



HOWARD COUNTY HEALTH DEPARTMENT

72885

DATE
12/07/20

WS

Received From

PHONE #

Foslas Well
Onellish LLC

143609-

4195

For

Well Permit
14050 Foreyke
Co.

CASH

CHECK

NO.

013608

One hundred sixty

Dollars

\$ 160.00

Received By

Kemp

C1 63426

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 MM/DD 12/20

DATE WELL COMPLETED 11-24-20

Depth of Well 235' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0054

OWNER Ring Mike WELL SITE ADDRESS: 14050 Forsythe Rd TOWN Sykesville SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for soft brown, grey schist, fracture, and storage: 295.5 gal.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 22, NO. OF POUNDS: 2062, GALLONS OF WATER: 132, DEPTH OF GROUT SEAL: 61 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter top (main casing): 06, Total depth of main casing: 63.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) table with columns: 1-21, 23-32, 33-41, 43-47, 49-51. Includes slot size and diameter of screen.

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.

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: 28 ft, WHEN PUMPING: 183 ft, TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED: S (submersible), PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7, PUMP HORSE POWER: 1/2, PUMP COLUMN LENGTH (nearest ft.) 215, CASING HEIGHT (circle appropriate box and enter casing height) (+) above, LAND SURFACE (nearest foot) 2 below.

LATITUDE 39342331, LONGITUDE 77.001803 (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 32518

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-20-0054

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Ring Mike
14050 Forsythe Rd
Syllesville Md 21784

B 3

LOCATION OF WELL

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

DRILLER INFORMATION

Andrew Houseman M S D 224
Eagles Well Drilling LLC
P.O. Box 202 Woodbine Md 21797
11-12-20

B 4

SOURCES OF DRILLING WATER

1 Well water
2 11/24/2020
3 4 GPM
Static 28'
level 182'
pump 220'

14050 Forsythe Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 600 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0008 BLK: 0006 PARCEL 0177

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
STATE
SIGNATURE
DATE ISSUED 11/13/2020
CO SIGNATURE
EXP. DATE 11/13/2021

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

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

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

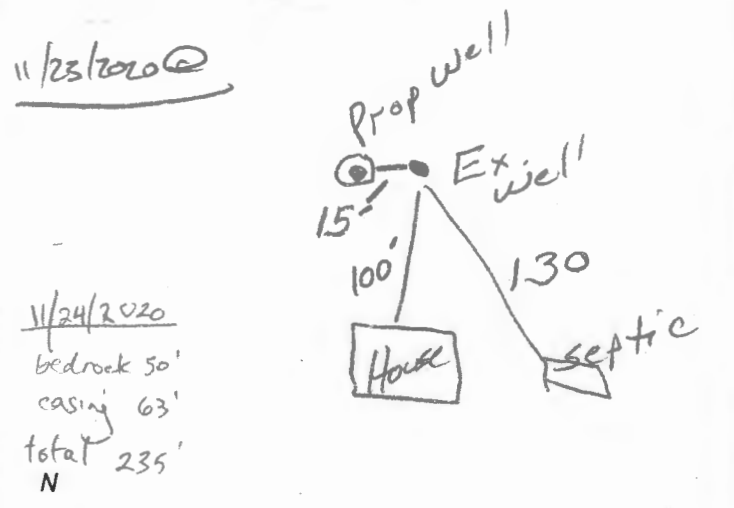
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D 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-20-0054



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: 380 Obrecht Rd
Sikesville, 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 Foale License# MSD226

*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: Mike Ring Telephone #: 410 370 7809
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0054 (67)
Site Address: 14050 Forsythe Rd
Sikesville, MD 21784

Submersible Pump Data

Make: Guards
Model #: 7H505H22
Pump Capacity: 7
Well Yield: 2
Depth of well encountered at time of pump installation: 235 (feet)

Pitless Adapter

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

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 well line

Type: 1" poly pipe
PSI: 700 (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: 11/25/2020

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

Date Insp. Requested: 11/25/2020 Date Insp. Approved: 11/25/2020 Inspector: ED
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 38"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 33"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 11"
Water supply line sleeved adequately at house connection existing
Adequate grout observed below pitless adapter

house
x (W)
tied into existing line

(Revised form 10/24/2018)

 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
 2/1/21 (ST)

DATE WELL ABANDONED: 11-30-20 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-20-0054

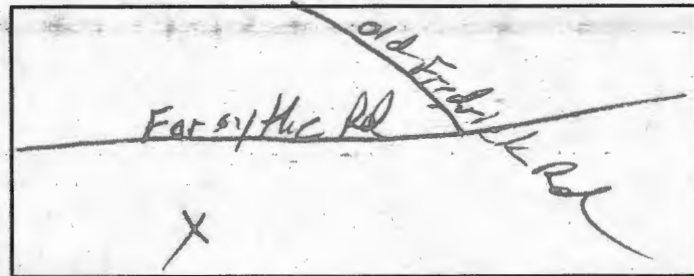
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGS

* OWNER'S NAME: Mike Ring

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Sykesville
 TAX MAP 0008 BLOCK 0006 PARCEL 0197
 SUBDIVISION:
 SECTION: LOT:
 STREET ADDRESS: 14050 Forsythe Rd



LATITUDE 39.342357

LONGITUDE 72.001801

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>35</u>	<u>0</u>

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

VOLUME OF MATERIAL USED
Bentonite 350 lbs

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 34 FEET DEEP

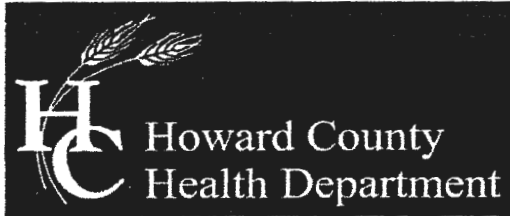
WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

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SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 224 CIRCLE ONE MWD / MSD / MGS DATE 11-30-20

COUNTY



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:

_____ _____ 14050 Forsythe 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.

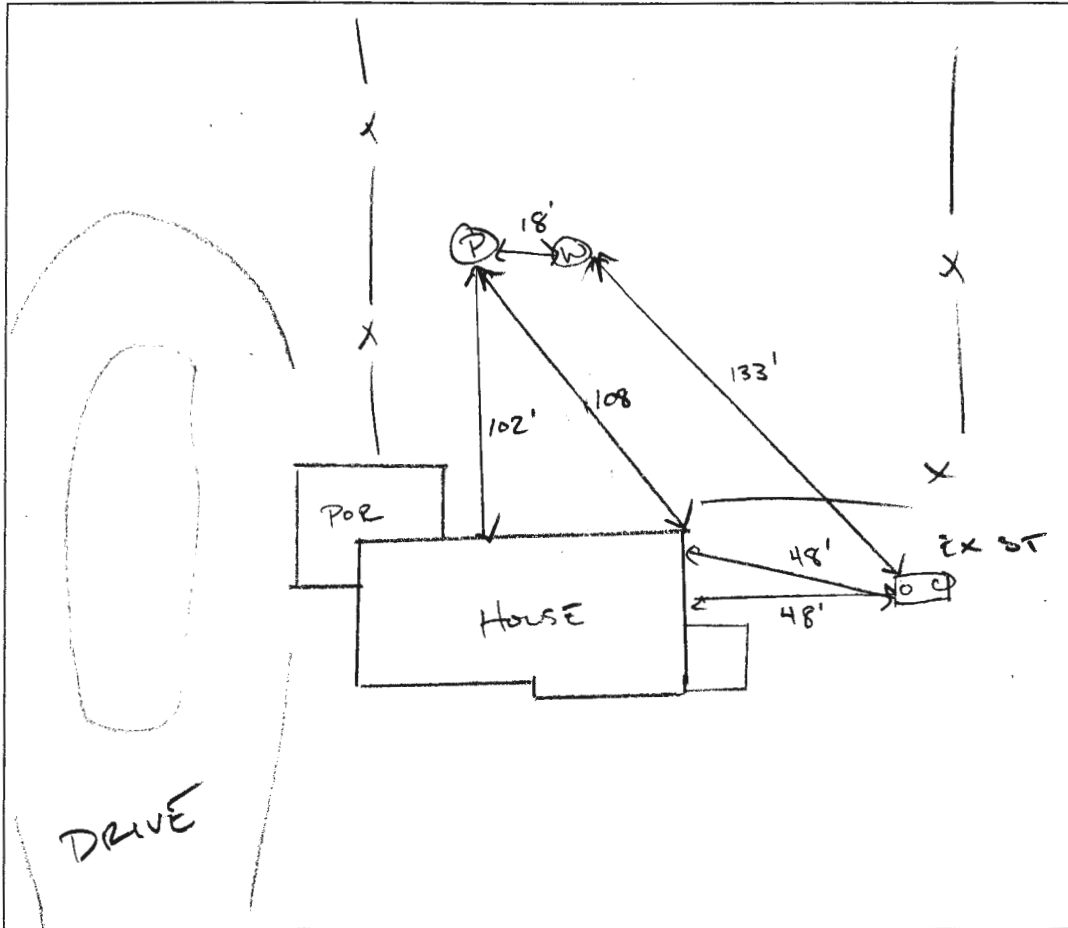
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

SITE INSPECTION SHEET

OWNER: MIKE RING PHONE #: _____
ADDRESS: 14050 FORSYTHE ROAD CONTRACTOR: FOGLES
SIKESVILLE MD 21784 WELL TAG #: H0-20-0054
SUBDIVISION: _____ LOT: _____ COUNTY #: (XIII)
PROPOSAL: REP WELL

LOCATION DIAGRAM



COMMENTS: SITE EVALUATION

DATE: 11/23/2020 INSPECTOR: CABANUG