

C1 46077

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 04 DD 05 YY 17

MM 3 DD 3 YY 17

22 600 26 (TO NEAREST FOOT)

OK 4/7/17 SC

28 29 30 31 32 33 34 35 36 37 HO-17-0018

OWNER Boardman George WELL SITE ADDRESS Andrew Dr. TOWN West Friendship SUBDIVISION Pupper Folly SECTION LOT 9

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 8 NO. OF POUNDS 400 GALLONS OF WATER 184 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 72 ft.

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 101 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

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 Top Soil, Brown Clay, Brown Shale, Brown Mica, Sand Stone, Gray Mica, etc.

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 7 6 80

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 [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

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. 1 MWD 040 1 George F. Erstending DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 038 1 Bruce Shampson

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

DEPTH (nearest ft.) 1 2 HO 78 600 E 8 9 11 15 17 21 A 23 24 26 30 32 36 S 38 39 41 45 47 51 R E E SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [] NO [X] 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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [X] above 49 LAND SURFACE [] below 2 (nearest foot) 50 51

LATITUDE 39.270388 LONGITUDE 76.983464 (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.

B 1 SEQUENCE NO. (MDE USE ONLY) **47512** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **510516-H** STATE PERMIT NUMBER **HO-17-0018** fill in this form completely

Date Received (APA) **01/23/17** OWNER INFORMATION **13321**
 8 MM DD YY 13
BORMAN BOARMAN **GEORGE**
 15 Last Name Owner First Name 34
3625 ANDREA DRIVE
 36 Street or RFD 55
WEST FRIENDSHIP, MD 21794
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **CC#**
Howard
 8 COUNTY 21
Paupers Folly
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **9** 48 50
West Friendship
 52 NEAREST TOWN 71

DRILLER INFORMATION
George F. Easterday **MW D 040**
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday **1/23/2017**
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. wells
 2. **HCHD**
 3. **Bentonite 3/8**
Andrea Drive
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
1125
 34 37
 2000
 DISTANCE FROM ROAD Ft. 38 39
 ENTER FT OR MI
 TAX MAP: **22** BLK: **8** PARCEL **116**

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)
 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 **2/7/17** **Sub GLL** **2/8 2/7/18**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** 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
 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-17-0018**
 70 71 72 73 74 75 76 77 78 79

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

2/28
 - 80' steel casing
 - at 200' little water
 - pulling out rods
 - well 600'
 - fracked in am was 1/2 gpm now ~ 8 gpm

3/1
 - 19' static 101' m.p.
 - started pumping 8 am - collected 8 am
 - collected 11 am
 - 1000' + TDS samples @ 11 am

3/6 - 15 gpm

Andrea Dr.
Julia Manor
1125'
X

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Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MARCH 16, 2021

September 16, 2020

Homeowner
3647 Paupers Folly Lane
West Friendship, MD 21794

**RE: Belvedere Estates, Lot 9
3647 Paupers Folly Lane
Building Permit: B20001475
Well Permit: HO-17-0018**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/15/2020**. Final approval of the well line connection to the dwelling was granted on **9/17/2020**. The well construction was completed on **3/3/2017**. Water samples were collected on **9/9/2020**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0018. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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

February 26, 2018

Homeowner
3647 Paupers Folly Lane
West Friendship, MD 21794

Dear Homeowner,

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

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 your well measured 9.08 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 your well measured 17 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 110 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
410-313-6287

*Cc: Community Hygiene Program
File*

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 139674 Account #: 1933
Reference: Belvedere Lot 9 Company: Fogles Well Pump & Treatment
Location: 3647 Paupers Folly Lane Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 9/9/2020 0830 Site: Pressure Tank
Date/Time Rec'd: 9/9/2020 1011 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-17-0018

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2020 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/10/2020 / 0830 / CRS
Nitrate	1.32	mg/L	10	601	9/10/2020 / 0800 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/10/2020 / 0900 / CRS
Turbidity	5.18	NTU	<10	SM20 2130B	9/10/2020 / 0900 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 20001475

Date Reported: 9/10/2020

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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Reason for Test : Use & Occupancy


Building Permit # : 20001475

Date Reported: 9/10/2020

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

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

Lab No. Date Received



E17003488001
 Received: 03/08/2017
 Metals HO-17-0018

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Digest

Sample ID No: HO-17-0018 Site Name: Paupers Folly - Lot 9 County: Howard
 Sample Source: Andrea Drive Dayton Collector: Howard
Street Town or City Name

Date Collected: 3/6/2017 Time Collected: 11 a.m. _____ p.m. Phone #: _____

Sample Preserved By: Field ESRL WMRL Central Lab
 Preservative Used: HNO₃ _____ mL pH: <2, SHS, 3/8/17

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Data Category: Community Stream Distribution (Treated) Solid
 Code Non-Community Sediment Other _____
 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: Sample collected during yield test.

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

Lab Supervisor: _____ Date Reported: ___/___/___

•Phone: (443) 681-3857 •Fax: (443) 681-4507



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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: E17003488 Date Coll.: 03/06/2017 Date Received 03/08/2017 Submitted By: Howard

Field ID: HO-17-0018
Lab No.: E17003488001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.08	ppm	03/20/2017

Comments:

Approved by: Sadia Muneer

Approval date: 03/21/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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

S:\EnviroFinal-Metals.rpt



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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 NoE17003478 Date Coll. 03/06/2017 Date Received 03/08/2017 Submitted By:S. Collins

Field ID: HO-17-0018
Lab No.: E17003478003

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-CI E	17	mg/L	03/13/2017
Total Dissolved Solids	SM 2540C	110	mg/L	03/09/2017

Comments:

Approved by: Shahin Amini

Approval date: 03/15/2017

*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.

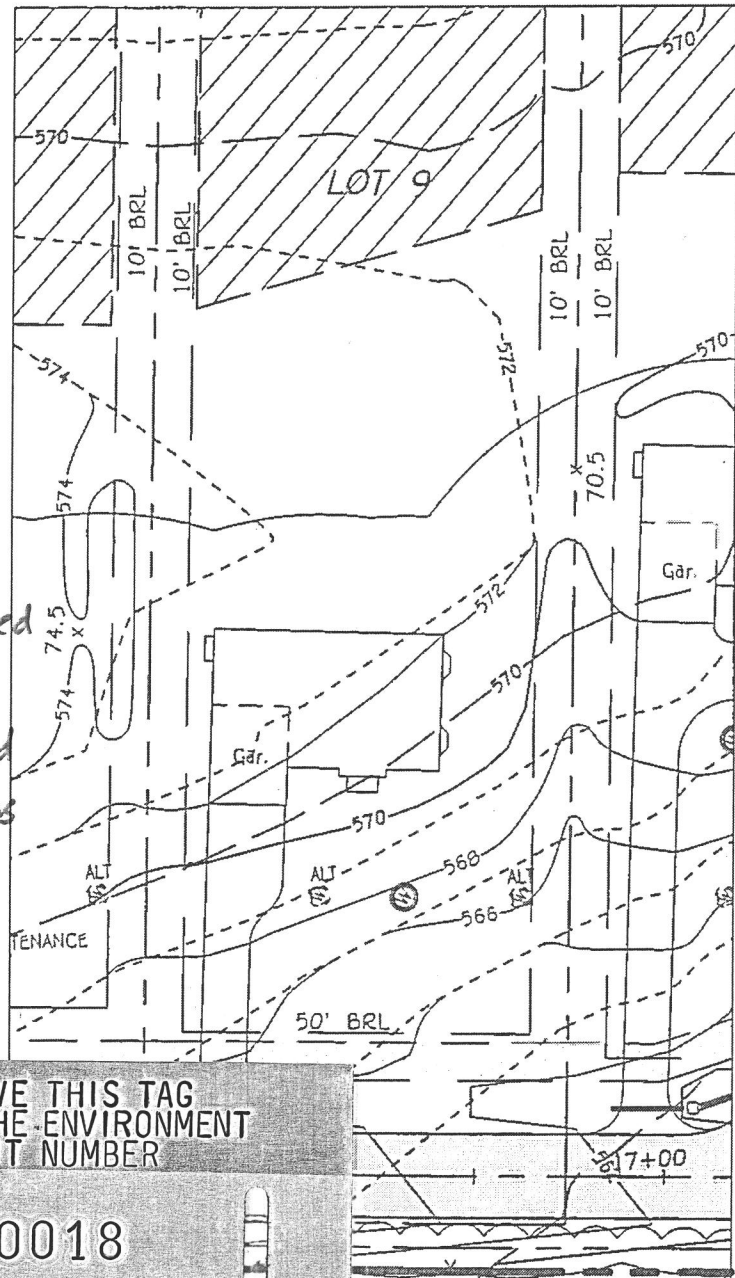
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Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

Lot #	Northing	Easting	Longitude	Latitude
LOT 9	584071.8398	1317021.8726	W76° 59' 00.38"	N39° 16' 13.47"



Well sites approved
2/7/17 SC
Well sites staked
by Fisher, Collins
& Carter, Inc

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-17-0018

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

PLAN
Scale: 1" = 50'

FOLLY LANE
ACCESS PLACE

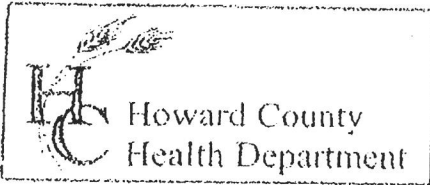
LOT 9 WELL MAP
PAUPERS FOLLY

**LOTS 1-11, BUILDABLE PRESERVATION PARCEL 'A'
AND NON-BUILDABLE PRESERVATION PARCEL 'B'**

ZONED: RR-DEO
TAX MAP No. 22 GRID No. 8 PARCEL No. 116 & P/O No. 7
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
DATE: JANUARY 20, 2017
SHEET 9 OF 11

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2255

K:\SDSKPROJ\71160 Boarman Property\dwg\FINALS\71160 Well Maps 8.5 x 11.dwg, 2/3/2017 9:21:25 AM, 1:1



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- The well site has been staked by Fisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 1-25-17 (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.

Revised 6/10/03

Paupers Folly

OK
 4/7/17 SC

040517

 WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER HO-17-0018 DATE WORK PERFORMED (mm/dd/yyyy) 03/01/2017

WELL SITE ADDRESS Andrea Drive Lot 9 Paupers Folly

TAX MAP 22 BLK 8 PARCEL 116 LATITUDE 3 9-270.388 LONGITUDE 7 6-983464

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 600 FT WATER LEVEL BEFORE FRAC 50 FT YIELD BEFORE FRAC 1/2 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT

SOURCE OF WATER WSSC

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	100	600	1300	600
2	160	600	300	100
3	200	600	300	100
4				
5				

WATER LEVEL AFTER FRAC 19 FT YIELD AFTER FRAC 15 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

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George F. Easton MWD 040
 DRILLER SIGNATURE LIC #

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

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: 590 Obrecht Rd
3725011, 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): Donald C Fogle License# MSD2226

*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: NYP Inc Telephone #: _____
Subdivision: Belvedere Estates Lot #: 9 Well Tag #: HO-17-0018 (ST)
Site Address: 3647 Pavers Folly Lane
West Friendship, MD 21784

Submersible Pump Data

Make: Grundfos
Model #: SPS10422
Pump Capacity: 5
Well Yield: 15
Depth of well encountered at time of pump installation: 600 (feet)

Pitless Adapter

Make: Campbell +
Model#: N/A
GPM Depth: 36' (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: N/A
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NO

Piping to house

Type: 1" poly pipe
PSI: 2000 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YES

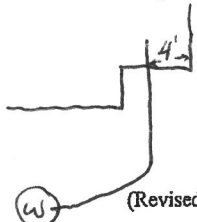
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 7/27/2020

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

Date Insp. Requested: 7/28/2020 Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

(ST)
 36"
 36"
 36"
 6" Re-inspect for final grade. Tag below grade.



(Revised form 10/24/2018)