



HOWARD COUNTY HEALTH DEPARTMENT

65478

DATE 5/1/19

Received From

Fogles well, Miller 413
PHONE # 409-4191

For

Well Pump -
5351 Greenbridge
RD.

CASH

CHECK

NO

5871

No Hundred Sixty Dollars

\$

10000

Received By

[Signature]

C1 56588

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

MM DD 4-6-19

22 300 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 Ho-18-0091

OWNER: Gertrude Bryan & Rebecca; WELL SITE ADDRESS: 5351 Green Bridge Rd; TOWN: Dayton; SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

yes no Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 28 NO. OF POUNDS 2632

GALLONS OF WATER 168

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 82 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE: ST, Nominal diameter top (main) casing (nearest inch): 06, Total depth of main casing (nearest foot): 84

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

1 2 Ho 84 300; A C H S C R E E N; 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 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.2

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 ft.

WHEN PUMPING 129 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

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 36

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above, - below, LAND SURFACE 2 (nearest foot)

LATITUDE 39.224659 LONGITUDE 77.000693 (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.

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. M 5 D 224

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 34430

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-18-0091 fill in this form completely

Date Received (APA) 8/30/19

OWNER INFORMATION

Geurts, Bryan + Rebecca 5351 Green Bridge Rd Dayton, Md 21036

B 3

LOCATION OF WELL

Howard COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Dayton NEAREST TOWN 52 71

DRILLER INFORMATION

Fogles Well Drilling, LLC P.O. Box 202 Woodbine, Md 21797

B 4

SOURCES OF DRILLING WATER

1 Well Water

5351 Green Bridge Rd STREET ADDRESS 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



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

TAX MAP: 0027 BLK: 0024 PARCEL 0013

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

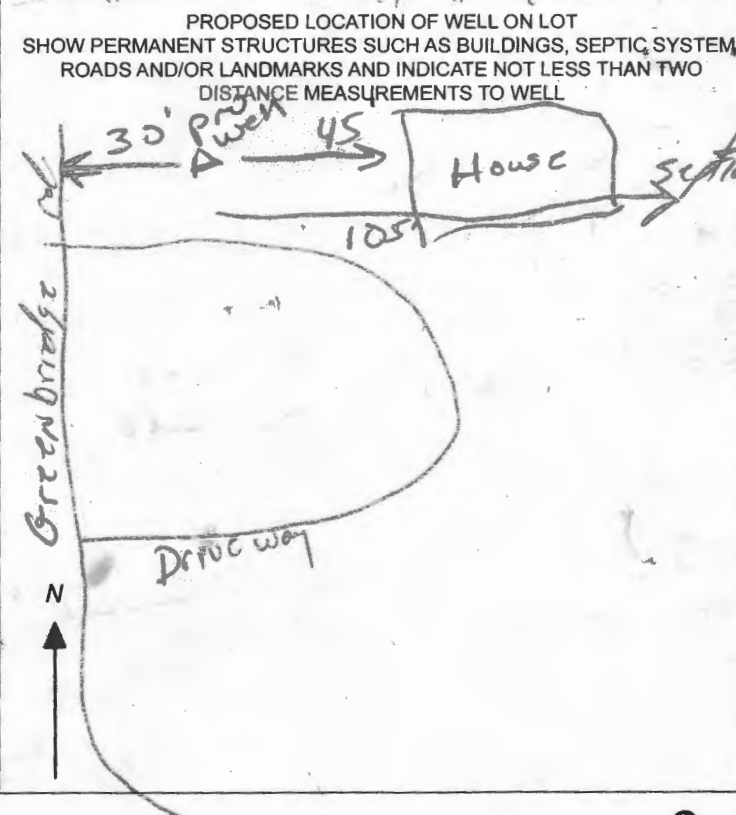
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE DATE ISSUED 6/4/19 CO SIGNATURE EXP. DATE 6/4/20

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

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: 580 Abrecht Rd
Spikesville, 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# MS0220

*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: Bryan Geurts Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0091
Site Address: 5351 Green Bridge Rd
Dayton, MD 21036

Submersible Pump Data

Make: Grundfos
Model #: 1550E07-180
Pump Capacity: 15
Well Yield: 4.2
Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Cumpeh
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: YES
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 NA

Piping to house

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: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YES

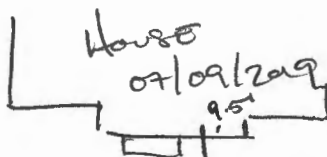
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 7/9/19

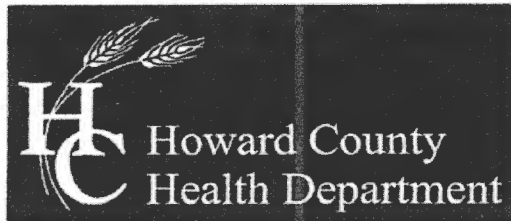
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 07/09/2019 Date Insp. Approved: 07/09/2019 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

- 36" 07/09/2019
- 18" 07/09/2019
- 27" 07/09/2019
- 9' 07/09/2019



(Revised form 10/24/2018)



Bureau of Environmental Health

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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:

_____ _____ 5351 Green Bridge 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.

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
07/03/2021

DATE WELL ABANDONED: July 7-9th 19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

- No tag
HO-18-0091

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Andrew Hausman

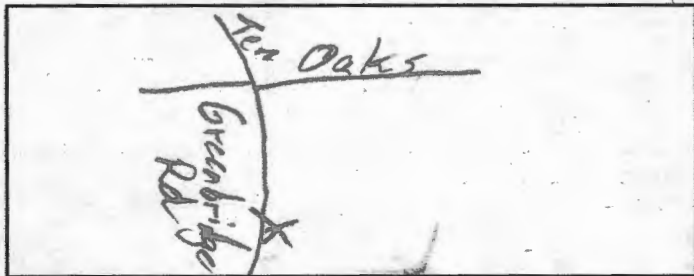
WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD MSD MGD

* OWNER'S NAME: Bryan & Rebecca Geurts

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Dorhan
 TAX MAP 0027 BLOCK 0024 PARCEL 0073
 SUBDIVISION:
 SECTION: LOT:
 STREET ADDRESS: 5351 Green Bridge Rd



LATITUDE 39.224452

LONGITUDE 77.002625

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	94	0
VOLUME OF MATERIAL USED		
1150 lbs Bentonite chips		

* 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: 94 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 Hausman

224

MWD/MSD/MGS

CIRCLE ONE

7-9-19

DATE

COUNTY

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