

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
COLS. 3-6 ON ALL CARDS)

WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

COUNTY NUMBER  
PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-3251

DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
10 12 01

DEPTH OF WELL  
22 280 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-3251  
28 29 30 31 32 33 34 35 36 37

OWNER David E. Yingling  
STREET OR RFD Howard Lodge Rd  
SUBDIVISION Weisensel Property SECTION TOWN Sykesville LOT 7A

**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 So. C	0	2	
Brown Slate	2	23	✓
Brown Slate	23	30	
Blue Slate	30	55	
Brown Slate	55	60	✓
Blue Slate	60	160	
Flint Rock	160	165	✓
Blue Slate	165	280	

**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 45 46 14 NO. OF POUNDS 45 46 1400  
 GALLONS OF WATER 84  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30+ 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 38  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
 E A C H C A S I N G

**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 2 36 280  
 E A C H S C R E E N  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51

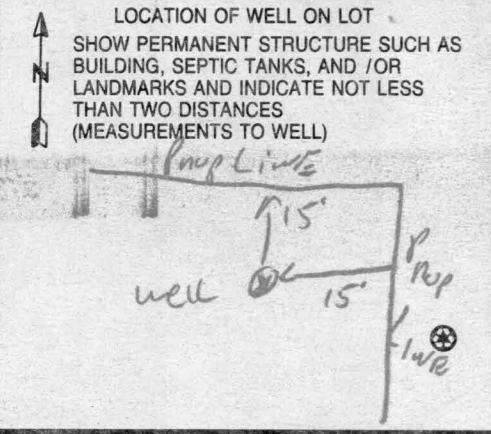
**SLOT SIZE** 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  
 68

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

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 4  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 19 ft.  
 WHEN PUMPING 20 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  
 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  
 - below 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

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. 1 M SD 117  
David E. Yingling  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

B 1 8908

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

HO-94-3251

fill in this form completely

W516041

Date Received (APA)

09 28 01

OWNER INFORMATION

YINGLING DAVID
12336 Howard Lodge DR
SYKESVILLE MD 21784-5405

B 3

LOCATION OF WELL

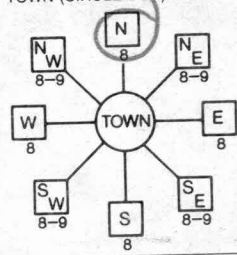
Howard COUNTY
YINGLING Prop
SECTION 44-46 LOT 7-A
West Friendship
MILES FROM TOWN 3

DRILLER INFORMATION

Ralph E. MAYNE M SD 117
Ralph E. Mayne (well drilling)
17024 Handy Rd. Mt Airy MD 21771
9-24-01

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Howard Lodge DR.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 800
ENTER FT OR MI

TAX MAP: 9 BLK: 12 PARCEL 306

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
STATE SIGNATURE
DATE ISSUED 10 10 01
CO SIGNATURE Steven R. Krieg 10 10 02
NORTH GRID 000 EAST GRID 000

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
GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 inch

METHOD OF DRILLING (circle one)

BORED (or Augered)
AIR-ROTary
CABLE
JETTED
ROTARY (Hydraulic Rotary)
DRive-POINT

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)

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

APPROX. PERMIT NUMBER
PERMIT No. HO-94-3251

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

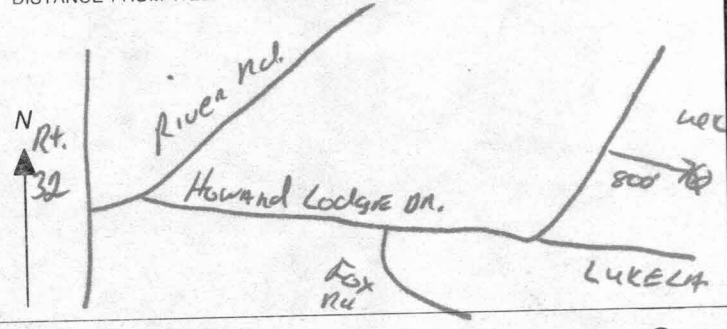
SOURCES OF DRILLING WATER

- well

WRITE THE BOX NUMBER FROM THE MAP HERE

820
550

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



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 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
 Address: 380 Abrecht Rd  
Sykesville

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

Name (Print): Allen Compton License # MSD009

\*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: Jacobson Homes Telephone #: 301-953-2011  
 Subdivision: YING-LING PROPERTY Lot #: 7A Well Tag #: HO-94-3251  
 Site Address: 12342 Howard Lodge Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Camoball</u>	Two piece watertight cap: <u>CS</u>
Model #: <u>FF75B07422</u>	Model #: <u>PIA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>4</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>5</u>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		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 18.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>CS</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, storage 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: Allen Compton date: 3-4-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/17/03 (SO) BB  
 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 8" above finished grade   
 Water supply line sleeved adequately at house connection   
 Adequate grout observed below pitless adapter

12. NUMBER OF BEDROOMS: 5

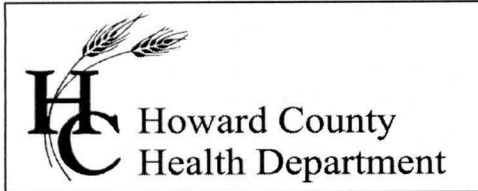
Health Dept.  
Copy

10/10/01  
Well site OK  
no insp. made  
**SRK**



7C AREA  
AVAILABLE PLANNING  
ORD

FOR PRIVATE  
PRIVATE



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

October 19, 2004

Jacobsen Homes  
9405 Elizabeth Court  
Fulton, MD 20759

**SENT VIA FACSIMILE 301-953-1719**

RE: Weisenel Property, Lot 7-A  
12342 Howard Lodge Road  
Sykesville, MD 21784  
BP # B00134958  
Well Permit # HO-94-3251

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 07/02/2004. Final approval of the well line connection to the dwelling was approved on 09/17/2003.**

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.

#### 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-94-3251. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 09/24/2004  
Date of Well Completion: 10/12/2001

Respectfully,

*Brian Baker*  
Brian Baker, R. S.  
Well and Septic Program

BB/mlb  
cc: Building Inspector's Office  
Community Services Program  
File