

C 1 **65194** 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 **566480**

DATE RECEIVED: MM **05** DD **12** YY **20**

DATE WELL COMPLETED: MM **05** DD **12** YY **20** *Approved 5/26/20*

DEPTH OF WELL: **450** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": **16-18-0133**

OWNER: **McCarthy Chris**

WELL SITE ADDRESS: **2842 Wooddale Rd**

SUBDIVISION: **Wellington** SECTION: **1** TOWN: **Greenwood** LOT: **22**

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	
Soft brown	0	30	
Gray Limestone	30	90	
Fracture	90	91	✓
Gray limestone	91	420	
Fracture	420	422	✓
Gray limestone	422	450	

Storage: 393.5 gallons

GROUTING RECORD (yes no) **Y N**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **44** NO. OF POUNDS **1316**

GALLONS OF WATER **84**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** TOP **52** ft. to **40** BOTTOM **58** ft.
 (enter 0 if from surface)

CASING RECORD

cases types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **06** Total depth of main casing (nearest foot): **42'**

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: **0**

WELL HYDROFRACTURED: **Y** (yes) **N** (no)

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 5 D 224**

DRILLERS SIGNATURE: *Arthur R. ...*

LIC. NO. **D**

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

C 2 DEPTH (nearest ft.)

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
										42										450																																																											

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 _____

TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **4**

METHOD USED TO MEASURE PUMPING RATE: **1902**

WATER LEVEL (distance from land surface)

BEFORE PUMPING: **45** ft.

WHEN PUMPING: **207** 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 **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 **2** (nearest foot)
- below }

LATITUDE **39.292424**

LONGITUDE **77.035576**

(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.

B 1 34492

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-18-0133 fill in this form completely

56480 please type

Date Received (APA) 12/3/19

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

76 License No. 81

Firm Name

Address

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

- 1. well water
2.
3.

2842 Wooddale Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0014 BLK: 0021 PARCEL 0239

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

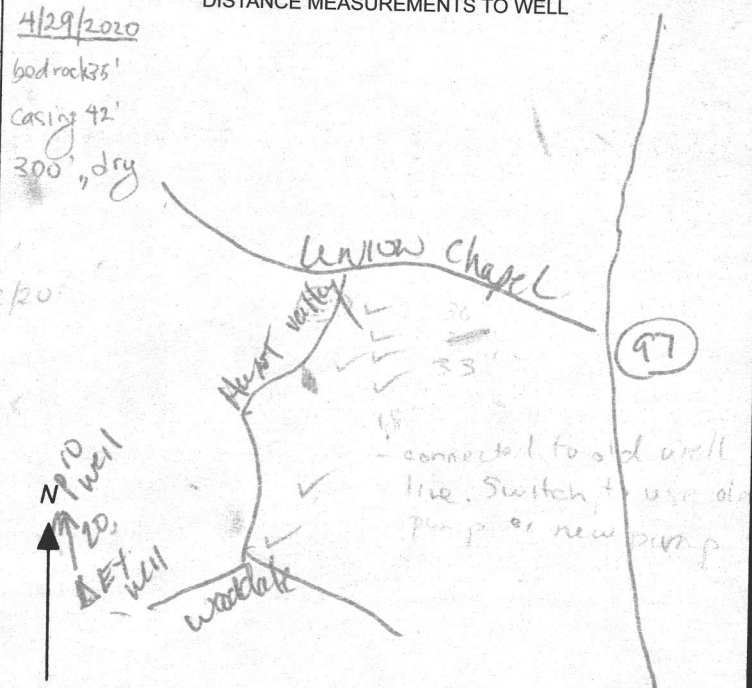
Howard County 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE

Don: 4/28/2020 (ST)

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



APPROXIMATE DEPTH OF WELL 300 24 FEET 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D 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-18-0133 70-71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 and Water Treatment LLC Telephone #: 410 795 9670
 Address: 5580 Boyech Rd
Springville, 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# MSD2216

*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: Chris McCarthy Telephone #: 443-310-7319
 Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0133
 Site Address: 2842 Woodsdale Rd
Glenwood, MD 21738

Submersible Pump Data

Make: Galus
 Model #: 7HS10422
 Pump Capacity: 7
 Well Yield: 4

Pitless Adapter

Make: Campbell
 Model #: NA
 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: 450 (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 NA

Piping to house existing well line

Type: _____
 PSI: 200 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Length of sleeve (5' minimum from foundation): _____
 Sleeve 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: David C Fogle date: 5/11/2020

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

Date Insp. Requested: 5/12/20 Date Insp. Approved: 5/12/20 Inspector: (SD)
 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

36"
33"
18"
 - connected to old well line. Switch to use old pump or new pump

(Revised form 10/24/2018)



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:

Wellington Sec 1 22 2842 Woodstock Rd
Subdivision/Property Name Lot # Road Name

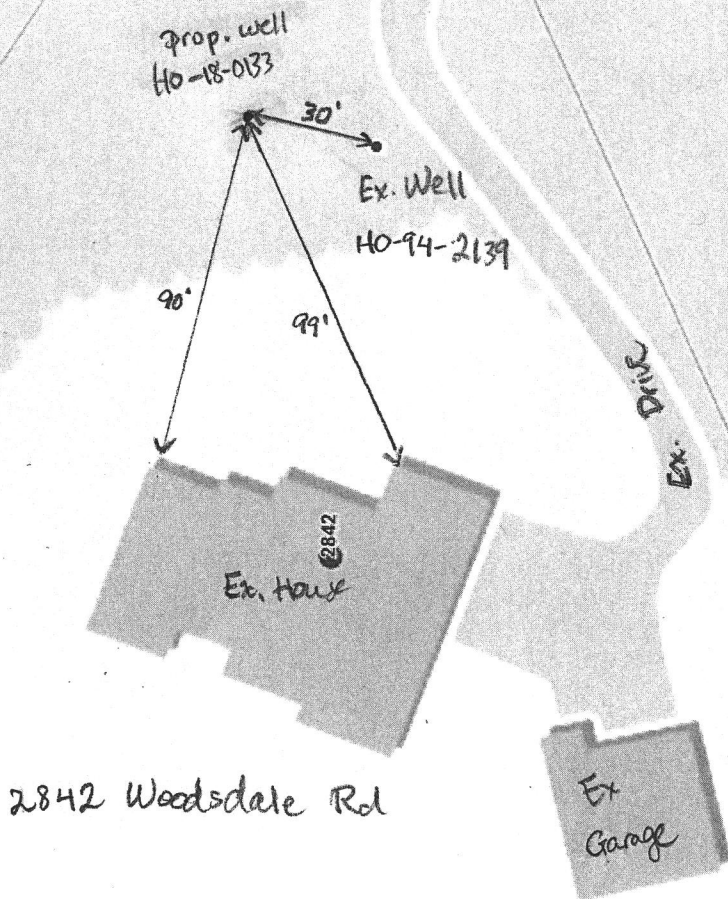
The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

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.

Driller can meet anytime - please call when we can be put on your schedule (443-609-4195)

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

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-18-0133
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE, MARYLAND 21230



2829

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

MEMORANDUM

May 13, 2020

Chris McCarthy
2842 Woodsdale Rd
Glenwood, MD 21738

RE: **Replacement Well Sampling**
2842 Woodsdale Rd
Glenwood, MD 21738
Well Permit # HO-18-0133

Dear Chris McCarthy:

According to our records, your new 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, sand, total dissolved solids, sodium and chloride.

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, we understand that you are retaining use of your old well, and that both wells are connected to the same water line. If you would like to keep the old well as potable use for back up, the old well must pass the same potability tests as above.

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.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-6287. Thank you for your attention to these important matters.

Respectfully,



Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program



FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
2/24/20	Called Fogles to see when well will be drilled-
	said they have to clear some trees and then they
	will drill it after their next job. (ST)