

C 1 **51199** 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) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER

ST/CO USE ONLY DATE Received **MM 02 / DD 26 / YR 10** DATE WELL COMPLETED **MM 02 / DD 12 / YR 10** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK 2/27/10 H0-17-0226**

OWNER **Mays** WELL SITE ADDRESS **7081 Pindell School Rd** TOWN **Fulton** SUBDIVISION _____ SECTION _____ LOT **4**

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	
Top Soil	0	2	
Brown S.I.A	2	30	
Brown mica	30	40	
Gray mica	40	400	lgpm
Rock (schist)			

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS **24** NO. OF POUNDS **256**

GALLONS OF WATER **149**

DEPTH OF GROUT SEAL (to nearest foot) from **0** TOP ft. to **57** BOTTOM 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) **60** Total depth of main casing (nearest foot) **53**

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) **ST** STEEL **BR** BRASS **HO** OPEN HOLE **PL** PLASTIC **OT** OTHER

C 3 (Air lift)

PUMPING TEST

HOURS PUMPED (nearest hour) **1**

PUMPING RATE (gal. per min.) **1.0**

METHOD USED TO MEASURE PUMPING RATE **1 gal. bucket**

WATER LEVEL (distance from land surface) BEFORE PUMPING **N/A** ft. WHEN PUMPING **N/A** 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

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. **MWD 572**
Samuel A. Connelly
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **WRD 064**

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

C 2 DEPTH (nearest ft.)

EACH CASING

8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	46	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66 _____

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES **N**

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. **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 36 _____

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 } **2** (nearest foot)

LATITUDE **39.175638**
 LONGITUDE **76.908746**
 (DEFAULT COORD. WGS 84)

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.

B 1	57038	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER
			502408 please type	Ho-17-0226 fill in this form completely

OWNER INFORMATION

Date Received (APA) 01/24/18
8 MM DD YY 13

15 Last Name Mays Owner Justin First Name 34
23 Street or RFD 7081 Pindell School Rd. 42
36 Fulton MD 20759 55
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 4 48 50

Fulton
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Samuel A. Connelly M WD 572 76 License No. 81
Firm Name Connelly and Associates, Inc.
Address 1513 Tilco Dr. Frederick MD 21704
Signature Samuel A. Connelly Date 1/24/2018

SOURCES OF DRILLING WATER

1. PUBLIC

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 273 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 41 BLK: 9 PARCEL 193

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600
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
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 1/31/18 S.L.M. 1/31/19
43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 2/8/18 (SC) DOG: 2/17/18 (SC)

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

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEINED 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

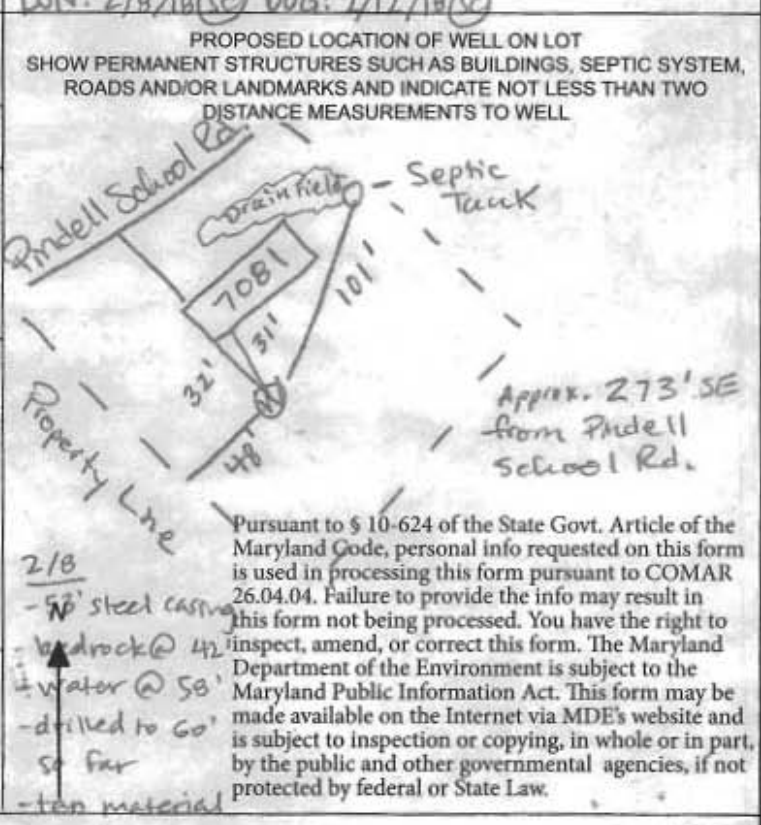
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. Ho-17-0226
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

50' steel casing or 10' iron bedrock rig and whichever is deeper. Existing well must be sealed.

2 COUNTY

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

DATE WELL ABANDONED: 2/16/18 (month/day/year)

OK
2/27/18 SC

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-17-0226

* PERSON ABANDONING WELL: Samuel A. Connelly

WELL DRILLER'S LICENSE NUMBER: 572

* OWNER'S NAME: Justin Mays

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
COUNTY: Howard

NEAREST TOWN: Fulton

TAX MAP 41 BLOCK 9 PARCEL 193

SUBDIVISION: _____

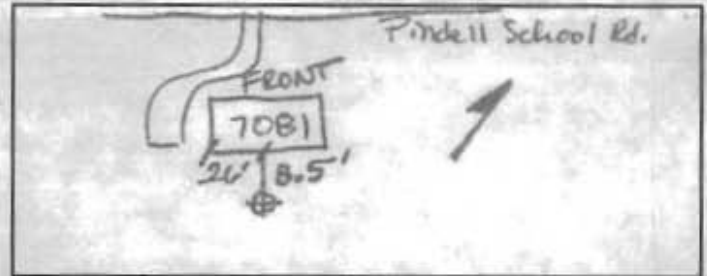
SECTION: _____ LOT: 4

STREET ADDRESS: 7081 Pindell School Rd.

LATITUDE 39.175720

LONGITUDE 76.908760

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Type II Portland Cement	0	60
VOLUME OF MATERIAL USED		
1,222 lbs Portland, 78 gal H ₂ O		

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 60 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

Samuel A. Connelly

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

572

MWD MSD / MGS
CIRCLE ONE

2/16/18
DATE

COUNTY

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**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: NATIONAL WATER, INC Telephone #: 301-854-1333
Address: P.O. BOX 138
ASHTON, MD

(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 RYCKG License# PI 0145

*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: JUSTIN MAYS Telephone #: 410-715-9111

Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0226

Site Address: 7081 Pindel School Rd
FULTON, MD 20757

2/13/2018 de

Submersible Pump Data

Make: Schaefer
Model #: 1HP
Pump Capacity: 10 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: Campbell
Model#: PA 800
Depth: 48" (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: 400 (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: POLY
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

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 2/13/18

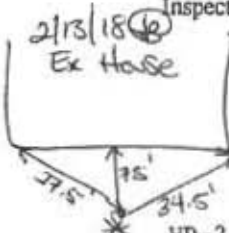
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/13/2018

Date Insp. Approved: 2/14/2018 de

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>	42" 2/13/18 <u>de</u>
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"/>	40" 2/13/18 <u>de</u>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	16" 2/13/18 <u>de</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

HD-215 (Rev. 8/00)



TIE IN TO
EX. WCL



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](https://twitter.com/HowardCoHealthDep)

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

February 14th, 2018

Holly and Justin Mays
7081 Pindell School Road
Fulton, MD 20759

RE: **Replacement Well Sampling**
7081 Pindell School Road
Fulton, MD 20759
Well Permit # HO-17-0237

Dear Homeowner:

According to our records, your replacement well is proposed to be 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.

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 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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

Joseph C. Cabanug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Justin Mays PHONE #: _____

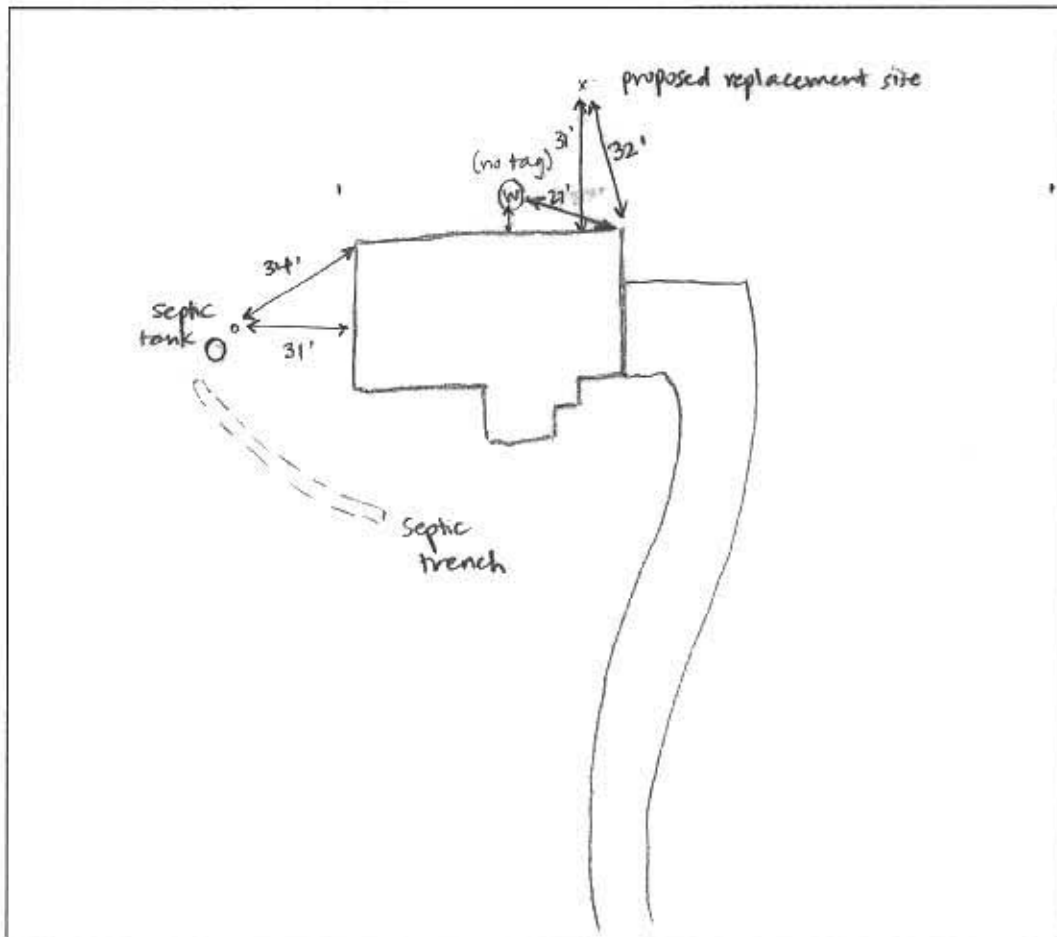
ADDRESS: 7081 Pindell School Rd. CONTRACTOR: Connelly

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

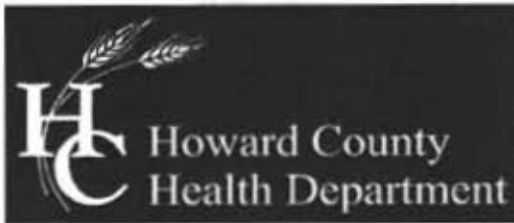
PROPOSAL: Drill a new well - current well is shallow with a jet pump and has had low water issues. Rig can't access any farther up hill behind house.

LOCATION DIAGRAM



COMMENTS: Spoke with Josh April @ Connelly - permit will require 50' of steel casing or 10' into bedrock, whichever is deeper, b/c of neighbor @ 7091's septic higher in elevation (not necessarily upgradient).

DATE: 1/30/18 INSPECTOR: S. Collins



Bureau of Environmental Health
8930 Stanford Boulevard, 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

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

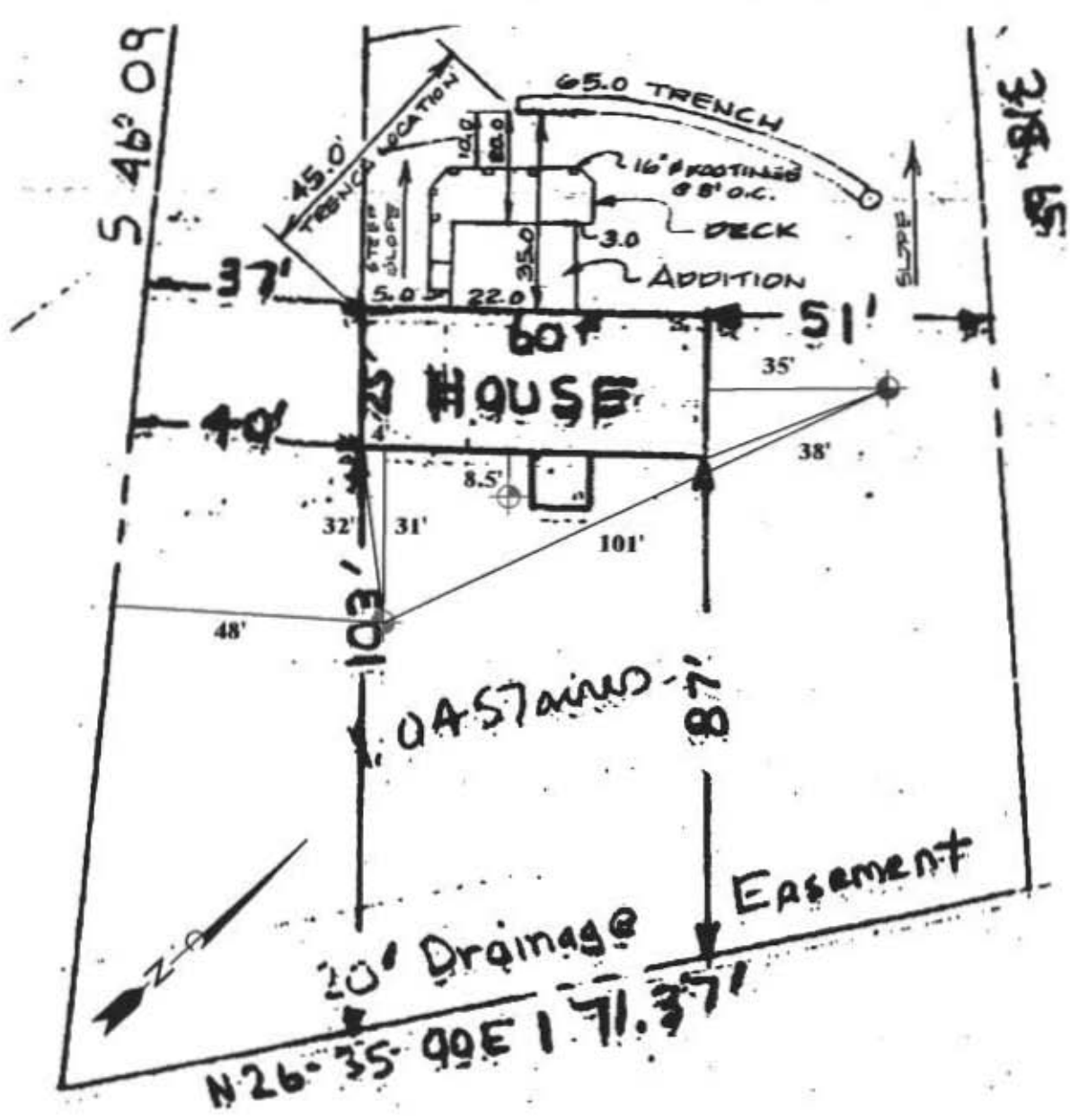
7081 PINDELL SCHOOL RD. 4 PINDELL SCHOOL RD.
Subdivision/Property Name Lot # Road Name

The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (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.

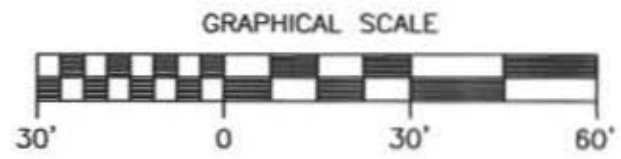
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Connelly and Assoc.
301-366-7270
josh@connellyandassociates.com



L E G E N D

- PROPOSED WATER WELL LOCATION
- EXISTING WATER WELL LOCATION
- EXISTING SEPTIC TANK LOCATION



ConnellyGeothermal
Partnering with Mother Earth

1513 Tilco Drive (301) 696-8820
Frederick, Maryland 21704 (301) 696-0327 fax

MAYS RESIDENCE
7081 PINDELL SCHOOL ROAD, FULTON, MARYLAND

PROPOSED GEOTHERMAL WELL
LOCATION PLAN

Scale:
AS SHOWN

Fig.
1

Date:
JAN. 2018

Drawn By:
J.A.

Checked By:
S.C.

Project No.:
000000

P:\Geothermal\2018 Projects\Maps Residues\Documents\7081 Pinde School Rd. - Proposed Requirment Meter Well Location Plan.dwg