

C1 31535 SEQUENCE NO. (MDE USE ONLY)

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 03 DD 06 YY 17

DATE WELL COMPLETED MM 21 DD 13 YY 15 20

Depth of Well 22 200 26 (TO NEAREST FOOT)

OK 7/6/17 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0005

OWNER Mathias David WELL SITE ADDRESS 17010 Hardy Rd TOWN Mt. Airy SUBDIVISION Poplar Heights SECTION LOT 31+32

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: red to brown clay (0-4), Brown saprochite (4-77), Gray schist (77-90), white (90-91), Gray schist (91-140), white (140-141), Gray schist (141-200).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 31 NO. OF POUNDS 2714 GALLONS OF WATER 186 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 83 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 06 86

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

Table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Rows: H0 86 200

DIAMETER OF SCREEN (NEAREST INCH) 56 60 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) T (E.R.O.S.) W Q

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 01 8 9 PUMPING RATE (gal. per min.) 10 11 15 METHOD USED TO MEASURE PUMPING RATE 1901 WATER LEVEL (distance from land surface) BEFORE PUMPING 54 17 20 ft. WHEN PUMPING 190 22 25 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 (CIRCLE) (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 } LAND SURFACE (-) below } 02 (nearest foot) 49 50 51

LATITUDE 39.3387566 LONGITUDE 77.1083984 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A 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 S D 009 1

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1

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

B 1	39487	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-17-0005
1 2 3 6			560515 please type	70 <u>fill in this form completely</u> 79

OWNER INFORMATION

Date Received (APA) 01/11/17

8 MM DD YY 13

Mathias Dave
15 Last Name Owner First Name 34

17010 Hardy RD
36 Street or RFD 55

Mt Airy Md 21771
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

Howard
8 COUNTY 21

Poplar Heights
23 SUBDIVISION 42

SECTION 44 46 LOT 31+32
48 50

Mt. Airy
52 NEAREST TOWN 71

DRILLER INFORMATION

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

Foakes Well Drilling LLC
Firm Name

P.O. Box 202 Woodbine Md 20697
Address

Allen Compt 1-11-17
Signature Date

SOURCES OF DRILLING WATER

B 4

1. well water

2. to

3. HEAD

Not on site for grant.

Rep well - no yield

17010 Hardy RD
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST SOUTH

34 60 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0007 BLK: 0008 PARCEL: 0034

WELL INFORMATION

B 2

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)

22 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)**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 1/24/17 Sub Well 1/24/18
43 MM DD YY 48 CO SIGNATURE EXP. DATE

Don: 2/9/17 DoG: 2/13/17 Day: 18

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

36 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

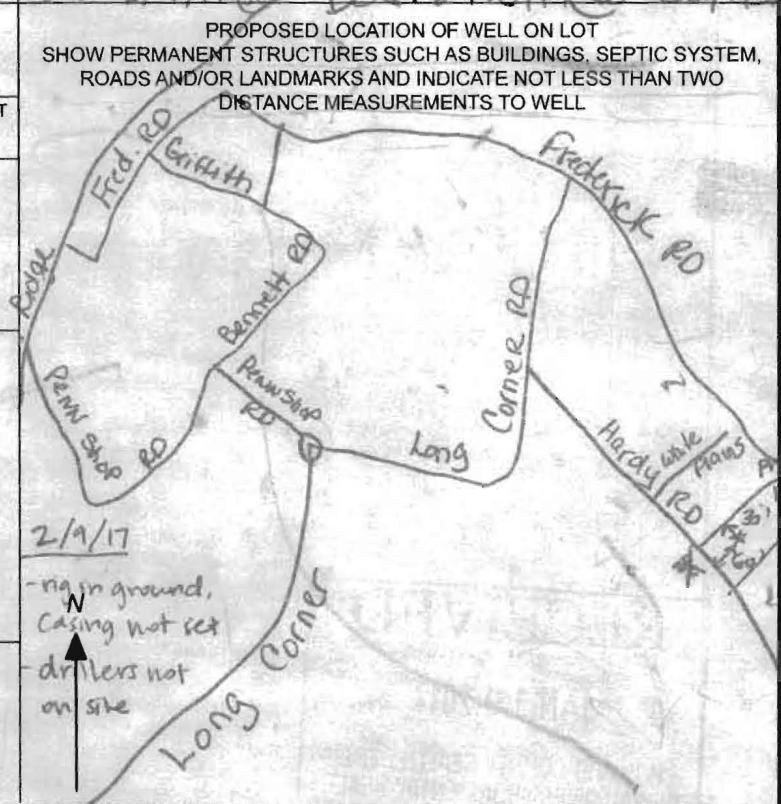
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-17-0005
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Existing well must be sealed Sodium chloride + TDS samples req'd

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
7/6/17 sc

DATE WELL ABANDONED: 5-15-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

— —
HO-17-0005

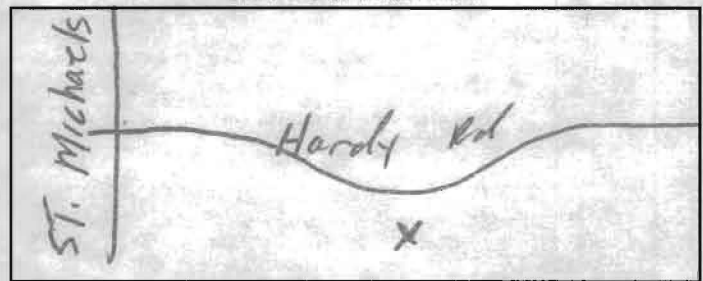
* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Dave Mathias

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Mount Airy
TAX MAP 7 BLOCK 8 PARCEL 34
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 17010 Hardy Rd



LATITUDE 3 9.539038

LONGITUDE 7 7.108230

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	-6	75
VOLUME OF MATERIAL USED		
<u>24 bags</u>		

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

* 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: 75 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 6

WAS CASING RIPPED OR PERFORATED? YES NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

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

MWD MSD / MGS

5-15-17
DATE

**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: PATACINI Plumbing LTD Telephone #: 410-461-4685
Address: 4910 DUBLIN DR
ELICOTT CITY MD 21043

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): PAUL PATACINI License# MD-8739

***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: DAVID MATHIAS Telephone #: 410-371-1261
Subdivision: POPLAR HEIGHTS Lot #: 31-32 Well Tag #: HO-17-0005 ✓
Site Address: 17010 HARDY RD
MT AIRY MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Souls</u>	Make: <u>BFI</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7CS07422C</u>	Model#: <u>P-100 SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <input checked="" type="checkbox"/>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: 7-20-17

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

Date Insp. Requested: 02/22/2017 Date Insp. Approved: 02/22/2017 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	41" to grade 2/22/17 (Signature)
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"/>	34" to grade 2/22/17 (Signature)
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"/>	24" to grade 2/22/17 (Signature)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

SITE INSPECTION SHEET

OWNER: Mathias PHONE #: _____

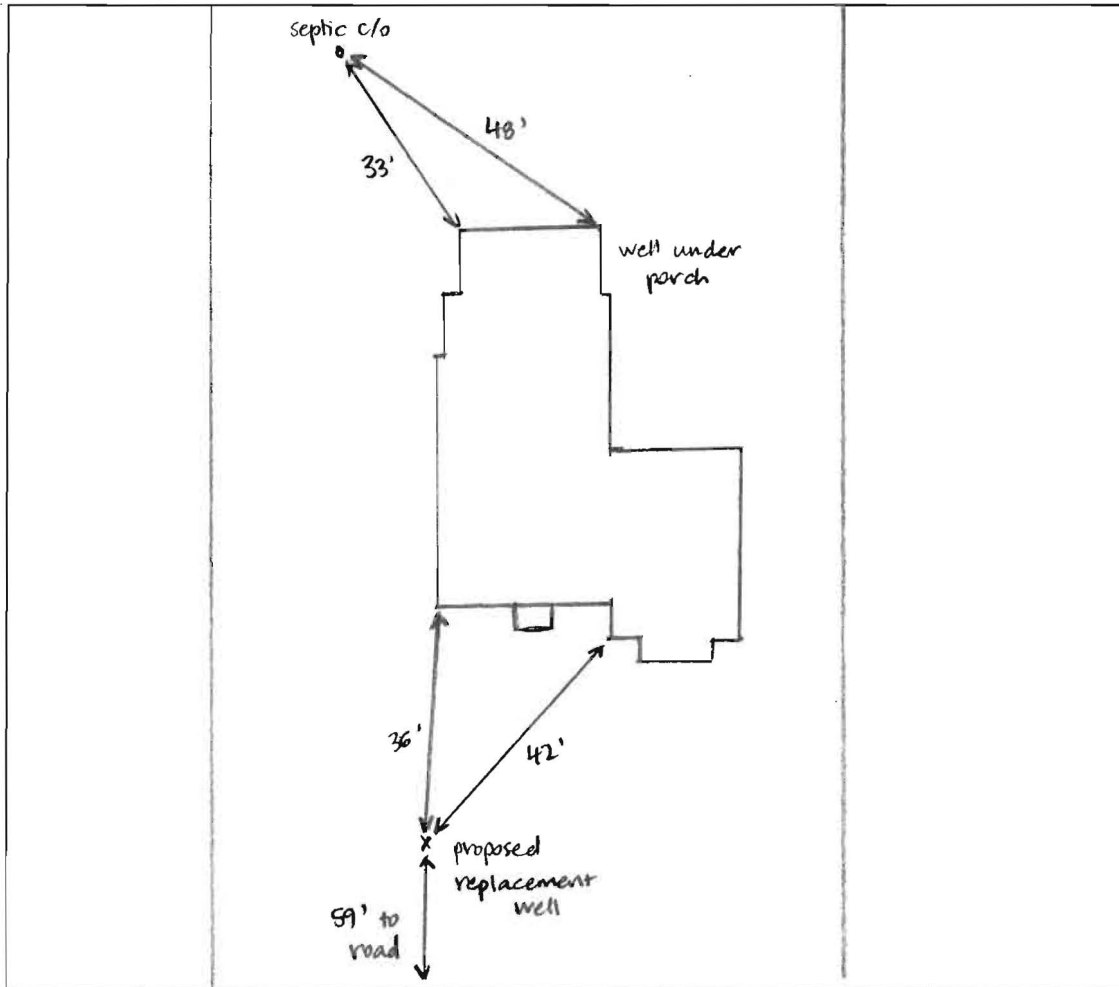
ADDRESS: 17010 Hardy Road CONTRACTOR: Fogle's

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill a new well on lot - existing well is under rear porch.

LOCATION DIAGRAM



COMMENTS: Well site staked by Fogle's + owner. Site is > 100' from septic in backyard.

DATE: 1/24/17 INSPECTOR: Sarah Collins

FILE INQUIRY NOTES 17017 Hardy Rd

DATE	RESULTS OF REVIEW FOR FILE
4/5/17	Sent Letter of Replacement well
	Via Mail (D)
4/20/17	Needs Abandonment report for dry well (D)
	failed well (D)
	Water Samples @ yield (D)



HOWARD COUNTY HEALTH DEPARTMENT

60515

DATE 1/17/17

WS

Received From

Fogles Well Dilling

PHONE #

443-609-4195

For

Well Point/ 17010 Hardy Rd.

CASH

CHECK

NO.

14495

One hundred seventy Dollars

\$

160 | 00

Received By

King