

Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

March 22, 2016

Homeowner
1501 Long Corner Road
Mt. Airy, MD 21771

RE: **Replacement Well Sampling**
1501 Long Corner Road
#HO-15-0218

Dear Homeowner,

According to our records, your replacement well has been 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.

Sampling of the new well should 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.

Given the low yield of the new well, additional water storage may be needed inside the house to meet demands.

The old well must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

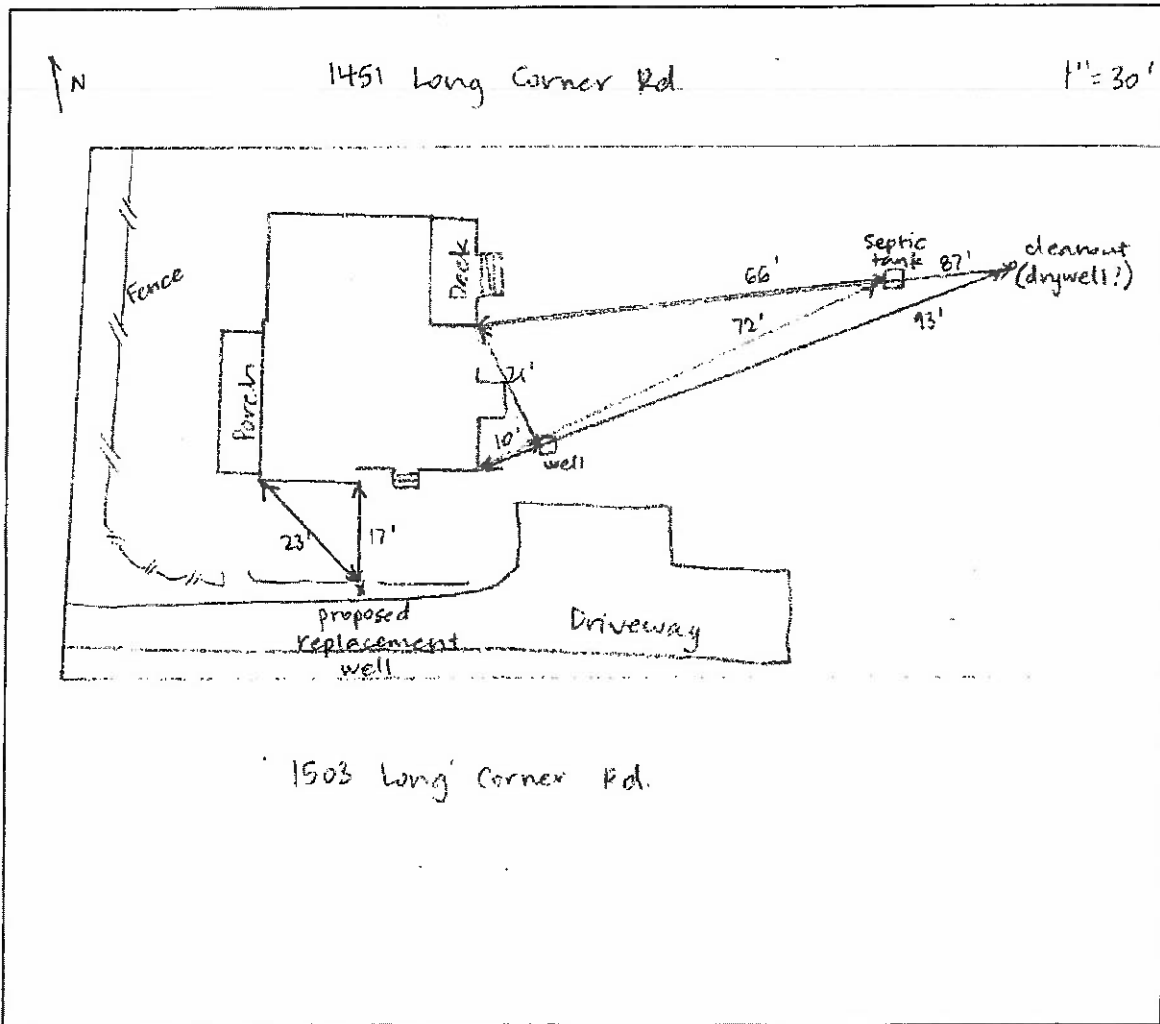
Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Valenza PHONE #: _____
ADDRESS: 1501 Long Corner Rd. CONTRACTOR: Fogle's
WELL TAG #: 40-15-0218
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Met Fogle's on site for replacement well site inspection. Site is likely
120' from end of trenches at 1503; 100' from own septic tank, 120'+ from
septic tank at 1451 (tank at south edge of garage, trenches extend into
backyard).

DATE: 3/4/16 INSPECTOR: Sarah Collins

3/16/16 Well line, p. 201. Found it sitting well on outside.
Ex line was 4000' (low)

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pileless 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: Foote's Well Drilling LLC Telephone #: 410-795-5670
Address: JPO BOX 202
Woodbine, MD 21797

(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. Foote License #: MD02210

*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: Deb Valenza Telephone #: 443-280-1043

Subdivision: _____ Lot #: _____ Well Tag #: BO-15-0218

Site Address: 1501 Long Corner Rd
Mt Airy, MD 21771

Submersible Pump Data

Make: GOVIA
Model #: 505151422
Pump Capacity: 5 GPM
Well Yield: 0.5 GPM

Pileless Adapter

Make: _____
Model #: PT400
Depth: 36" (36" min)
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

Depth of well encountered at time of pump installation: 150 (feet) Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches, Cable guards, or other acceptable method used - Must circle one

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

Piping to house

Type: 1"
PSI: 200 (60 psi min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5" minimum from foundation): _____

Depth of supply line: 36" (36" min) 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 areas. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Foote date: 3-15-16

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

Date Insp. Requested: _____ Date Insp. Approved: 3-16-16 Inspector: KW

Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

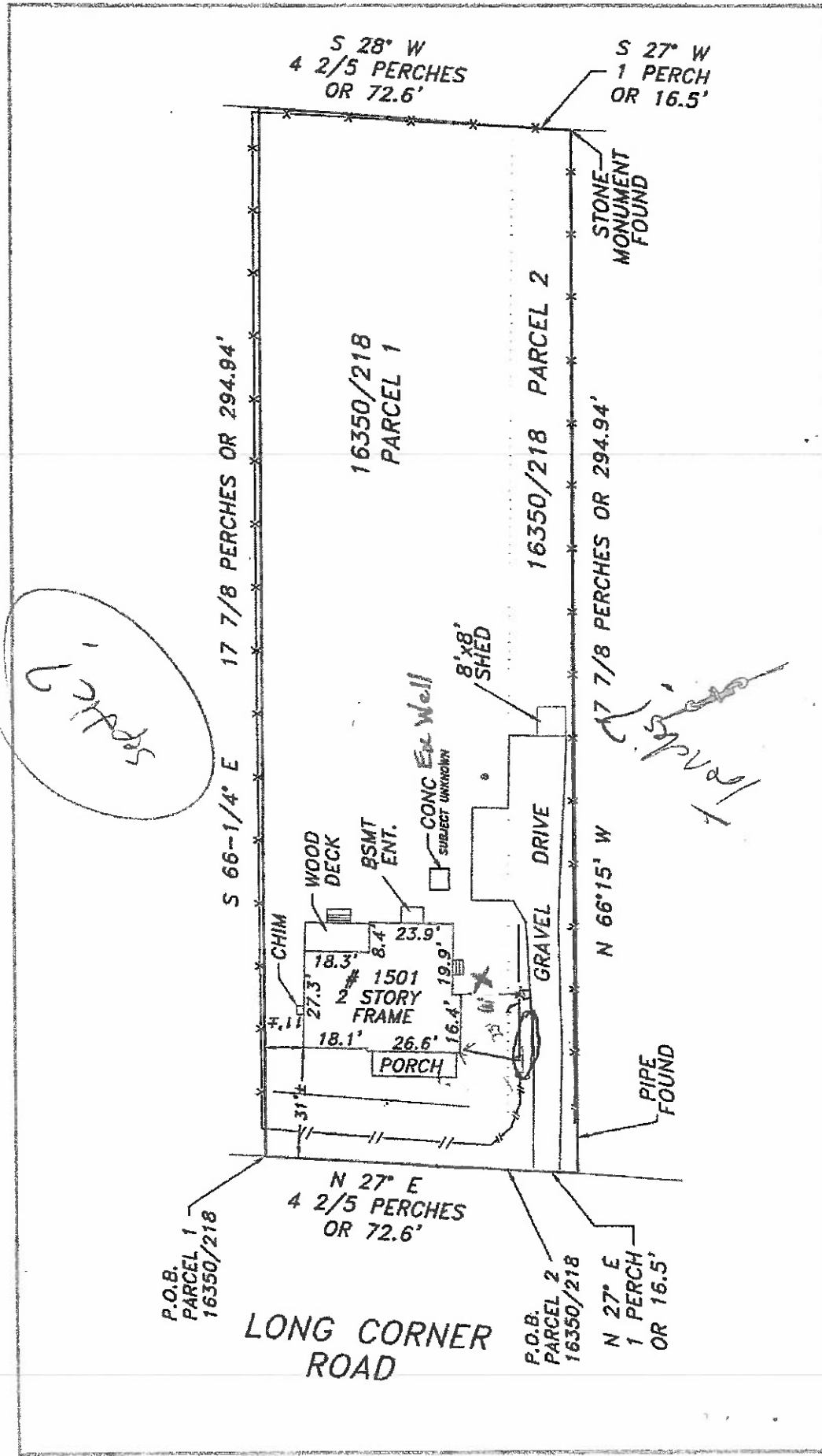
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope not outside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection connected to ex. well line

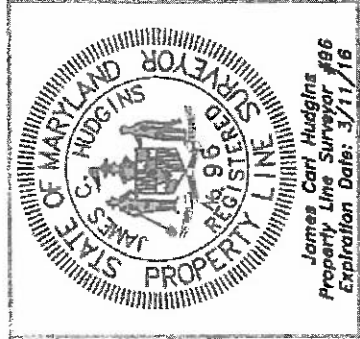
Adequate grout observed below pileless adapter ✓



WELL LOCATION DRAWING
 1501 LONG CORNER ROAD
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

Scale: 1" = 40'
 Date: 12/3/2015
 Field By: TLH
 Drawn By: TLH
 File No.: LMD22863
 Page No.: 1 of 2

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nittsurveyors.com



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown herein, 1501 LONG CORNER ROAD as described in a deed recorded among the land records of Howard County, Maryland in Liber 16350, folio 215.

PREPARED FOR:

Lakeside

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.

 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: 3-15-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

* OWNER'S NAME: Deb Valenza

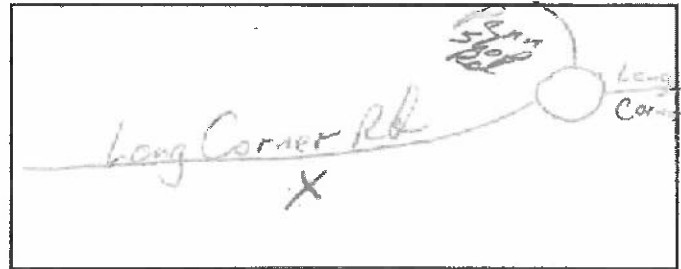
APPROVED
 07/03/2021
 P

HO-15-0218

CIRCLE: MWD MSD MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Mt. Airy
 TAX MAP 0006 BLOCK 0010 PARCEL 021
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 1501 Long Corner RD

SITE LOCATION MAP



LATITUDE 39.3345757

LONGITUDE 77.1549530

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>72</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>1.5 yds</u>		

* 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: 6 INCHES IN DIAMETER

DEPTH OF WELL: 72 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew Houseman LICENSE# 224

CIRCLE ONE MWD MSD MGD DATE 3-15-16

COUNTY

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	39421	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER 110-15-0218 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 03 02 16
8 MM DD, YY 13

15 Valenza Deb Last Name Owner First Name 34

36 1501 Long Corner Rd Street or RFD 55

57 Mt Airy Md 21771 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 Howard COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 Mt Airy NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Allen Compton 76 License No. M5D009 81

Firm Name Forks Well Drilling, LLC

Address P.O. Box 202 Woodbine, Md 21797

Signature Allen Compton 3-2-16 Date

B 4 SOURCES OF DRILLING WATER

1. Well Water

11 1501 Long Corner Rd STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 80 37 NORTH WEST SOUTH EAST

DISTANCE FROM ROAD 80 ENTER FT OR MI 38 39

TAX MAP: 0006 BLK: 6010 PARCEL 0121

B 2 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) COUNTY NO.

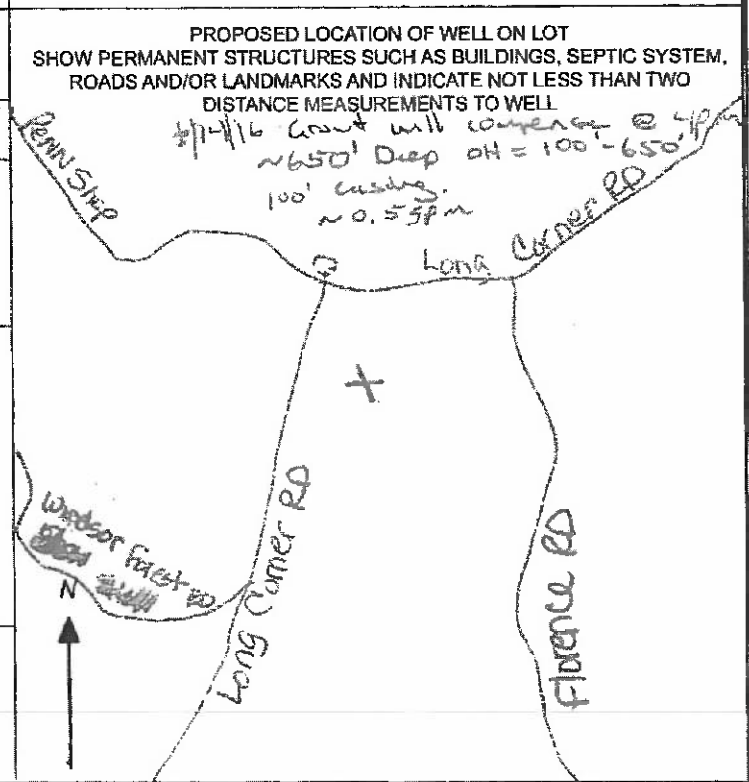
STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/3/16 43 MM DD YY 48

Sally G.M. CO SIGNATURE 3/3/17 EXP. DATE

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) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. 110-15-0218
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Existing well must be sealed. Bacteria req'd to protect well.

© COUNTY Sodium, chloride, TDS samples req'd



HOWARD COUNTY HEALTH DEPARTMENT

58014

DATE 5/2/16

Received From

Torles Well Drilling

PHONE # 410 715-5671

P.O. Box 502, Thurlock, MD 21797

For Well Permit App 150' Longfarms Road

CASH

CHECK

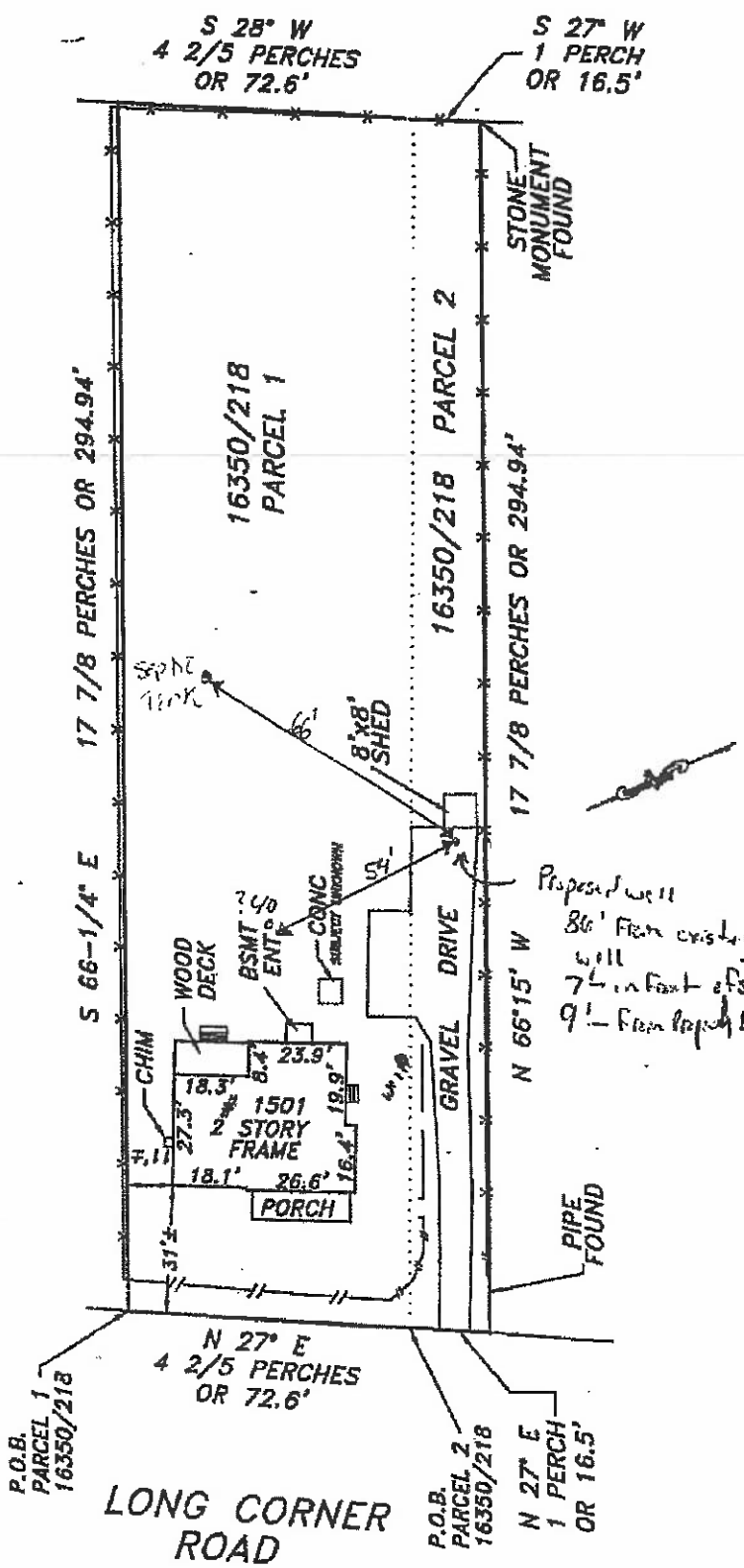
NO.

Dollars

\$ 100.00

Received By

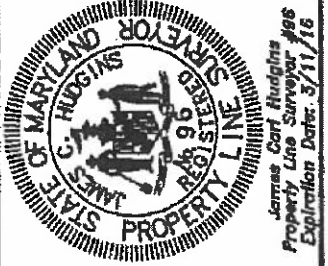
[Signature]



LOCATION DRAWING
 1501 LONG CORNER ROAD
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

Scale: 1" = 40'
 Date: 12/3/2015
 Field By: TLH
 Drawn By: TLH
 File No.: LMD2283
 Page No.: 1 of 2

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nffsurveyors.com



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, 1501 LONG CORNER ROAD as described in a deed recorded among the land records of Howard County, Maryland in Liber 16350, folio 215

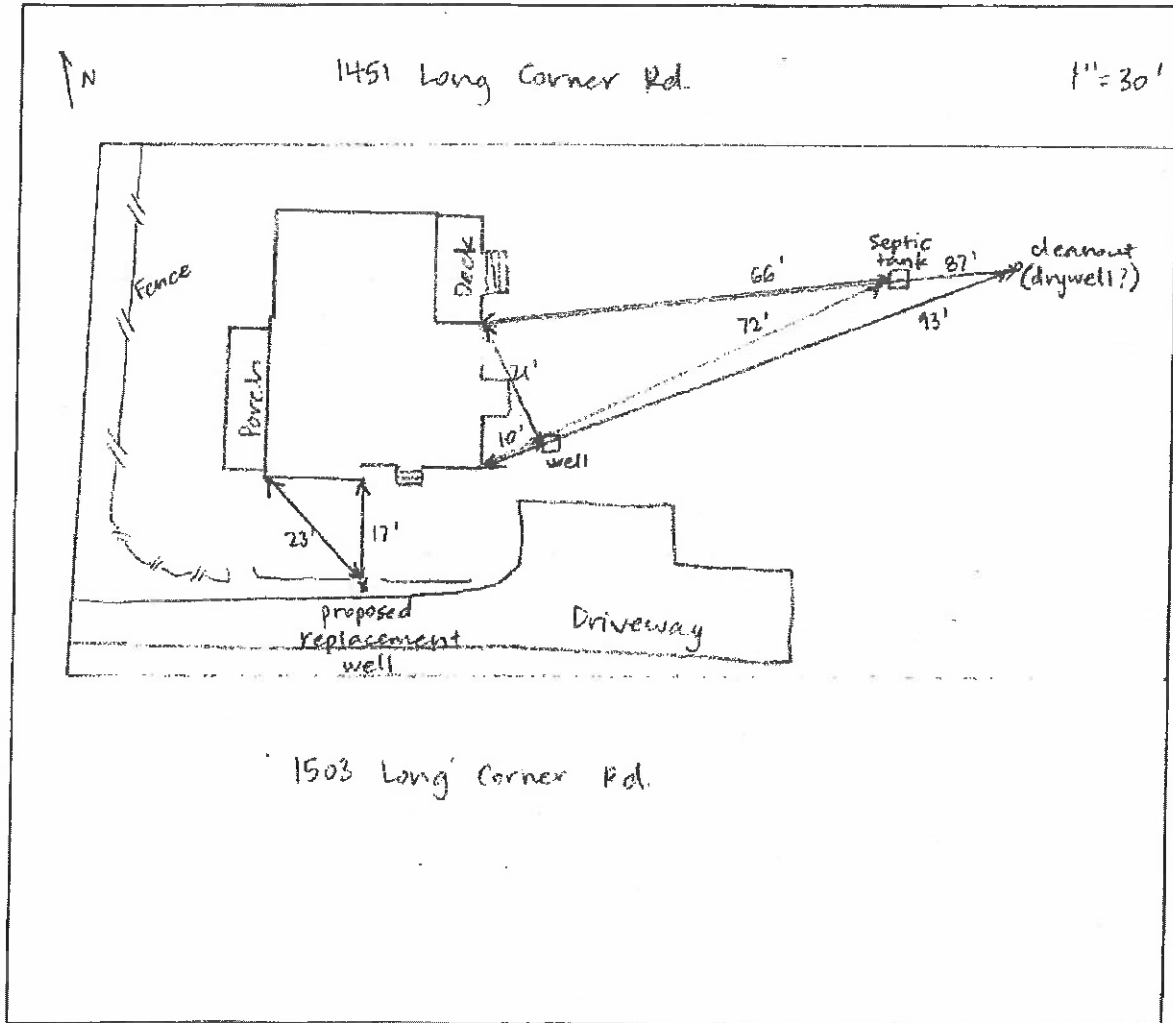
PREPARED FOR:

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SITE INSPECTION SHEET

OWNER: Valenza PHONE #: _____
ADDRESS: 1501 Long Corner Rd. CONTRACTOR: Fogle's
WELL TAG #: HO-15-0218
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

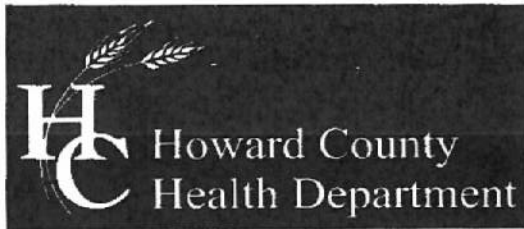
LOCATION DIAGRAM



COMMENTS: Met Fogle's on site for replacement well site inspection. Site is likely 120' from end of trenches at 1503; 100' from own septic tank, 100'+ from septic tank at 1451 (tank at south edge of garage, trenches extend into backyard).

DATE: 3/4/16 INSPECTOR: Sarah Collins

3/16/16 Well line, p. 201. Tried to string well line outside.
Ex line was WDRF (found)



Bureau of Environmental Health

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

March 22, 2016

Homeowner
1501 Long Corner Road
Mt. Airy, MD 21771

RE: **Replacement Well Sampling**
1501 Long Corner Road
#HO-15-0218

Dear Homeowner,

According to our records, your replacement well has been 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.

Sampling of the new well should 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.

Given the low yield of the new well, additional water storage may be needed inside the house to meet demands.

The old well must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

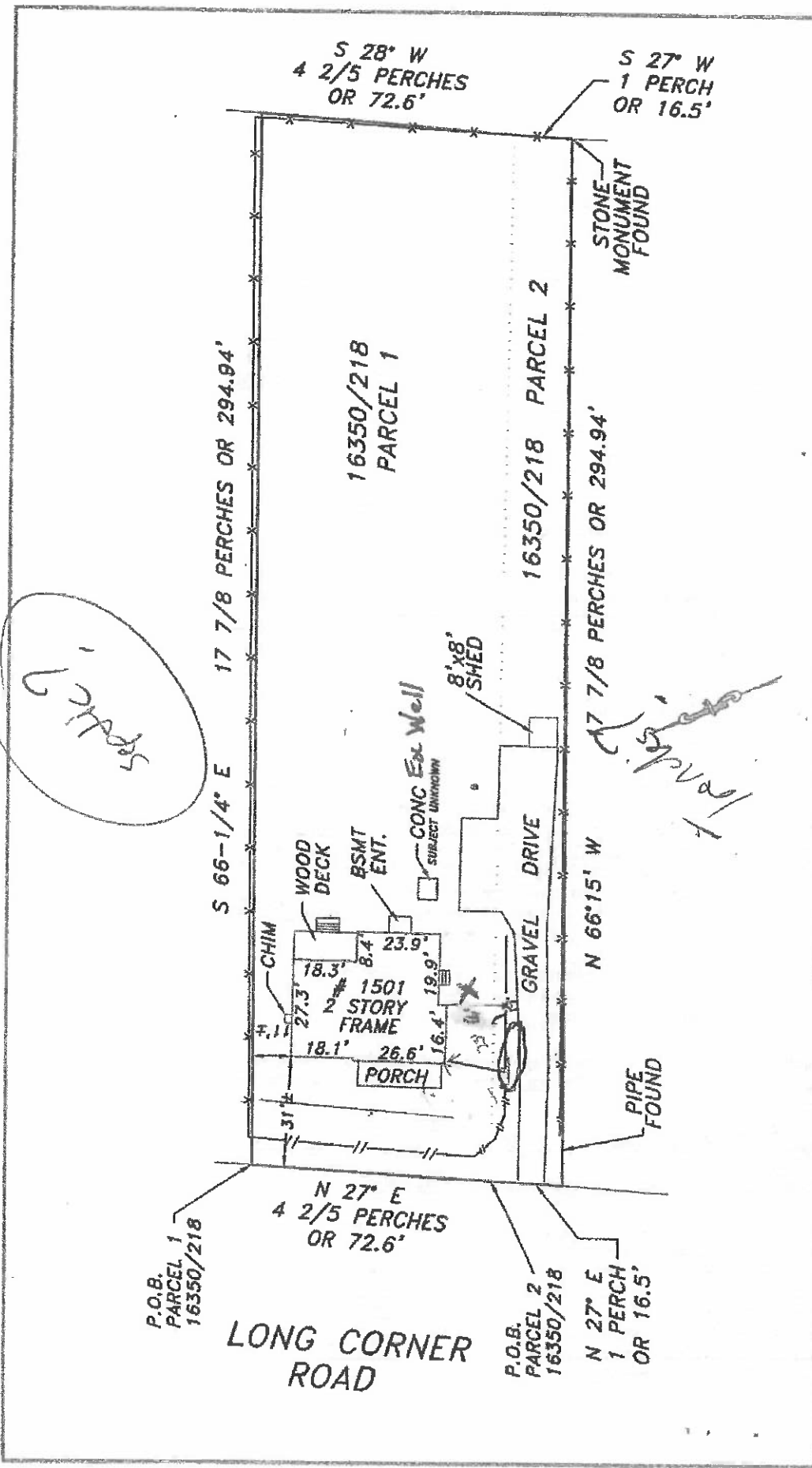
Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

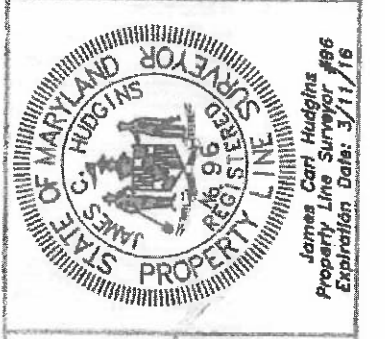
Cc: Community Hygiene Program
File



WELL LOCATION DRAWING
1501 LONG CORNER ROAD
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
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 www.nttsurveyors.com

Scales: 1" = 40'
 Date: 12/3/2015
 Field By: TLH
 Drawn By: TLH
 File No.: LMD22863
 Page No.: 1 of 2



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
1501 LONG CORNER ROAD
 as described in a deed recorded among the land records of Howard County, Maryland in Liber 16350, folio 215

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PREPARED FOR:

Lakeside

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Foales Well Drilling LLC Telephone #: 410-795-5670
Address: P.O. Box 202
Woodbine, MD 21797

(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 # ms02210

*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: Deb Valenza Telephone #: 443-280-1043
Subdivisor: _____ Lot #: _____ Well Tag #: BO-15-0218
Site Address: 1501 Long Corner Rd
MF Arty, MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: _____	Two piece watertight cap: <u>YES</u>
Model #: <u>5621ST422</u>	Model #: <u>PT300</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>3/4" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>0.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>150 (feet)</u>		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque anastors, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1"</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200 (60 psi min)</u>	Length of sleeve (5" minimum from foundation): _____
Depth of supply line: <u>3/4" (36" min)</u>	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 Foale date: 3-15-16

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

Date Insp. Requested: _____ Date Insp. Approved: 3-16-16 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 1 1/2" below grade/attached to cap properly ✓
 Safety rope not outside of well casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓
 Water supply line sleeved adequately at house connection connected to ex. well line
 Adequate grout observed below pitless adapter ✓



fracking insp.
well head onsite
lets well open.



FILE INQUIRY NOTES

Perry Harley - 301-471-3473

DATE	RESULTS OF REVIEW FOR FILE
1/8/24	Site insp. driller not onsite and the well was left open w/ water flowing over the top of the casing. pump & lid on the ground next to the well. spoke to the homeowner who said the driller left the site recently. I called the driller who said his crew needed equipment to drop the pump and get it up and running. (RM)
1/9/24	Site visit, well cap back on the well casing, appears to be hooked backup, one screw on the well cap is broken and should be replaced. spoke to the driller Perry Harley @ 301-471-3473, he said that no yield test has been done yet, he instructed the homeowners to use the water for a few weeks to remove the water he used to frack. he said that the water he uses is chlorinated so he did not instruct the homeowner to do potability water test. called the homeowner Mr. Valenza @ 410-530-9046 and told him about the broken screw on the well cap. I also said I'd look into getting him water testing. (RM)
1/10/24	Spoke to K. Cook from our Bureau and she approved free bacteria & nitrate testing. I called the homeowner and asked him to reach out to school: the sampling will only be done after the chlorine has been flushed out. (RM)
2/14/24	Arrived @ house for scheduled water sample @ 10 AM and no one answered the door. I waited for about 20 min and called Mr. Valenza who told me no one was home. I requested that he call me if he wanted to reschedule. (RM)

ST/CO USE ONLY DATE RECEIVED MM 04 12 YY 14 DATE WELL COMPLETED MM 3-15-16 APPROVED ON 03/20/16 Depth of Well 650 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-15-0218

OWNER Valen 2a Deborah WELL SITE ADDRESS 7501 Long Corner Rd TOWN Mt. Airy 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	
Feel to Brown Lamy	0	32	
Light Brown Sand	32	90	
Gray Schist	90	112	
Light Brown	112	113	✓
Gray Schist	113	650	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 57 NO. OF POUNDS 2176
GALLONS OF WATER 222
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 97 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 **ST** Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 100

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	BR BRONZE	OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED **Y** **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.

DRILLER'S LIC. NO.: MSD 009
DRILLER'S SIGNATURE
LIC. NO.: D

C2 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

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

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 01
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE 1902
WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 1000 ft.

TYPE OF PUMP USED (for test)
A piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES) **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 **S**
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 5
PUMP HORSE POWER 1 1/2
PUMP COLUMN LENGTH (nearest ft.) 625
CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **-** below } 02 (nearest foot)

LATITUDE 39.3345261
LONGITUDE 77.21549606
(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.



HOWARD COUNTY HEALTH DEPARTMENT

58014

DATE 3/2/11

Received From

Torles Well Mill

PHONE # 410 415 961

P.O. Box 202, Towles Mill, MD 21157

For

Well Permit App: 150' Long Larmer Pond

CASH

CHECK

NO.

Dollars

\$ 100.00

Received By

[Signature]

OK
1/8/2024
SP

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-15-0718 DATE WORK PERFORMED (mm/dd/yyyy) 1-8-2024

WELL SITE ADDRESS 1501 LONG CORNER RD MT A
39.334520 -77.154903

TAX MAP _____ BLK _____ PARCEL _____ LATITUDE 39.334520 LONGITUDE 77.154903

CASING DEPTH _____ FT CASING TYPE (circle) ST OR PVC DIAMETER 6 1/4

WELL DEPTH _____ FT WATER LEVEL BEFORE FRAC 188 FT YIELD BEFORE FRAC .1 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 90 FT

SOURCE OF WATER POTABLE

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	90 FT	90 FT	800	1500
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 48 FT YIELD AFTER FRAC 1 1/2 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

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DRILLER SIGNATURE [Signature] LIC # 143