

C 1 0841

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 HO-95-2061

ST/CO USE ONLY DATE Received MM DD YY 07 01 11 DATE WELL COMPLETED MM DD YY 5 23 11 Depth of Well 450 (TO NEAREST FOOT) 10/13/2011 PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name Kim first name David STREET OR RFD 11281 Old Hopkins rd TOWN Clarksville SUBDIVISION SECTION LOT

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 FROM TO check if water bearing

GROUTING RECORD WELL HAS BEEN GROUDED (Circle appropriate box) TYPE OF GROUDED MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 65 NO. OF POUNDS 6110 GALLONS OF WATER 390 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 123 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 126

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

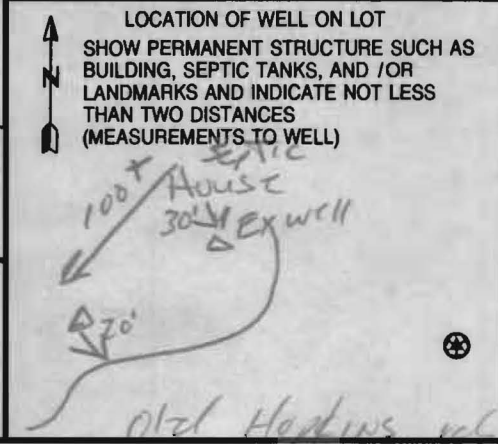
C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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) 06 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 270 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE



B 1 6283

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 534499

STATE PERMIT NUMBER

Ho - 95 - 2061 fill in this form completely

Date Received (APA) 03/11/11

OWNER INFORMATION

8 MM DD YY 13 Kim Davio 15 Last Name Owner First Name 34 36 11281 Old Hopkins Rd Street or RFD 55 57 Clarksville Md. 21029 70 State 72 Zip 76

B 3 LOCATION OF WELL

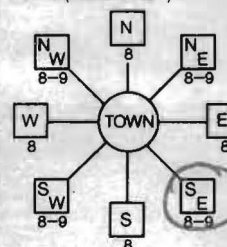
8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN Clarksville 71 MILES FROM TOWN (enter 0 if in town) 5 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 76 Driller's Name License No. 81 Fogles Well Drilling, LLC Firm Name P.O. Box 202 Woodbine Md 21797 Address Allen Compton 3-10-11 Signature Date

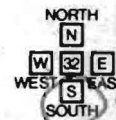
B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11281 Old Hopkins Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0041 BLK: 0015 PARCEL 0399

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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 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 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/17/11 43 MM DD YY 48 CO SIGNATURE Kim M. Wall 3/17/12 EXP. DATE NORTH GRID 485 000 EAST GRID 0828 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEMED 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 - 95 - 2061 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Original well must be sealed.

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 8258 N 4805

000 000

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



Yield Test Data Sheet

County File # _____

District _____

MD Well Permit #: HO-95-2061

Date of Test: 3-23-11

Subdivision Name: _____

Section _____ Lot # _____

Street Address: 11281 Old Hopkins rd.

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

Distance from MP to ground surface 1 ft.

Well Depth 450' ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

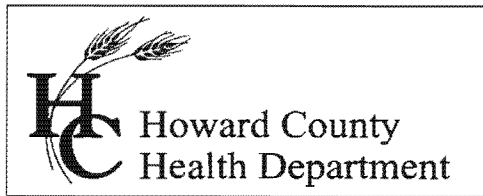
Submit to: _____

Pump Start Time <u>9:00</u>	Static Water level <u>54</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1 9:00	54 ft.	4	15 GPM
2 9:15	137 ft.	5	12 GPM
3 9:30	236 ft.	6	10 GPM
4			
5 9:45	270 ft.	2 min.	15 GPM
6 10:00	270 ft.	2	15 GPM
7 10:15	270 ft.	2	15 GPM
8 10:30	270 ft.	2	15 GPM
9 10:45	270 ft.	2	15 GPM
10 11:00	270 ft.	2	15 GPM
11 11:15	270 ft.	2	15 GPM
12 11:30	270 ft.	2	15 GPM
13 11:45	270 ft.	2	15 GPM
14 12:00	270 ft.	2	15 GPM
15 12:15	270 ft.	2	15 GPM
16 12:30	270 ft.	2	15 GPM
17 12:45	270 ft.	2	15 GPM
18 1:00	270 ft.	2	15 GPM
19 1:15	270 ft.	2	15 GPM
20 1:30	270 ft.	2	15 GPM
21 1:45	270 ft.	2	15 GPM
22 2:00	270 ft.	2	15 GPM
23 2:15	270 ft.	2	15 GPM
24 2:30	270 ft.	2	15 GPM
25 2:45	270 ft.	2	15 GPM
26 3:00	270 ft.	2	15 GPM
27 3:15	270 ft.	2	15 GPM
28 3:30	270 ft.	2	15 GPM
29 3:45	270 ft.	2	15 GPM
30			

NOTES:



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

Peter L. Beilenson, MD.,M.P.H., Health Officer

April 18th, 2011

Kim David
11281 Old Hopkins Rd.
Clarksville, MD 21009

RE: **Replacement Well**
11281 Old Hopkins Road
Well Permit # HO-95-2061

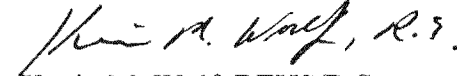
Dear Mr. David:

According to our records your replacement well has been connected to the dwelling and this connection was inspected. This office is also requesting that you contact the Community Health Program at **(410) 313-1773** to arrange for water sampling for the referenced replacement well as required by Maryland code. The charge for the water sample is included in the permit fee and it is to your benefit to have your water tested. Please disregard this letter if you have already had your well water tested. We ask that you forward your water test results to us so that we can better serve you with respect to the corresponding wells.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any further questions you can call me at (410) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,


Kevin M. Wolf, REHS/R.S.
Well and Septic Program

cc: Community Health Program
File

**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 - 2061
Site Address: 11281 Old Hopkins Rd.

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 _____

*Ex. well
OK. Need
New cap and f*

** OK. Tied both wells together
to meet little more than 1/2 pm.*

C1 0842

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STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE WELL COMPLETED

Depth of Well 22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1031

OWNER STREET OR RFD 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 handwritten notes: 'Drilled well depth from 200' to 300' Gray slate 200 300 ✓'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY) NO. OF BAGS/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 (ST, BR, HO, PL, OT)

C2

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for slot size and diameter of screen.

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

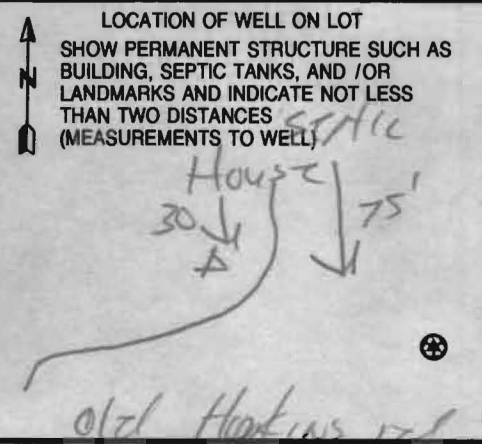
C3

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 (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



DRILLERS LIC. NO. M SD 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

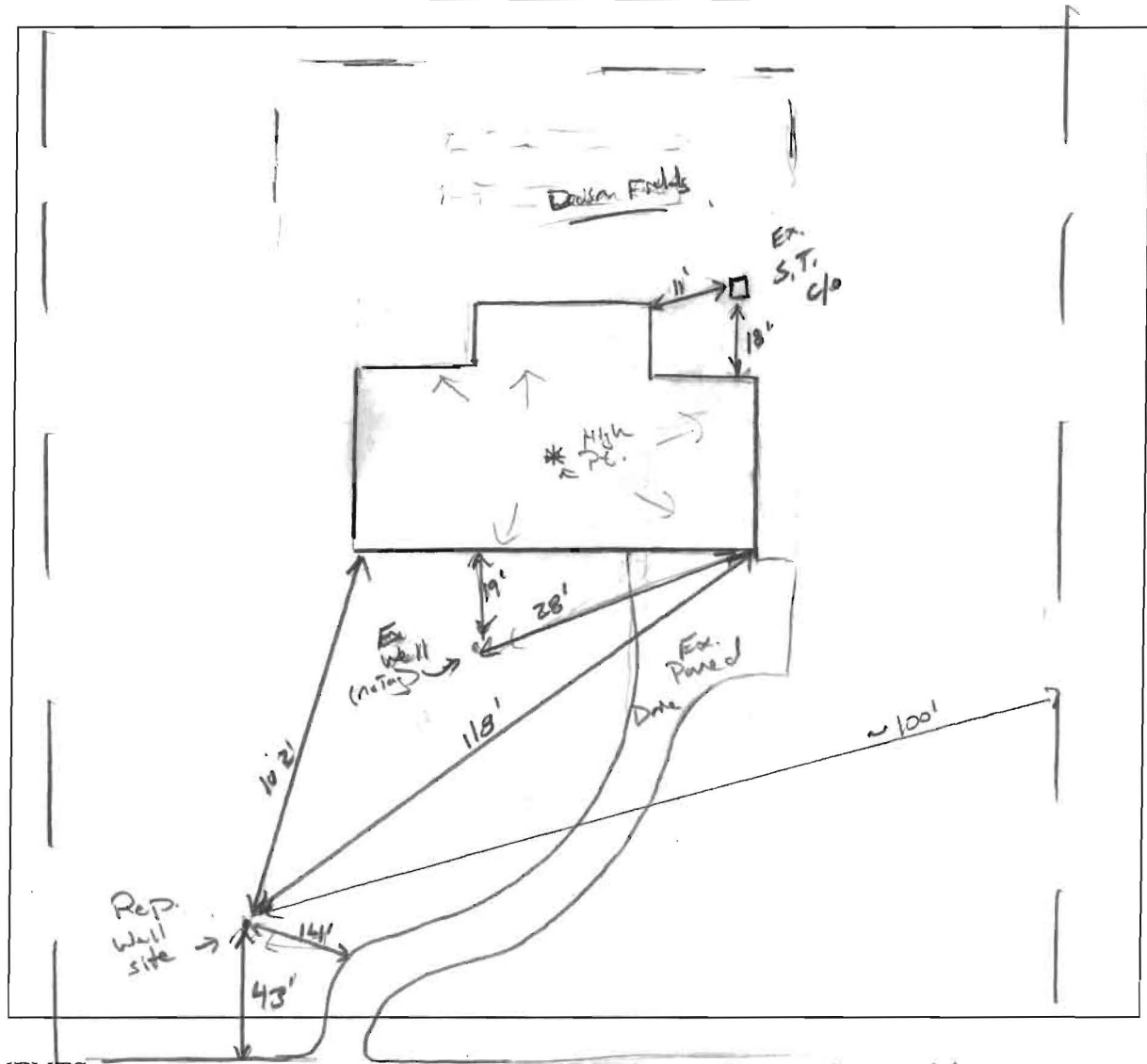
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SITE INSPECTION SHEET

OWNER: Kim David PHONE #: _____
 ADDRESS: 11281 Old Hopkins Rd. CONTRACTOR: Allen Camp Jan
 _____ WELL TAG #: _____
 SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
 PROPOSAL: out of H₂O (Emergency)

LOCATION DIAGRAM

Ex well ~195' Deep



(well)
 Ex House
 11285
 (Sept)

Flow
 ↓
 ↓
 ↓

COMMENTS: _____ OLD HOPKINS Rd

Neighboring properties across st ok all wells. 11285 Old Hopkins rd has septic in front yard. Not up gradient. More than 100'. Told Driller ok to drill on Friday 3/18/11 and grant on Sat 3/19/11 (K)

DATE: 3-17-11 INSPECTOR: K. Wolf

3/30/11 spoke w/ Driller, confirmed that only 1/2 gallon min was made from new well. Driller said he drilled ex. well deeper and got 1/2 gal. The 2 wells will be connected. (KW)