

C1 38690

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

Approved 7/27/20 ST 22 Depth of Well 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0013

OWNER: Bernard Curtis, WELL SITE ADDRESS: 13649 Highland Rd, TOWN: Clarksville, SUBDIVISION: SS Creeves, SECTION, LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Brown Mica, Grey Mica, Fracture, and another Grey Mica layer.

GROUTING RECORD section with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (14), NO. OF POUNDS (1316), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (0 to 39 ft).

CASING RECORD section with fields for MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (42).

SCREEN RECORD section with fields for screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

OTHER CASING (if used) section with fields for diameter and depth.

DEPTH (nearest ft.) section with fields for depth (42) and total depth (280).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: NO

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED)

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 5 D 234, DRILLERS SIGNATURE, LIC. NO. D

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

TELESCOPE CASING section with fields for diameter of screen (56, 60) and slot size (1, 2, 3).

GRAVEL PACK section with fields for diameter and depth.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, W, Q, and other data.

PUMPING TEST section with fields for HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (46 ft. before, 83 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (3 ft. above land surface).

LATITUDE 39.206894, LONGITUDE 76.981249 (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.

TAG = 07110400

B 1	SEQUENCE NO. (MDE USE ONLY) 66487	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 20 - 0013 70 fill in this form completely 79
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Barnard Curtis
 Last Name Owner First Name 34
 36 13649 Highland Rd
 Street or RFD 55
 57 Charksville Md. 21029
 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard
8 COUNTY 21
JJ Greeves
23 SUBDIVISION 42
 SECTION 44 46 LOT 4 48 50
Charksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Conyers MS 0009
Driller's Name 76 License No. 81
Eagles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine Md 21797
Address
Allen Conyers 6-24-2620
Signature Date

B 4 **SOURCES OF DRILLING WATER**

Well water
11 STREET ADDRESS 30
13649 Highland Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 300 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 0034 BLK: 0008 PARCEL 0183

2. 6/30/20
3. 15 GPM
 Static 46'
 level 83'
 pump 260'
 cement 14 bags

NORTH
 WEST EAST
 SOUTH

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

Howard 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 6/24/20 Allen Conyers 6/24/21
 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)

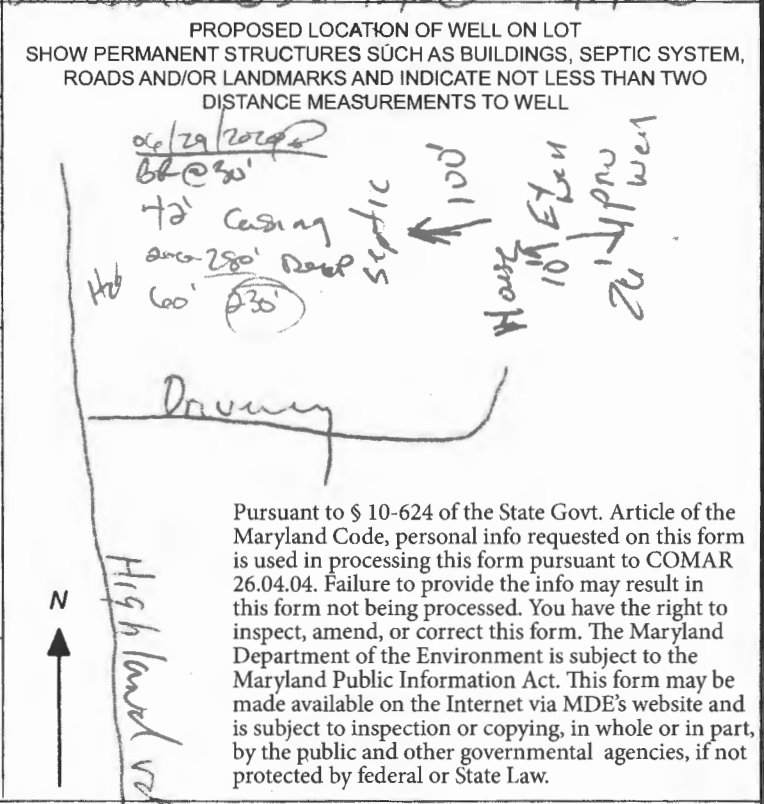
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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)

APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO - 20 - 0013
 70 71 72 73 74 75 76 77 78 79



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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: 3530 Obrecht Rd
Sikesville, MD 21789

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# MSD222 U

*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: Curtis Barnard Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0013 ✓ 07/10/2020
Site Address: 13649 Highland Rd
Clarksuite, MD 21029

Submersible Pump Data

Make: Goulds
Model #: TP505422
Pump Capacity: 7
Well Yield: 15

Pitless Adapter

Make: Campbell
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 260 (feet)
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 NA

Piping to house / existing line

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

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

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: 7/9/2020

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

Date Insp. Requested: 07/10/2020 Date Insp. Approved: 07/10/2020 Inspector: [Signature]
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

48" 07/10/2020 [Signature]
39" 07/10/2020 [Signature]
31" 07/10/2020 [Signature]

(Revised form 10/24/2018)

07/10/2020 [Signature]
N/A TIED INTO EX WELL LINE

 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

Approved
 7/27/20 ST

DATE WELL ABANDONED: 7-14-20 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

HO-20-0013

* PERSON ABANDONING WELL: Andrew Houseman

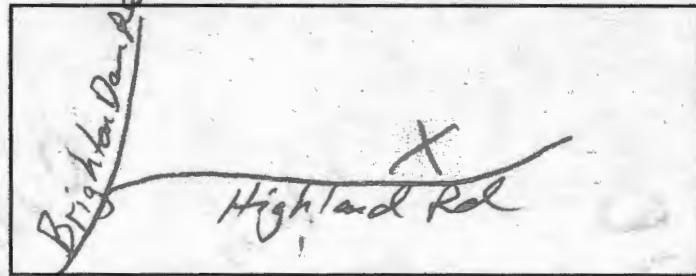
WELL DRILLER'S LICENSE NUMBER: _____

* OWNER'S NAME: Barnard Curtis

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 0634 BLOCK 0608 PARCEL 0183
 SUBDIVISION: JJ Greeves
 SECTION: _____ LOT: 4
 STREET ADDRESS: 13649 Highland Rd

SITE LOCATION MAP



LATITUDE 39.206867

LONGITUDE 76.981249

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>160</u>	<u>0</u>

VOLUME OF MATERIAL USED

Bentonite 2400/65

* 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: 160 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 LICENSE# _____

Andrew Houseman
 224

MWD / MSD / MGS
 CIRCLE ONE

7-14-20 DATE

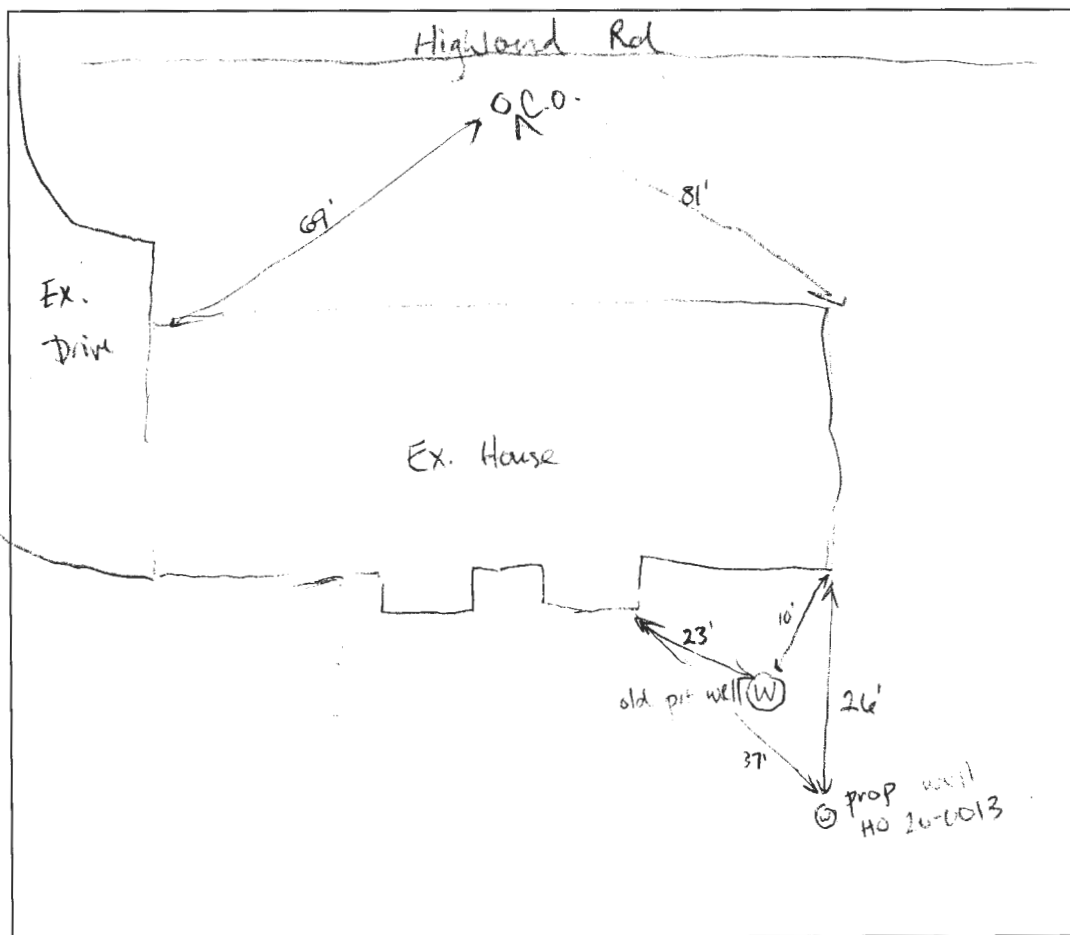
COUNTY

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SITE INSPECTION SHEET

OWNER: Curtis Barnard PHONE #: _____
ADDRESS: 13649 Highland Rd CONTRACTOR: Fogles
Clarksville, MD 21029 WELL TAG #: HO-20-0013
SUBDIVISION: JJ Greaves LOT: 4 COUNTY #: Howard
PROPOSAL: replace well that is making <1 GPM

LOCATION DIAGRAM



COMMENTS: Old pit well is covered by sewer lid, makes <1 GPM
according to owner. House has been sold to new owner. There are
plans to raise sewer manhole to grade.

DATE: 6/24/2020 INSPECTOR: Susan Thomas