

B 1 3931

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525578

STATE PERMIT NUMBER 110-95-0537 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Fulton Ridge LLC 15 Last Name Owner First Name 34 6339 Ten Oaks Road 36 Calrksville MD 21029 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

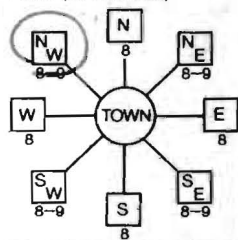
Howard 8 COUNTY 21 Fulton Ridge 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Fulton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 1 MI 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Eddar Harr Soan' Corp. Firm Name 12047 Falls Road, Cockeysville 21000 Address 9/19/06 Date Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Scaggsville Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 300 37 WEST 32 EAST SOUTH DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 41 BLK: 13 PARCEL 2

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 750 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS17386 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/1/06 11/1/07 CO SIGNATURE EXP. DATE NORTH GRID 485 000 EAST GRID 818 000

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

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

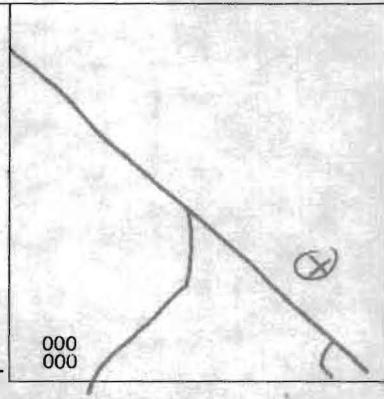
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER H02006G015 PERMIT No. H0-95-0537

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 818 S 485 N



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Ex. well must be abandoned

# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 11-15-06  
Address: Scaggsville Road  
Owner Name: Fulton Ridge  
Well Depth: 260 Ft

Permit Number: HO-95-0537  
Subdivision: Fulton Ridge L#3  
Election District:  
Static Water Level: 33 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1130 ✓	33 ft		17 sec	17.64
1145	91		20	15.00
1200	136		24	12.50
1215	140		25	12.00
1230 ✓	148		27	11.11
1245	152		28	10.71
1300	156		30	10.00
1315	156		30	10.00
1330 •	156		30	10.00
1345	156		30	10.00
1400	156		30	10.00
1415	156		30	10.00
1430 .	156		30	10.00

**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: Dakshesh Patel Telephone #: 202-468-5557  
Address: 7709 Longmorn Ln.  
Laurel MD 20707

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): MARK BREW License# 16761

**\*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: Dakshesh Patel Telephone #: 202-468-5557  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO -  
Site Address: 12119 Fulton Ridge Dr.  
Fulton MD 20759

**Submersible Pump Data**

Make: Grundfos  
Model #: LF15SQE15C-290  
Pump Capacity 15 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Campbell  
Model#: 010X  
Depth: 31" (36" min)  
NSF/WSC approved:

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 260 (feet) Conduit secured to well cap:

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

Torque arrestors, 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

**Piping to house**

Type: PE 160 LB  
PSI:  (160 psi min)  
Depth of supply line: 31 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve(5' minimum from foundation): 60'  
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: Mark Brew date: 1-3-11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

*Handwritten notes:*  
JLF  
2/22/11  
2/22/11  
2/22/11  
2/22/11

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 3 Well Tag #: HO - 95-2537  
Site Address: 12119 Fulton Ridge Dr.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

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  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

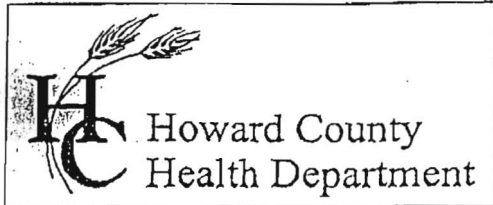
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 8/20/0 Date Insp. Approved: \_\_\_\_\_  
Inspection Data Pitless adapter and 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 installed inside of well casing   
Correct well tag attached properly and casing 4" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

(KW)  
→ Told plumber to put rope inside well.



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

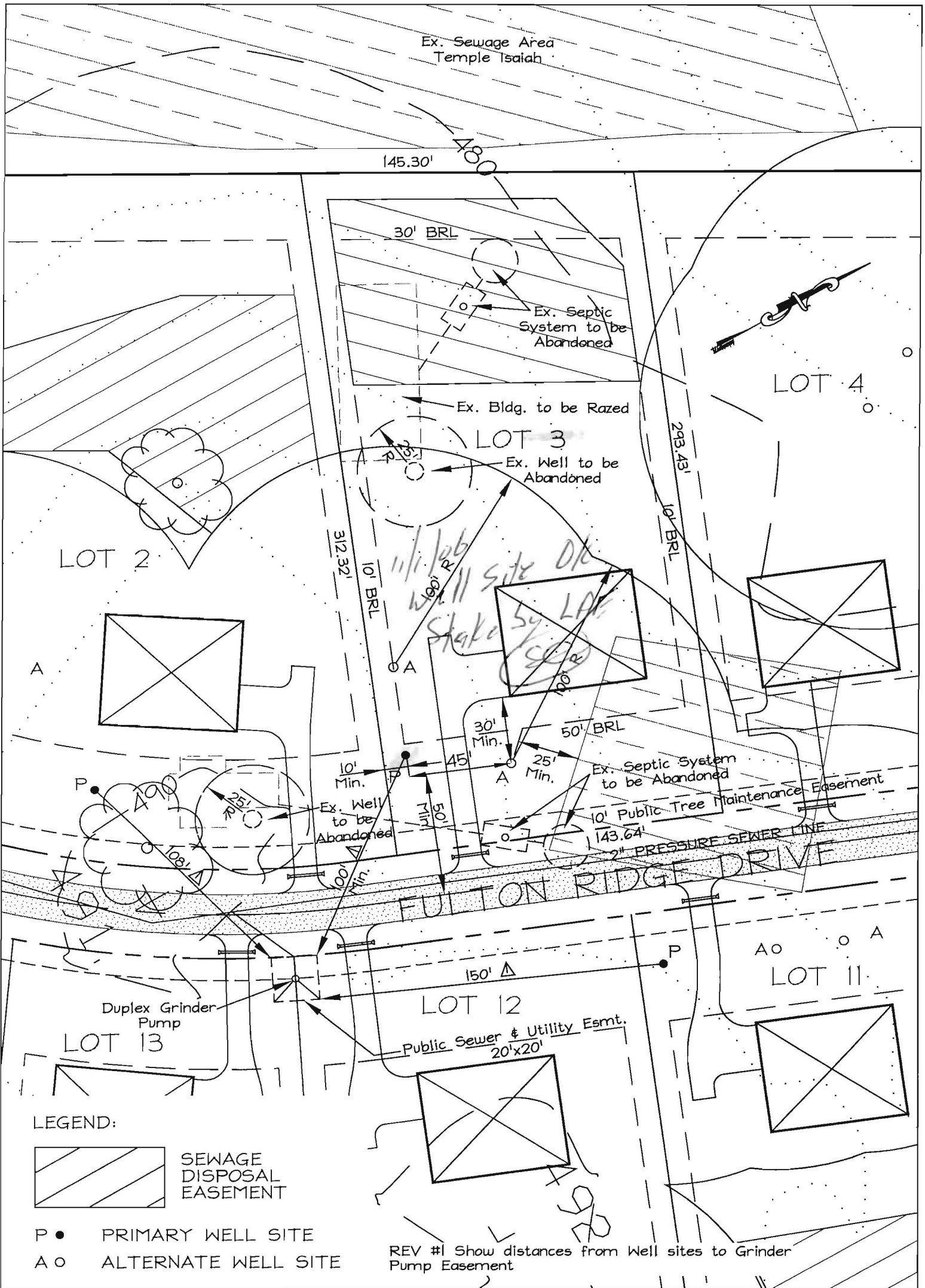
### ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by LDE, Inc  
on 9/22/06 w/17/06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



LEGEND:



SEWAGE DISPOSAL EASEMENT

- P ● PRIMARY WELL SITE
- A ○ ALTERNATE WELL SITE

REV #1 Show distances from Well sites to Grinder Pump Easement

EXHIBIT FOR WELL PERMIT  
FULTON RIDGE

LOT 3

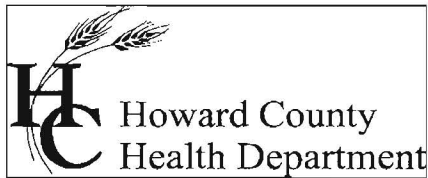
TAX MAP 41 GRID 13 PARCEL 2  
5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

**LDE INC.**

Planning/Engineering/Surveying

9250 Rumsey Road Suite 106/Columbia, Maryland/21045  
(410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

DRAWN BY: G.D.W.	DATE: REV. 10/17/06	SHEET:
CHECKED BY: B.D.B.	9/06/06	3 OF 14
SCALE: 1" = 50'	LDE JOB NO: 02-017.4	FILE NO:



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Peter L. Beilenson, M.D., M.P.H., Health Officer

January 3, 2011

Homeowner  
12119 Fulton Ridge Drive  
Fulton, MD 20759

**Faxed to homeowner at 516-998-0652**

RE: Fulton Ridge, Lot 3  
12119 Fulton Ridge Drive  
BP# B09003084  
Well Tag #: HO-95-0537

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/02/2010. Final approval of the well line connection to the dwelling was approved on 01/03/2011.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 12/04/2006 and 12/21/2010. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

**INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0537. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/21/2010  
Date of Samples for Gross Alpha & Gross Beta: 12/04/2006, 12/21/2010  
Date of Well Completion: 12/08/2006

Approving Authority,



Jeff Williams, RS, REHS, MAS  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



**CERTIFICATE OF ANALYSIS**

**Requester:**

Dak Patel  
 7709 Longmorn Lane  
 Laurel, Maryland 20707

**S/O Number:** 79907

**Report Date:** December 22, 2010

**Property Sampled:** 12119 Fulton Ridge Drive, 20759  
**Sample Location:** Pressure Tank  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B09003084  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 41

**Subdivision:** Fulton Ridge  
**Parcel:** 506

**Lot #:** 3

**Date/Time Collected in Field:** December 21, 2010 @ 12:30 pm  
**Date/Time Received in Lab:** December 21, 2010 @ 3:05 pm

**Well Tag #:** HO-95-0537  
**Well Condition:** 2-Piece Cap, Satisfactory Condition

**Water Treatment/Conditioning:** Softener, Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	1.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.7 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.6 Units	***
Sand		Negative	Negative	

Katherine C. Higgs  
 Katherine C. Higgs  
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Dak Patel
7709 Longmorn Lane
Laurel, Maryland 20707

S/O Number: 79907

Report Date: December 28, 2010

Radium Testing

Property Sampled: 12119 Fulton Ridge Drive, 20759
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B09003084
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 41

Subdivision: Fulton Ridge
Parcel: 506

Lot #: 3

Date/Time Collected in Field: December 21, 2010 @ 12:30 pm
Date/Time Received in Lab: December 21, 2010 @ 3:05 pm

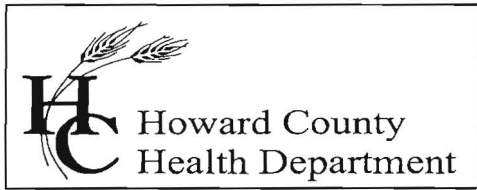
Well Tag #: HO-95-0537
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Softener, Sediment Filter

Table with 6 columns: PARAMETER, METHOD, DETECTION LIMIT, MCL\*, RESULT, ACCEPTABILITY. Rows include Gross Alpha and Gross Beta results.

\*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report. The acceptability of this sample is based on these requirements.

Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 27, 2006

Fulton Ridge, LLC.  
Attn; Harold Bernardzikowski  
6339 Ten Oaks Road  
Clarksville Maryland 21029

RE: Fulton Ridge, Lot 3  
Well Tag: HO-95-0537

Dear Mr. Bernardzikowski:

A sample was collected from a yield test on December 4, 2006 and submitted to Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $1.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $4.0 \pm 2.0$  pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

  
Bert Nixon, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater  
✓ Well & Septic File

Send Report To:

Robert Nixon

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201

*John M. DeBoy, Dr. P.H., Director*

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: 40-95-0533 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: 1000 ... County: ... 1

Sample Source: 1-2-3 Location: 40-95-0533  
(well no., lab sink, sample tap, etc.)

County:   Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: Kevin Wolf

Telephone No: 410-333-1798

Date Collected: 12/4/06

Time Collected: \_\_\_\_\_ a.m. 1:30 p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

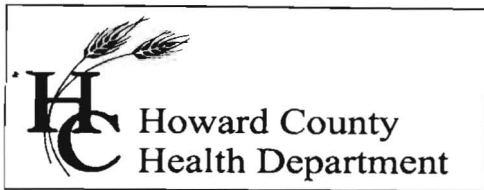
Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Water for ... pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	1080	151	12/28/06
✓	Gross Beta	4100	1080	432	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 12/1/07

Supervisor: Wras



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Friday, December 08, 2006

MEMORANDUM

To: FILE

From: Stuart F. Oster  
Well and Septic Program

Re: Wells

Scan with On-site Sewage Disposal  
Installation Permits for these lots

1. At WPI, look closely at the grout below the pitless. The Completion reports seem to indicate that the grout may be short. The well driller indicated that the side wall of the holes was caving and this caused the shortage.
2. Yield and grouts were not called in (except for 14).
3. Wells are in Radium testing area. May need retests for ICOP.

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 ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 11/2/06 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Michael Isom

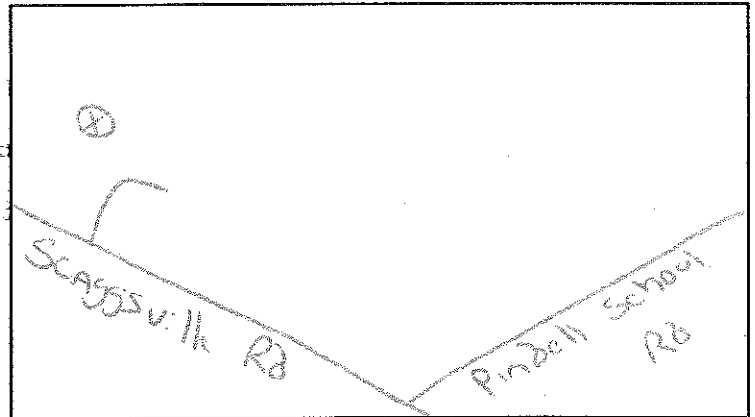
-WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Fulton Ridge LLC

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Fulton  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Fulton Ridge  
 SECTION: \_\_\_\_\_ LOT: 3  
 NEAREST ROAD: Scaggsville Rd



\* TYPE OF WELL BEING ABANDONED:

DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ 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: 110 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES \_\_\_\_\_  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_  NO

LOG OF SEALING MATERIAL

MATERIAL	-FEET	
	FROM	TO
Stone	110	40
Cement	40	0
* Well was filled to pit floor. pit to be filled w/ soil.		
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_

LICENSE # 162

MWD/MSD/MGD  
 CIRCLE ONE

DATE 11/2/06

