

**C 1** 30276 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.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received 07-24-24 DATE WELL COMPLETED 1-16-24 Depth of Well 405 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-23-0109

OWNER Drickell, Susan last name first name TOWN Sylkesville 11P

WELL SITE ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT 1

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	1	
Red Clay	1	10	
Bin Red Clay	10	30	
Bin Rock	30	37	
Bad Rock	37	40	
Grey Rock	40	85	
Broken Rock	85	88	✓
Grey Rock	88	405	

1 Dry Well 400'

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 10 NO. OF POUNDS 250

GALLONS OF WATER 250

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 405 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 405

OTHER CASING (if used)  
EACH CASING 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

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 246 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

NUMBER OF UNSUCCESSFUL WELLS: 1

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 MWD 598  
Walter A Wolf  
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)

**C 2**

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10
8	9	11	15	17	21	23	24	26	30
32	36	38	39	41	45	47	51	53	57

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
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 \_\_\_\_\_  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**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 } (nearest foot)

LATITUDE 39.342667  
LONGITUDE 76.935418  
(DEFAULT COORD. WGS 84)

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.

<b>B 1</b>	72238	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO - 22 - 0109</b> <small>70 fill in this form completely 79</small>
Date Received (APA) 11/21/23		<b>OWNER INFORMATION</b>		
8 MM DD YY 13		15 Last Name: <u>Beaucourt</u> Owner: <u>Susan</u> First Name: <u>Susan</u> 34		
36		Street or RFD: <u>430 Virginia Ave #105</u> 55		
57		Town: <u>Severna Park</u> 70 State: <u>MD</u> 72 Zip: <u>20703</u> 76		
<b>DRILLER INFORMATION</b>		<b>LOCATION OF WELL</b>		
Driller's Name: <u>Wesley A. Wolf</u> 76 License No.: <u>MWD 598</u> 81		8 COUNTY: <u>Howard</u> 21		
Firm Name: <u>Wesley A. Wolf</u>		23 SUBDIVISION: <u>0202</u> 42		
Address: <u>1200 Virginia Ave #105</u>		SECTION: <u>44</u> 46 LOT: <u>48</u> 50		
Signature: <u>Wesley A. Wolf</u> Date: <u>11/20/23</u>		52 NEAREST TOWN: <u>Severna Park</u> 71		
<b>WELL INFORMATION</b>		<b>SOURCES OF DRILLING WATER</b>		
APPROX. PUMPING RATE (GAL. PER MIN.): <u>10</u> 8 12		1. <u>Underground</u> 30		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): <u>1,000</u> 14 20		2. <u>None</u>		
		3. <u>None</u>		
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		11 <u>North</u> 30		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		34 <u>260'</u> 37		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DISTANCE FROM ROAD ENTER FT OR MI 38 39		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		TAX MAP: <u>0202</u> BLK: <u>0202</u> PARCEL: <u>0202</u>		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b>		
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		COUNTY NAME: <u>Howard</u> COUNTY NO.: <u>13</u>		
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		STATE SIGNATURE: _____ INSERT S → 41		
		DATE ISSUED: <u>11/31/2024</u> 43 MM DD YY 48 CO SIGNATURE: _____ EXP. DATE: <u>11/31/2025</u>		
<b>APPROXIMATE DEPTH OF WELL</b> <u>300</u> FEET		DON: <u>11/16/2024</u> DOG: <u>1/29/24</u> DOY: _____		
<b>APPROXIMATE DIAMETER OF WELL</b> <u>6</u> INCH		PROPOSED LOCATION OF WELL ON LOT		
<b>METHOD OF DRILLING (circle one)</b>		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
BORED (or Augered) <u>AIR-ROTary</u> JETTED <u>ROTARY (Hydraulic Rotary)</u> Jetted & DRIVEN				
30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary)				
37 <u>CABLE</u> REVerse-ROTary DRive-POINT		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.		
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b>				
<input checked="" 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 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				
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>				
APPROP. PERMIT NUMBER: _____ G _____				
PERMIT No. <u>HO - 22 - 0109</u> 70 71 72 73 74 75 76 77 78 79				
<b>SPECIAL CONDITIONS</b> <u>Please notify office of drilling grant, &amp; yield</u>				



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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535

Address: P.O. Box 63

Woodbine, Maryland 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): Dave C. Fogle License# MSD226

\*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: NV Homes Telephone #: \_\_\_\_\_  
Subdivision: Brickell Property Lot #: 11 Well Tag #: HO-22-0109 ✓  
Site Address: 1701 Brickell Way  
Marmattsville, MD 2104

Submersible Pump Data

Make: Gaiths

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_

Well Yield: \_\_\_\_\_

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

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 N/A

Pitless Adapter

Make: Campbell

Model#: N/A

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 psi (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve (5' minimum from foundation): 6'

Sleeve sealed properly: yes

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]

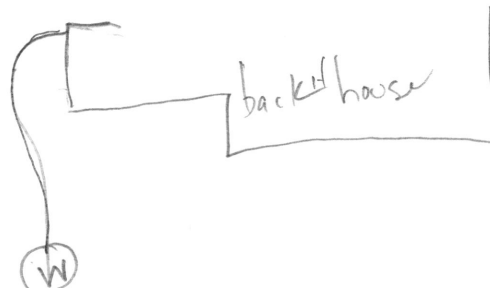
Date: 9/22/2025

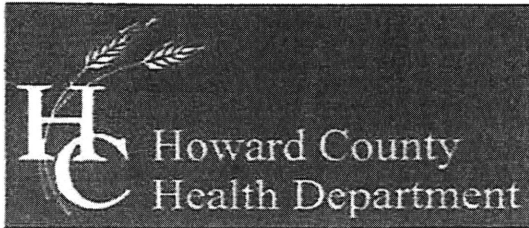
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 9/23/25 Date Insp. Approved: 9/23/25 Inspector: \_\_\_\_\_

- 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 ✓

(Revised form 10/24/2018)





**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:

Bridcell Properties      1-10      Mayapple  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by FCC Engineering  
(professional land surveyor or company employing professional land surveyors)  
on 11/27/23 (date) and does not require a site inspection.

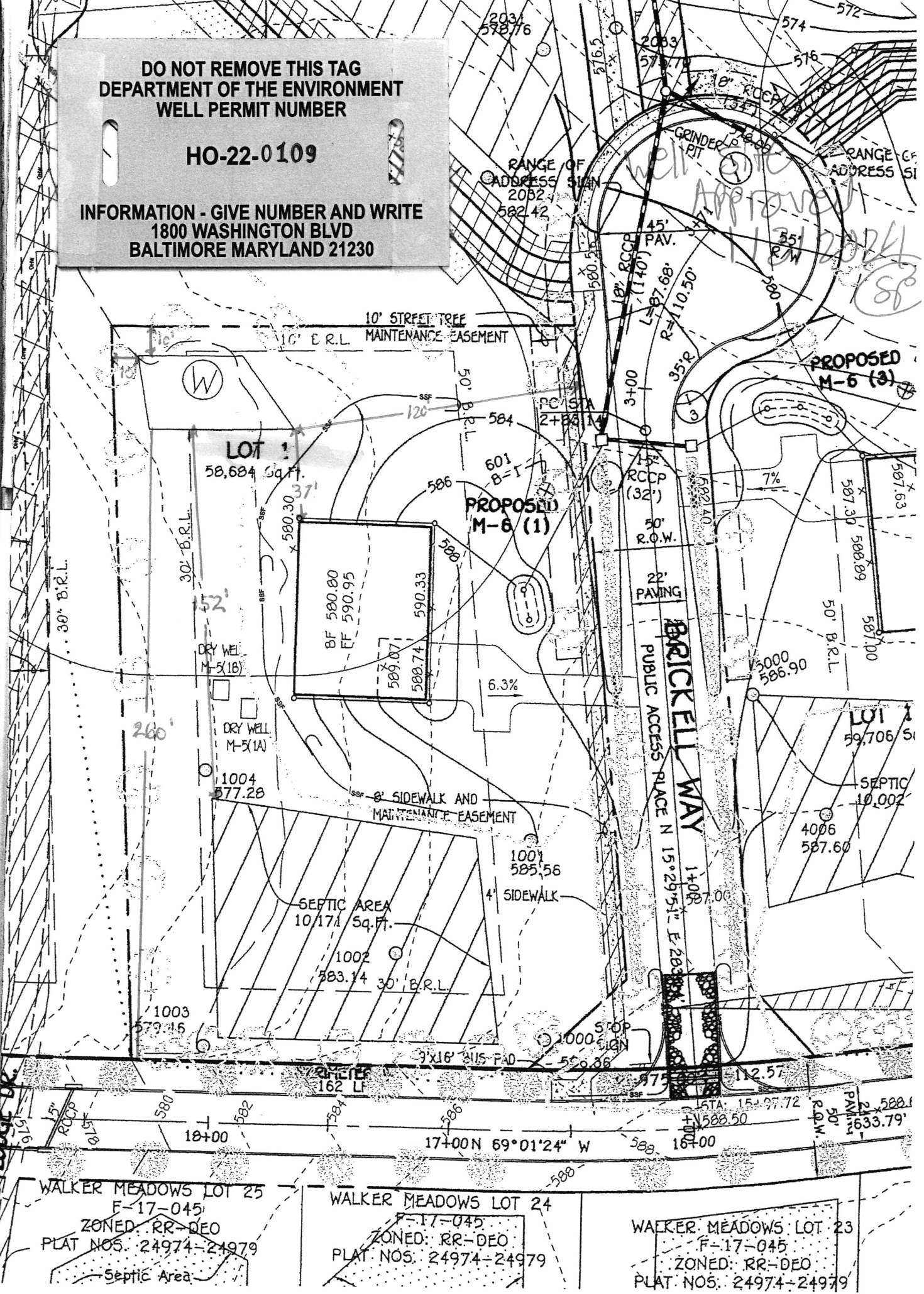
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-22-0109

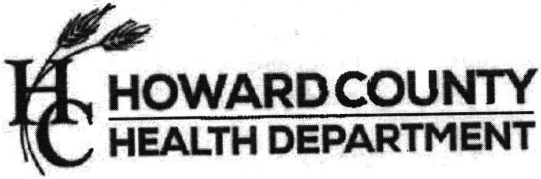
INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230



WALKER MEADOWS LOT 25  
F-17-045  
ZONED: RR-DEO  
PLAT NOS. 24974-24979  
Septic Area

WALKER MEADOWS LOT 24  
F-17-045  
ZONED: RR-DEO  
PLAT NOS. 24974-24979

WALKER MEADOWS LOT 23  
F-17-045  
ZONED: RR-DEO  
PLAT NOS. 24974-24979



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

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – May 13, 2025

November 13, 2025

NV Homes  
1701 Brickell Way  
Marriottsville, MD 21104

**RE: Brickell Property, Lot 11**  
**1701 Brickell Way**  
**Building Permit: B24004756**  
**Well Permit: HO-22-0109**

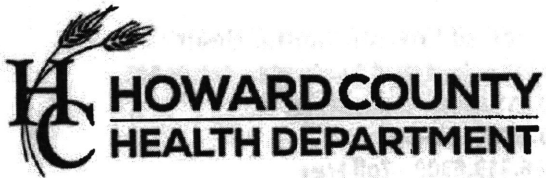
Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/16/2025**. Final approval of the well line connection to the dwelling was granted on **9/23/2025**. The well construction was completed on **1/16/2024**. Water samples were collected on **11/3/2025 & 11/10/2025**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-22-0109. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



**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

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Shepsura Page, LEHS  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 177337 Account #: 1933  
Reference: Brickell Property Lot #11 Client: Fogle's Well Pump & Treatment  
Location: 1701 Brickell Way Requested By: Dave Fogle  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 11/3/2025 1000 Site: Basement Pressure Tank  
Date/Time Rec'd: 11/3/2025 1337 Treatment: N/A  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: B. Ross 3985BR Well #: HO-22-0109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	8.7	MPN/ 100 ml	<1.0	SM20 9223B	11/4/2025 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/4/2025 / 0900 / CRS
Nitrate.	0.97	mg/L (as N)	10	EPA 300.0	11/3/2025 / 1541 / KDR
Turbidity	2.99	NTU	<10	SM2130B	11/4/2025 / 0930 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	11/4/2025 / 0955 / CRS

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B24004756

Date Reported: 11/4/2025

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 177485 Account #: 1933  
Reference: Brickell Property Lot #11 Client: Fogle's Well Pump & Treatment  
Location: 1701 Brickell Way Requested By: Dave Fogle  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 11/10/2025 1235 Site: Pressure Tank  
Date/Time Rec'd: 11/10/2025 1345 Treatment: None  
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 6.3  
Collected By: J. Evans 0309JE Well #: HO-22-0109 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/11/2025 / 0915 / CRS
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/11/2025 / 0915 / CRS

### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B24004756

Date Reported: 11/11/2025

OK MB 8/29/2024

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

111 Surges (Well)

**SUBMIT COPIES OF COMPLETED FORM TO:**

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/25/24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

40 - 22 - 0109

\* PERSON ABANDONING WELL: Wesley Wolfe

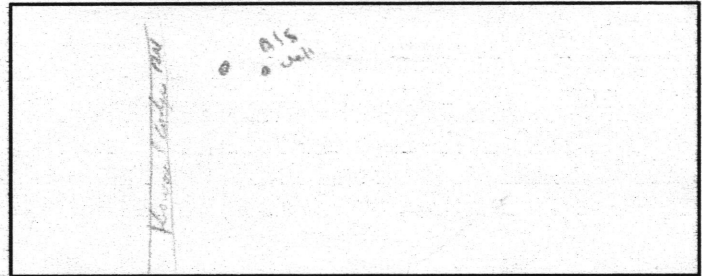
WELL DRILLER'S LICENSE NUMBER: MWD 598

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Brickell, Susan

**SITE LOCATION MAP**

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Sylesville  
 TAX MAP 10 BLOCK \_\_\_\_\_ PARCEL 234  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: Maryapple Rd



LATITUDE 3 6 . 2 4 2 6 9 2

LONGITUDE 7 6 . 9 3 5 4 2 1

**LOG OF SEALING MATERIAL**

MATERIAL	FEET	
	FROM	TO
<u>Benlon 6 622 L</u>	<u>0</u>	<u>405</u>
VOLUME OF MATERIAL USED		
<u>600 gal.</u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 BORED \_\_\_\_\_ HAND DUG \_\_\_\_\_  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_  
 PLASTIC \_\_\_\_\_  
 CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED?  YES \_\_\_\_\_ NO

Wesley A Wolfe MWD 598  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 1/25/24  
 CIRCLE ONE DATE

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OK MB 8/29/2024

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

UM Success Well

**SUBMIT COPIES OF COMPLETED FORM TO:**

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/25/24 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

40 - 22 - 0109

\* PERSON ABANDONING WELL: Wesley Wolfe

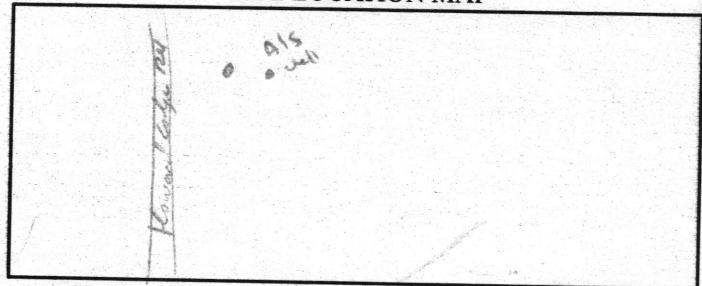
WELL DRILLER'S LICENSE NUMBER: MWD 598

\* OWNER'S NAME: Bickell, Susan

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Sylesville  
 TAX MAP 10 BLOCK \_\_\_\_\_ PARCEL 234  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: Mayapple Rd

**SITE LOCATION MAP**



LATITUDE 3 6 . 2 4 2 6 9 2

LONGITUDE 7 6 . 9 3 5 4 2 1

**LOG OF SEALING MATERIAL**

MATERIAL	FEET	
	FROM	TO
<u>Bentonite Grout</u>	<u>0</u>	<u>400</u>
VOLUME OF MATERIAL USED		
<u>600 gal.</u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 \_\_\_\_\_ BORED \_\_\_\_\_ HAND DUG \_\_\_\_\_  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
 \_\_\_\_\_ STEEL \_\_\_\_\_  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_  
 PLASTIC \_\_\_\_\_  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED?  YES \_\_\_\_\_ NO

Wesley Wolfe  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# \_\_\_\_\_

MWD 598

MWD / MSD / MGS  
 CIRCLE ONE

1/25/24  
 DATE

COUNTY

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