C 1 9222 — SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

ST/CO USE ONLY
DATE Received MM DD YY (8–13)

DATE WELL COMPLETED: MM 4 DD 3 YY 08 (15–20)

Depth of Well: 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-95-1635 (28–37)

OWNER: ROLLING HILLS BAPTIST CHURCH (last name / first name)

STREET OR RFD: 9510 JOHNS HOPKINS Rd TOWN: FULTON

SUBDIVISION: SECTION: LOT:

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 FROM	FEET TO	check if water bearing
topsoil	0	2	
brown Mica	2	70	
tannish/gray Mica	70	110	110
brown Mica	110	115	
gray Mica	115	285	285
brown Mica	285	290	
gray Mica	290	330	
brown Mica	330	338	
gray Mica	338	400	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y (44) / no N (44)

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.: M W D 040 (14–19)

George J. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M W D 727 (20–25)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y (44) / no N (44)

TYPE OF GROUTING MATERIAL (Circle one): CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS 28 NO. OF POUNDS 2800

GALLONS OF WATER 168

DEPTH OF GROUT SEAL (to nearest foot): from 0 (48 TOP 52) ft. to 74 (54 BOTTOM 58) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
- S T STEEL
- C O CONCRETE
- P L PLASTIC
- O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	80 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole — insert appropriate code below:
- S T STEEL
- B R BRASS BRONZE
- H O OPEN HOLE
- P L PLASTIC
- O T OTHER

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	(8 9)	HO (11–15)	78 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56 60) (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70)	(E.R.O.S.) (72)	W Q (74 75 76)
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour): 3 (8 9)

PUMPING RATE (gal. per min.): 3 (11–15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 50 (17–20) ft.

WHEN PUMPING: 400 (22–25) ft.

TYPE OF PUMP USED (for test) (27)
- 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 (49)
- – below (49)

LAND SURFACE

2 (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)

DENV-CR00

COUNTY BB

EMERGENCY/TEMP NO. IF ANY

B 1 6651 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER: HO - 95 - 1635 (70–79)

fill in this form completely

Date Received (APA): ______ (8 MM DD YY 13)

OWNER INFORMATION 10874

Rolling Hills Baptist Church
15 Last Name Owner First Name 34

11510 Johns Hopkins Road
36 Street or RFD 55

Clarksville, Md 21029
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday — M W D 040
Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

Signature: George F. Easterday Date: 5/15/2008

B 3 LOCATION OF WELL

Howard CC4
8 COUNTY 21

SUBDIVISION: ______ (23–42)

SECTION ____ (44 46) LOT ____ (48 50)

Fulton
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town): 2 MI (73 76 77 78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N (circled)

NW, N, NE, W, TOWN, E, SW, S, SE

11510 Johns Hopkins Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N circled) — W 32 E, S (WEST, EAST, SOUTH)

DISTANCE FROM ROAD: 50 (34 37)

ENTER FT OR MI: Ft. (38 39)

TAX MAP: 41 BLK: ____ PARCEL ____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 I INDUSTRIAL, COMMERICIAL, DEWATERING (circled)
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: 13

STATE SIGNATURE ______ INSERT S → ____ 41

DATE ISSUED: 6/25/08 (43 MM DD YY 48) CO SIGNATURE: [signature] EXP. DATE: 6/25/09

NORTH GRID: 480 000 (50 55) EAST GRID: 0821 000 (57 63)

APPROXIMATE DEPTH OF WELL: 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

30 AIR-ROTary (circled) — AIR-PERcussion — ROTARY (Hydraulic Rotary)

37 CABLE — REVerse-ROTary — DRive-POINT

other ______

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 480

000 000 (X)

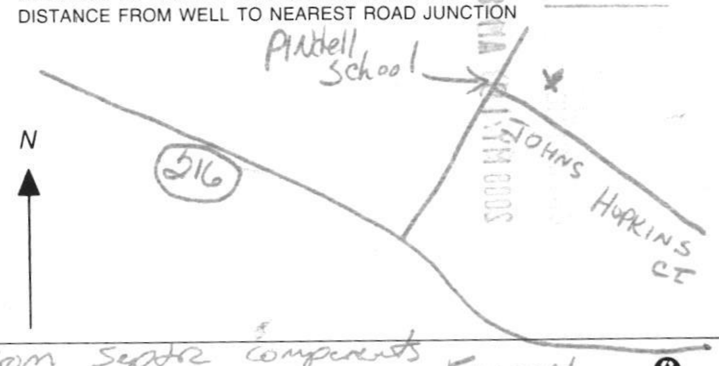
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ __ - __ __ - __ __ __ __ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

18 J 1



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No. HO - 95 - 1635 (70 71 72 73 74 75 76 77 78 79)

SPECIAL CONDITIONS: Must stay 100' removed from Septic components

NOTE – APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

Howard County Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, 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:

- ☑ The well site has been staked by Michael Terry, P.E., (professional land surveyor or company employing professional land surveyors) on 5-15-08 (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 6/10/03

Rolling Hills Baptist Church
11510 Johns Hopkins Road
Clarksville, Md 21029

FILE INQUIRY FORM

Property Address: 11510 Johns Hopkins

5/20/05 site insp done by SF. Awaiting well site app & loc. proposal. (RN)

SITE INSPECTION SHEET

OWNER: Rolling Hills Baptist PHONE #: _____

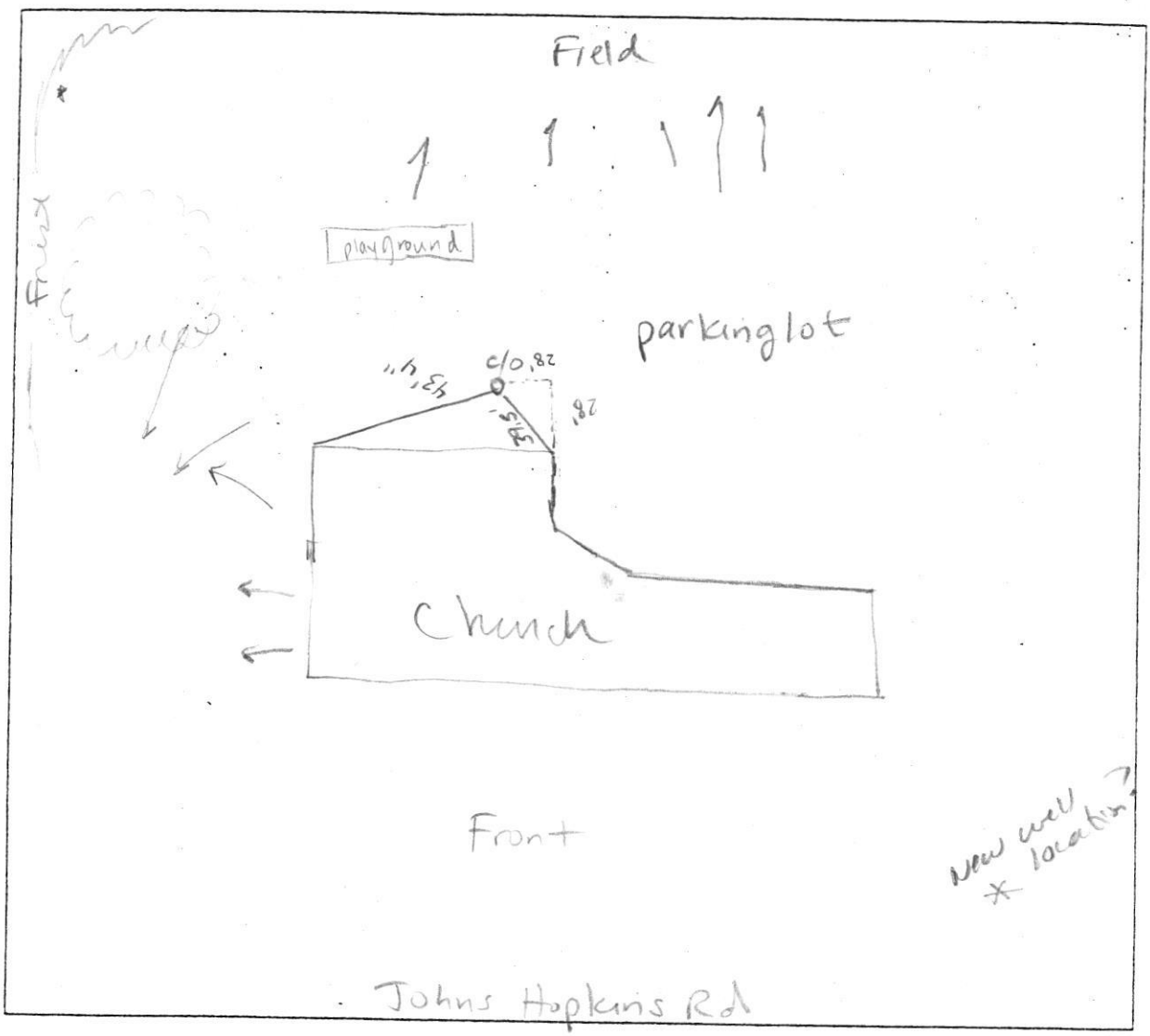
ADDRESS: 1510 Johns Hopkins Rd CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Locate septic tank and determine a location for well.

LOCATION DIAGRAM



COMMENTS: Neighboring wells are in front yards / side yards. Well location probably best in front of property

DATE: 5/13/05 INSPECTOR: SF

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratorv ID #:	154892	Account #:	1931
Reference:	Sill Eng. Group LLC	Client:	Fogles Septic
Location:	11520 Johns Hopkins Road	Requested By:	Kim Fogle
	Clarksville, MD 21029	Source:	Septic Tank
Date/ Time Collected:	9/30/2022 1300	Site:	1st Comp.
Date/Time Rec'd:	9/30/2022 1358	Submitted By:	K.Cassell

PARAMETERS	RESULTS	UNITS	DL *	METHOD	DATE/TIME/ANALYST
Solids, Total Suspended	2,997	mg/L	5.0	SM 2540D	10/6/2022 / 0900 / CRS

NOTES:

1 mg/L = milligrams per liter (also, parts per million)

2 Sample collected by client, analyzed as received

Reason for Test : Client's Information

* DL: Detection Limit

Date Reported: 10/7/2022

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

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	Clarksville, MD 21029	Source:	Septic Tank
Date/ Time Collected:	9/30/2022 1300	Site:	1st Comp.
Date/Time Rec'd:	9/30/2022 1358	Submitted By:	K.Cassell

PARAMETERS	RESULTS	UNITS	DL *	METHOD	DATE/TIME/ANALYST
BOD-5	1,540	mg/L	2	5210B	10/5/2022 / 1004 / SH

NOTES:

1. mg/L = milligrams per liter (also, parts per million)
2. Sample collected by client, analyzed as received
3. Subcontracted to Reference Lab #116
4. BOD Detection Limit: 2 mg/L

Reason for Test : Client's Information

* DL: Detection Limit

Date Reported: 10/6/2022

MD State Certification # 133

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NOTES:

1 mg/L = milligrams per liter (also, parts per million)

2 Sample collected by client, analyzed as received

Reason for Test : Client's Information

* DL: Detection Limit

Date Reported: 10/7/2022

MD State Certification # 133

Fyock Septic Service, Inc.
P.O. Box 89
Glenelg, MD 21737

(410) 988-9270

CERTIFICATION OF SEPTIC SYSTEM

Property 11520 John Hopkins RD
Clarksville, MD 21029

Buyers

Sellers

Agent

CLEAN OUTS EXPOSED (YES) / NO

BAFFLES INTACT (YES) / NO

WATER LEVEL IN SEPTIC TANK HIGH / (NORMAL) / LOW

WATER LEVEL IN DRYWELL HIGH / (NORMAL) / LOW / NA

TOILETS FLUSH PROPERLY (YES) / NO

SYSTEM WORKING PROPERLY AT THIS TIME (YES) / NO

(PASSED) / FAILED

COMMENTS _____

Service Driver Rob Fyock Date 10-15-21 Permit # H-19

Fyock Septic Service, Inc.

P.O. Box 89
Glenelg, MD 21737

(410) 988-9270

CERTIFICATION OF SEPTIC SYSTEM

Property ~~11520~~ John Hopkins RD 11510
Clarksville, MD 21029

Buyers

Sellers

Agent

CLEAN OUTS EXPOSED	(YES) / NO
BAFFLES INTACT	(YES) / NO
WATER LEVEL IN SEPTIC TANK	HIGH / (NORMAL) / LOW
WATER LEVEL IN DRYWELL	HIGH / NORMAL / (LOW) / NA
TOILETS FLUSH PROPERLY	(YES) / NO
SYSTEM WORKING PROPERLY AT THIS TIME	(YES) / NO

(PASSED) / FAILED

COMMENTS _____

Service Driver Michael Skepper Date 12-15-21 Permit # H-19

Fyock Septic Service, Inc.

Invoic

P. O. Box 89
Glenelg, MD 21737

410-988-9270 Office

410-531-1256 Fax #

PAID

Date	Invoice #
12/8/2022	R13087

Bill To	Service Location
Steve Churchwell 11520 John Hopkins RD Clarksville, MD 21029	PARSONAGE YES 1500gal

Rep	Terms	Due Date	Time	
AS	**Due on receipt**	12/8/2022	301-674-0917	301-806-8328

Service	Description	Rate	Miles/Loads	Amount
OTHER	TO WHOM IT MAY CONCERN, THE PUMPING CAPACITY OF THIS TANK AT THE PARSONAGE FOR ROLLING HILLS BAPTIST CHURCH IS 1500 GALLONS TOTAL. THIS INFORMATION WAS PROVIDED BY THE TECHNICIAN WHO HAS SERVICED THIS SYSTEM.			

Notice To Customer: I understand that Fyock Septic Service is NOT responsible for any damage to property while rendering services at the above address.

Customer Signiature: _____ **Date:** 12/8/22

Total **$0.00**

MAKE CHECK PAYABLE TO FYOCK SEPTIC SERVICE

Comments

Serviced By Skip

Check #

Fyock Septic Service, Inc.

P. O. Box 89
Glenelg, MD 21737

410-988-9270 Office

410-531-1256 Fax #

Invoice

Date	Invoice #
12/15/2021	R12204

Bill To	Service Location
Steve Churchwell 11520 John Hopkins RD Clarksville, MD 21029	CHURCH 11510 John Hopkins YES 1500gal

Rep	Terms	Due Date	Time		
AS	**Due on receipt**	12/15/2021	301-674-0917	301-806-8328	

Service	Description	Rate	Miles/Loads	Amount
Residential P...	Pump Out Residential Septic Tank	185.00		185.00
Fuel	Fuel Surcharge	10.00		10.00
1500 Gallons	County Waste Disposal Fee	65.00		65.00
Certification	Certification Of Residential Septic System	120.00		120.00

Notice To Customer: I understand that Fyock Septic Service is NOT responsible for any damage to property while rendering services at the above address.

Customer Signature: _____ **Date:** 12-15-21

Total	$380.00

MAKE CHECK PAYABLE TO FYOCK SEPTIC SERVICE

Comments

Serviced By: Skip

According to
Eastcay where
air pump is used
for pump test —
No yield test is
needed.