

C1 42304

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL-SITE ADDRESS, TOWN, 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, FEET (FROM, TO), check if water bearing. Includes handwritten entries for mica formations.

GROUTING RECORD

WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole, insert appropriate code below

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04 04 "WELL CONSTRUCTION"

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

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

PUMP INSTALLED

DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 39.1679344, LONGITUDE 76.9108582 (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.

B 1 38275

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 557492

STATE PERMIT NUMBER

Ho - 15 - 0192 fill in this form completely

Date Received (APA) 12/23/15

OWNER INFORMATION

Grammer Jst 11446 Rowley Rd Charksville Md 21029

B 3

LOCATION OF WELL

Howard 21 COUNTY Wesley Hills 42 SUBDIVISION SECTION 44 46 LOT 3 48 50 Charksville 52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M SD 009 Driller's Name License No. Fogles Well Drilling, LLC Firm Name P.O. Box 202 Woodbine, Md 21797 Address Signature Date 12-27-15

B 4

SOURCES OF DRILLING WATER

1. well water

11446 Rowley Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



150 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0041 BLK: 0009 PARCEL 0417

B 2

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/23/15 CO SIGNATURE EXP. DATE 12/23/16

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

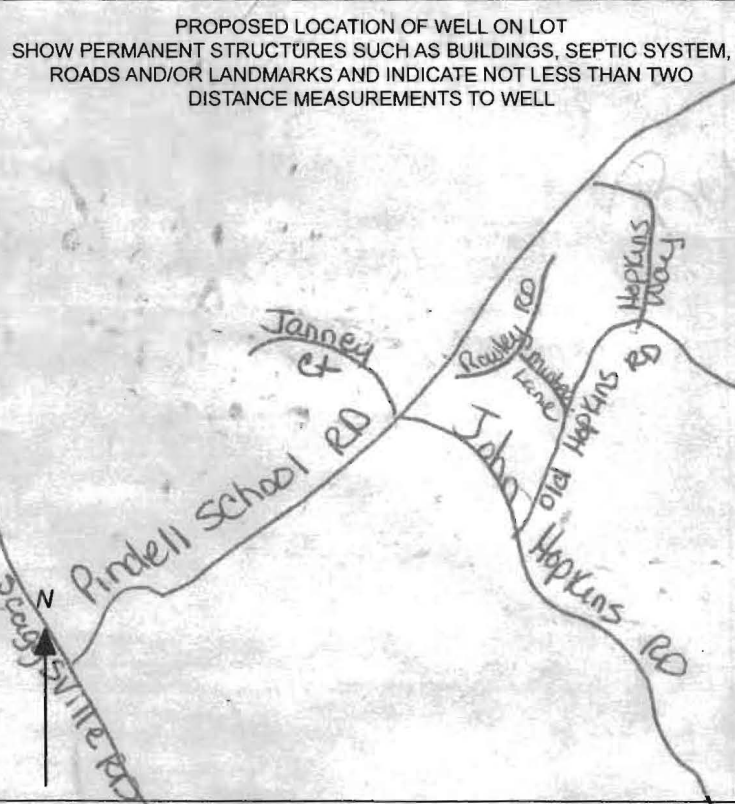
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G PERMIT No. Ho - 15 - 0192



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK
5/6/16 SC

DATE WELL ABANDONED: 1-12-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-73-3015

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-15-0192

* PERSON ABANDONING WELL: Allen Compton

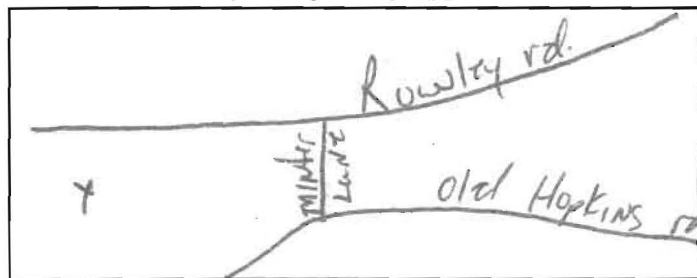
WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: Jot Grammer

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 0041 BLOCK 0009 PARCEL 0417
 SUBDIVISION: Wesley Hills
 SECTION: _____ LOT: 3
 STREET ADDRESS: 11446 Rowley Rd

SITE LOCATION MAP



LATITUDE 3 9.1679306

LONGITUDE 7 6.9110413

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>CEMENT</u>	<u>0</u>	<u>140</u>
<u>Well collapsed</u>		
VOLUME OF MATERIAL USED		
<u>2 yards</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: 305 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE# 009

MWD/MSD/MGS 1-12-16
 CIRCLE ONE DATE

COUNTY

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WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK
5/16/16 SC

DATE WELL ABANDONED: 1-12-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

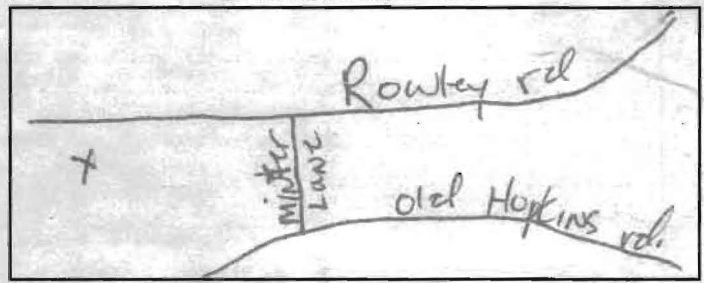
* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Jot Grammer

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Clarksville
TAX MAP 0041 BLOCK 0009 PARCEL 0417
SUBDIVISION: Wesley Hills
SECTION: _____ LOT: 3
STREET ADDRESS: 11446 Rowley Rd



LATITUDE 3 9.1680107

LONGITUDE 7 6.9108887

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>110</u>
<u>Rock cuttings</u>	<u>110</u>	<u>600</u>
VOLUME OF MATERIAL USED		
<u>1.5 yards</u>		

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

* 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: 600 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen G. Compton LICENSE# 009

MWD / MSD / MGS 1-12-16
CIRCLE ONE DATE

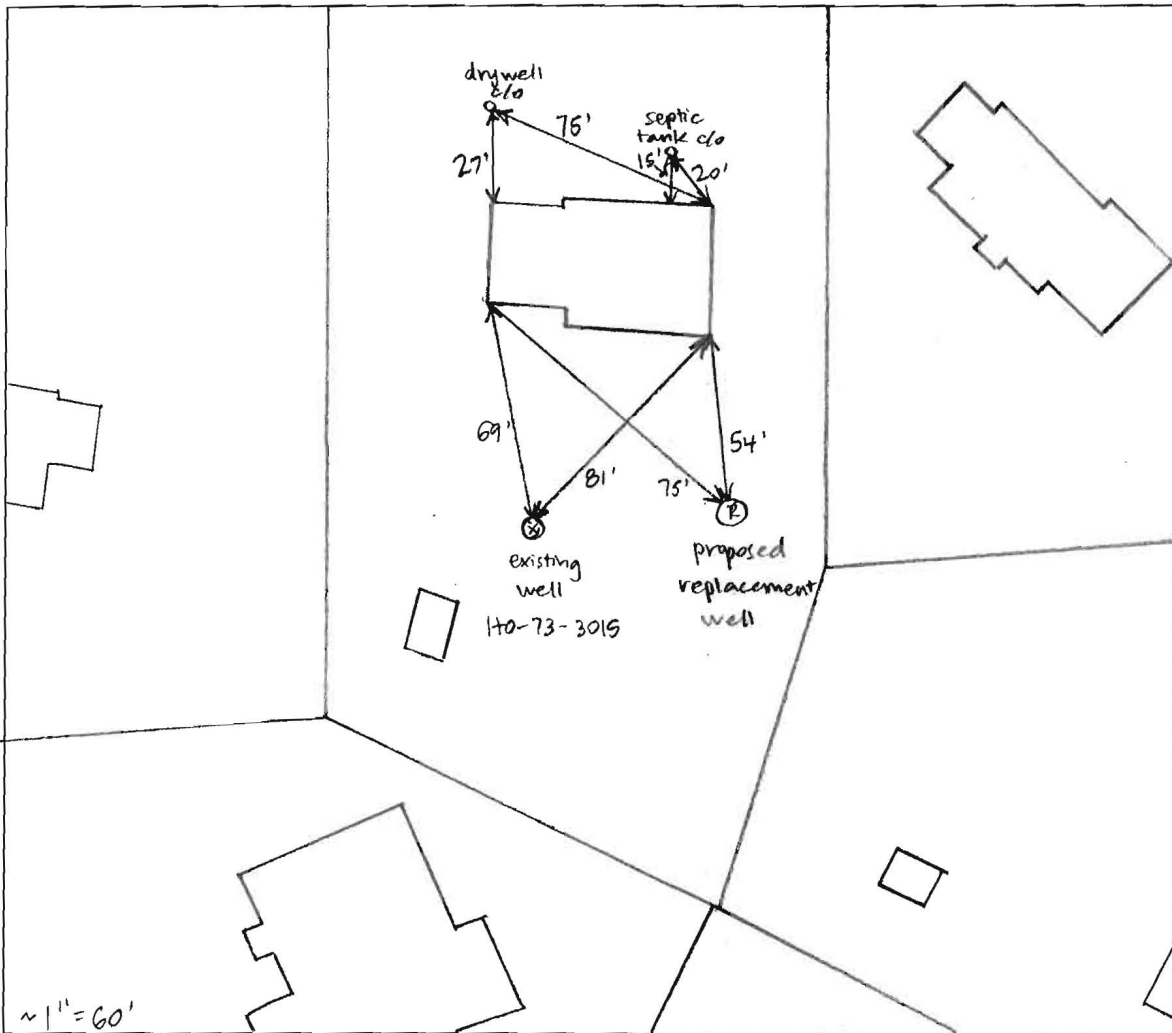
COUNTY

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SITE INSPECTION SHEET

OWNER: Werner PHONE #: _____
ADDRESS: 11446 Rowley Road CONTRACTOR: Fogle's
WELL TAG #: _____
SUBDIVISION: Wesley Hills LOT: 3 COUNTY #: (13)
PROPOSAL: out of H₂O

LOCATION DIAGRAM



COMMENTS: Met Allen from Fogle's on site - homeowners also present. Water pressure in house drops after running water for a while. Existing well has a hole in casing^{at grade} + 1-pc. cap - advised homeowners to fix both if they decide to keep + rework their existing well.

DATE: 12/18/15 INSPECTOR: Sarah Collins



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

January 8, 2015

Homeowner
11446 Rowley Road
Clarksville, MD 21029

RE: **Replacement Well Sampling**
11446 Rowley Road
#HO-15-0192

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. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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.

The old well (HO-73-3015) must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a health risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Environmental Health Specialist
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Fogle's Well Drilling LLC Telephone #: 410-795-5670
Address: PO Box 202
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. Fogle License# MSD 226
*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: Jot & Eric Grammer Telephone #: 240-525-2387
Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0192
Site Address: 11446 Rowley Rd
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>DAVIDS</u>	Make: <u>Campbell II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>THSP 7422C</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400'</u> (feet)	Conduit secured to well cap: <u>YES</u>	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used—Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PEX PIPE</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): _____
Depth of supply line: <u>36"</u> (36" min)	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.

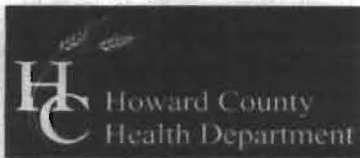
Signature of company representative responsible for installation: David Fogle date: 1-7-16

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

Date Insp. Requested: 1/6/16 Date Insp. Approved: 1/6/16 Inspector: (KW)
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 ✓

OK Ex. Well to be sealed
1/7/16

OK field into ex. casing
time



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:
Wesley Hills _____ 3 Rowley Rd
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

