



HOWARD COUNTY HEALTH DEPARTMENT

70964

DATE 7/15/22

Received From

PHONE #

For

☐ CASH

☐ CHECK

NO.

Dollars

\$

Received By

C 1 69109		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN CG S. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 3-14-22		Depth of Well 22 125 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-20-0154	
ST/USE ONLY DATE Received MM DD YY 03-18-22		OWNER last name first name MURPHY, Mildred		TOWN mt. Airy		COUNTY NUMBER	
WELL SITE ADDRESS		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) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 600 GALLONS OF WATER 300 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)			
DESCRIPTION (Use additional sheets if needed)				C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.4 METHOD USED TO MEASURE PUMPING RATE 1902 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 42 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 1207			
FEET FROM TO check if water bearing				CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 65'			
Clay 0 7 Soft brown 7 40 Mud/Sand 40 47 Quartz Gray 47 75 Fracture 75 77 ✓ Gray 77 90 Fracture 90 91 ✓ Gray 91 125				OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING			
NUMBER OF UNSUCCESSFUL WELLS: 0				SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			
WELL HYDROFRACTURED Y N				PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)			
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				LATITUDE 39.349811 LONGITUDE 77.173298 (DEFAULT COORD. WGS 84)			
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.				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.			
DRILLERS LIC. NO. M 5D 224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	SEQUENCE NO. (MDE USE ONLY) 57109104	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 20 - 0154 <small>fill in this form completely</small>
1 2 3 6	Date Received (APA) 02/13/22 8 MM DD YY 13 15 Last Name Owner First Name 34 707 Ridge Rd 36 Street or RFD 55 57 Town 70 State 72 Zip 76 OWNER INFORMATION Murphy Mildred 707 Ridge Rd Mt. Airy Md 21771		
DRILLER INFORMATION Andrew Hausman M SD 2224 Driller's Name 76 License No. 81 Fogle Well Drilling, LLC Firm Name P.O. Box 202 Woodbine Md 21797 Address 2-9-22 Signature Date		B 3 LOCATION OF WELL Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 NOT Airy	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		B 4 SOURCES OF DRILLING WATER 1. wellwater 2. 707 Ridge Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 18 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 0001 BLK: 0020 PARCEL 0034	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 02/23/22 43 MM DD YY 48 CO SIGNATURE DATE EXP/DATE DN: 3/1/22	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 3/1/22 - 2:02 pm - Driller still setting up	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		100' 18 ft 30' House 100' Septic Prop well 27 100'	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. HO-20-0154 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NA, CL AND TDS SAMPLES REQUIRED <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Date: March 10, 2022

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-20-0154

Location of Property: 707 Ridge Rd Mt. Airy, Md 21771

Well Driller/Tech: Fogles Andrew Houseman MSD224 **Owner:** Mildred Murphy

Depth of Well: 125' **Casing:** 65' of 6" Steel Casing **Pump Depth:** 120'

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

Static water level (S.W.L.) below M.P.: 35'

High-rate pumping –reservoir Drawdown

Time pump started: 9:00 **Pumping rate:** 15

Total time 15 mins to reach pumping water level 42 ft. below M.P.

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

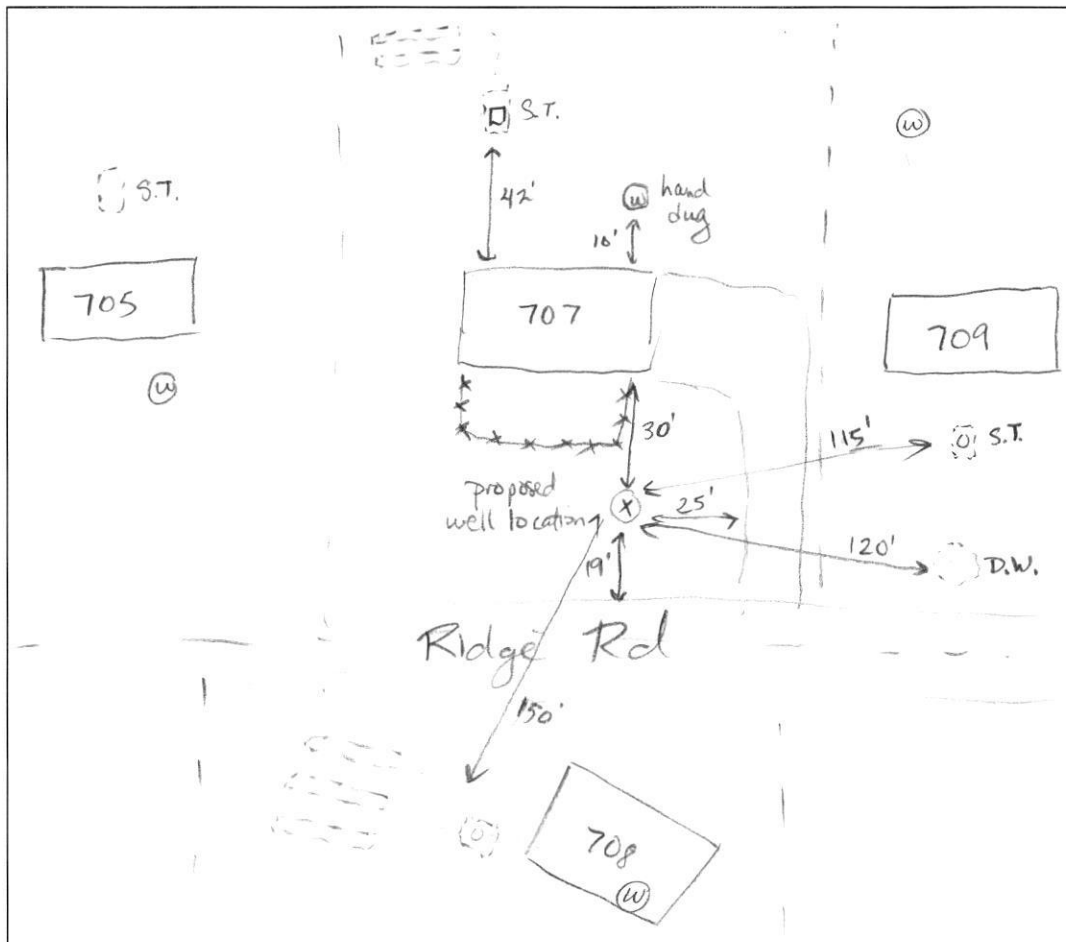
[illegible]

SITE INSPECTION SHEET

OWNER: Mildred Murphy PHONE #: _____
ADDRESS: 707 Ridge Rd CONTRACTOR: Fogles
Mt Airy, MD 21771 WELL TAG #: hand dug
SUBDIVISION: _____ LOT: _____ COUNTY #: 13

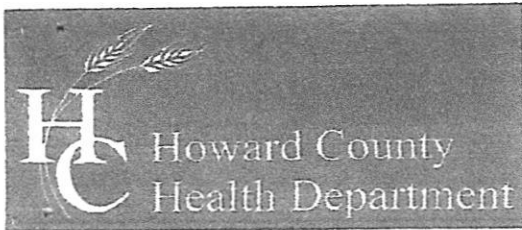
PROPOSAL: hand dug well (40' deep, no casing) takes in groundwater and mud in drilling replacement well

LOCATION DIAGRAM



COMMENTS: Confirmed locations of neighbor's wells and septic.
No underground contamination sources according to owner.
Proposed well location meets all setbacks. Septic across the
street at 708 Ridge Rd is in swale, downgrade of location.

DATE: 2/23/22 INSPECTOR: Juan 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

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 # 707 Ridge Rd
Road Name

- ☐ The well site has been staked by Andrew Houseman (Driller)
(professional land surveyor or company employing professional land surveyors)
on 2-9-22 (date) and does not require a site inspection.
* Andy can meet on site if you need him too *
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

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.

Company Name: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 1535
Address: JPO Box 63
Woodbine MD 21797

Must circle one: ☒ Licensed Plumber / ☐ Licensed Well Driller / ☐ Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): DAVID C Foales License #: MS0226

*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: John Deavers Telephone #: 240-549-3988
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0154
Site Address: 707 Ridge Rd
MT. Airy MD 21771

Submersible Pump Data

Make: Goulds
Model #: 7H505421
Pump Capacity: _____
Well Yield: 15+
Depth of well encountered at time of pump installation: 125 (feet)

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 restrictors / ☐ Cable guards / ☐ Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Pitless Adapter

Make: Campbell
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
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.

Signature of company representative responsible for installation: [Signature]

date: 3/22/2022

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

Date Insp. Requested: 03/22/2022 Date Insp. Approved: 03/22/2022 Inspector: [Signature]

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
☒ 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
☒ Adequate grout observed below pitless adapter

36" 03/22/2022 [Signature]
27" 03/22/2022 [Signature]
14" 03/22/2022 [Signature]

(Revised form 10/24/2018)

03/22/2022

TIED IN TO EX WL.



State of Maryland
Department of Health
Laboratories Administration
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD

Division of Environmental Sciences
TRACE METALS LABORATORY

COLUMBIA, MD 21045

Date Collected: 03/14/2022

Date Received: 04/20/2022

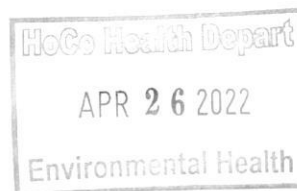
Submitted By: Cabahug

Comments: Na

Field ID: HoJC0154NA

Lab No: E2201027701

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Sodium (Na)	EPA 200.7	1.0	20.0	360	ppm	04/21/2022



Approved by:

Syed A. HAS

Approval date: 04/25/2022

Samples are tested as received

**The following methods are included in our A2LA Scope of Accreditation: EPA 340.2, EPA 200.8, EPA 245.1

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-4596 and arrange for return or destruction.

Contact information for Questions: Telephone: (443) 681-3853 Fax: (443) 681-4507

Send Report To:

State of Maryland
MDH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045



E2201027701

Rec'd: 04/20/2022

Metals - HoJCO154NA

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOJCO154NA Site Name: _____ County: Howard

Sample Source: 707 RIDGE ROAD MT AIRY Collector: CABAHUG 001997
Street Town or City Name

Date Collected: 03/14/2022 Time Collected: 0900 a.m. / p.m. Phone #: 410 313 7643

Sample Preserved By: ☒ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ 12 mL pH: 5 pH: <2
(field use only) (lab use only) 04-20-22

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☒ ☐ Non-Community ☐ Sediment ☐ Other _____
☐ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: YIELD - REF WELL

*Place a ☒ by the element(s) requested for testing

<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
<input checked="" type="checkbox"/>	Sodium (Na)	<u>PS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

HoCo Health Depart

APR 26 2022

Environmental Health

Lab Supervisor: _____

Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507

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

MEMORANDUM

September 1st, 2021

Home Owner

RE: **Replacement Well Sampling**
707 Ridge Road
Mount Airy, MD 21771
Well Permit # HO-20-0154

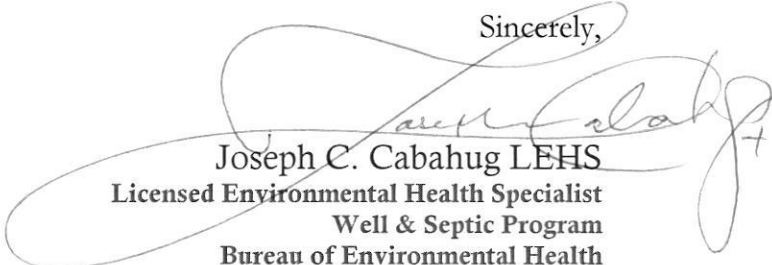
Dear Homeowner:

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.

Sincerely,



Joseph C. Cabahug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health