

C1 0455

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for mud-clay, Brown shale, and Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole, insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Production)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MSD 005 1, DRILLERS SIGNATURE

LIC. NO. 1 M D 1

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N and rows for casing depths.

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

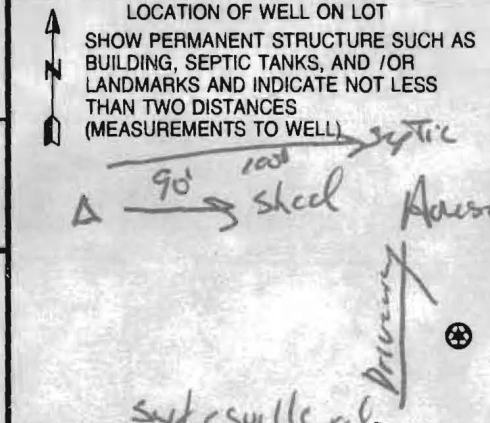
TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 1 0750

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0048

please type

fill in this form completely

Date Received (APA)

06/15/05

OWNER INFORMATION

Javaid Mussarat, 3080 RT 32, West Friendship MD 21794

B 3

LOCATION OF WELL

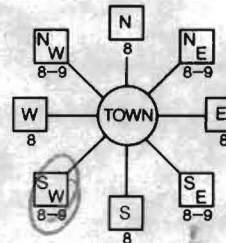
Howard County, West Friendship, Nearest Town

DRILLER INFORMATION

Alton Compton, M S D 009, Fogles Well Drilling, 580 Obrecht rd.

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



400 FT, DISTANCE FROM ROAD

TAX MAP: 15 BLK: 22 PARCEL 35

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 06/15/05, County Signature, Exp. Date 06/15/06, North Grid 529, East Grid 810

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, CABLE, JETTED, AIR-PERcussion, REVerse-ROTary, ROTARY (Hydraulic Rotary), DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

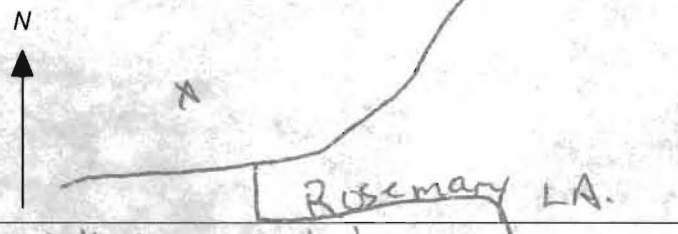
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810, N 529

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



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

APPROX. PERMIT NUMBER G, PERMIT No. HO-95-0048

SPECIAL CONDITIONS

Existing Hand Dug well to be sealed

A00631

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
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: ? (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HAND DUG

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 0048

\* PERSON ABANDONING WELL: Javid Mussarat

WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

\* OWNER'S NAME: Same as above

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard

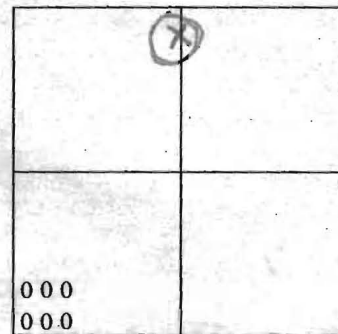
NEAREST TOWN: West Friendship

TAX MAP 15 BLOCK 22 PARCEL 35

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

NEAREST ROAD: Rt 32



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E810  
N 529

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- CONCRETE
- STEEL
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 36 INCHES IN DIAMETER

\* DEPTH OF WELL: 50 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED?  YES  NO N/A

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>5</u>	<u>0</u>
<u>pk gravel</u>	<u>~50</u>	<u>5</u>

*~25 bags*

*Abandonment was not supervised*

MWD/MSD/MGD

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_ LICENSE # \_\_\_\_\_ CIRCLE ONE \_\_\_\_\_ DATE \_\_\_\_\_



A00637

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
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: ? (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HAND DUG

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 0048

\* PERSON ABANDONING WELL: Javid Mussarat

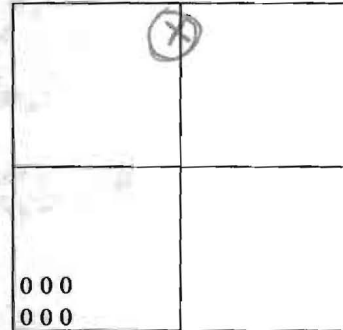
WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Same as above

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: West Friendship  
 TAX MAP 15 BLOCK 22 PARCEL 35  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: Rt 32



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER  
 E 810  
 N 529

\* TYPE OF WELL BEING ABANDONED:

- \_\_\_\_\_ DRILLED
- \_\_\_\_\_ BORED/AUGURED
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_
- \_\_\_\_\_ JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ TEST/OBSERVATION
- \_\_\_\_\_ MUNICIPAL/PUBLIC
- \_\_\_\_\_ INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- \_\_\_\_\_ PLASTIC
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 36 INCHES IN DIAMETER

\* DEPTH OF WELL: <50 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_ NO N/A

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>5</u>	<u>0</u>
<u>pk gravel</u>	<u>~50</u>	<u>5</u>

*~25 bags*

Abandonment was not supervised

MWD/MSD/MGD

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_ LICENSE # \_\_\_\_\_ CIRCLE ONE \_\_\_\_\_ DATE \_\_\_\_\_



**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: Fogles Telephone #: \_\_\_\_\_  
Address: 580 Olbrecht 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): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_ - \_\_\_\_  
Site Address: 3000 Rt 32

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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.: \_\_\_\_\_  
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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve 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.**

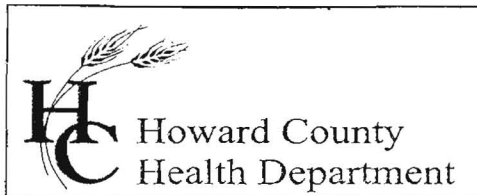
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 6/27/05 Date Insp. Approved: \_\_\_\_\_ Inspector: GAC  
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 seen 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

→ Tag to be installed later this week (6/27/05)  
→ grout is where casing was cut away from 6" ~ 10' below grade

Old Hand dug Well must be abandoned sealed  
For approval 7/5/05 - Well tag not on Well yet. GAC



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 16, 2005

Javaid Mussarat  
3080 Route 32  
West Friendship, MD 21794

RE: **Replacement Well Issues/  
Well Abandonment**  
3080 Route 32  
West Friendship, MD 21794  
Well Permit #: HO-95-0048

Dear Sir or Madam:

Our records indicate that the replacement well #HO-95-0048 has replaced a previously existing hand dug well on the above referenced property as of 6/27/05, and the latter well is no longer in use. State and local regulations require that wells no longer in use be sealed in an appropriate manner. Sealing of wells should be performed by a licensed well driller and proper abandonment/sealing documentation should be submitted to Howard County Health Department, Bureau of Environmental Health. **Failure to properly seal an abandoned well may result in fines and/or criminal prosecution.** This situation will be re-evaluated in approximately thirty days to determine if enforcement action is needed.

If you have any questions, or would like to discuss these matters further, please call me directly at (410) 313-2775. Thank you for your attention to this important issue.

Respectfully,

Gabriel A. Creighton  
Sanitarian, Well & Septic Program

gac

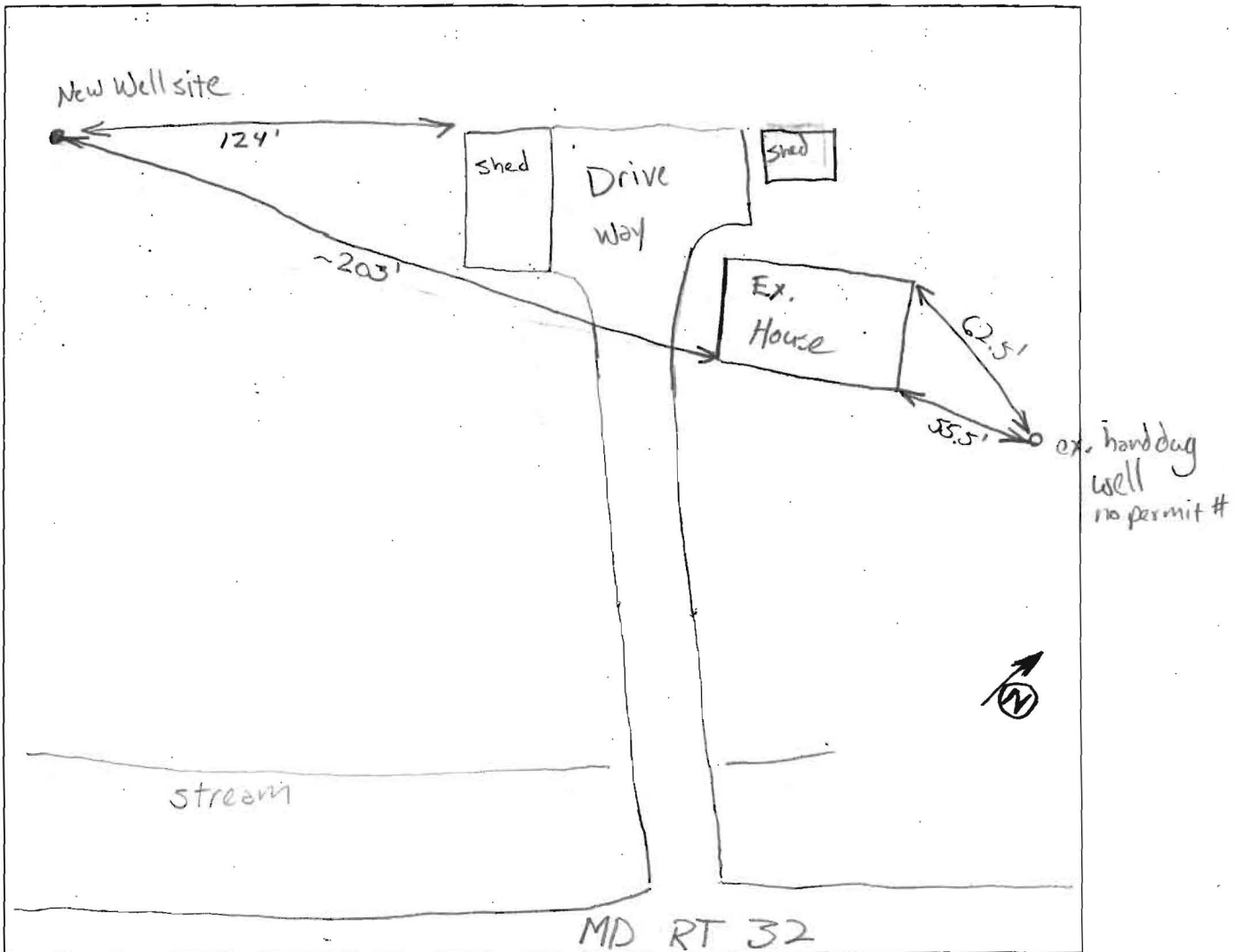
cc: Well & Septic Program file

*Community Hygiene*

SITE INSPECTION SHEET

OWNER: Javaid Mussarat PHONE #: \_\_\_\_\_  
ADDRESS: 3080 Rt 32 CONTRACTOR: Fogles Well Drilling  
WELL TAG #: HO-95-0048  
SUBDIVISION: N/A LOT: \_\_\_\_\_ COUNTY #: (13) A 00637  
PROPOSAL: Replace existing hand dug well and seal old well

LOCATION DIAGRAM



COMMENTS: New Well site is far from any possible locations for Septic. (>100') Were Not able to locate existing 2x7' trenches: Best guess is they are under the driveway. Existing well will be sealed. See file for vague location

DATE: 6/15/2005 INSPECTOR: G Creighton