

C1 4006

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 MM DD YY 04 10 12

DATE WELL COMPLETED MM DD YY 2 20 12

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2254

OWNER last name Lopez first name Kathy WELL SITE ADDRESS 4996 MORNING STAR TOWN Dayton 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. Includes handwritten entries: Orange to Browns Shale (0-60), Gray slate (60-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 65 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 66

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) HO 66 300

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 0.6 METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 230 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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) 5 PUMP HORSE POWER 1/2 PUMP COLUMN LENGTH (nearest ft.) 280 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 01 (nearest foot)

LATITUDE 3 N. 39 13 782 LONGITUDE 7 W. 76 59 009 (DEFAULT COORD. WGS 84) NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 5 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)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho - 95 - 2254

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Kozero Kathy
4996 Morning Star Dr
Dayton Md

LOCATION OF WELL

Howard
8 COUNTY 21
Linden Chapel Hill
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Dayton
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009
Foggs Well Drilling, LLC
P.O. Box 202 Woodbine, Md.
Allen Compton 1-31-12

SOURCES OF DRILLING WATER

4996 Morning Star Dr.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
DISTANCE FROM ROAD 34 50 37
ENTER FT OR MI 38 39
TAX MAP: 0028 BLK: 0014 PARCEL 0191

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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
OPEN LOOP GEOTHERMAL
CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1/30/12
CO SIGNATURE EXP. DATE 1/30/13

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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 DEEPEMED AN EXISTING WELL

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

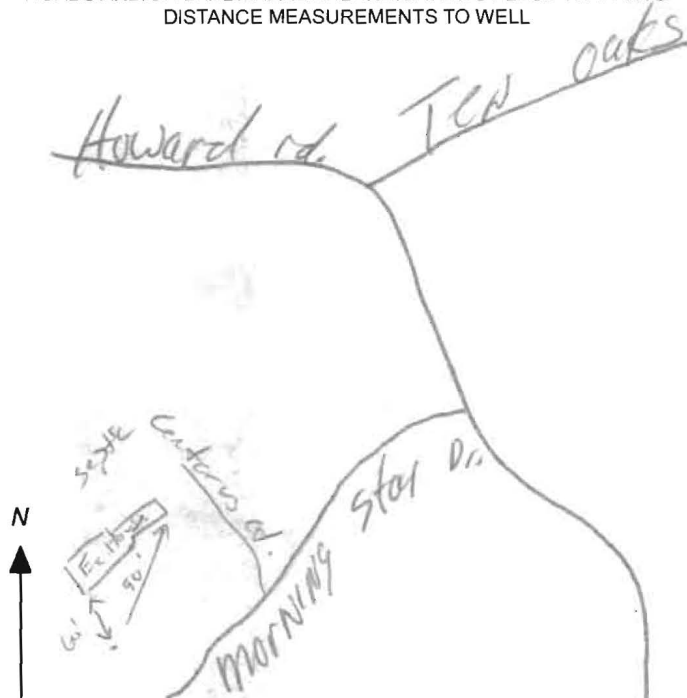
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. Ho - 95 - 2254

SPECIAL CONDITIONS May tie in ex. well to get yield.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



# Yield Test Data Sheet

County File # \_\_\_\_\_

MD Well Permit #: HO-95-2254

Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Lot # \_\_\_\_\_

Street Address: 4996 Morning Star Dr.

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 300' ft.

Well Driller: Foghts

Must be submitted with the State of Maryland Well Completion Report

Submit to: \_\_\_\_\_

Pump Start Time <u>12:00</u>	Static Water level: <u>36</u> ft.	Pumping Rate ( ) Time to fill <u>1</u> gal. bucket  ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)  <u>12</u>
TIME	WATER LEVEL BELOW M.P.		

**Water level and pumping rate must be recorded every 15 minutes**

TIME	WATER LEVEL BELOW M.P.	PUMPING RATE (GPM)	CALCULATED FLOW (GPM)
1 12:00	36 ft.	5	12 GPM
2 12:15	139 ft.	6	10 GPM
3 12:30	230 ft.	7	8.5 GPM
4 12:45	230 ft.	90	.6 GPM
5 1:00	230 ft.	90	.6 GPM
6 1:15	230 ft.	90	.6 GPM
7 1:30	230 ft.	90	.6 GPM
8 1:45	230 ft.	90	.6 GPM
9 2:00	230 ft.	90 sec.	.6 GPM
10 2:15	230 ft.	90	.6 GPM
11 2:30	230 ft.	90	.6 GPM
12 2:45	230 ft.	90	.6 GPM
13 3:00	230 ft.	90	.6 GPM
14 3:15	230 ft.	90	.6 GPM
15 3:30	230 ft.	90	.6 GPM
16 3:45	230 ft.	90	.6 GPM
17 4:00	230 ft.	90	.6 GPM
18 4:15	230 ft.	90	.6 GPM
19 4:30	230 ft.	90	.6 GPM
20 4:45	230 ft.	90	.6 GPM
21 5:00	230 ft.	90	.6 GPM
22 5:15	230 ft.	90	.6 GPM
23 5:30	230 ft.	90	.6 GPM
24 5:45	230 ft.	90	.6 GPM
25 6:00	230 ft.	90	.6 GPM
26 6:15	230 ft.	90	.6 GPM
27 6:30	230 ft.	90	.6 GPM
28	ft.		GPM
29	ft.		GPM
30	ft.		GPM

**NOTES:**  
N 59° 13.783'  
W 076° 59.008'

**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 - 2254  
Site Address: 4996 Morning Star Dr.

**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: \_\_\_\_\_

*\* Both wells connected in-use*

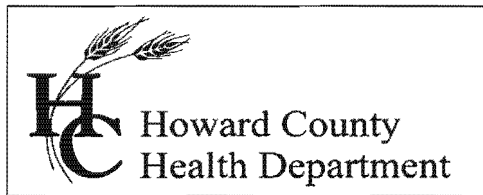
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 2/9/12 Date Insp. Approved: 2/9/12 *OK (KW)*

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  *connected to existing line prior to house.*  
Adequate grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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**Peter L. Beilenson, MD.,M.P.H., Health Officer**

March 9<sup>th</sup>, 2012

Homeowner  
4996 Morning Star Drive  
Dayton, MD 21036

RE: **Replacement Well**  
4996 Morning Star Dr.  
Well Permit # HO-95-2254

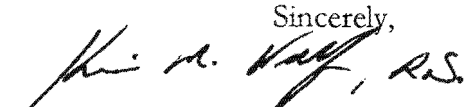
Dear Homeowner:

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. Your existing well (HO-73-0953) will remain in use in conjunction with your newly drilled well. Both of these wells must remain current to Maryland Well Construction Standards (COMAR 26.04.04).

It is preferred that the sample 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.**

If you have any further questions you can call me at (410) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,  
  
Kevin M. Wolf, R.S., R.E.H.S.  
Howard County Health Dept.  
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program  
File

**FOGLE'S WELL DRILLING, LLC**  
P.O. BOX 202  
WOODBINE, MD 21797  
(443)609-4195  
(443)609-4196{Fax}

April 12, 2012

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

Re: 4996 Morning Star Dr

To Whom It May Concern:

OK (kw)

Please be advised the homeowners located at 4996 Morning Star Dr in Dayton, hired Fogle's to perform a yield test on their well for Real Estates. Fogle's did a yield test on January 20, 2012 and the well was only producing .5gpm. The homeowners had Fogle's drill the well deeper to see if they could get a better yield. We drilled the well from 320' to 450' and the well is still only producing .5gpm. The homeowners then asked if we would drill them a new well. Fogle's drilled a new well permit# HO-95-2254. The well is 300' deep with 66' of PVC casing and gets .6gpm. In order to get the required 1gpm Fogle's tied the two wells together. If you have any further questions or concerns please do not hesitate to contact the office.

Sincerely,



Allen Compton  
Fogles Well Drilling, LLC  
MSD009  
AJC/tlm

*Attn: Kamar Martin*

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

### REPORT OF ANALYSIS

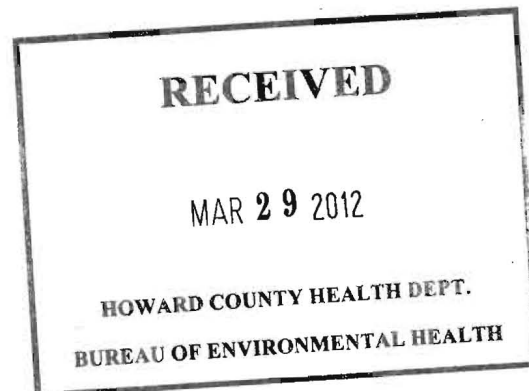
Laboratory ID #:	83697	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	4996 Morning Star Drive Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	3/21/2012 1055	Source:	Well Water (New Well-A)
Date/Time Rec'd:	3/21/2012 1553	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.0
		Well #:	HO-95-2254

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/22/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/22/2012 / 1000 / CCH

**NOTES**

- 1 \*\*Revised Report to show tag# 03/29/12 BCD
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected; N/A: Not Available
- 5 Sample collected by client, analyzed as received
- 6 pH & Chlorine level tested in lab

Reason for Test: Real Estate



Date Reported: 3/22/2012

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	83275	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	4996 Morning Star Drive Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	2/14/2012 1200	Source:	Well Water (New Well-A)
Date/Time Rec'd:	2/14/2012 1325	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.6
		Well #:	HO-95-2254

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	200.5	MPN/ 100 ml	<1.0	SM18 9223	2/15/2012 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/15/2012 / 0800 / CCH
Nitrate	<1.0	mg/l.	10	601	2/15/2012 / 1215 / CCH
Turbidity	5.87	NTU	<10	SM18 2130B	2/15/2012 / 0930 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	2/15/2012 / 0930 / CCH

**NOTES**

- 1 \*\*Revised Report to show tag# 03/29/12 BCD
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/l.)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH & Chlorine level tested in lab

Reason for Test : Real Estate



Date Reported: 2/15/2012

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	83698	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	4996 Morning Star Drive Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	3/21/2012 1032	Source:	Well Water (Old Well-B)
Date/Time Rec'd:	3/21/2012 1553	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.0
		Well #:	HO-73-0953

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/22/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/22/2012 / 1000 / CCH

**NOTES**

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