



# HOWARD COUNTY HEALTH DEPARTMENT

05 31974

DATE  
10 / 28 / 09

Received  
From

*Frogles Well & Valley*

PHONE #

For

*Well Permit Application*

CASH

CHECK

*3115 Sykesville Rd*

NO.

*11877*

*TM 22 BLK H Parcel 119*

*One hundred sixty and 00/100*

Dollars

\$

*160* <sup>*00*</sup>/<sub>*—*</sub>

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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 12 28 09

Depth of Well 22 250 26 2/17/2010 (TO NEAREST FOOT) O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1848

OWNER UNYCRZAGT GARY STREET OR RFD 315 Sykesville rd. TOWN West Friendship SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown Shale (0-60), Gray Limestone (60-250).

GROUTING RECORD yes no (Y) (N) 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 28 NO. OF POUNDS 2037

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) PL 06 108

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (ST) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

DEPTH (nearest ft.) 1 2 40 68 250

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

C 3 1 2 PUMPING TEST

HOURS PUMPED (nearest hour) 03 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE 190 L. WATER LEVEL (distance from land surface) BEFORE PUMPING 35 17 20 ft. WHEN PUMPING 114 22 25 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

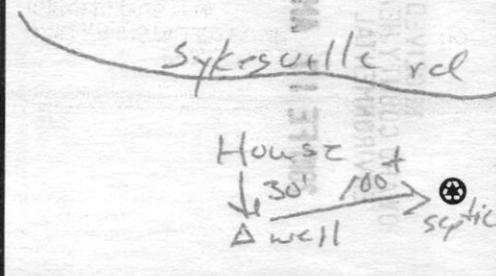
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)

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 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 ( ) below LAND SURFACE 01 (nearest foot) 50 51

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

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. 1 M S D 009 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)

B 1 9510

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531974 please type

STATE PERMIT NUMBER 40-95-1848 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Unverzagt Gary

3115 Sykesville Rd.

West Friendship MD 21794

B 3

LOCATION OF WELL

Howard COUNTY

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

West Friendship NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Allen Compton M S D 009

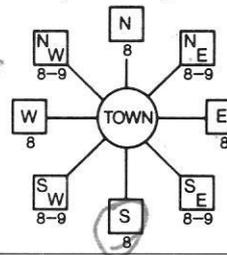
Foghts Well Drilling

6003 Woodbine Rd.

Allen Compton 10-27-09

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville rd. Rt. 32

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

250 250

DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 22 BLK: 4 PARCEL 119

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

- USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING [I] INDUSTRIAL [P] PUBLIC WATER SUPPLY WELL [T] TEST [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A528954 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/4/09 Brian Baker 12/4/2010

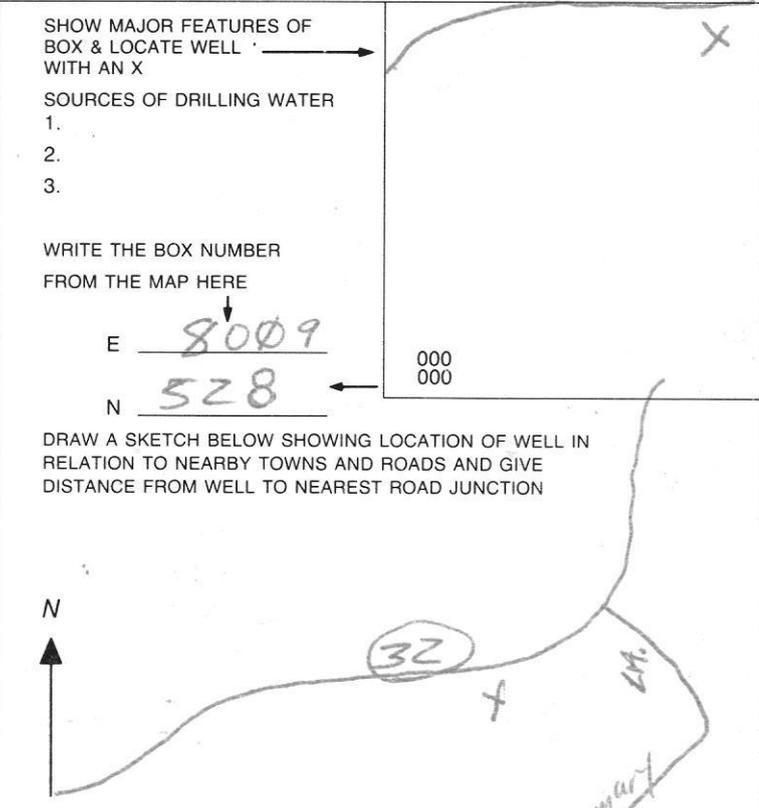
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS [D] THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 40-95-1848



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Drill Well 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

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

**NOTES:**

**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: 2115 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**

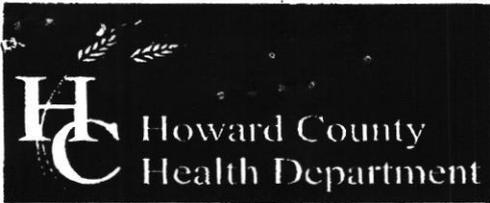
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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 (Signature) 2/27/10  
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:

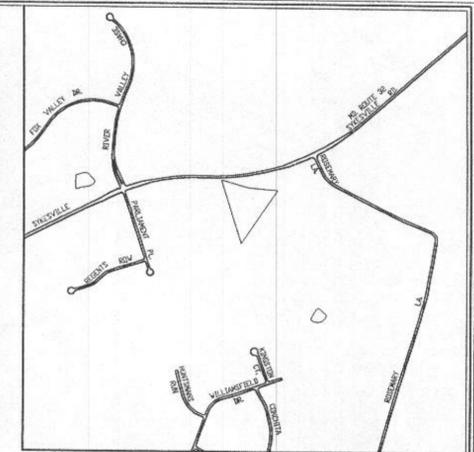
3115      Spruceville Rd      DT 32  
 Subdivision/Property Name      Lot#      Road Name

- 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.

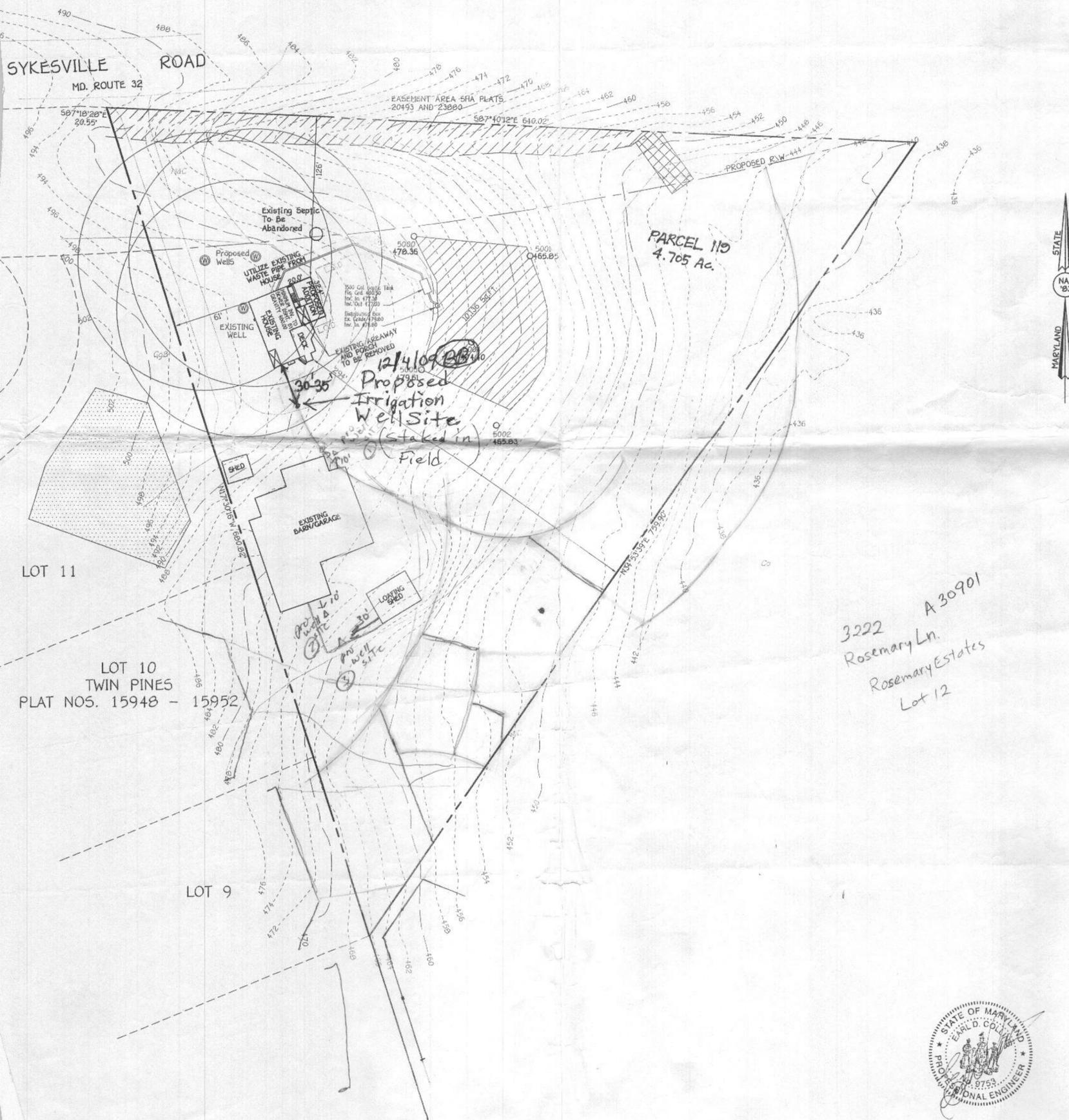
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

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
-SFP-SFP-	SILT/TREE PROTECTION FENCE
~	EXISTING TREES TO BE SAVED
---	DIRECTION OF DRAINAGE
-SDP-SDP-	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: 2865 SQ. FT.



3222 A 30901  
Rosemary Ln.  
Rosemary Estates  
Lot 12



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