

C1 48979 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 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

ST/CO USE ONLY
DATE RECEIVED
MM 11 DD 20 YY 19

DATE WELL COMPLETED
MM 10 DD 20 YY 19
Approved ST 1/2 spiro
Depth of Well
22 405 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-18-0112
28 29 30 31 32 33 34 35 36 37

OWNER Fish Bryan
WELL SITE ADDRESS last name 4050 Candlelight Dr first name TOWN Puyton MD
SUBDIVISION SECTION LOT

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	
Top Soil	0	1	
Red Brown Clay	1	20	
Tan Nodded Rock	20	50	
Broken Rock	50	60	
Brn Gray Rock	60	75	
Gray Rock	75	212	
Broken Gray Rock	212	215	
Gray Rock	215	405	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 46 10 NO. OF POUNDS 45 46 250
GALLONS OF WATER 250
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 75 ft.
(enter 0 if from surface)

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)
PL 6 75

OTHER CASING (if used)
EACH CASING 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
DEPTH (nearest ft.)
1 HO 7 405

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES Y NO 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. M SD 106
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRD 097

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

C2
EACH CASING diameter inch depth (feet) from to
1 HO 7 405
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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 76 78
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST

HOURS PUMPED (nearest hour) 4
PUMPING RATE (gal. per min.) 6
METHOD USED TO MEASURE PUMPING RATE 11 15
WATER LEVEL (distance from land surface)
BEFORE PUMPING 32 ft.
WHEN PUMPING 370 ft.
TYPE OF PUMP USED (for test)
A centrifugal P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible
Timer

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. 3
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 10
PUMP HORSE POWER 1.5
PUMP COLUMN LENGTH (nearest ft.) 370
CASING HEIGHT (circle appropriate box and enter casing height)
above below LAND SURFACE (nearest foot)

LATITUDE 39.25564
LONGITUDE 76.99057
(DEFAULT COORD. WGS 84)

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05-447208

EMERGENCY TEMP NO. IF ANY

B 1	66114	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER Ho-18-0112 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 DD YY 13
Fish Bryan + Kristen

15 Last Name Owner First Name 34
4050 Candlelight Drive

36 Street or RFD 55
Dayton MD 21036

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY 21
Howard
Castleberry at Ten Oaks

23 SUBDIVISION 42
18

SECTION 44 46 LOT 48 50
Dayton

52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name 76 License No. 81
Marshal Arnett SD 106

Firm Name
Allied Well Drilling

Address
PO Box 129 Annapolis Junction MD 20701

Signature Date
Marshal Arnett 09/30/19

B 4 SOURCES OF DRILLING WATER

11 STREET ADDRESS 30
4050 Candlelight Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 5 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0023 BLK: 9999 PARCE: 0090

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 21

STATE SIGNATURE INSERT S

DATE ISSUED 09/30/2019 EXP. DATE 09/30/2020

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

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

10/1/19
12:27pm - begin bedrock: 50'
casing: 75'
first fracture: 212'
1st Fracture 212' New well moved
2nd fracture: 310' well
- 27pm
Total: 400'

10/1/19
Growth Wyo-Ben, Inc
Growth well Dr
LOT# 27261912
11:47 AM

APPROXIMATE DEPTH OF WELL 350 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) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. Ho-18-0112

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED


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

MEMORANDUM

October 24th, 2019

Home Owner

RE: **Replacement Well Sampling**
4050 Candle Light Drive
Dayton, MD 21036
Well Permit # HO-18-0112

10/24/2019


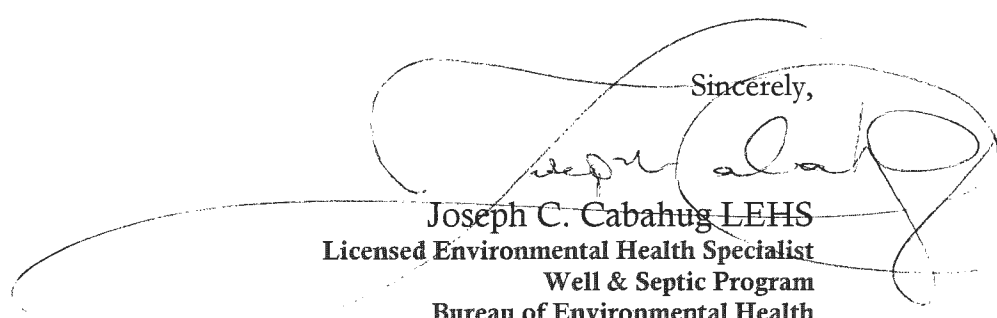
Dear Homeowner:

According to our records, your replacement well has been in use 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.

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

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

MEMORANDUM

TO: Allied Well Drilling
P.O. Box 129
Annapolis Junction, MD 20701

Cc: Bryan and Kristan Fish
4050 Candlelight Drive
Dayton, MD 21036

FROM: Susan Thomas 
Environmental Health Specialist
Howard County Health Department
Well & Septic Program

RE: Unsealed well cap on 4050 Candle Light Drive

DATE: October 17, 2019

Dear Allied Well Drilling,

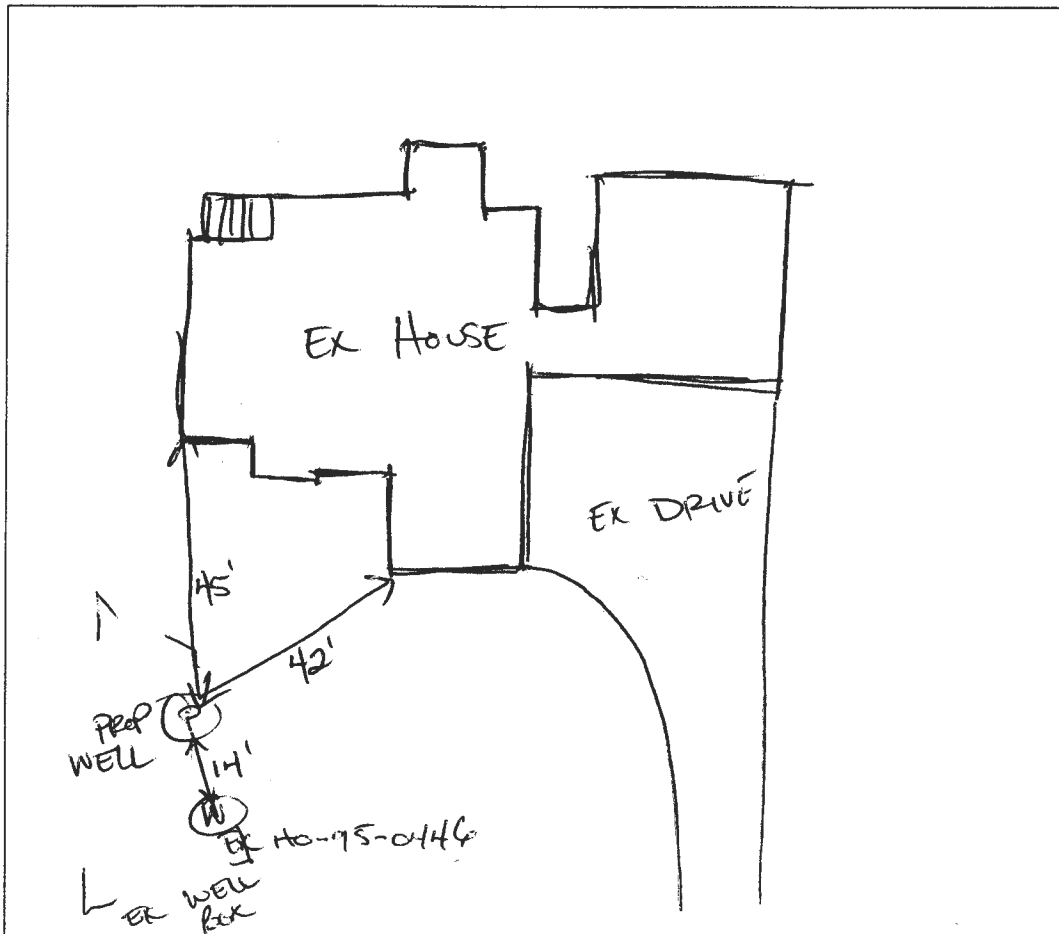
The emergency well at 4050 Candle Light Drive was inspected on 10/3/19 and the well cap was not glued to the PVC casing. The well cap must be securely glued to the plastic casing to be in accordance with COMAR 26.04.04.21.F.

Please glue the well cap and contact us so that the well can pass inspection. Failure to do so will result in penalties as described in COMAR 26.04.04.38.

SITE INSPECTION SHEET

OWNER: BRYAN FISH PHONE #: _____
ADDRESS: 4050 CANDLE LIGHT DRIVE CONTRACTOR: ALLIED
DAYTON, MD 21036 WELL TAG #: HO-18-0112
SUBDIVISION: CASTLEBERRY LOT: 18 COUNTY #: (XIII)
PROPOSAL: EMERGENCY REP. WELL

LOCATION DIAGRAM



COMMENTS: AB. EX WELL HO 95-0446.

NEW WELL ID: HO-18-0112

DATE: 09/30/2019 INSPECTOR: [Signature]

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

DATE WELL ABANDONED: 10/12/19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

H0-95-0446

* PERMIT NUMBER OF REPLACEMENT WELL:

H0-18-0112

* PERSON ABANDONING WELL: BERT SWEENEY

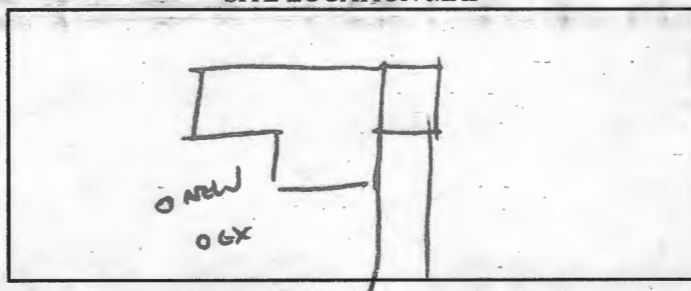
WELL DRILLER'S LICENSE NUMBER: 237

CIRCLE: MWD (MSD) (MGD)

* OWNER'S NAME: BRYAN FISH

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: DAYTON
TAX MAP BLOCK 9999 PARCEL
SUBDIVISION: CASTLEBURY @ TEN OAKS
SECTION: LOT: 18
STREET ADDRESS: 4050 CANDLELIGHT DR.



LATITUDE 39.255569

LONGITUDE 76.990549

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
TOPSOIL	0	2
BENTONITE	2	220

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

VOLUME OF MATERIAL USED

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

86 BAGS HOPE PLUG

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 220 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 237

MWD (MSD) MGS
CIRCLE ONE

11/15/19 DATE

COUNTY

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FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/30/19	Allowed well drilling noted Ex well collapsed
	Need Emergency, site inspection (KMI)