

C1 7292 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

1 2 3 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 12 3 07 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Hb - 95 - 1228

OWNER D. Scrimando last name 2750 Woodbridge CT. TOWN first name Armando West Soundship 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. Rows include Brown shale, Gray Limestone, Dry hole, cement cuttings.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 36 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

casings types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 08 Total depth of main casing (nearest foot) 40

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 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

Table with columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100. Includes SLOT SIZE 1 2 3 and DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60.

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 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

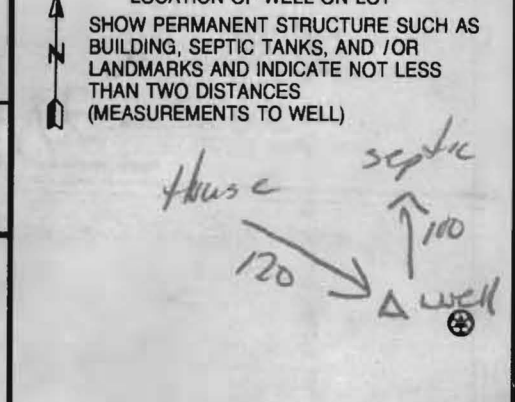
PUMPING TEST

HOURS PUMPED (nearest hour) 86 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE 196L WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 93 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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) 7 PUMP HORSE POWER 34 PUMP COLUMN LENGTH (nearest ft.) 280 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 01 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 5

WELL HYDROFRACTURED YES Y NO 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. M-SD 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 4365

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527305 please type

STATE PERMIT NUMBER

40-95-1228 fill in this form completely

Date Received (APA)

8/19/07

OWNER INFORMATION

Difordinando Armando Last Name Owner First Name 2750 Woodridge Ct. Street or RFD West Friendship Md. 21794 Town State Zip

B 3

LOCATION OF WELL

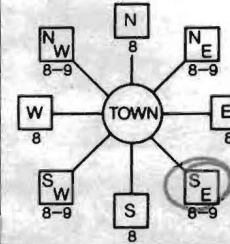
Howard Wynfield COUNTY SUBDIVISION SECTION LOT NEAREST TOWN MILES FROM TOWN

DRILLER INFORMATION

Allen Lupton Driller's Name MS D 009 License No. Fogles Well Drilling Firm Name 580 Obrecht rd. Address Allen Lupton Signature 8-16-07 Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2750 Woodridge Ct. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 15 BLK: 24 PARCEL 88

B 2

WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 3046B COUNTY NO. STATE SIGNATURE DATE ISSUED 8/20/07 CO SIGNATURE EXP. DATE 8/20/08 NORTH GRID 528 EAST GRID 0815

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D) Farming (Livestock Watering & Agricultural Irrigation) (F) Industrial, Commercial, Dewatering (I) Public Water Supply Well (P) Test, Observation, Monitoring (T) Geo-Thermal (G)

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 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 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)

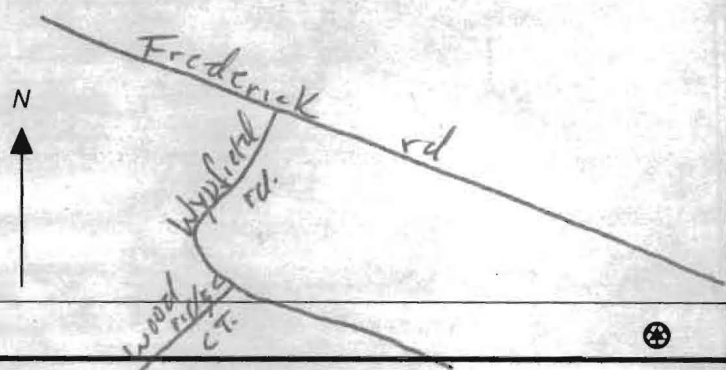
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. 40-95-1228

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE E 8145 N 5268

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



Yield Test Data Sheet

County File # _____
District 2

MD Well Permit # H0-95-1228

Date of Test: 12-3-07

Subdivision Name: _____

Section _____ Lot # _____

Street Address: 2750 Woodridge Ct

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

Distance from MP to ground surface 43 ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level: <u>43</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
8:00			20
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	8:00	43 ft.	3 20 GPM
2	8:15	97 ft.	30 2 GPM
3	8:30	97 ft.	30 2 GPM
4	8:45	97 ft.	30 2 GPM
5	9:00	97 ft.	30 2 GPM
6	9:15	97 ft.	30 2 GPM
7	9:30	97 ft.	30 2 GPM
8	9:45	95 ft.	30 2 GPM
9	10:00	95 ft.	30 2 GPM
10	10:15	95 ft.	30 2 GPM
11	10:30	95 ft.	30 2 GPM
12	10:45	95 ft.	30 2 GPM
13	11:00	94 ft.	30 2 GPM
14	11:15	94 ft.	30 2 GPM
15	11:30	94 ft.	30 2 GPM
16	11:45	94 ft.	30 2 GPM
17	12:00	94 ft.	30 2 GPM
18	12:15	94 ft.	30 2 GPM
19	12:30	94 ft.	30 2 GPM
20	12:45	94 ft.	30 2 GPM
21	1:00	94 ft.	30 2 GPM
22	1:15	93 ft.	30 2 GPM
23	1:30	93 ft.	30 2 GPM
24	1:45	93 ft.	30 2 GPM
25	2:00	93 ft.	30 2 GPM
26	2:15	93 ft.	30 2 GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

**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 - 95-1228
Site Address: 2750 Woodridge Ct.

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: _____

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: 9/5/07 Date Insp. Approved: _____

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
Adequate grout observed below pitless adapter

9/6/07
Not Finished (PB)
Not Finished
Tag Not Put On
Connected to Existing
Line



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

November 2, 2007

Mrs. Diferdinando
2750 Woodridge Court
W. Friendship, MD 21794

RE: **Replacement Well Issues**
Wynfield, Lot 12
2750 Woodridge Ct.
Well Permit # HO-95-1228

Dear Mrs. Diferdinando:

According to our records, your replacement well has been connected to the dwelling and approved. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested.

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.

In addition, your old existing well will either need to be sealed according to COMAR 23.04.04.11 by a licensed well driller, or have a pump installed along with an outlet of some kind. In addition to this statement, as observed in the field and from the well driller, your existing well stands open-hole with an approximate depth of drill rods. It has come to our attention that if the driller can not remove the drill rods from the hole, the well shall be sealed with a material approvable by the Health Department. The standard procedures for sealing well shall be expressed from COMAR 26.04.04.11 subsection F.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-2645. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kevin Wolf', is written over a horizontal line.

Kevin Wolf, Sanitarian
Well and Septic Program

cc: Community Hygiene Program
File
Fogel's Well Drilling

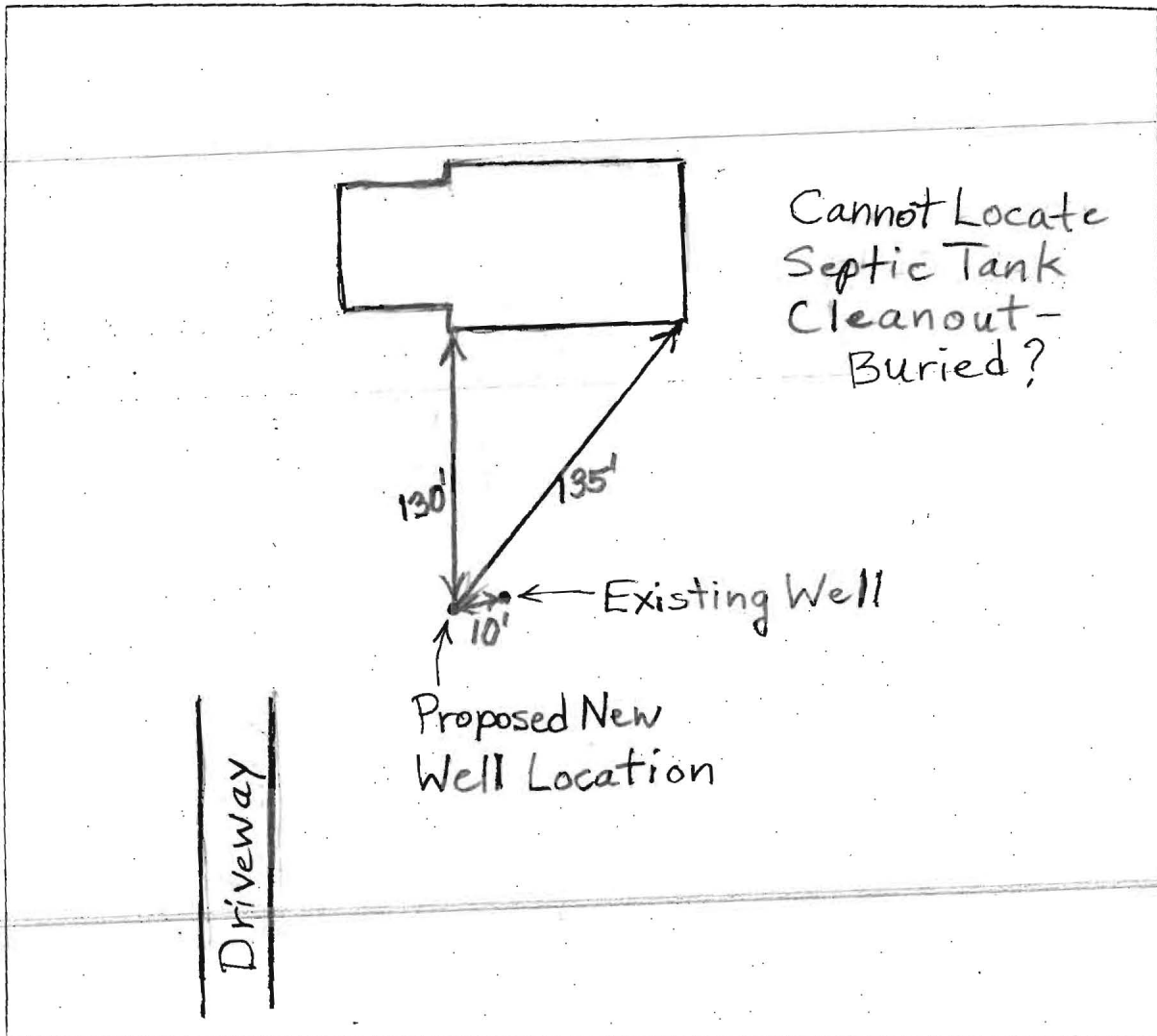
FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
8/31/07	<p>Met w/ Alton (Fogels) @ 2750 Woodridge Ct. and home owner, Karen. After 4 dry holes around ex. well, gave driller 3 more approved locations. One can be located inside drive loop/circle. The other 2 locations are further down approx. 270' of dry hole's at directly west of them. Told driller to be alert of lot lines especially on north lot line side stretching NW. <u>Must</u> be <u>10'</u> away from <u>any</u> lot lines. (KW)</p>
9/4/	<p>Spoke w/ Theresa w/ Fogels who stated (via phone communication) the driller found water 15' west (down hill) of ex. well w/ drill rods lodged in it. Yield was <u>poor</u>. <u>100ppm</u> May need additional ^{testing} of certain metals and to keep close monitoring as well (KW)</p>

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 2750 Woodridge Court CONTRACTOR: Fogles / Compton
WELL TAG #: HO-95-1228
SUBDIVISION: Wynfield LOT: 1 COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Driller tried to deepen existing well and rods and bit got stuck in well. To drill new well 10' from existing well and seal existing well.

DATE: 8/21/07 INSPECTOR: B. Baker