

C1 9028

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name 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 Brown mica sand and Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) 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) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

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

Table with columns: DEPTH (nearest ft.), A, C, H, S, R, E, N. Includes entries for 105 and 400.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

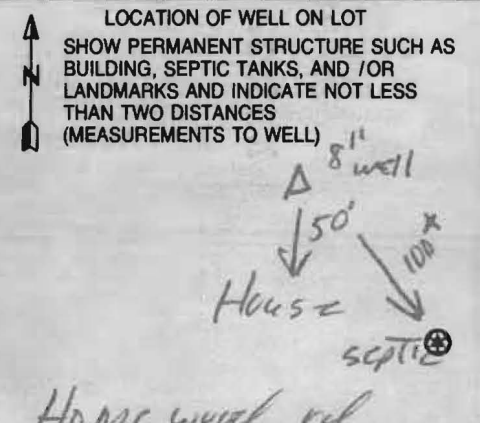
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below (nearest foot)

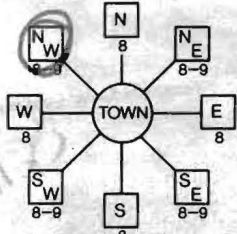


B 1 **7889** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HD-95-1256**  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79  
**5443342** **530966** please type **fill in this form completely**

Date Received (APA) \_\_\_\_\_  
**OWNER INFORMATION**  
 8 MM DD YY 13  
**SCOTT James**  
 15 Last Name Owner First Name 34  
**1119 Old Homewood Ct**  
 36 Street or RFD 55  
**ELlicott City, MD 21042**  
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **Patuxent Chase** 42  
 SECTION **69** LOT **69**  
 44 46 48 50  
**Columbia**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **5** M I  
 73 76 77 78

**DRILLER INFORMATION**  
**Allen Compton MS D 009**  
 Driller's Name 76 License No. 81  
**Fogles Well Drilling**  
 Firm Name  
**6003 Woodbine rd**  
 Address  
**Allen Compton 4809**  
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
**1119 Old Homewood Ct**  
 11 NEAR WHAT ROAD 30  
**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  
 NORTH  N  NE  E  SE  S  SW  W  NW  
 34 **100** 37  
 DISTANCE FROM ROAD **FT**  
 ENTER FT OR MI 38 39  
 TAX MAP **29** BLK: **9** PARCEL **28**

B 2 **WELL INFORMATION**  
 1 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

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

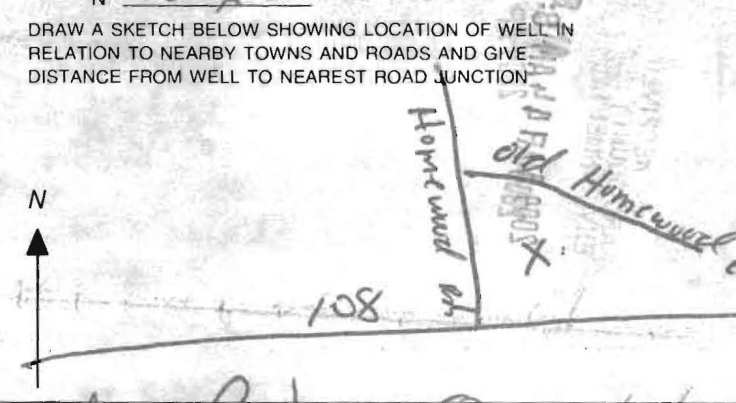
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard AS15042**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED **4/21/09** **Stat Bk** **4/21/00** 41  
 43 MM DD YY 48 CO SIGNATURE EXP/ DATE  
 NORTH GRID **510** 0 0 0 EAST GRID **829** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **8** INCH  
 NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVERSE-ROTary DRive-POINT  
 other \_\_\_\_\_

**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  
 39  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 **HD 2003 G 006**  
 PERMIT No. **HD 95-1256**  
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **82X9**  
 N **51X0**  
 000 000 **BB**  
 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  
**Must test for Radium @ yield**  
 DENV-Permit 97 © COUNTY **Test**

FIELD Test Data Sheet

County File # \_\_\_\_\_

District \_\_\_\_\_

MD Well Permt # HO-95-1256

Date of Test: 7-23-09

Subdivision Name: Patuxent Chase

Section \_\_\_\_\_ Lot # 69

Street Address: 1119 Old Homewood Ct

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 600 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level <u>46</u> ft.	Pumping Rate ( ) Time to fill gal. bucket <u>1</u> ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	9:00	46 ft.	3 20 GPM
2	9:15	133 ft.	3 20 GPM
3	9:30	187 ft.	3 20 GPM
4	9:45	202 ft.	60 1 GPM
5	10:00	202 ft.	60 1 GPM
6	10:15	202 ft.	60 1 GPM
7	10:30	202 ft.	60 1 GPM
8	10:45	202 ft.	60 1 GPM
9	11:00	202 ft.	60 1 GPM
10	11:15	202 ft.	60 1 GPM
11	11:30	202 ft.	60 1 GPM
12	11:45	202 ft.	60 1 GPM
13	12:00	202 ft.	60 1 GPM
14	12:15	202 ft.	60 1 GPM
15	12:30	202 ft.	60 1 GPM
16	12:45	202 ft.	60 1 GPM
17	1:00	202 ft.	60 1 GPM
18	1:15	202 ft.	60 1 GPM
19	1:30	202 ft.	60 1 GPM
20	1:45	202 ft.	60 1 GPM
21	2:00	202 ft.	60 1 GPM
22	2:15	202 ft.	60 1 GPM
23	2:30	202 ft.	60 1 GPM
24	2:45	202 ft.	60 1 GPM
25	3:00	202 ft.	60 1 GPM
26	3:15	202 ft.	60 1 GPM
27	3:30	202 ft.	60 1 GPM
28	3:45	202 ft.	60 1 GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

**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 #: \_\_\_\_\_ Well Tag #: HO - 95-1756  
Site Address: 1119 Old Homewood Court

**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 \_\_\_\_\_

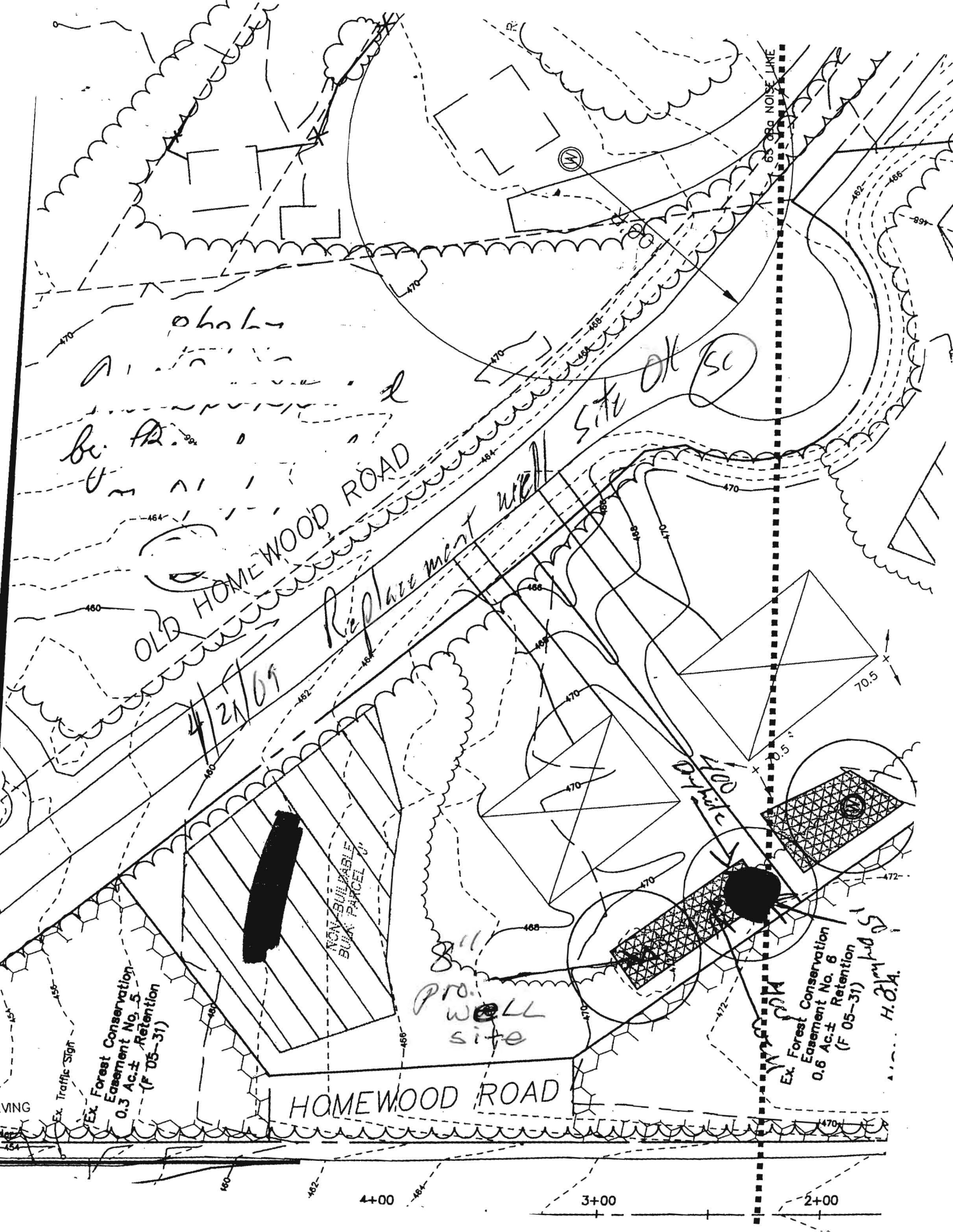
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ 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 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

8/12/09 (BB)

} Not Done

**Cap Cracked On Existing Well**



OLD HOMEWOOD ROAD

HOMewood ROAD

NON-BUILDABLE BULK PARCEL

Ex. Forest Conservation Easement No. 5 0.3 Ac.± Retention (F 05-31)

Ex. Forest Conservation Easement No. 6 0.6 Ac.± Retention (F 05-31)

PRO. WELL site

Site of SC

4/21/09

Replacement well

65 DBq NOISE LINE

70.5'

70.5'

H.O.A.

4+00

3+00

2+00

