

C1 56596

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 XII

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 08 13 19

DATE WELL COMPLETED MM DD 7-10-19 APPROVED + a.k.p. 22 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0097

OWNER Craumer Rob WELL SITE ADDRESS 1788 Woodbine Rd TOWN Woodbine 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: Soft Brown (0-15), Brown Shale (15-59), Gray Limestone (59-85), Fracture (85-86), Gray Limestone (86-210), Fracture (210-211), Gray Limestone (211-300).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 130 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 74 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 76

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 2 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...

DRILLERS LIC. NO. 1 M SD 224 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)

DEPTH (nearest ft.) HO 76 300

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 234 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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) 31 35 PUMP HORSE POWER 37 43 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 2 (nearest foot)

LATITUDE 39.330152 LONGITUDE 77.092055 (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. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

TAG = DNI

B 1 **34458** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER  
**HO-18-0097**  
fill in this form completely

Date Received (APA) **07/08/2017**

8 MM DD YY 13

**Cramer Rob**  
15 Last Name Owner First Name 34  
**1788 Woodbine Rd**  
36 Street or RFD 55  
**Woodbine md 21797**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

**Howard**  
8 COUNTY 21

23 SUBDIVISION 42

SECTION **44** 46 LOT **48** 50

**Woodbine**  
52 NEAREST TOWN 71

DRILLER INFORMATION

**Andrew Huseman M S D 224**  
76 Driller's Name License No. 81

**Fogles Well Drilling, LLC**  
Firm Name

**P.O. Box 202 Woodbine, md 21797**  
Address

**And R Huseman 7-8-17**  
Signature Date

B 4 SOURCES OF DRILLING WATER

1. **well water**

2.

3.

**1788 Woodbine Rd**  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 **2500** 37 DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP: **0001** BLK: **0016** PARCEL **0223**

B 2 WELL INFORMATION

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

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

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

**EMERGENCY R2P WELL**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD**  
COUNTY NAME

**XIII**  
COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **07/08/2017**  
43 MM DD 48 EXP. DATE

**Rob**  
CO SIGNATURE

**07/09/2017**  
DEC. 07/10/2017 DAY 07/10/2017

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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

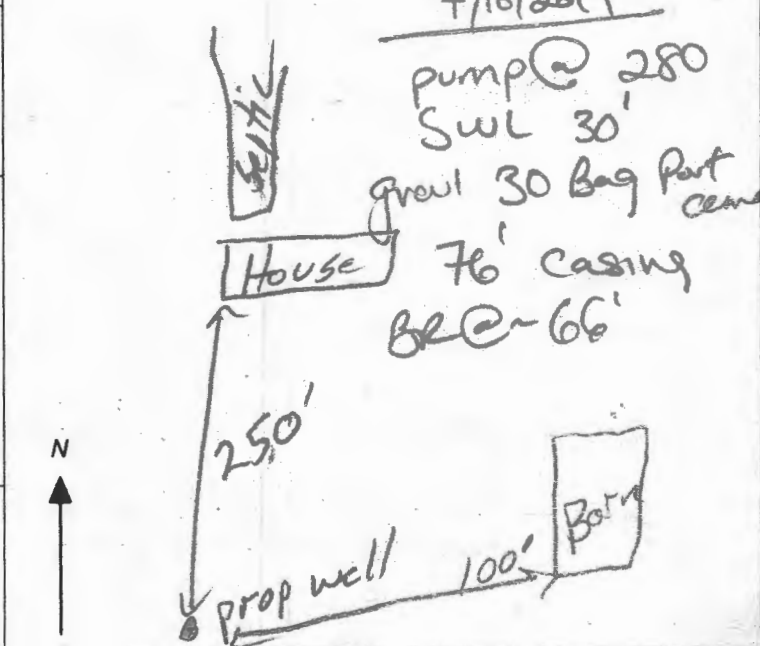
METHOD OF DRILLING (circle one)

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) 41 \_\_\_\_\_ 52

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

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. **HO-18-0097**  
70 71 72 73 74 75 76 77 78 79

Date: July 10, 2019

**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**  
**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-18-0097Location of Property: 1788 Woodbine Rd Woodbine, Md 21797Well Driller/Tech: Fogles Well Drilling/ Andrew Houseman MSD224 Owner: Rob CraumerWell Depth: 300'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 30'

High rate pumping –reservoir Drawdown

Time pump started: 6:15 Pumping rate: 8.5Total time 60 mins to reach pumping water level 234 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:15	30'	7 Seconds		8.5 gpm
6:30	109'	7 Seconds		8.5 gpm
6:45	161'	8 Seconds		7.5 gpm
7:00	202'	8 Seconds		7.5 gpm
7:15	234'	30 Seconds		2 gpm
7:30	234'	30 Seconds		2 gpm
7:45	233'	30 Seconds		2 gpm
8:00	233'	30 Seconds		2 gpm
8:15	232'	30 Seconds		2 gpm
8:30	232'	30 Seconds		2 gpm
8:45	231'	30 Seconds		2 gpm
9:00	231'	30 Seconds		2 gpm
9:15	230'	30 Seconds		2 gpm
9:30	230'	30 Seconds		2 gpm
9:45	229'	30 Seconds		2 gpm
10:00	229'	30 Seconds		2 gpm
10:15	228'	30 Seconds		2 gpm
10:30	228'	30 Seconds		2 gpm
10:45	227'	30 Seconds		2 gpm
11:00	227'	30 Seconds		2 gpm
11:15	226'	30 Seconds		2 gpm
11:30	226'	30 Seconds		2 gpm
11:45	225'	30 Seconds		2 gpm
12:00	225'	30 Seconds		2 gpm
12:15	224'	30 Seconds		2 gpm
12:30	224'	30 Seconds		2 gpm
12:45	224'	30 Seconds		2 gpm
1:00	223'	30 Seconds		2 gpm
1:15	223'	30 Seconds		2 gpm



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

**Dr. Maura J. Rossman, M.D., 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:

\_\_\_\_\_      \_\_\_\_\_      1788 Woodbine 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.

7/8/19 - Joseph met Andy on site  
10:00am

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

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

**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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Obrecht Rd  
Sykesville, MD 21784

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# MSD2226

\*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: Robert Bell Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-18-0097  
Site Address: 1788 Woodbine Rd  
Woodbine, MD 21797

**Submersible Pump Data**

Make: Grundfos  
Model #: TP5074ZZ  
Pump Capacity 7  
Well Yield: \_\_\_\_\_

**Pitless Adapter**

Make: Campbell +  
Model#: N/A  
GPM Depth: 36" (36" min)  
GPM NSF/WSC approved: Y/S

**Well Cap and Electric Conduit**

Two piece watertight cap: Y/S  
Screened, vented well cap: Y/S  
Cap secured to casing: Y/S  
Conduit min 18" B.G.: Y/S  
Conduit secured to well cap: Y/S

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

Type: 1" poly pipe  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Y/S  
Length of sleeve (5' minimum from foundation): 6'  
Sleeve sealed properly: Y/S

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 C Fogle date: 7/15/2019

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/16/19 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 ✓

(Revised form 10/24/2018)

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

**MEMORANDUM**

July 18<sup>th</sup>, 2019

Robert B Bell

**RE: Replacement Well Sampling**  
1788 Woodbine Road  
Woodbine, MD 21797  
Well Permit # HO-18-0097

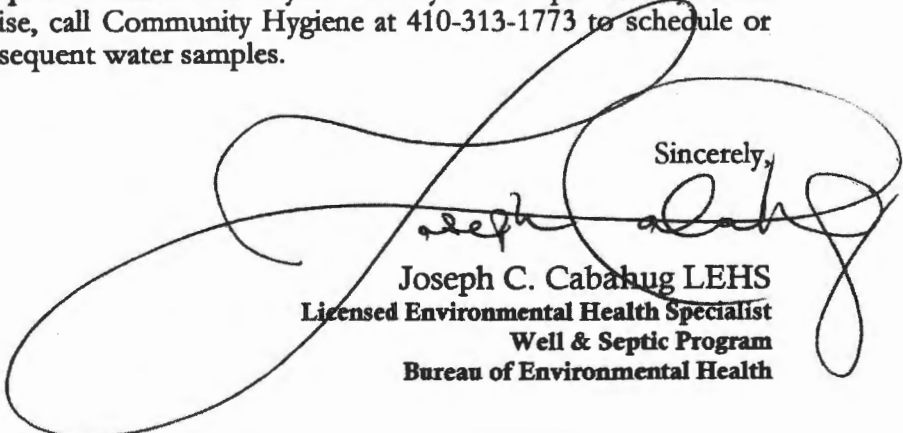
Dear Homeowner:

According to our records, your replacement well is proposed to be 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. The existing well must either be tied in for use or abandoned and sealed.

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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



**Joseph C. Cabahug LEHS  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health**

Cc: Community Hygiene Program  
File

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

**MEMORANDUM**

July 18<sup>th</sup>, 2019

Robert B Bell

**RE: Replacement Well Sampling**  
1788 Woodbine Road  
Woodbine, MD 21797  
Well Permit # HO-18-0097

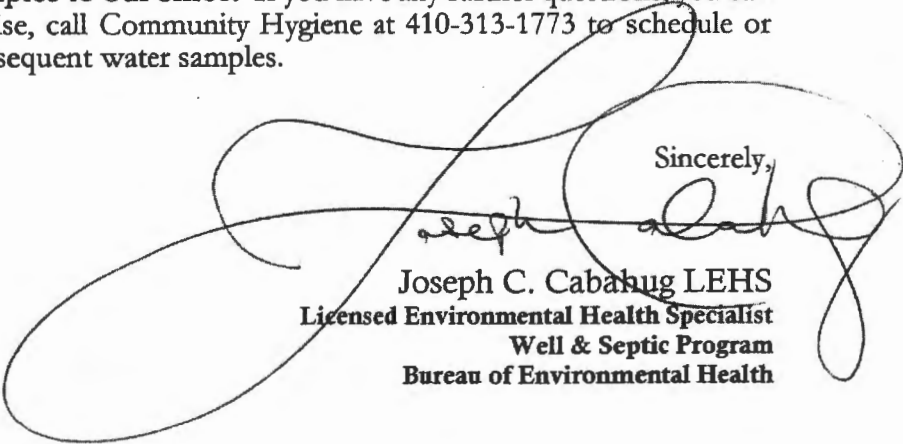
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Sincerely,

  
Joseph C. Cabahug LEHS  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

Cc: Community Hygiene Program  
File



# HOWARD COUNTY HEALTH DEPARTMENT

65541

DATE 7/18/19

WS

Received From

10805 W. D. ... PHONE # 409-4195

For

West County - 1758 Walpole  
Permit

CASH

CHECK

NO.

012959

One hundred sixty

Dollars

\$

1600

Received By

J. Kern

Approved  
7/19/19  
K. [Signature]