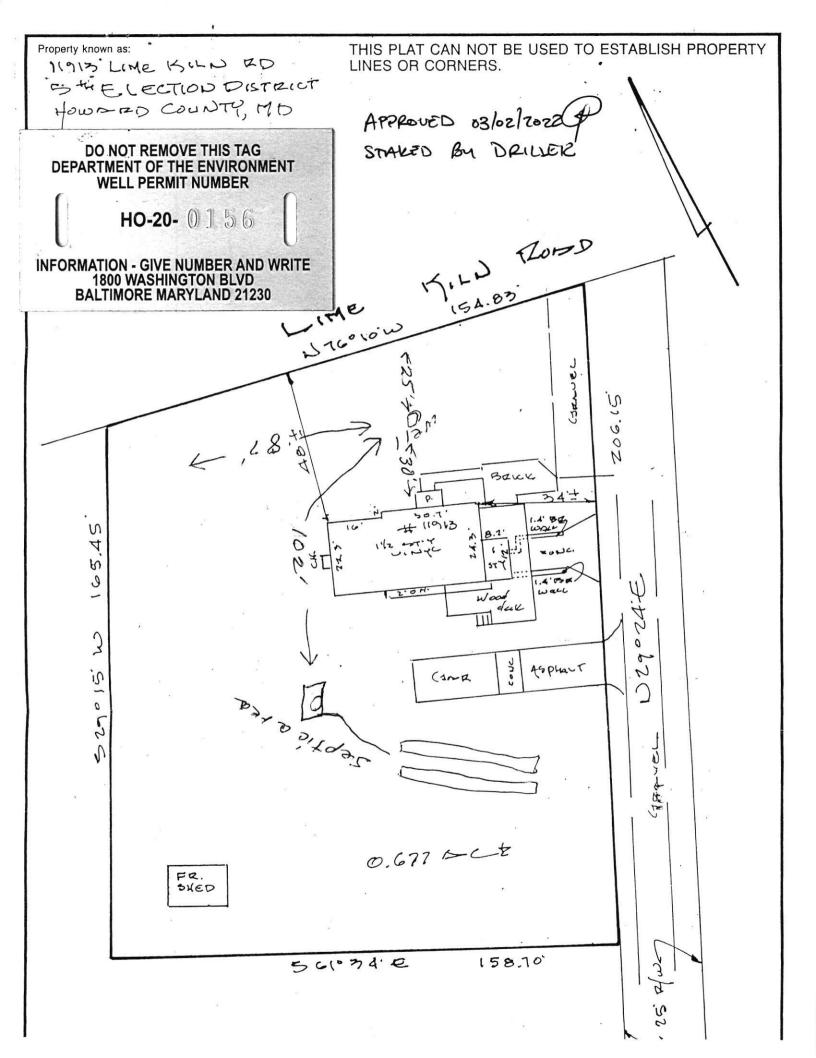


SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
DATE Received MM DO DATE WELL COMPI	Depth of Well  22  20  (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER MOYRA	BROTGIA	
WELL SITE ADDRESS / last name 3 / 1/10	KILIN RAL first name TOWN	Ulton MU, 20 759
SUBDIVISION	SECTION	LOT
WELL LOG	GROUTING RECORD WELL HAS BEEN GROUTED	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/	12.0
Clay 03	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER	PUMPING RATE (gal. per min.)
1 1 1 1 2 1 2 1 2 1	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket
Brown The 3 21	from ft. to ft.	WATER LEVEL (distance from land surface)
sand Stone 31 49	(enter 0 if from surface)	12
gray Mica 49 1850	casing CASING RECORD types	BEFORE PUMPING 17 20 ft.
1 7 1 103	/ insert \ SII CO	WHEN PUMPING 175 ft.
	code   DII OIT	22 25 TYPE-OF PUMP USED (for test)
WIATER	below PLASTIC OTHER	A air P piston T turbine
WINTY I	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 piston 27 other
HIP	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (descri
9241.	60 61 63 64 66 70	27 27 below)
	E OTHER CASING (if used)	J jet S submersible
	A diameter depth (feet) H inch from to	
	c L	PUMP INSTALLED DRILLER INSTALLED PUMP VES NO
	ŝ	(CIRCLE) (YES or NO)
	g — — — — — — — — — — — — — — — — — — —	IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED
	or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
	Insert STEEL BRASS OPEN	CAPACITY:
	code below BRONZE HOLE	GALLONS PER MINUTE (to nearest gallon) 31
,	PLASTIC OTHER	PUMP HORSE POWER
	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSFUL WELLS:	1 2 1	(nearest ft.)
WELL HYDROFRACTURED Yes N	E 1 15 17 21	CASING HEIGHT (circle appropriate box
		and enter casing height)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	H 23 24 26 30 32 36 S	49 LAND SURFACE
WHEN THIS WELL WAS COMPLETED  ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below
P TEST WELL CONVERTED TO PRODUCTION WELL	E	1 1-11-
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN		LATITUDE 3 1 . 1 5 11 7 LONGITUDE 76 . 92 66 2
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	OF SCREEN INCH)	(DEFAULT COORD. WGS 84)
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	56 60 from to	Pursuant to \$10-624 of the State Govt. Article of
DRILLERS LIC. NO. 1 M-5 D 6 2 2 1	GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant
harry Many	IF WELL DRILLED WAS FLOWING WELL	to COMAR 26.04.04. Failure to provide the info.
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68	may result in this form not being processed. You have the right to inspect, amend, or correct this
LIC. NO.1 D 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 1	T (E.R.O.S.) W Q	Information Act. This form may be made available on the Internet via MDE's website and is
CITE CUREDVICOR (	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.
	COUNTY	

D .	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
B 1	64978 (MDE USE ONLY)		MARTLAND ERMIT TO DRILL WELL	HO_ 70_0157-
-	./4	-1 6 6	se type	70 79
1 2	2 3 6	OTUTES PIECES	se type	fill in this form completely
1	Date Received (APA)		B 3	LOCATION OF WELL
,	OF 10 FOR	RMATION	House	art
٤	MM DD YY 13	,	8 COUNTY	21
L	11104114 0	eorgia		
1	15 Last Name Owner	First Name 34	23 SUBDIVISION	42
L	1191321 me KI	n Kali		
3	Street or RFD	55	SECTION 44 46	LOT
l	FUITOR MO	20159	Fulton	MD, 20759
	70 State	72 Zip 76	52 NEAREST TOWN	71
	DRILLER INFORMATION			
ı	Larry Marga	M 5 D 0 2 7	5141	
1	Driller's Name	6 License No. 81	B 4	7 1 2 2 2 2 1
ı	Mayne well I rel	less LACI	SOURCES OF DRILLING WATER	Alme Miln Red,
1	Firm Name	,21771	1. Well	11 STREET ADDRESS 30
1	6501 BUTTAIDED.	AltiHiry mo,	2. 4/10/22	ON WHICH SIDE OF ROAD
,	Address		3. 1/18/22	(CIRCLE APPROPRIATE BOX)
l i	Farry + Heure "	8-15-24	+ 700 1 1	WESTGLES
	Signature	Date	growt Climent	34 Z 5 37 SOUTH
В	2 WELL INFORMATION	5		DISTANCE FROM ROAD
1	2 APPROX. PUMPING RATE - (GAL. PER MIN.)	8 12		ENTER FT OR MI 38 39
	AVERAGE DAILY QUANTITY NEEDED	500		TAX MAP: BLK: PARCEL
	(GAL. PER DAY) 14	20		
	USE FOR WATER (CIRCLE AF	PPROPRIATE BOX)		D BE FILLED IN BY DRILLER
	DOMESTIC POTABLE SUPPLY & RESIDE	ENTIAL	HEALT	H DEPARTMENT APPROVAL
	IRRIGATION		1 1 1 2 1 2 1 3	
	F FARMING (LIVESTOCK WATERING & AG	GRICULTURAL	COUNTY NAME	COUNTY NO.
		ING	STATE	OCCUPATION.
22		ing	SIGNATURE	INSERT S 41
ı			DATE ISSUED	Marshala.
	T TEST, OBSERVATION, MONITORING		43 MM DD YY 48	CO SIGNATURE T EXP. DATE
	O OPEN LOOP GEOTHERMAL		45 MM DD 11 46	CO SIGNATORE / EAT. DATE
	C CLOSED LOOP GEOTHERMAL		DON: 04/14/2022	DOG . 4/15/22 DOI
			PROPOS	SED LOCATION OF WELL ON LOT
1	APPROXIMATE DEPTH OF WELL	) O J FEET		JCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM
	24	28		MARKS AND INDICATE NOT LESS THAN TWO
	APPROXIMATE DIAMETER OF WELL	NEAREST INCH	DISTAN	ICE MEASUREMENTS TO WELL
		IIION	-	72.9
	METHOD OF DRILLING	(circle one)		1 01
	BORED (or Augered) JETTED	Jetted & DRIVEN	LIMP	Kiln Rati
30	AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	4 4 1	
37	CABLE REVerse-ROTary	DRive-POINT		X WEIT
1	other	-	04/14/2022 4	12
$\vdash$		ENED WELLS	BRELIGI	1
1	REPLACEMENT OR DEEPI (CIRCLE APPROPRIATI		0 7	F
1	N THIS WELL WILL NOT REPLACE AN EXIST		165' Hon	9
17	THIS WELL WILL DEDLACE A WELL THAT			3
1	ABANDONED AND SEALED			
1	S THIS WELL WILL REPLACE A WELL THAT			4
39	AS A STANDBY-CONTACT LOCAL APPROV	VING AUTHORITY		suant to § 10-624 of the State Govt. Article of the
1	THIS WELL WILL DEEPEN AN EXISTING W	/FIL	Mar	ryland Code, personal info requested on this for
1	PERMIT NUMBER OF WELL TO BE REPLACED O		26.0	sed in processing this form pursuant to COMAF 4.04. Failure to provide the info may result in
	(IF AVAILABLE) 41	<b>–</b> 52	this	form not being processed. You have the right to
$\vdash$			_ ▲ insp	ect, amend, or correct this form. The Maryland
1	Not to be filled in by driller (MDE OR C	COUNTY USE ONLY)		partment of the Environment is subject to the yland Public Information Act. This form may be
1	APPROP. PERMIT NUMBER	G	mac	le available on the Internet via MDE's website ar
1	TOTAL TERMIT NOWIDER		is su	ibject to inspection or copying, in whole or in pa
1	PERMIT No.	-10-0156	by t	he public and other governmental agencies, if n
_	70 71	72 73 74 75 76 77 78 79	l prot	tected by federal or State Law.
1	SPECIAL CONDITIONS			€





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 <u>prior to 9 am on the day of the desired inspection.</u> 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) <u>and COMAR 26.04.04 (MD Well Construction Regulations)</u>. <u>Submission of a complete form is required prior to Use and Occupancy approval.</u>

complete form is required prior to Use and Occupancy approval.					
Company Name: Zepp Plumbing Telephone #: 410.531.67,2  Address: 5820 CL RRSVILLE SQ. DR.  CURRISVILLE, MD. 21029  Must circle one: Cicensed Plumber Licensed Well Driller / Licensed Well Pump Installer  License # and name of individual responsible for the field installation:  Name (Print): EDGAR W. ZGPP, L. License# 7021 MD ST. MASTERS.  *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. Unlice individuals may be reported to the appropriate licensing agency.					
Name of Property Owner: Neil Collins Telephone #: 301-483-9401 Subdivision: Lot #: Well Tag #: HO-20-0156  Site Address: 11913 LIME KILN RD.  Fulton, Md. 20759					
Submersible Pump Data Make: GOULDS Make: BII + Two piece watertight cap: Model #: OS505422 Model #: P-100-SS. Screened, vented well cap: Pump Capacity 500M Well Yield: GPM NSF/WSC approved: Conduit min 18" B.G.: 24" Depth of well encountered at time of pump installation: 100 (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	Well=180 1 20=160 1 10 + to Static				
Piping to house Type: 1" Poly PSI: 100 (160 psi min) Depth of supply line: (36" min)  House Connection PVC sleeve to undisturbed soil at wall penetration: Length of sleeve (5") minimum from foundation): Length of sleeve sealed properly: ferror 2% / "					
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 <u>cannot</u> be accomplished, contact this office for approval prior to installation.					
Signature of company representative responsible for installation $\frac{4/29/22}{\text{date}}$					
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	re: Upper termin.  Well casang inctured w/ both  the corrected  efore FCOP.				
(Revised form 10/24/2018)  Well e 12 gpm	rected as f 5/9/22				

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

## 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:

Subdivision/Property Name	Lot#	11913 Lime Road Name	Ki'In Ra
The well site has been staked by 7/2 (professional land surveyor or con on 2-15-22 (date)	mpany employin	g professional land sur	kC, veyors)
☐ The well driller, builder or property ow time to meet in the field to verify the prop		Vat	to schedule a
This sheet, along with two copies of an acgreen well permit application.	cceptable well s	site plan, must be atta	ched to the

Revised 9/20/21

de Margh rook pook 4 28 22



5/9/22 - casing repaired

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

1800 Washington Blvd.,	Baltimore, Maryland	21230 (410) 537-3784		
WATER WELL ABAN	DONMENT-SEALIN	**************************************	******	*********
************************************	*******	*******	*******	*******
SUBMIT COPIES OF COMPLETED FORM TO:				
* COUNTY ENVIRONMENTAL AGENCY (contact MDE	, WMA if address n	needed)		
<ul><li>WELL OWNER</li><li>MDE, WATER MANAGEMENT ADMINISTRATION, V</li></ul>	WELL PROGRAM			
DATE WELL ABANDONED: 5-18-20	22— (month/c	day/year)		
* PERMIT NUMBER OF ABANDONED WELL (if any)		None -		
* PERMIT NUMBER OF REPLACEMENT WELL:		HO - 2	20 – 0	156
* PERSON ABANDONING WELL: harry	naya WELL	DRILLER'S LICENSE NUM	MBER: 02	7
* OWNER'S NAME: Beorgia Moyha		CIRCLE: M	WD/MSD/M	<u>IGD</u>
		SITE LOCA	ATION MAP	
* WELL LOCATION: COUNTY: Howard			14.216	
NEAREST TOWN: Fulton M. 20	759		/	
TAX MAPBLOCKPARCEL		11 11 01	1 / >	
SUBDIVISION:LOT:		Lime Kilned	18	
STREET ADDRESS: //9/3 Lone Kilm	Rd	HOUS &	a de	
	,	×nn	1	
LATITUDE 3 9. 1 5 0 98 _	L	well	12	
LONGITUDE 7 6. 9 2 6 6 2	_	LOG OF SEALI	NG MATERIA	L
	н	MATERIAL	FI	EET
	-	,	FROM	ТО
* TYPE OF WELL BEING ABANDONED:		Cement	0	49
DRILLEDJETTED				8 - 8
BORED HAND DUG				
OTHER (specify)	- F22			
eta <sub>n</sub> ,				
* USE CODE:				
DOMESTICMUNICIPAL/PUEIRRIGATIONINDUSTRIAL	BLIC			
TEST/OBSERVATIONGEOTHERMAL		the same that I have		to toler or
		VOLUME OF M	ATERIAL USED	)
* TYPE OF CASING:STEELPLASTIC		panera 51418	WATERG	n = 0//40
CONCRETE — PLASTIC — OTHER (specify)	4	001105 11110		0
		Pursuant to § 10-624 of th Maryland Code, personal		
		is used in processing this f	form pursuant to	COMAR
SIZE OF CASING: INCHES IN DIAMETER		26.04.04. Failure to provide this form not being proces	sed. You have the	right to
DEPTH OF WELL: 49 FEET DEEP		inspect, amend, or correct Department of the Enviror	nment is subject to	o the
		Maryland Public Informat made available on the Inte	on Act. This form rnet via MDE's v	n may be vebsite and
WAS ANY CASING REMOVED?YESNO	is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not			
If yes, length removed, in feet:		protected by federal or Sta	te Law.	cies, ii not
WAS CASING RIPPED OR PERFORATED? YES N	0			
Karry Maine	100	MWD / MSD / M	GS 1-	-220

DATE

CIRCLE ONE

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#