



HOWARD COUNTY HEALTH DEPARTMENT

64013

W-5

DATE
9/25/18

Received From

Foyle's Well Drilling

PHONE # 443-609-4195

For

Replacement Well

7051 Pindell School Rd.

CASH

CHECK

NO.

5769

One Hundred Sixty

Dollars

\$

160.00

Received By

Shark Beatty

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

October 11, 2018

William Adams
7051 Pindell School Rd.
Fulton, MD 20759

RE: **Replacement Well Sampling**
7051 Pindell School Rd.
Well Tag # HO-17-0359

Mr. Adams,

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.

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.

The existing well located in the driveway on the property must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted to the Health Department by your driller once the abandonment is completed.

Feel free to contact me with any questions.

Respectfully,



Ryan Rappaport, LEHS

Cc: Community Hygiene Program
File

out of water

EMERGENCY/TEMP NO. IF ANY

TAG=10/5/18 (PR)

B 1		SEQUENCE NO. (MDE USE ONLY) 59758	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-17-0359 fill in this form completely
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OWNER INFORMATION

Date Received (APA) **09/21/18**

8 MM DD YY 13

15 Last Name **Adams** Owner First Name **William** 34

36 Street or RFD **7051 Pindell School Rd** 55

57 Town **Fulton** Md 70 State 72 Zip **20759** 76

LOCATION OF WELL

B 3

COUNTY **Howard** 21

23 SUBDIVISION **H m Simons Bldv.** 42

SECTION **44** 46 LOT **1** 50

52 NEAREST TOWN **Fulton** 71

DRILLER INFORMATION

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

Firm Name **Eagles Well Drilling, LLC**

Address **P.O. Box 202 Woodbine, Md 21797**

Signature **Allen Compton** Date **9-20-18**

SOURCES OF DRILLING WATER

1. **well water**

2. **2 1/4" driller @ 350'**

3. **no water - hit a fracture at 115' but little H2O, -70' casing - hit bedrock @ 60'**

11 STREET ADDRESS **7051 Pindell School Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **H7** 37

DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39

TAX MAP: **0041** BLK: **0003** PARCEL: **0193**

WELL INFORMATION

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

COUNTY NAME **Howard** COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **9/21/18** CO SIGNATURE **[Signature]** EXP. DATE **9/21/18**

43 MM DD YY 48

Don: 9/24/18 DOG: 9/26/18 DOY: 9/26/18

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 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-17-0359**

PROPOSED LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

9/25

- drilled to 500'
- 2-3 gpm
- pulling out rods

9/26

- 2.4 gpm
- 30' static
- 72' casing
- 24 bags cement
- 775' meas. pt.
- pump @ 430'
- started pumping @ 8 am
- 65' trench for grout - NaCl

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.

SPECIAL CONDITIONS Ex. Pit well to be sealed. +TDS samples @ 10 am

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

C1 56539

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 Adams William, WELL SITE ADDRESS 2051 Andell School Rd, TOWN Fulton, SUBDIVISION H M Simon Subdivision, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Clay, White L/S, Grey L/S, Quartz, Grey HS, Red Quartz, Grey HS.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (24), NO. OF POUNDS (2256), GALLONS OF WATER (144), DEPTH OF GROUT SEAL (0 to 70 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (06), Total depth of main casing (72).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT).

DEPTH (nearest ft.) form including: DEPTH (22), A C H S R E E N, SLOT SIZE, DIAMETER OF SCREEN (58 to 60).

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

PUMPING TEST form including: HOURS PUMPED (7), PUMPING RATE (2.3 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (30 ft. before, 237 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, - below).

LATITUDE 39.176909, LONGITUDE 76.908629 (DEFAULT COORD. WGS 84)

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NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (N), A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, DRILLERS LIC. NO. M 3 D 224, DRILLERS SIGNATURE, LIC. NO. D, SITE SUPERVISOR

FOGLE'S WELL DRILLING, LLC
 P.O. Box 202
 Woodbine, Md 21797
 443-609-4195
FIELD DATA SHEET
CARROLL COUNTY WELL YIELD TEST

S. Collins - spoke to driller about drawing H₂O down closer to the pump

Pump set @ 430'

Well Permit No. HO-17-0359

Location of Property: 7051 Pindell School Rd Fulton, Md

Subdivision: H M Simon Subdivision Lot: 1

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Builder: William Adams

Depth of Well: 500'

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 30'

High rate pumping -reservoir Drawdown

Time pump started: 8:00 Pumping rate: 10

Total time 75 mins to reach pumping water level 237 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	30'	6 Seconds		10 gpm
8:15	79'	6 Seconds		10 gpm
8:30	126'	7 Seconds		8.5 gpm
8:45	171'	8 Seconds		7.5 gpm
9:00	222'	8 Seconds		7.5 gpm
9:15	237'	26 Seconds		2.3 gpm
9:30	236'	26 Seconds		2.3 gpm
9:45	236'	26 Seconds		2.3 gpm
10:00	235'	26 Seconds		2.3 gpm
10:15	235'	26 Seconds		2.3 gpm
10:30	234'	26 Seconds		2.3 gpm
10:45	234'	26 Seconds		2.3 gpm
11:00	233'	26 Seconds		2.3 gpm
11:15	233'	26 Seconds		2.3 gpm
11:30	232'	26 Seconds		2.3 gpm
11:45	232'	26 Seconds		2.3 gpm
12:00	231'	26 Seconds		2.3 gpm
12:15	231'	26 Seconds		2.3 gpm
12:30	230'	26 Seconds		2.3 gpm
12:45	230'	26 Seconds		2.3 gpm
1:00	229'	26 Seconds		2.3 gpm
1:15	229'	26 Seconds		2.3 gpm
1:30	228'	26 Seconds		2.3 gpm
1:45	228'	26 Seconds		2.3 gpm
2:00	227'	26 Seconds		2.3 gpm
2:15	227'	26 Seconds		2.3 gpm
2:30	226'	26 Seconds		2.3 gpm
2:45	226'	26 Seconds		2.3 gpm
3:00	225'	26 Seconds		2.3 gpm
3:15	225'	26 Seconds		2.3 gpm

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 Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
34195ville, MD 21784

(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 # MSD2216

*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: William Adams Telephone #: 301-725-5424
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0359 ✓

Site Address: 7051 Pindell School Rd
Fulton, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7HS10422</u>	Model #: <u>NA</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>2.3</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>500</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4

Torque wrenches, Cable guards, or other acceptable method used - Must circle one

Safety rope, if used, attached to brass rope adaptor or other acceptable method inside of well casing: NA

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000</u> (psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

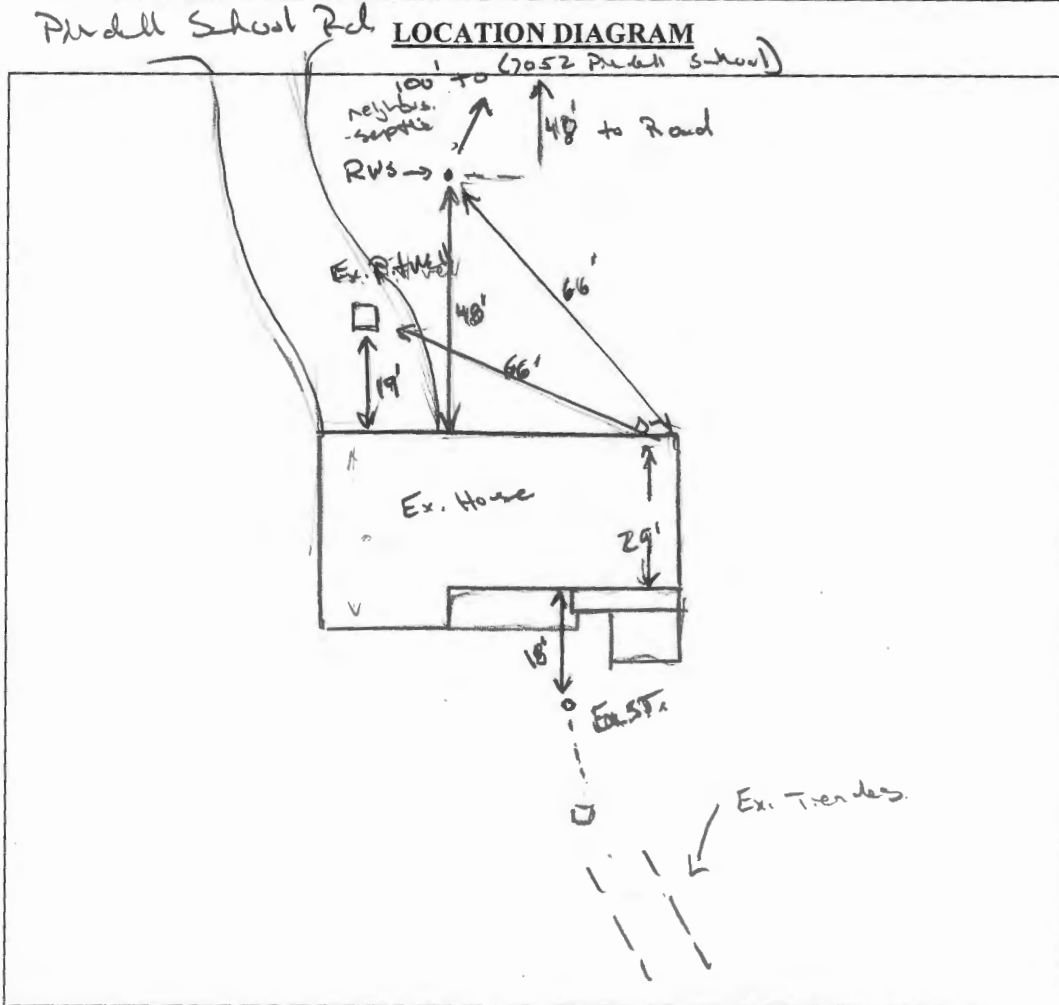
Signature of company representative responsible for installation: David C Fogle date: 10/5/18

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

Date Insp. Requested: <u>10/5/18</u>	Date Insp. Approved: <u>10/5/18</u>	Inspector: <u>RR</u>
Inspection Data: <u>Pitless adapter watertight & water supply line at least 36" below grade</u>		<u>✓</u>
<u>Two piece cap installed and attached to casing securely</u>		<u>✓</u>
<u>Elec. conduit extends at least 1 1/2" below grade/attached to cap properly</u>		<u>✓</u>
<u>Safety rope not outside of well casing</u>		<u>✓</u>
<u>Correct well tag attached properly and casing 8" above finished grade</u>		<u>✓</u>
<u>Water supply line sleeved adequately at house connection</u>		<u>✓</u>
<u>Adequate grout observed below pitless adapter</u>		<u>✓</u>

SITE INSPECTION SHEET

OWNER: Bill Adams PHONE #: _____
ADDRESS: 7051 Pradell School Rd CONTRACTOR: Fajlis
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: out of water



COMMENTS: Site inspection w/ Driller and owner, site selected
97' from ex. septic, but 100' from owner ok.
w/ site. site opened.

DATE: 9/21/18 INSPECTOR: K. W. H. / R. Rappaport

