

B 1	11710	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER <u>HO-95-2255</u> <small>70 fill in this form completely 79</small>
1 2 3 6			<u>6586712</u> please type	

OWNER INFORMATION

Date Received (APA) 01/27/12

8 MM DD YR 13

15 Last Name STRAIN Owner Rich First Name

36 Street or RFD 6680 Guilford Road

57 Town Clarksville MD State 70 Zip 21029 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name Michael Barlow MW D 355 76 License No. 81

Firm Name Barlow Well Drilling

Address 523 Underwood Lane 21014

Signature [Signature] Date 1/18/12

SOURCES OF DRILLING WATER

B 4

1. Well

2.

3.

11 STREET ADDRESS 6680 Guilford Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 2000 37 DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

TAX MAP: 35 BLK: 17 PARCEL 360

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.) 0 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL 5 Bores x 270'

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. (13)

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 2/6/12 CO SIGNATURE [Signature] EXP. DATE 2/6/13

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 270 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

37 CABLE REVERSE-ROTary DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

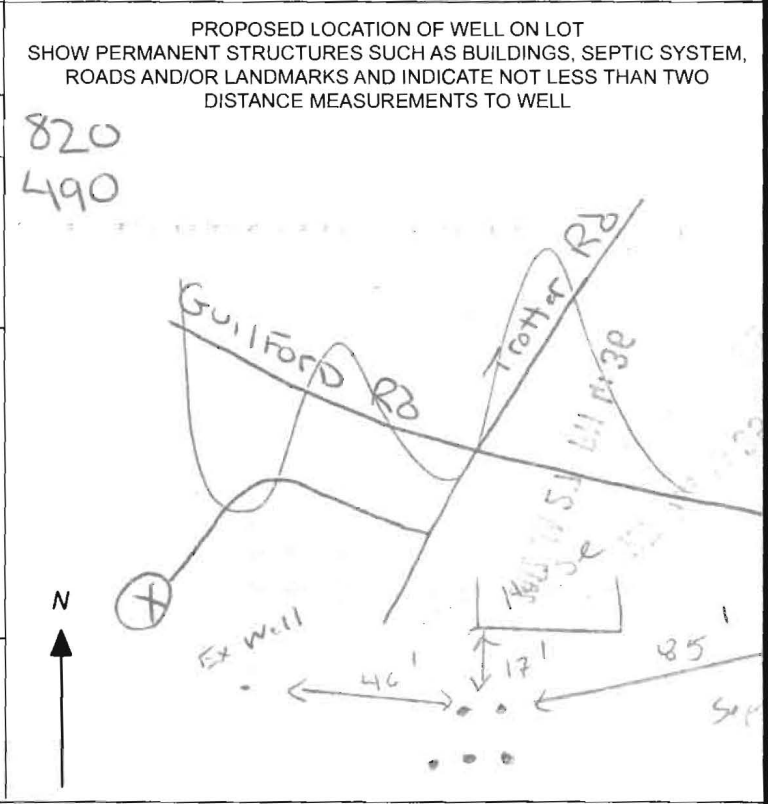
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2255

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Grout wells bottom to top.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

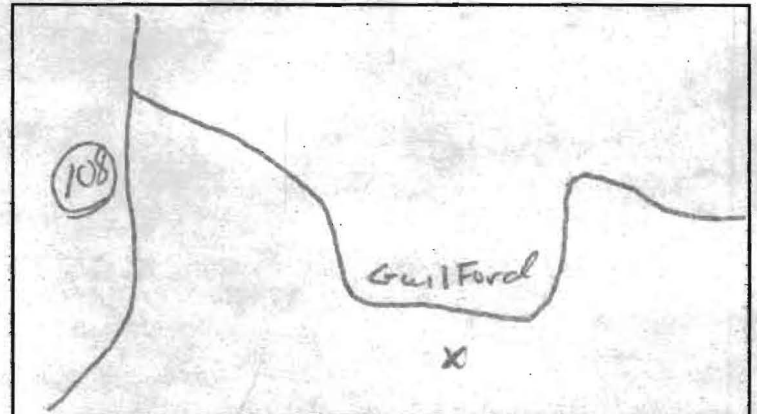
DATE WELL ABANDONED: 3/29/07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 73 - 2382
 * PERMIT NUMBER OF REPLACEMENT WELL HO - 95 - 0385

* PERSON ABANDONING WELL: Allen Compton WELL DRILLERS LICENSE NUMBER: 009
 * OWNER'S NAME: Robert Congedo CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 6680 Guilford Rd

SITE LOCATION MAP



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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>120</u>
VOLUME OF MATERIAL USED		
<u>20 bags</u>		

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

* TYPE OF CASING:
 STEEL PLASTIC 5/11/07
 CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER
 * DEPTH OF WELL: 120 FEET DEEP
 * WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____
 * WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE # 009 MWD/MSD/MGD CIRCLE ONE 5-5-07 DATE

C 1 2917

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 523553

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 100'

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0385

OWNER Strain F. Paul STREET OR RFD 6680 Guilford Rd TOWN Clarksville Md 21029

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand Stone (0-92), Gray Mica Rock (92-100)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) BENTONITE CLAY (B) CEMENT

CASING RECORD MAIN CASING TYPE (S) Nominal diameter top (main) casing 6 Total depth of main casing 96

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

SCREEN RECORD screen type or open hole (S) BRASS (B) HO OPEN HOLE (H) PLASTIC (P) OTHER (O)

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO)

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

NUMBER OF UNSUCCESSFUL WELLS: 2 WELL HYDROFRACTURED (Y) NO (N)

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

DEPTH (nearest ft.) 94 100

DRILLERS LIC. NO. MSD024 DRILLERS SIGNATURE

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

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)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

258.97'

1100 W

30' BTL

SEE SHEET 5117

NEW SEPTIC DEEP AREA WITH

RESTRICTION LINE (BTL)

30' BLDG.

Lot 20 P. 300
11940 HALL SHOP RD.

1144-15-00 III
1010.0

EXIST. SEPTIC FIELD

EXIST. WELL (Approx)

5479

EXIST. FARM LANE (Approx)
MACADAM

PROPOSED REPAIRMENT WELL

NEW CONSTRUCTION

55

EXISTING BLDG.

EXIST. SEPTIC AREA

EXISTING POND (Approx)
EXISTING TREE LINE (Approx)

11950 HALL SHOP RD.
Lot 21 P. 300

EXIST. SEPTIC FIELD

EXIST. BARN

SHED

SEE PARTIAL SITE PLANS ON SEPARATE DWGS

70 FT. WIDE DRAINAGE EXEMPTIONS

LOT 7

**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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 0385
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC 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: _____

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 inside of well casing _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve 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: _____ Inspector: 7/

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade Yes
Two piece cap installed and attached to casing securely Yes
Elec. conduit extends at least 18" below grade/attached to cap properly Yes
Safety rope not seen outside of well cap/casing Yes
Correct well tag attached properly and casing 8" above finished grade Yes
Water supply line sleeved adequately at house connection 2 times
Adequate grout observed below pitless adapter Yes

- 1 needs gravel & under line in

B 1 1031

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD-95-0385 fill in this form completely

W524419 please type

Date Received (APA) 05/04/06

OWNER INFORMATION

Strain F. Paul Last Name Owner First Name 6680 Guilford Rd Street or RFD Clarksville Md 21029 Town State Zip

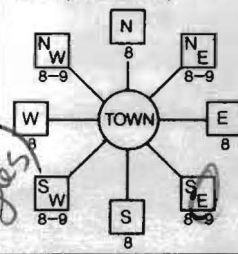
LOCATION OF WELL

Howard COUNTY 21 6680 Guilford Rd SUBDIVISION 23 42 SECTION 44 46 LOT 10 48 50 Clarksville NEAREST TOWN 52 71 MILES FROM TOWN 3 MI

DRILLER INFORMATION

Joseph L. Wayne M 5 D 024 Driller's Name License No. 81 Joseph L. Wayne Well Drilling First Name 5512 Ridge Rd Int Hwy Md 21771 Address Joseph L. Wayne 5/3/06 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6680 Guilford Rd NEAR WHAT ROAD 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 1,150 FT DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 35 BLK: 19 PARCEL 360

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

WELL NO 95-0154 RETURNED AND DESTROYED 5/15/06 Joe Wayne is drilling the well

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME AS23557 COUNTY NO. STATE SIGNATURE DATE ISSUED 5/3/06 CO SIGNATURE EXP. DATE 5/12/07 NORTH GRID 493000 EAST GRID 820000

APPROXIMATE DEPTH OF WELL 260 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER PERMIT No. MD-95-0385

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well must be abandoned/Sealed

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE

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



Fogle's Septic Clean, Inc.
Fogle's Portable Toilets • Fogle's Well Drilling, LLC
Fogle's Excavating, LLC

May 12, 2006

Howard County Health Department
7178 Columbia Gateway Dr
Columbia, Md 21046

Re: Paul Strain
6680 Guilford Rd
Clarksville, Md 21029


To Whom It May Concern:

Please be advised that Fogle's Well Drilling will be returning the well permit we pulled for Paul Strain at 6680 Guildford Rd in Howard County. Fogle's was mailing the paper work and tag to Zepp Plumbing & Heating at 12447 Route 108, Clarksville, Md 21029 but they are not licensed to drill. I believe Joe Mayne has pulled a permit to drill this well. Could you please issue a refund or credit for this permit.

If you have any questions or concerns, please call the office.

Sincerely,

Allen Compton MSD009
AJC/tlm

5/12/06 Spoke to Teresa,
said this letter & tag
mailed back to us yesterday


C1	0317	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		DATE WELL COMPLETED MM DD YY	Depth of Well 22 26 (TO NEAREST FOOT)	COUNTY NUMBER P 48106 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0154

OWNER Strain, Paul first name TOWN Clarksville
 STREET OR RFD 6680 Guilford Rd SECTION LOT
 SUBDIVISION

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	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 45 46 NO. OF POUNDS 45 46
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
 (enter 0 if from surface)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.
 WHEN PUMPING 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

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)
60 61	63 64	66 70

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO
(CIRCLE) (YES or 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 (nearest foot)
- below }

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

NUMBER OF UNSUCCESSFUL WELLS: _____

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.


C 2

DEPTH (nearest ft.)

1	8 9 11 15 17 21
2	23 24 26 30 32 36
3	38 39 41 45 47 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)



SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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

DRILLERS LIC. NO.: **M** **D** _____

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: **D** _____

SITE SUPERVISOR (sign. of driller or journeyman)

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

T (E.R.O.S.) W Q

70 72 74 75 76



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 Kirchler Consultants
(professional land surveyor or company employing professional land surveyors)
on 9-30-05 (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

536-4

30' BRL

New Septic Disp. Area with
New 1000 Gallon Septic Tank
SEE SHEET 5112

30' BLDG.
RESTRICTION
LINE (BRL)

NEW
CONSTRUCTION

PROPOSED
REPLACEMENT
WELL

EXIST.
FARM LANE
(APPROX)
MACADAM

EXISTING POND (APPROX)
EXISTING TREE (APPROX)

SEE PARTIAL SITE PLANS
ON SEPARATE DWGS

EXIST.
PARK

EXIST.
SEPTIC AREA

EXISTING BLDG.

SHED

200 FT WIDE
DRAINAGE
EASEMENTS

LOT 7
FOX PAUSE

LOT 8

SITE

