

C1 56534

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: Sayago, Michael + Catherine; WELL SITE ADDRESS: 1026 St. Michaels Rd; TOWN: Mt. Airy

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. Rows include Brown to red saprolite, Gray Schist, White, Gray Schist, White, Gray Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 22, NO. OF POUNDS: 2068, GALLONS OF WATER: 132, DEPTH OF GROUT SEAL: 0 to 37 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL), Nominal diameter: 06, Total depth: 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole: HO (OPEN HOLE)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y (YES), N (NO)

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...

DRILLERS LIC. NO.: M SD 009

DRILLERS SIGNATURE

LIC. NO.: D

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

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): 3; PUMPING RATE (gal. per min.): 6.6; METHOD USED TO MEASURE PUMPING RATE: 1 gal; WATER LEVEL (distance from land surface) BEFORE PUMPING: 46 ft, WHEN PUMPING: 135 ft; TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES; 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; PUMP HORSE POWER: 37; PUMP COLUMN LENGTH (nearest ft.): 43; CASING HEIGHT (circle appropriate box and enter casing height): + above, - below; LAND SURFACE: 02 (nearest foot)

LATITUDE 39.342143; LONGITUDE 77.105282 (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.

**B 1** SEQUENCE NO. (MDE USE ONLY) **59751** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 563985 please type STATE PERMIT NUMBER **HO - 17 - 0323**  
70 fill in this form completely 79

**B 2** **OWNER INFORMATION**  
 Date Received (ARA) 08/17/18  
 8 MM DP YY 13  
 15 Last Name Sayago Owner Michael + Catherine First Name 34  
 36 Street or RFD 1026 Saint Michaels Rd 55  
 57 Town Mt. Airy Md 70 State MD 72 Zip 21771 76

**B 3** **LOCATION OF WELL**  
 8 COUNTY Howard 21  
 23 SUBDIVISION \_\_\_\_\_ 42  
 SECTION \_\_\_\_\_ LOT \_\_\_\_\_  
 44 46 48 50  
 52 NEAREST TOWN Mt. Airy 71

**DRILLER INFORMATION**  
 Driller's Name Andrew Houseman S.D. 224 76 License No. 81  
 Firm Name Fogles Well Drilling, LLC  
 Address P.O. Box 202 Woodbine Md 21791  
 Signature Andrew R. Houseman Date 8-17-18

**B 4** **SOURCES OF DRILLING WATER**  
 1 Well Water  
 3.9/6 collected Na, Cl, TDS @ 10:15 am  
 ~6 gpm, 135' m.p.  
 -46' static  
 -pump @ 290'  
 -22 bags cement  
 -8:30 am pump start

**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: 0001 BLK: 0002 PARCEL 0023

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

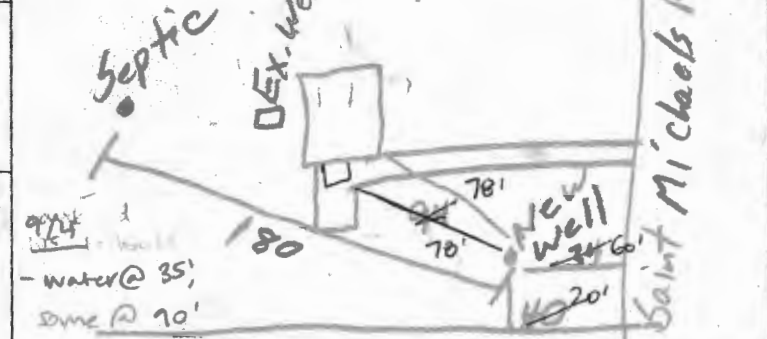
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. (13)  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 8/27/18 CO SIGNATURE Sch. Call EXP. DATE 8/27/19  
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST

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

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  AIR-ROTAR  CABLE  other \_\_\_\_\_  
 JETTED  AIR-PERCussion  REVerse-ROTary  other \_\_\_\_\_  
 Jetted & DRIVEN  ROTARY (Hydraulic 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  
 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

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**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
 PERMIT No. HO - 17 - 0323  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
Yield test req'd. Existing well must be sealed.



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

September 25<sup>th</sup>, 2018

Home Owner  
1026 Saint Michaels Road  
Mount Airy, MD 21771

RE: **Replacement Well Sampling**  
1026 Saint Michaels Road  
Mount Airy, MD 21771  
Well Permit # HO-17-0323

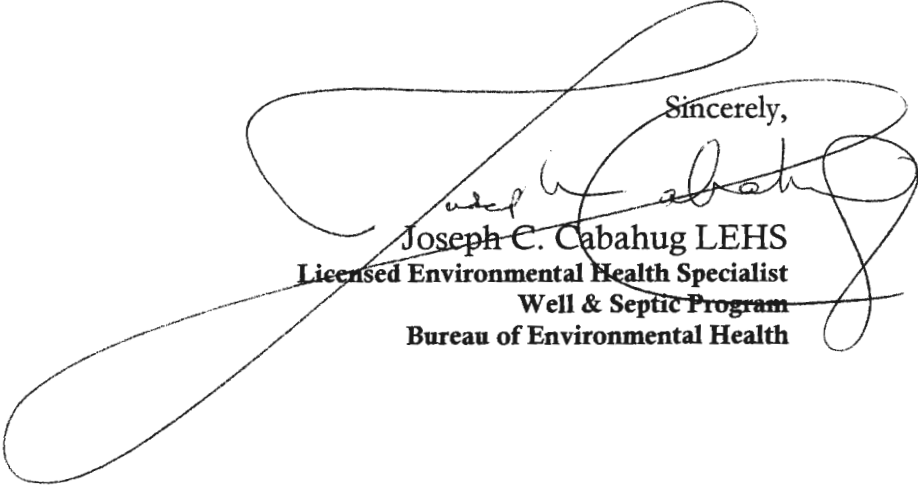
Dear Homeowner:

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. Cabahug LEHS**  
**Licensed Environmental Health Specialist**  
**Well & Septic Program**  
**Bureau of Environmental Health**

Cc: Community Hygiene Program  
File

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 Line

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 Pumps & Water Treatment, LLC Telephone #: 410 795 5670  
 Address: 530 Obrecht Rd  
Sykesville, 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 #: MS0226

\* 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: Katie Savago Telephone #: 410-241-6999  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-17-0323 / 09/24/2018 je  
 Site Address: 1026 St. Michaels Rd  
Mt. Airy, MD 21771

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>TR505422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield <u>6.6</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.8" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>308</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 17.8.4		
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: <u>N/A</u>		

Pipes to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (60 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: _____ <u>tied into existing line</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: 9-25-18

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

Date Insp. Requested: 09/24/2018 Date Insp. Approved: 09/24/2018 Inspector: je

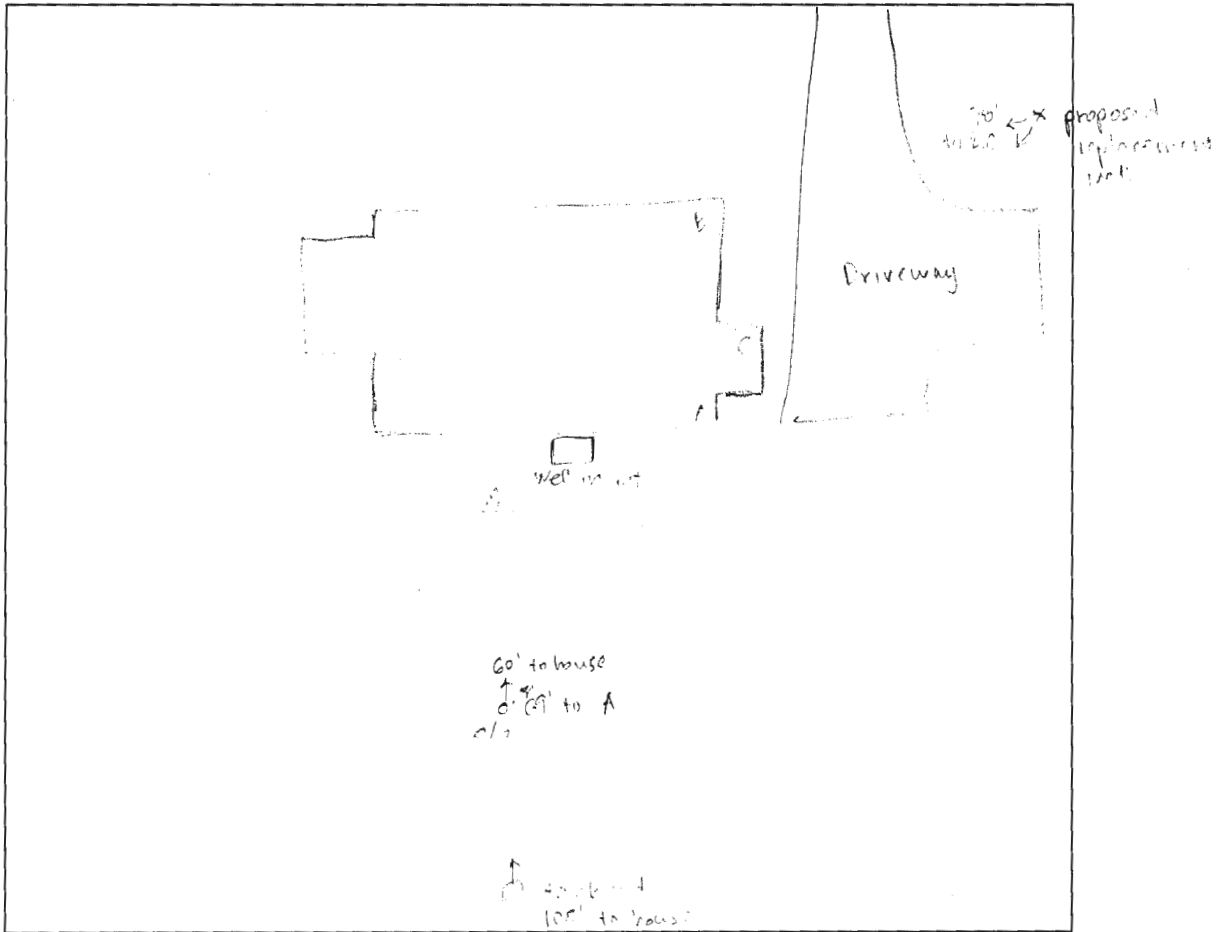
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>50"</u> <u>09/24/2018</u> <u>je</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 1.8" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>40"</u> <u>09/24/2018</u> <u>je</u>
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"/>	<u>19"</u> <u>09/24/2018</u> <u>je</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

09/24/2018 je TIED INTO EX WATER PUMP SLEEVED INTO OUTER PUMP HOUSE. HOUSE HAS NO BASEMENT.

**SITE INSPECTION SHEET**

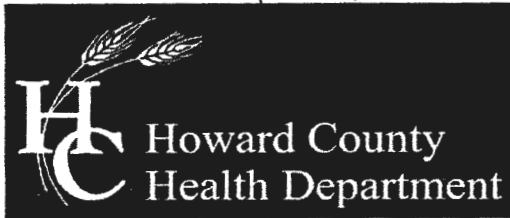
OWNER: Michael + Catherine Sayago PHONE #: \_\_\_\_\_  
ADDRESS: 1026 St. Michael's Rd. CONTRACTOR: Fogle's  
WELL TAG #: H0-17-0323  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Drill a replacement well.

**LOCATION DIAGRAM**



COMMENTS: Homeowners are proposing an addition off the south side of the house. Fogle's was originally going to upgrade their existing well but some of the existing casing is terra cotta and doesn't meet current construction regulations.

DATE: 8/27/18 INSPECTOR: Sarah 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:

\_\_\_\_\_      \_\_\_\_\_      1026 St. Michaels 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.

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

September 21, 2018

Homeowner  
1026 Saint Michaels Road  
Mt. Airy, MD 21771

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 8.68 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured 24 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 142 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

*Cc: Community Hygiene Program  
File*

Send Report To: Bert Nixon

Howard County Health Dept  
Bureau of Environmental Health  
8930 Stanford Blvd  
Columbia, MD 21045

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

Lab No. Date Received



**E19000838001**  
Received: 09/06/2018  
Metals HO-17-0323

**LABORATORY ANALYSIS REQUEST**

Do not write above this line

Please Print

Sample ID No: HO-17-0323 Site Name: Savage Prop County: Howard

Sample Source: 1026 St. Michaels Rd Mt. Airy Collector: S. Collins  
Street Town or City Name

Date Collected: 9/6/2018 Time Collected: 10:15 a.m. / p.m. Phone #: 410-313-6287

Sample Preserved By:  Field  ESRL  WMRL  Central Lab  
Preservative Used:  HNO<sub>3</sub> \_\_\_\_\_ mL pH: <2 SM 9-6-18

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
Data Category:  Community  Stream  Distribution (Treated)  Solid  
Code    Non-Community  Sediment  Other \_\_\_\_\_  
4F  Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: Replacement well yield test

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>S115</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

**RECEIVED**

Lab Supervisor: \_\_\_\_\_ Date Reported: SEP 20 2018

•Phone: (443) 681 - 4596 •Fax: (443) 681 - 4507

HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

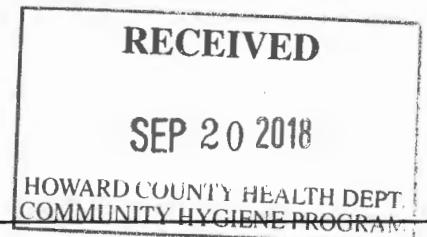
HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E19000838 Date Coll.: 09/06/2018 Date Received: 09/06/2018 Submitted By: S. Collins

Field ID: HO-17-0323  
Lab No.: E19000838001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.68	ppm	09/06/2018

Comments:



Approved by: Badia Muneer

Approval date: 09/12/2018

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

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### Partial List of Submitter Codes

Code	Description	Code	Description
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standards & Certification Program
42	Public Drinking Water	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, MDH	64	Engineering & Maintenance, MDH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, MDH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

### Codes for Federally Funded Projects (leave box blank if not federal)

Code	Description	Code	Description
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

### Partial List of Data Category Codes

Code	Description	Code	Description
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

### Partial List of Error Codes

Code	Description	Code	Description
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample

**RECEIVED**  
**SEP 13 2018**  
 HOWARD COUNTY HEALTH DEPT.  
 FOOD PROTECTION PROGRAM

SAMPLE TESTED AS RECEIVED



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE19000836 Date Coll. 09/06/2018 Date Received 09/06/2018 Submitted By:S. Collins

Field ID: HO-17-0323  
Lab No.: E19000836001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	24	mg/L	09/10/2018
Total Dissolved Solids	SM 2540C	142	mg/L	09/10/2018

### Comments:

Approved by: \_\_\_\_\_

*Shahin Amini*

Approval date: 09/12/2018

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

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\*\*\*\*\*  
 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  
 10/15/18 SC

DATE WELL ABANDONED: 9-27-18 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) N/A

\* PERMIT NUMBER OF REPLACEMENT WELL: HO-17-0323

\* PERSON ABANDONING WELL: Allen Compton

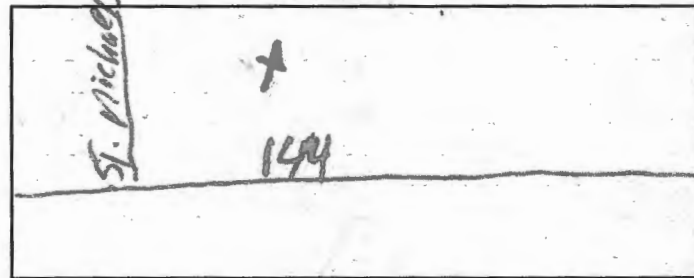
WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Mike + Katie Saigo

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Mt. Airy  
 TAX MAP 0007 BLOCK 0002 PARCEL 0023  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 1026 St. Michaels Rd  
24



LATITUDE 3 9.341806  
 LONGITUDE 7 7.105441

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>8</u>	<u>90</u>

VOLUME OF MATERIAL USED

31 bags

\* 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: 90 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES  NO

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

MWD / MSD / MGS  
 CIRCLE ONE

9-27-18  
 DATE

COUNTY

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1026 St. Michaels Rd  
pit wall



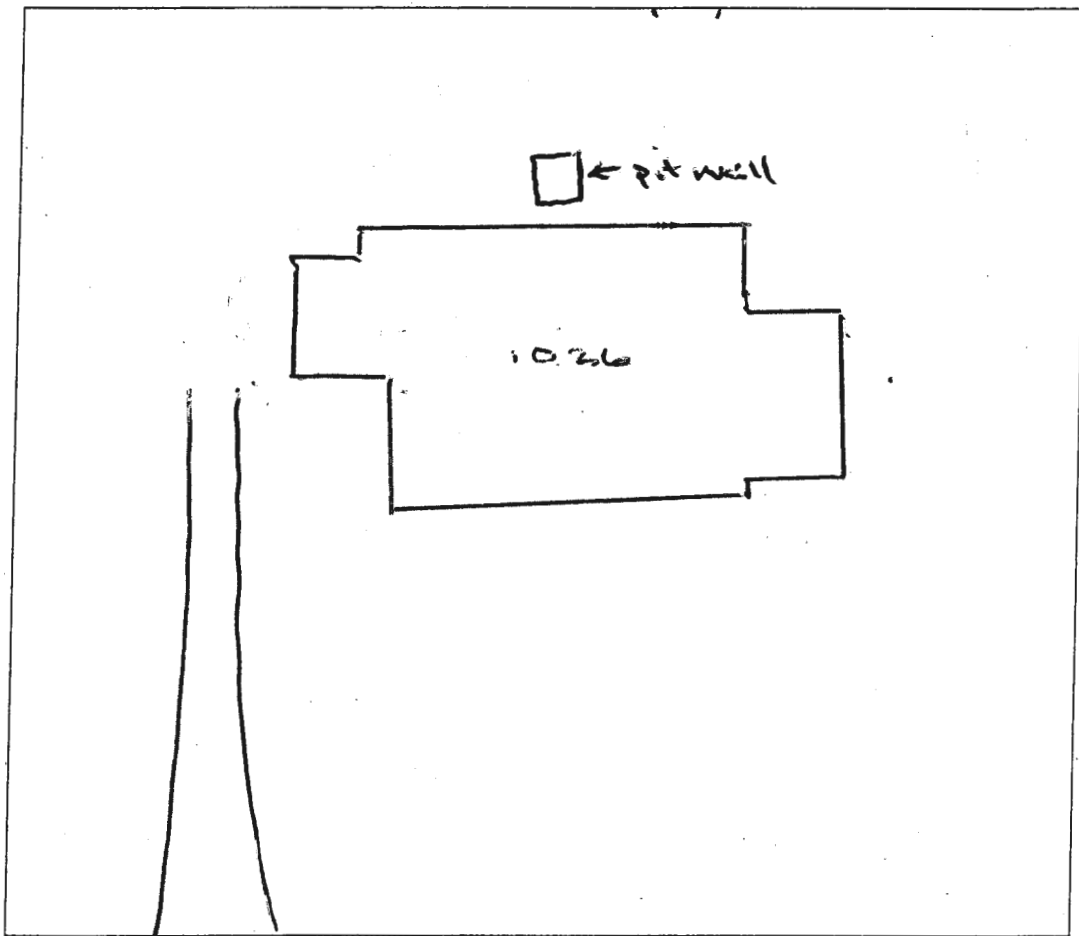
1026 St. Michael's Rd  
pit well



SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 1026 St. Michaels Rd CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Family / laundry room addition

LOCATION DIAGRAM



St. Michaels Rd

COMMENTS: \_\_\_\_\_  
Pit well in rear of residence. Septic tank has  
cleanout & trenches have observation pipes. No issues  
w/ septic observed. GPS used.

DATE: 7/9/18 INSPECTOR: Frank Oswald