

C 1 **31505** 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)

COUNTY
NUMBER

ST/CO USE ONLY
DATE Received
MM 07 DD 22 YY 14

DATE WELL COMPLETED
MM 09 DD 19 YY 14

Depth of Well
22 350 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-14-0000

8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

OWNER Brouers John

WELL SITE ADDRESS 13424 Arada Ct TOWN Highland

SUBDIVISION Allsett Farm Estates SECTION _____ LOT 5

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	
Light Brown Sand	0	50	
Brown Mica	50	70	
Gray Limestone	70	198	
White	198	199	
Gray Limestone	199	330	
White	330	331	✓
Gray Limestone	331	350	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED Y N

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

NO. OF BAGS 32 NO. OF POUNDS 3008

GALLONS OF WATER 196

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 28 ft.
48 TOP 52 54 BOTTOM 58 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) 80

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

E A C H 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED 2

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. M S D 009

DRILLERS SIGNATURE [Signature]

LIC. NO. D

C 2 DEPTH (nearest ft.)

PL -10 350

E A C H I N G

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

4 56 60 68

DIAMETER OF SCREEN 4 (NEAREST INCH)

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 72 74 75 76

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 01

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE 1901

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.

WHEN PUMPING 340 ft.

TYPE OF PUMP USED (for test)

A centrifugal P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) 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 } 02 (nearest foot)

LATITUDE 39.1976395

LONGITUDE 76.9759369

(DEFAULT COORD. WGS 84)

NOTES:

32 bags cement = 4.1 bags / 10 ft.

7.0

B 1 33823
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

554634 please type

Ho - 14 - 0070
70 fill in this form completely 79

Date Received (APA)

09/16/14
8 MM DD YY 13

OWNER INFORMATION

Bowers, John
15 Last Name Owner First Name 34

13424 Arada Ct
36 Street or RFD 55

Highland Md. 20777
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Allnutt Farm Estates
23 SUBDIVISION 42

SECTION 44 46 LOT 5 48 50

Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81

Fogles Well Drilling, LLC
Firm Name

P.O. Box 202 Woodbine Md
Address

Allen Compton 8-6-14
Signature Date

B 4 SOURCES OF DRILLING WATER

1.
2.
3.

13424 Arada Ct
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 50 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 0034 BLK: 0005 PARCEL 0366

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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 (13) A 24678
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 9/16/14
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300
24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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

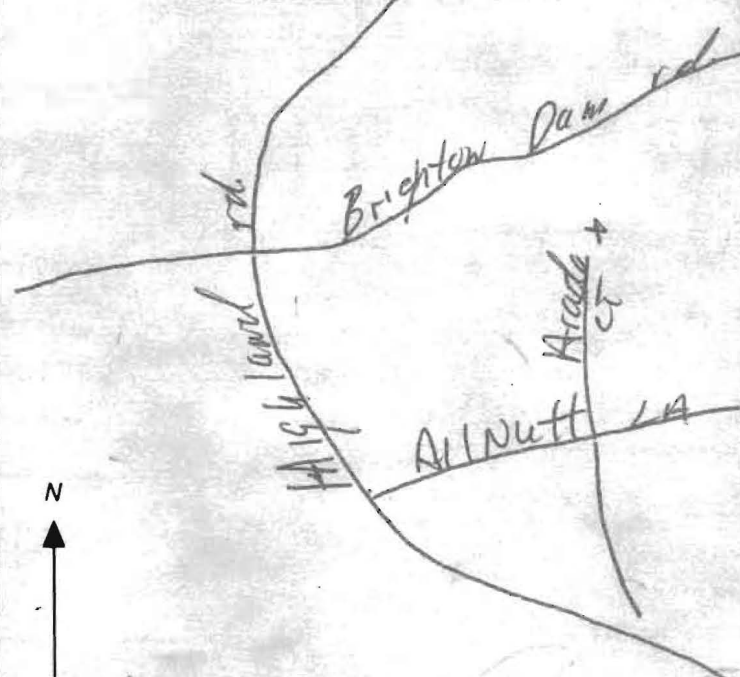
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G

PERMIT No. Ho - 14 - 0070
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Max. casing to min 70' or 10' into bedrock.

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



**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: Fogles Well Drilling Telephone #: 410 795 5670
Address: PO Box 2021
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. Fogle 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: John Bowers Telephone #: 410 301 854 2112
Subdivision: Allnut Farms Estate Lot #: 5 Well Tag #: HO-14-0076
Site Address: 13424 Aruda Ct
Highland, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>15B07422C</u>	Model #: <u>N/A</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/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>350</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 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 <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>110</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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 Fogle date: 9-22-14

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

Date Insp. Requested: 9/23/14 Date Insp. Approved: _____ 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 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 N/A
Adequate grout observed below pitless adapter ✓

→ safety rope outside casing. sticker left. (KW)
9/23/14

 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

Abandonment confirmed
 3/26/15 SC
 Above-ground casing removed

DATE WELL ABANDONED: 10-8-14 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 73 - 2308

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 14 - 0070

* PERSON ABANDONING WELL: Allen Amyford

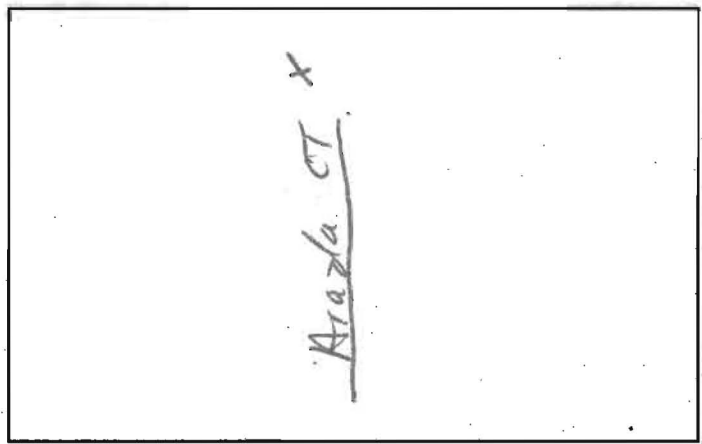
WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: John Bowers

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 0034 BLOCK 0015 PARCEL 0366
 SUBDIVISION: Alhutt Farm Estate
 SECTION: _____ LOT: 5
 STREET ADDRESS: 13424 Arada Ct

SITE LOCATION MAP



LATITUDE 3 9.1976509
 LONGITUDE 7 6.9759827

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 _____ BORED _____ HAND DUG
 _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>0</u>	<u>90</u>
<u>stone</u>	<u>90</u>	<u>300</u>

* 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: 300 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES _____ NO

VOLUME OF MATERIAL USED
1 yard

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#
Allen Amyford

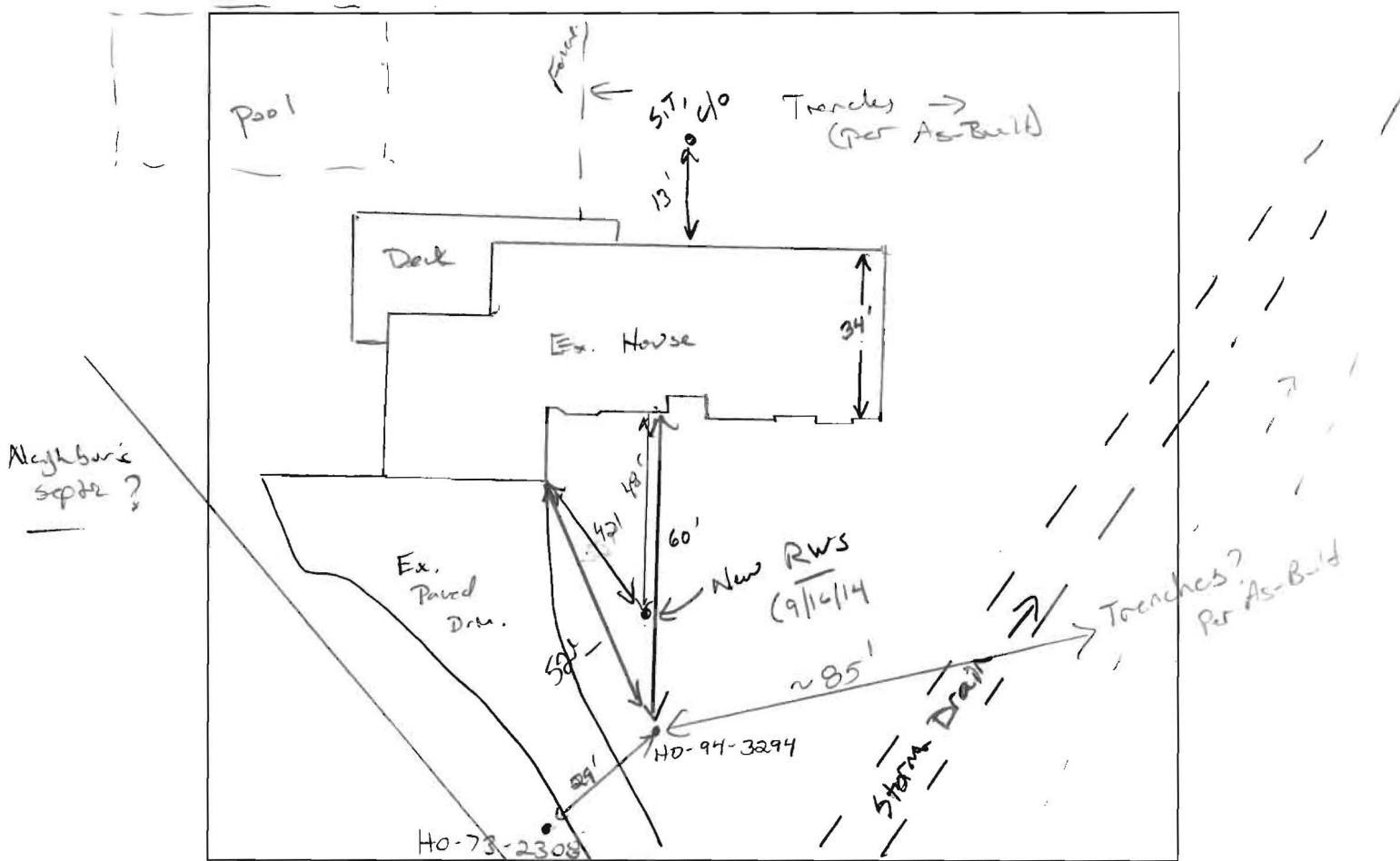
MWD / (MSD) MGS
 CIRCLE ONE

10-22-14 DATE

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 13424 Arada Court CONTRACTOR: Fogle's
WELL TAG #: HO-14-0070
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: cut of H₂O

LOCATION DIAGRAM



COMMENTS: _____
_____ *see attached memo...* _____

DATE: 8/6/14 INSPECTOR: R. Wolf



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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

April 29, 2015

Homeowner
13424 Arada Ct.
Highland, MD 20777

RE: **Replacement Well Sampling**
13424 Arada Ct.
#HO-14-0070

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.

The existing well (#HO-73-2308) was sealed by Allen Compten as per *COMAR 26.04.04.11*. Documentation was submitted by the driller to all appointed authorities that this task has been completed.

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. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

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

Sarah Collins
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File