

C 1 31513

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER P536

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

ST/CO USE ONLY DATE RECEIVED 12/15/14

DATE WELL COMPLETED 10/29/14

Depth of Well 300 (TO NEAREST FOOT)

OK 3/18/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0102

OWNER Shatzer Eric WELL SITE ADDRESS 2645 Mink Hollow Rd TOWN Highland SUBDIVISION Edwards Sub SECTION LOT 2

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown Mica, Gray Schist, White, Gray Schist, White, Gray Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 2914 GALLONS OF WATER 186 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 90 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 132

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) insert appropriate code below

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 01 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 290 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 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 () below LAND SURFACE 07 (nearest) foot

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED NO 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 MSD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

DEPTH (nearest ft.) (HO) 132 300 E 1 8 9 11 15 17 21 C 2 23 24 26 30 32 36 S 38 39 41 45 47 51 R E E 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

LATITUDE 39.1882820 LONGITUDE 76.9759369 (DEFAULT COORD. WGS 84)

NOTES: 31/9 = 3.4 bags / 10 ft. cement

B 1 1 2 3 6 <u>25466</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-14-0102</u> <small>70 fill in this form completely 79</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Eric Shatzer
 15 Last Name Owner First Name 34
6645 Mink Hollow Rd
 36 Street or RFD 55
Highland Md 20770
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

8 COUNTY Howard 21
 23 SUBDIVISION Edwards Sub 42
 SECTION 44 46 LOT 2 48 50
 52 NEAREST TOWN Highland 71

DRILLER INFORMATION

Driller's Name Allen Compton M SD 009 76 License No. 81
 Firm Name Fogleswell Drilling, LLC
 Address P.O. Box 202 Woodbine, Md 20797
 Signature Allen Compton Date 8-6-14

SOURCES OF DRILLING WATER

1. 6645 Mink Hollow Rd 11 STREET ADDRESS 30
 2. _____
 3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 70 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: 0034 BLK: 0021 PARCEL 0282

WELL INFORMATION

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

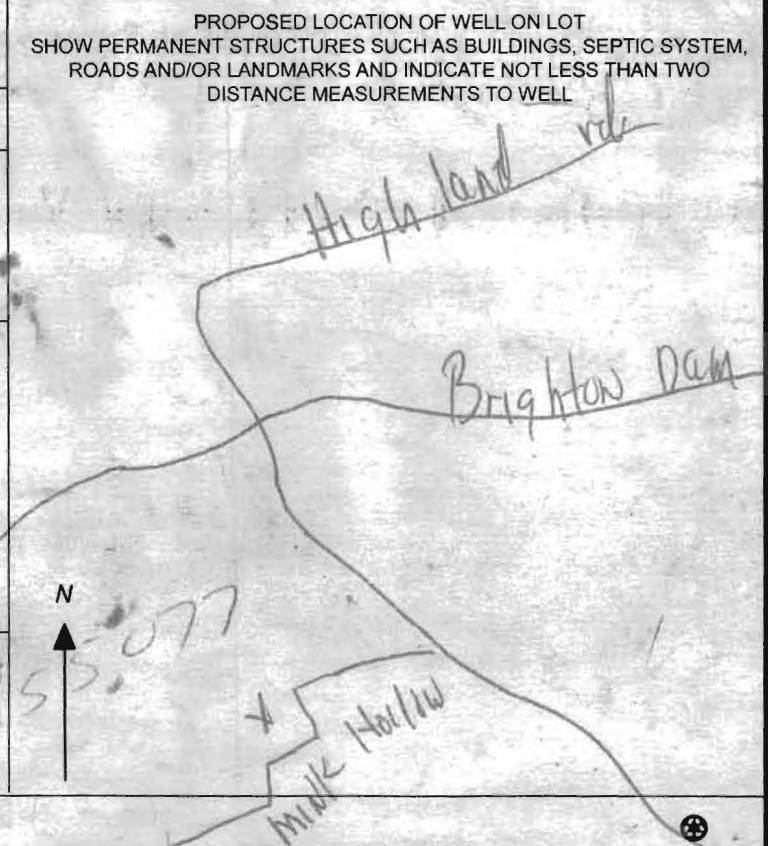
USE FOR WATER (CIRCLE APPROPRIATE BOX)

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) P536
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 10/2/2014 Bruce Baber 10/2/15
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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)

APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO-14-0102
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 LLC 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# MD D226

*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: Eric Shitzer Telephone #: 301-343-9038
Subdivision: _____ Lot #: 2 Well Tag #: HO-14-0102
Site Address: 6645 Mink Hollow Rd
Highland, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Cummins</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>TH505422C</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>8</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200</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" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: <u>36"</u> (36" min)	Sleeve 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: David Fogle date: 3-17-15

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

Date Insp. Requested: 3/18/15 Date Insp. Approved: 3/19/15 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

3/19/15 house connection covered
3/18/15 SC

Verified w/ Carrie from Fogles - tying into existing well line



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

March 19, 2015

Eric and Donna Shatzer
6645 Mink Hollow Road
Highland, MD 20777

RE: **Replacement Well Sampling**
6645 Mink Hollow Road
HO-14-0102

Dear Eric and Donna,

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 (tag number unknown) will be sealed by Allen Compten (MSD009) per COMAR 26.04.04.11. Documentation is to be 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 black ink, appearing to read 'Sarah Collins', is placed above the typed name.

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

Cc: Community Hygiene Program
File

Branch 143
 6-7

 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

OK
 1/4/15 SC

DATE WELL ABANDONED: 5-15-15 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

— —
HO-14-0102

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER:

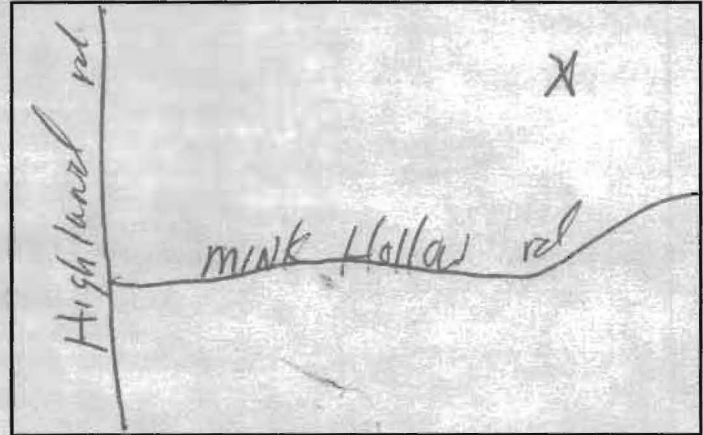
CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Eric Shatzer

* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 0034 BLOCK 0021 PARCEL 0282
 SUBDIVISION: Edwards Sub
 SECTION: _____ LOT: 2
 STREET ADDRESS: 6645 Mink Hollow RD



LATITUDE 3 9.188240
 LONGITUDE 7 6.976104

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>-1</u>	<u>164</u>

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 164 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

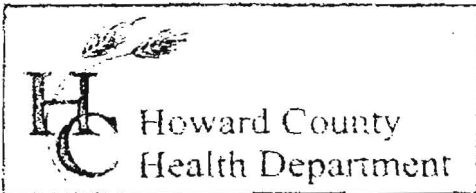
2 yards

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE# 009

MWD MSD MGS
 CIRCLE ONE

5-20-15
 DATE

COUNTY



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

TO ALL INTERESTED PARTIES

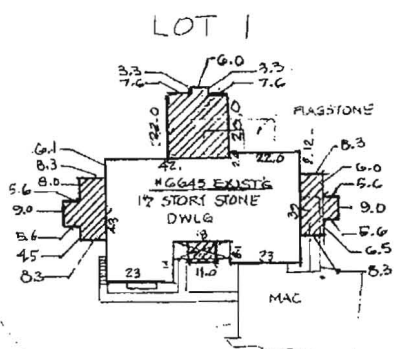
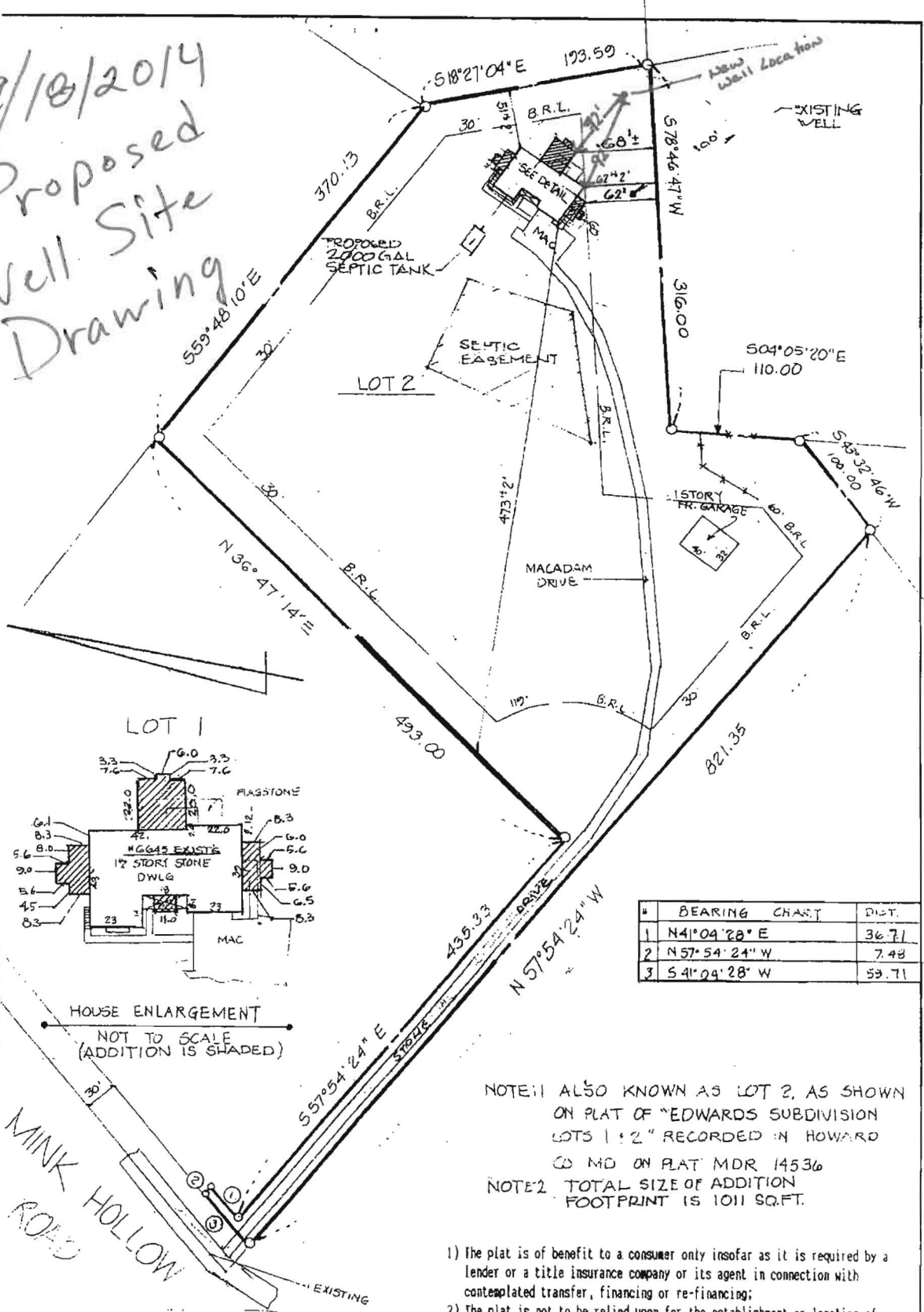
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Allen + Kevin (HCHD)
(professional land surveyor or company employing professional land surveyors)
on 7/29/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

9/18/2014
Proposed
Well Site
Drawing



HOUSE ENLARGEMENT
NOT TO SCALE
(ADDITION IS SHADED)

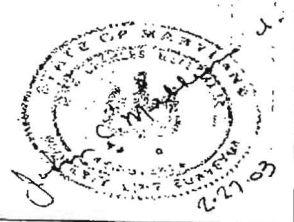
#	BEARING	CHART	DIST.
1	N 41° 04' 28" E		36.71
2	N 57° 54' 24" W		7.48
3	S 41° 04' 28" W		59.71

NOTE 1: ALSO KNOWN AS LOT 2, AS SHOWN ON PLAT OF "EDWARDS SUBDIVISION LOTS 1 & 2" RECORDED IN HOWARD CO MD ON PLAT MDR 14536

NOTE 2: TOTAL SIZE OF ADDITION FOOTPRINT IS 1011 SQ.FT.

- 1) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
- 2) The plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements;
- 3) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

CASE # 67210 B



LOCATION DRAWING

6645 MINK HOLLOW ROAD HOWARD CO, MARYLAND

JOHN C. MELLEMA SR., INC.
LAND SURVEYORS

5409 EAST DRIVE - BALTIMORE, MARYLAND 21227 (410) 247-7488

SCALE:	1" = 100'
DATE:	2-27-03
JOB NO:	0358