

HOWARD COUNTY HEALTH DEPARTMENT



WS 27805

DATE
9 / 18 / 07

Received from Fogles Well Drilling LLC

PHONE # 410-795-5670

580 Obrecht Rd, Sykesville MD 21784

For Well Permit

CASH

CHECK

O.

12395 Old Frederick Rd

0095

One hundred sixty and 00/100

Dollars

160 | 00

Received By Mary L Bruggs

7237

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 COLS. 3-6 ON ALL CARDS

COUNTY NUMBER

DATE RECEIVED MM DD YY

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1289

OWNER Snyder last name, first name Randy, STREET OR RFD 12395 Old Frederick rd., TOWN Marriottsville, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

Table with columns: FEET (FROM, TO), check if water bearing. Entries: Brown Shale (0-85), Gray Limestone (85-600)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 28 NO. OF POUNDS 2032

GALLONS OF WATER 168

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 88 ft.

CASING RECORD

ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE PL, Nominal diameter top (main) casing 06, Total depth of main casing 91

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (nearest ft.)

Table with columns: SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 06

PUMPING RATE (gal. per min.) 0.5

METHOD USED TO MEASURE PUMPING RATE 150L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 126 ft.

WHEN PUMPING 243 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

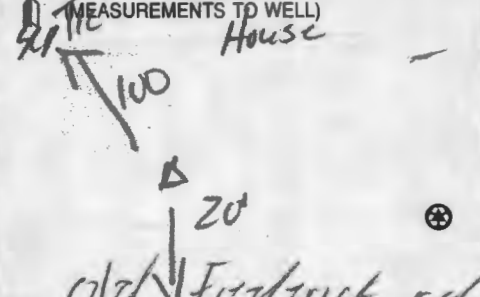
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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 01 (nearest foot)

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES MEASUREMENTS TO WELL



DRILLERS LIC. NO. 1 MSD 009

DRILLERS SIGNATURE

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

B 1 **6173**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
527805 please type

STATE PERMIT NUMBER
MD-95-1289
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Snyder, Randy
15 Last Name Owner First Name 34
12395 Old Frederick Rd
36 Street or RFD 55
Marriottsville Md. 21104
57 Town 70 State 72 Zip 76

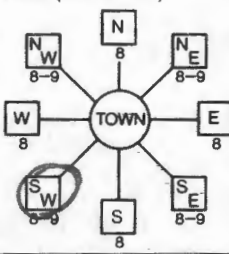
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Marriottsville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **3** M I 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogles well Drilling
Firm Name
580 Obrecht Rd
Address
Allen 9-13-07
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12395 Old Frederick Rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **9** BLK: **24** PARCEL **101**

B 2 WELL INFORMATION
1 2
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
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL **A527268**

Howard
COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED **9/28/07** INSERT S **41**
CO SIGNATURE **John** EXP. DATE **9/28/08**
NORTH GRID **54** 0 0 0 EAST GRID **816** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

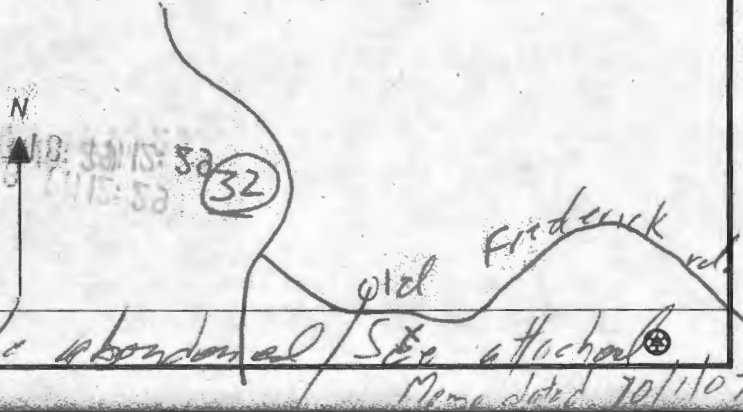
SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8106**
N **5401**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **G**
PERMIT No. **MD-95-1289**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 1289
Site Address: 12395 Old Frederick Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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 _____ date _____

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

Date Insp. Requested: 11/13/07 Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade → missing Tag.
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-15-08 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

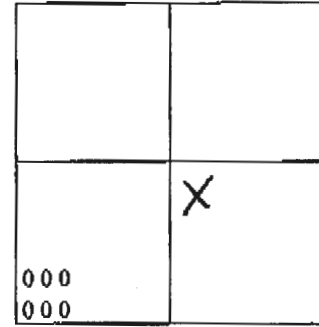
* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD MSD MGD

* OWNER'S NAME: Randy Snyder

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Groundship
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Old Frederick 12395



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES
 E 810
 BOX NUMBER N 540

- * TYPE OF WELL BEING ABANDONED:
- DRILLED
 - BORED/AUGURED
 - OTHER (specify) _____
 - JETTED
 - HAND DUG

- * USE CODE:
- DOMESTIC
 - IRRIGATION
 - TEST/OBSERVATION
 - MUNICIPAL/PUBLIC
 - INDUSTRIAL

- * TYPE OF CASING:
- STEEL
 - CONCRETE
 - PLASTIC
 - OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 130' FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>130</u>

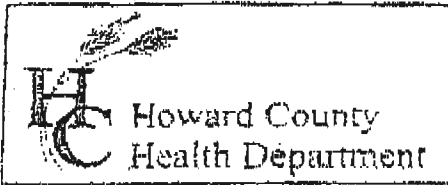
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature]

LICENSE # 009

CIRCLE ONE MWD MSD MGD

DATE 2-15-08





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

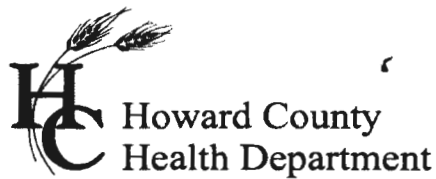
12395 Old Frederick Rd.
TO ALL INTERESTED PARTIES

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 Fogles
(professional land surveyor or company employing professional land surveyors)
on 9-13-07 (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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

Monday, October 01, 2007

Scan with On-site Well Permits
for this lot

MEMORANDUM

To: WELL DRILLER

From: Stuart F. Oster
Well and Septic Program
Groundwater Management Section Supervisor

Re: **Special Conditions of Well Permit**

12395 Old Frederick Road
Marriottsville, Maryland 21104
Tax Map 9, Block 24, Parcel 101

Because of the close proximity of the proposed replacement well locations to the road, the casing must be extended to approximately 50-60' below grade in order to eliminate any infiltration from the upper fracture zone. Also, the driller must contact the Health Department 2 days prior to the start of drilling so that a Sanitarian can be on site to verify the upper fracture location and determine proper casing depth.

C: 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 #:	66006	Account #:	1930
Reference:	Randy Snyder	Company:	Fogle's Well Drilling
Location:	12395 Old Frederick Road Marriottsville, MD 21104	Requested By:	Dave Fogle
Date/ Time Collected:	12/5/2007 1300	Source:	Well Water
Date/Time Rec'd:	12/5/2007 1443	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.5
		Well #:	HO-95-1289

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/6/2007 / 0850 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/6/2007 / 0850 / AD/BD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Replacement Well/ HoCHD

Date Reported: 12/6/2007

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 #:	65893	Account #:	1930
Reference:	Randy Snyder	Company:	Fogle's Well Drilling
Location:	12395 Old Frederick Road Marriottsville, MD 21104	Requested By:	Dave Fogle
Date/ Time Collected:	11/16/2007 0900	Source:	Well Water
Date/Time Rec'd:	11/16/2007 1530	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-95-1289

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/17/2007 / 1000 / BCD
Nitrate	4.37	mg/L	10	601	11/16/2007 / 1535 / AD/BD
Turbidity	1.01	NTU	<10	SM18 2130B	11/16/2007 / 1535 / AD/BD
Sand	NS	mg/l.	5	Visual/Gravimet	11/16/2007 / 1535 / AD/BD

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Replacement Well/ HoCHD

Date Reported: 11/19/2007