

C 1 67680	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)																																					
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 1-8-20	Depth of Well 22 100 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-20-0057																																		
OWNER <u>ARTERBURN, SCOTT</u> WELL SITE ADDRESS <u>5200 TEN OAKS RD</u> TOWN <u>DAYTON</u> SUBDIVISION <u>ARTERBURN PROPERTY</u> SECTION _____ LOT _____																																					
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>1</td> <td></td> </tr> <tr> <td>Brown clay</td> <td>1</td> <td>5</td> <td></td> </tr> <tr> <td>Brown mica</td> <td>5</td> <td>68</td> <td>✓</td> </tr> <tr> <td>Sand stone</td> <td>68</td> <td>85</td> <td></td> </tr> <tr> <td>Gray mica</td> <td>85</td> <td>90</td> <td></td> </tr> <tr> <td>opening</td> <td>90</td> <td>91</td> <td>✓</td> </tr> <tr> <td>Gray mica</td> <td>91</td> <td>100</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Top Soil	0	1		Brown clay	1	5		Brown mica	5	68	✓	Sand stone	68	85		Gray mica	85	90		opening	90	91	✓	Gray mica	91	100		GROUTING RECORD yes no WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <u>45</u> <u>46</u> NO. OF POUNDS <u>45</u> <u>46</u> GALLONS OF WATER <u>156</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>51</u> ft. (enter 0 if from surface)	
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																		
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CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ST STEEL</td> <td style="text-align: center;">CO CONCRETE</td> </tr> <tr> <td style="text-align: center;">PL PLASTIC</td> <td style="text-align: center;">OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>80</u> 60 61 63 64 66 70		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>0</u> ft. WHEN PUMPING <u>5</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible																															
ST STEEL	CO CONCRETE																																				
PL PLASTIC	OT OTHER																																				
OTHER CASING (if used) diameter inch <u>10</u> depth (feet) from <u>37</u> to <u>0</u> E A C H C A S I N G		SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ST STEEL</td> <td style="text-align: center;">BR BRASS</td> <td style="text-align: center;">HO OPEN HOLE</td> </tr> <tr> <td style="text-align: center;">PL PLASTIC</td> <td style="text-align: center;">OT OTHER</td> <td></td> </tr> </table>		ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																													
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N CIRCLE APPROPRIATE LETTER <input checked="" type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> 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.		C 2 DEPTH (nearest ft.) 1 2 <u>HO</u> <u>78</u> <u>100</u> E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 S R E E N SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) 56 60 from _____ to _____																																			
DRILLERS LIC. NO. <u>M WD 603</u> <u>Darren E. Wilson</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>JD 038</u> <u>Bruce Thompson</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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																																			
		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <u>29</u> 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) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>2</u> (nearest foot) 49 50 51																																			
		LATITUDE <u>39.227463</u> LONGITUDE <u>76.979168</u> (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	1 2 3 6 5684473	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-20-0057</u> <small>fill in this form completely</small>
Date Received (APA) <u>13628</u>		OWNER INFORMATION 8 MM DD YY 13 <u>ARTERBURN</u> <u>SCOTT</u> 15 Last Name Owner First Name 34 <u>5200 TEN OAKS ROAD</u> 36 Street or RFD 55 <u>CLARKSVILLE, MD 21029</u> 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION <u>Darren E. Wilson</u> <u>M</u> <u>W</u> <u>D</u> <u>603</u> Driller's Name 76 License No. 81 <u>L. F. Easterday Well Drilling</u> Firm Name <u>9265 Brown Church Rd., Mt. Airy, Md. 21771</u> Address <u>Darren E. Wilson</u> <u>11/6/2020</u> Signature Date		LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Arterburn Property</u> 23 SUBDIVISION 42 SECTION <u>44</u> <u>46</u> LOT <u>48</u> <u>50</u> <u>Dayton</u> 52 NEAREST TOWN 71		
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 <u>500</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		SOURCES OF DRILLING WATER 1. wells 2. <u>1/2/20</u> 3. <u>15 GPM</u> <u>static -0'</u> <u>level 5'</u> <u>pump 50'</u> <u>5 bags bentonite</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>28</u> BLK: <u>14</u> PARCEL <u>12 B</u>		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>(13)</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED <u>12/1/2020</u> <u>12/1/2024</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE <u>Dani. 1/5/21</u> <u>DOG: 1/8/21 (ST)</u> <u>DOY: 1/8/21 (ST)</u>		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		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 <u>DAYTON</u> <u>1/5/21</u> <u>21' of 10" pipe</u> <u>hit a little</u> <u>bit of</u> <u>bed rock at 6'</u> <u>but then broke</u> <u>through.</u> <u>1/6/21</u> <u>bed rock 68'</u> <u>6" 80' @ 12:30</u> <u>37' of 10" for mud</u> <u>1/7/20 - called in but no driller</u> <u>on site for insp. (ST)</u> <u>1/8/21</u> <u>100ft total</u> <u>TEN OAKS</u> <u>HIGHLAND RD</u> 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.		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>40-20-0057</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>min. 50' casing or 10' into B. druck.</u>				

6.5 39.227963
76.979168

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 5676
Address: 550 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 Foale License#: MSD226

*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: Scott Arterburn Telephone #: 443-829-9222

Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0057 (S)

Site Address: 5200 Ten Oaks Rd
Dayton, MD 21036

Submersible Pump Data

Make: Grundfos

Model #: 155GFI0-220

Pump Capacity: 15

Well Yield: 15

Depth of well encountered at time of pump installation: 100 (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

Pitless Adapter

Make: Campbell

Model#: NA

GPM Depth: 36" (36" min)

GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: 1" poly pipe

PSI: 200 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection / existing line

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5' minimum from foundation): 5'

Sleeve sealed properly: YES

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: [Signature]

date: 11/18/2021

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

Date Insp. Requested: 1/19/21 Date Insp. Approved: 7/20/21 Inspector: (S)

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

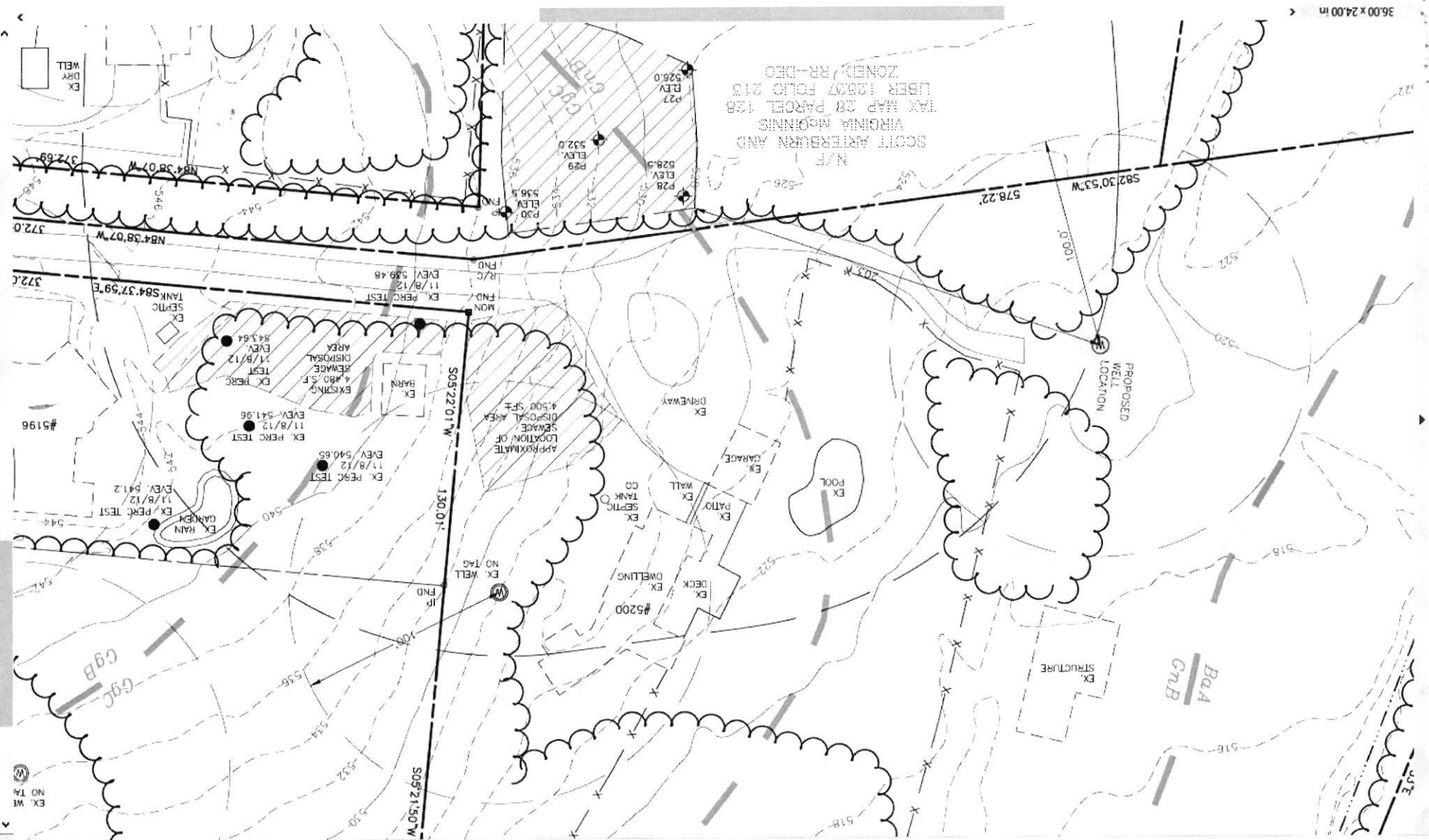
(S)
39"
30"
24"
existing

owner says
7/20/21 leaking stopped (S)

(Revised form 10/24/2018)

* 60 GPM artesian well. Leaking from cap and conduit. Contractor able to stop conduit leak, still leaking from cap (S)

1-2 ms



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION

1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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: 1-19-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) — N/A —

* PERMIT NUMBER OF REPLACEMENT WELL: HO — 20 — 0057

* PERSON ABANDONING WELL: David C Fogle

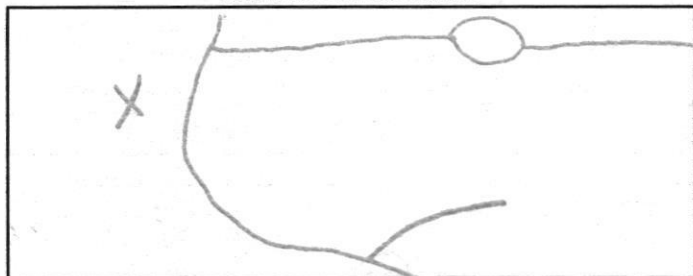
WELL DRILLER'S LICENSE NUMBER: 226

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Scott Arterburn

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 0028 BLOCK 0014 PARCEL 0157
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 5200 Ten Oaks Rd



LATITUDE 3 9 . 2 2 7 6 2 0

LONGITUDE 7 6 . 9 2 2 8 7 6

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	20'	0
VOLUME OF MATERIAL USED		
300 lbs Bentonite		

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 5 1/2 INCHES IN DIAMETER

DEPTH OF WELL: 20 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 21

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE# 226

MWD / MSD / MGS

CIRCLE ONE

1/19/21 DATE

COUNTY

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Thomas, Susan

From: Scott Arterburn <sarterburn@therainmakergroup.com>
Sent: Monday, July 19, 2021 12:38 PM
To: Wolf, Kevin
Cc: Thomas, Susan
Subject: RE: 5200 Ten Oaks Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Kevin:

They must have fixed that a long time ago because I haven't seen any water coming out of it for a number of months. I do recall you mentioning to keep an eye on it, but I think all is fine now.

Scott Arterburn, P.E.
443-829-9222 (cell)

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Monday, July 19, 2021 12:30 PM
To: Scott Arterburn <sarterburn@therainmakergroup.com>
Cc: Thomas, Susan <sathomas@howardcountymd.gov>
Subject: 5200 Ten Oaks Road

Scott,
We wanted to close out your property file regarding your well and septic. We had noted during the well line install that the cap was not tightened enough and water was coming out some. Has this been resolved?

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org
kwolf@howardcountymd.gov



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