



HOWARD COUNTY HEALTH DEPARTMENT

05 31974

10 / DATE 28 / 09

Received
From

Frogles Well & Valley

PHONE #

☐ CASH

☒ CHECK

NO.

11877

For

Well Permit Application

3115 Sykesville Rd

TM 22 BLK H Parcel 119

One hundred sixty and 00/100

Dollars

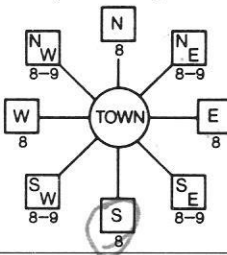
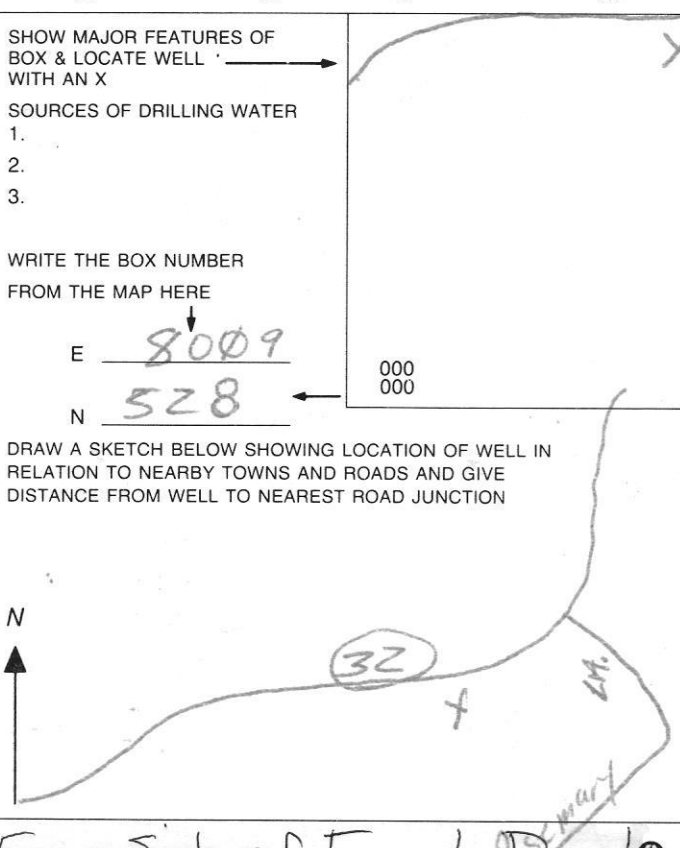
\$

160 / 00

Received By

Mary L Briggs

| | | | | |
|--|-------------|--|--|--|
| C1 | 9040 | 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 COLS. 3-6 ON ALL CARDS) | | | | |
| ST/CO USE ONLY DATE Received MM DD YY 8 13 | | DATE WELL COMPLETED MM DD YY 12 28 09 | | Depth of Well 22 250 26 2/17/2010 (TO NEAREST FOOT) |
| PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1848 | | | | |
| COUNTY NUMBER | | | | |
| OWNER STREET OR RFD SUBDIVISION | | | | |
| last name first name 315 Sykesville rd. Gary TOWN West Friendship SECTION LOT | | | | |
| WELL LOG Not required for driven wells | | GROUTING RECORD | | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| DESCRIPTION (Use additional sheets if needed) | | TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> | | |
| FEET FROM TO check if water bearing | | NO. OF BAGS 45 46 28 NO. OF POUNDS 45 46 2037 | | |
| Brown Shale 0 60 | | GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface) | | |
| Gray Limestone 60 250 | | CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| | | MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 06 168 60 61 63 64 66 70 | | |
| | | OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G | | |
| | | SCREEN RECORD screen type or open hole insert appropriate code below STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| NUMBER OF UNSUCCESSFUL WELLS: 0 | | C2 DEPTH (nearest ft.) 1 2 40 68 250 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to | | |
| WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 | | |
| 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 | | 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 | | |
| DRILLERS LIC. NO. 1 M S D 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D | | PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE 190 L. WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 114 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 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 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 01 (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) Sykesville rd House 30' 100' well septic | | |

| | | | |
|---|--------------------------------|--|--|
| B 1 9510 <small>1 2 3 6</small> | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531974 please type | STATE PERMIT NUMBER 40-95-1848 <small>70 79</small> fill in this form completely |
| Date Received (APA) <small>8 MM DD YY 13</small> Unverzagt Gary <small>15 Last Name Owner First Name 34</small> 3115 Sykesville Rd. <small>36 Street or RFD 55</small> West Friendship MD 21794 <small>57 Town 70 State 72 Zip 76</small> | | B 3 LOCATION OF WELL Howard <small>8 COUNTY 21</small> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 West Friendship <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 <small>73 76 77 78</small> | |
| DRILLER INFORMATION Allen Compton M S D 009 <small>76 License No. 81</small> Fogles Well Drilling <small>Firm Name</small> 6003 Woodbine Rd. <small>Address</small> Allen Compton 10-27-09 <small>Signature Date</small> | | B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Sykesville rd. Rt. 32 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 250 250 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 4 PARCEL 119 | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL. PER DAY) 14 20</small> | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A528954 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 12/4/09 Brian Baker 12/4/2010 <small>43 MM DD YY 48</small> CO SIGNATURE EXP. DATE NORTH GRID 528 000 EAST GRID 809 000 <small>50 55 57 63</small> | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL | | APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small> | |
| METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other | | 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 8009 N 528 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  | |
| REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52 | | Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 40-95-1848 <small>70 71 72 73 74 75 76 77 78 79</small> | |
| SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Drill Hole 11 30'-35' From Side of Front Porch | | | |

Yield Test Data Sheet

County File # _____
District 4

MD Well Permit # HO-95-1848

Date of Test: 12-28-09

Subdivision Name: _____

Section _____ Lot # _____

Street Address: 3115 Sykesville rd

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 250' ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

| | | | |
|-------------------------------------|-------------------------------------|--|--|
| Pump Start Time <u>12:45</u> | Static Water level <u>35</u> ft. | Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used) | Calculated Flow (gallons per minute) <u>15</u> |
| TIME | WATER LEVEL BELOW M.P. | | |

Water level and pumping rate must be recorded every 15 minutes

| | | | |
|----|--------------|----------------|---------------|
| 1 | <u>12:45</u> | <u>35</u> ft. | <u>15</u> GPM |
| 2 | <u>1:00</u> | <u>91</u> ft. | <u>15</u> GPM |
| 3 | <u>1:15</u> | <u>91</u> ft. | <u>15</u> GPM |
| 4 | <u>1:30</u> | <u>114</u> ft. | <u>12</u> GPM |
| 5 | <u>1:45</u> | <u>114</u> ft. | <u>12</u> GPM |
| 6 | <u>2:00</u> | <u>114</u> ft. | <u>12</u> GPM |
| 7 | <u>2:15</u> | <u>114</u> ft. | <u>12</u> GPM |
| 8 | <u>2:30</u> | <u>114</u> ft. | <u>12</u> GPM |
| 9 | <u>2:45</u> | <u>114</u> ft. | <u>12</u> GPM |
| 10 | <u>3:00</u> | <u>114</u> ft. | <u>12</u> GPM |
| 11 | <u>3:15</u> | <u>114</u> ft. | <u>12</u> GPM |
| 12 | <u>3:30</u> | <u>114</u> ft. | <u>12</u> GPM |
| 13 | <u>3:45</u> | <u>114</u> ft. | <u>12</u> GPM |
| 14 | <u>4:00</u> | <u>114</u> ft. | <u>12</u> GPM |
| 15 | | ft. | GPM |
| 16 | | ft. | GPM |
| 17 | | ft. | GPM |
| 18 | | ft. | GPM |
| 19 | | ft. | GPM |
| 20 | | ft. | GPM |
| 21 | | ft. | GPM |
| 22 | | ft. | GPM |
| 23 | | ft. | GPM |
| 24 | | ft. | GPM |
| 25 | | ft. | GPM |
| 26 | | ft. | GPM |
| 27 | | ft. | GPM |
| 28 | | ft. | GPM |
| 29 | | ft. | GPM |
| 30 | | ft. | GPM |

**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 - 95-1848
Site Address: 3115 Rt. 32

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

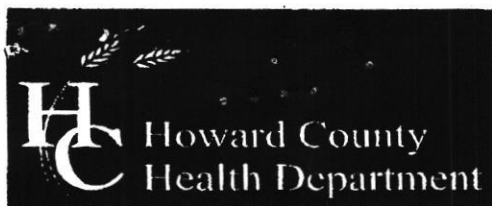
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: _____ Date Insp. Approved: OK 7/27/10
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 ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., 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:

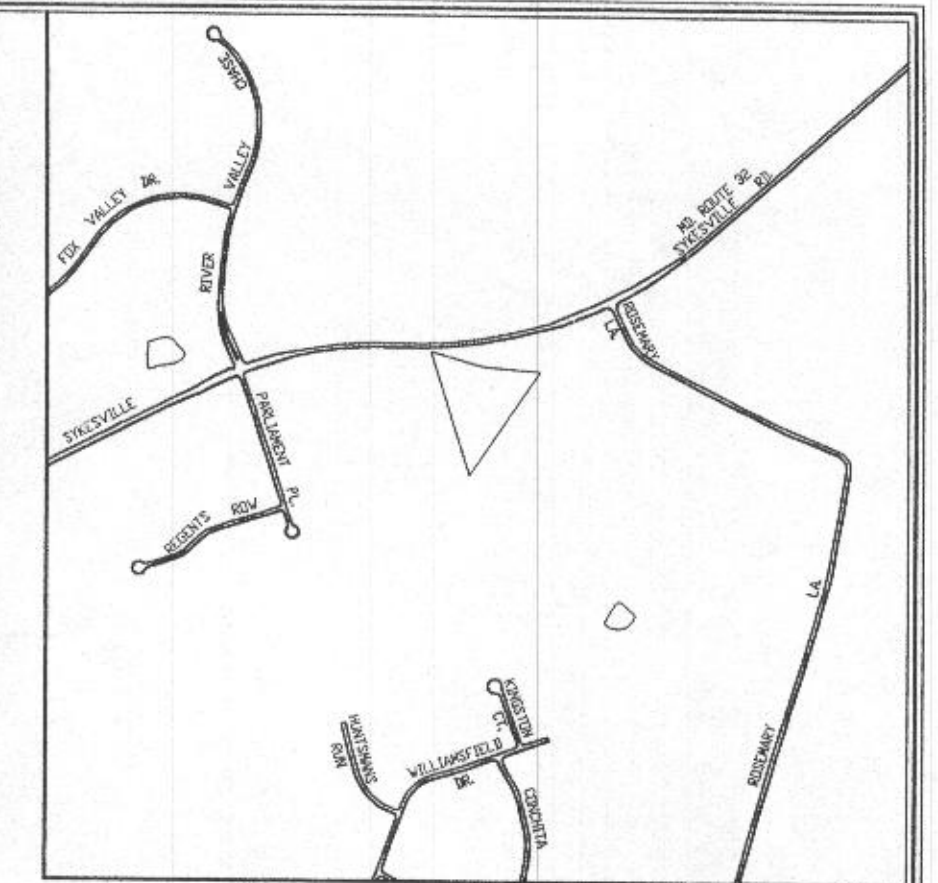
3115 Sgt. Sullivan Rd 1732
Subdivision/Property Name Lot# Road Name

- ☐ The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.
- ☒ 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.

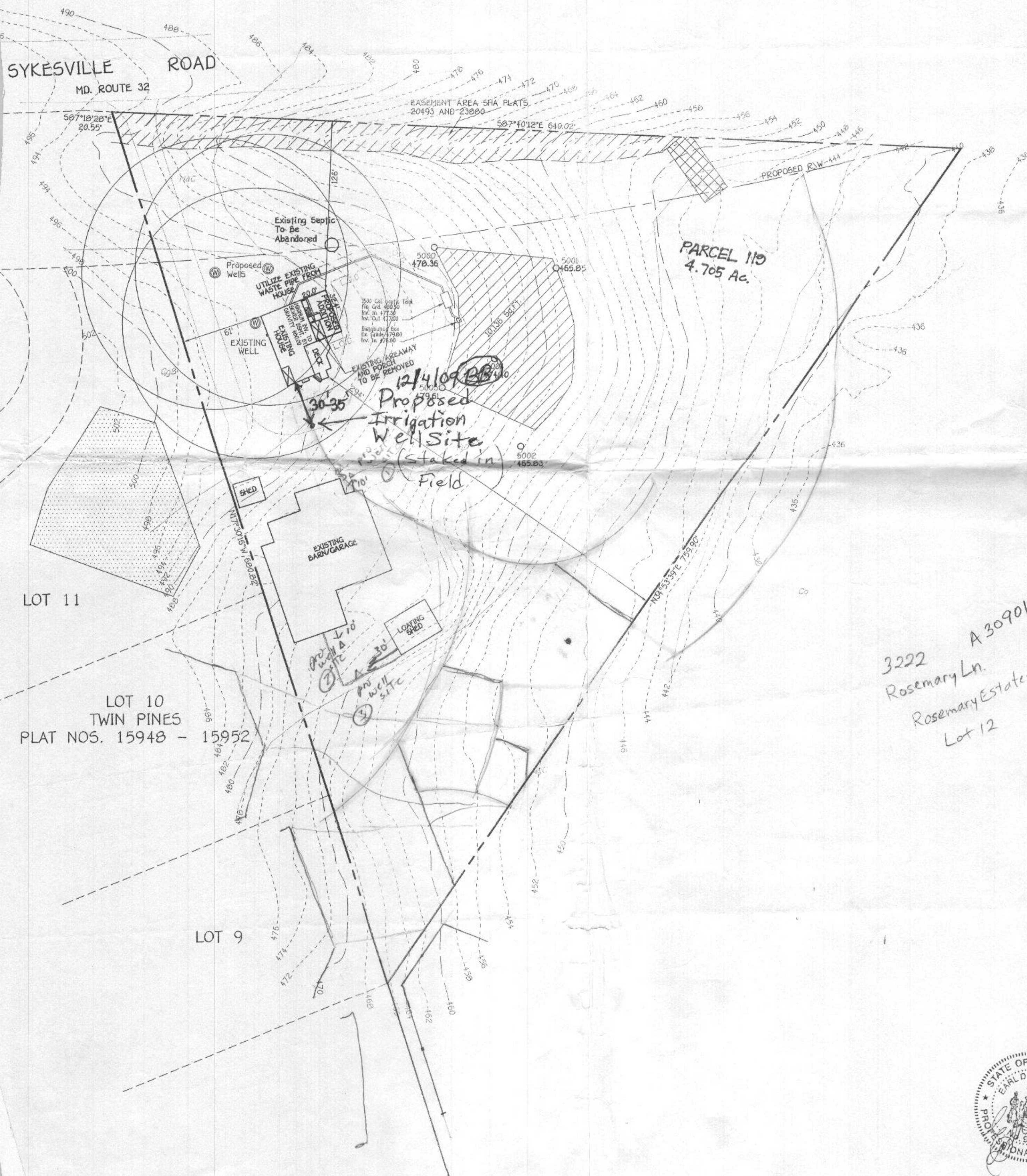
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

| LEGEND | |
|---------|------------------------------|
| SYMBOL | DESCRIPTION |
| --- | EXISTING CONTOUR 2' INTERVAL |
| --- | PROPOSED ELEVATION |
| +490.5 | SPOT ELEVATION |
| -SF-SF- | SILT/TREE PROTECTION FENCE |
| LOD | LIMITS OF DISTURBANCE |
| -TP-TP- | TREE PROTECTION FENCE |
| -SF-SF- | SILT/TREE PROTECTION FENCE |
| --- | EXISTING TREES TO BE SAVED |
| --- | DIRECTION OF DRAINAGE |
| -SD-SDF | SUPER DIVERSION FENCE |



VICINITY MAP
SCALE: 1" = 1200'



GENERAL NOTES:

- SUBJECT PROPERTY ZONED RR-DEO.
- TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY GIS TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL.
- BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.
- ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
- DEED REFERENCE LIBER 223 FOLIO 169.
- AFTER COMPLETION OF THE PLANNED ADDITION, THE RESIDENCE WILL HAVE ABOUT 3000 SQ. FT. OF LIVING AREA, REQUIRING A 1500-GALLON SEPTIC TANK. THE EXISTING SEPTIC TANK AND DRY WELL ARE TO BE ABANDONED, AND THE REPLACEMENT SEPTIC TANK AND DRAINFIELD INSTALLED DURING CONSTRUCTION OF THE PROPOSED ADDITION. A CONDITION WILL BE ASSIGNED TO THE BUILDING PERMIT REQUIRING INSTALLATION PRIOR TO FINAL INSPECTION.
- THE WELL IS TO BE UPGRADED PRIOR TO APPROVAL OF THE BUILDING PERMIT APPLICATION. THE STEEL CASING IS TO BE EXTENDED TO A HEIGHT OF AT LEAST 8 INCHES ABOVE THE SOIL SURFACE. IT IS TO HAVE A 2 PIECE CAP WITH A TIGHTLY FITTED ELECTRICAL CONDUIT THAT EXTENDS TO AT LEAST 18 INCHES BENEATH THE SOIL SURFACE. A FITLESS ADAPTER IS TO BE INSTALLED AT NO LESS THAN 36 INCHES DEPTH.
- LIMIT OF DISTURBANCE: 2065 SQ. FT.



PLOT PLAN 3115 SYKESVILLE ROAD MARYLAND ROUTE 32

TAX MAP #22
3RD ELECTION DISTRICT
SCALE: 1"=50'

GRID: 4

PARCEL: 119
HOWARD COUNTY, MARYLAND
DATE: SEPTEMBER 10, 2008