



# HOWARD COUNTY HEALTH DEPARTMENT

66365

DATE 9/10/19

Received From

Fogles Well Drilling PHONE # 413 609-4195 <sup>WS</sup>

For

Well Permit/ Forsyth Rd  
HO-18-0109

CASH

CHECK

NO.

013041

One hundred sixty Dollars

\$

160.00

Received By

[Signature]

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

**MEMORANDUM**

October 2<sup>nd</sup>, 2019

Home Owner

RE: **Replacement Well Sampling**  
13325 Forsythe Road  
Sykesville, MD 21784  
Well Permit # HO-18-0109

*10/02/2019*

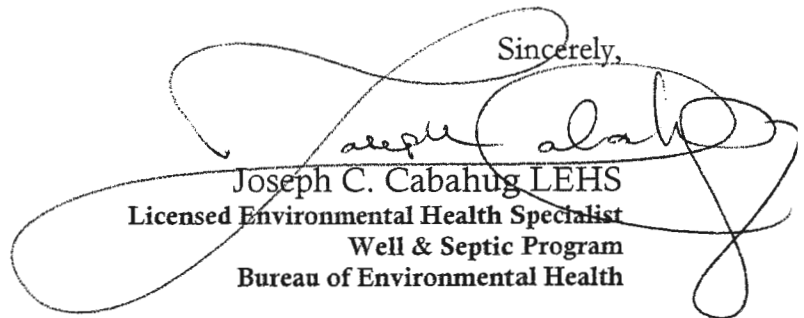
Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. The final inspection was granted on 9/4/19. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrites, turbidity, and sand.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug LEHS  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

C1 65166

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9-9-19

Depth of Well 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0109

OWNER: Machado Abilio WELL SITE ADDRESS: 13325 Forsythe Rd TOWN: Sykesville

WELL LOG

GROUTING RECORD

C 3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 1

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Clay, Soft brown, Grey limestone, Fracture, etc.

NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

PUMPING RATE (gal. per min.) 12.0

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

WATER LEVEL (distance from land surface) BEFORE PUMPING 17-20 ft. WHEN PUMPING 22-25 ft.

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 42

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)

PUMP HORSE POWER 1/2

WELL HYDROFRACTURED YES Y NO N

DEPTH (nearest ft.) 42 200

PUMP COLUMN LENGTH (nearest ft.) 150

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

SCREEN RECORD (continued) ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

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...

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

LATITUDE 39.355342 LONGITUDE 76.975840 (DEFAULT COORD. WGS 84)

DRILLERS LIC. NO. M SD 224 DRILLERS SIGNATURE

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

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.

LIC. NO. 1 D 1

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLER

TAC: 9/1/2019

B 1 34476

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER Ho-18-0109 fill in this form completely

Date Received (APA) 09/04/2019

OWNER INFORMATION

Machado Abilio 13325 Forsythe Rd Sykesville Md 21784

B 3

LOCATION OF WELL

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Sykesville 52 NEAREST TOWN 71

DRILLER INFORMATION

Andrew Houseman M S D 224 Eagles Well Drilling, LLC P.O. Box 202 Woodbine, Md 21797 Andrew R. Houseman 9-4-19

B 4

SOURCES OF DRILLING WATER

1 Well water 2. 3.

13325 Forsythe Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 80 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0004 BLK: 0021 PARCEL 0065

B 2

WELL INFORMATION

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)

- D 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 09/04/2019 CO SIGNATURE EXP. DATE 09/04/2020

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

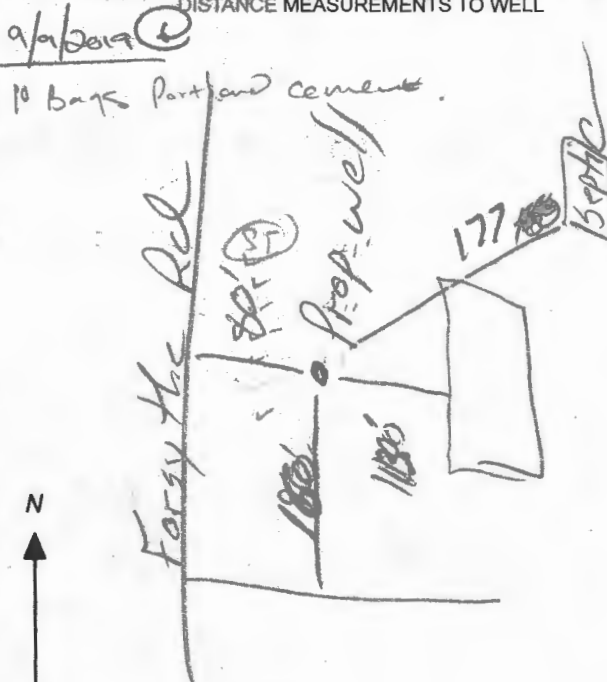
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 Ho-18-0109 PERMIT No. 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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Will have to check radium area. SAMPLE MAY BE REQUIRED ABANDON/SEAL EX WELL.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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  
07/29/2021  
G

DATE WELL ABANDONED: 9-13-19 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-73-0512

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO-18-0109

\* PERSON ABANDONING WELL: Adriana Henriquez

WELL DRILLER'S LICENSE NUMBER: 224

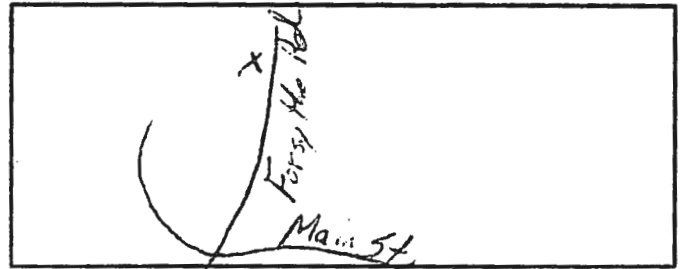
\* OWNER'S NAME: Abilio Machado

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Hagerston  
NEAREST TOWN: Sylkesville  
TAX MAP 004 BLOCK 021 PARCEL 0065  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 13325 Forsythe Rd



LATITUDE 39.355302

LONGITUDE 76.925558

LOG OF SEALING MATERIAL

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

MATERIAL	FEET	
	FROM	TO
Bentonite	0	140

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

VOLUME OF MATERIAL USED

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

Bentonite 1250 lbs

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 140 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN \_\_\_\_\_ LICENSE# \_\_\_\_\_

MWD/MSD/MGS

CIRCLE ONE

DATE

DRILLER

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.

SITE INSPECTION SHEET

OWNER: BILL MACHADO PHONE #: —

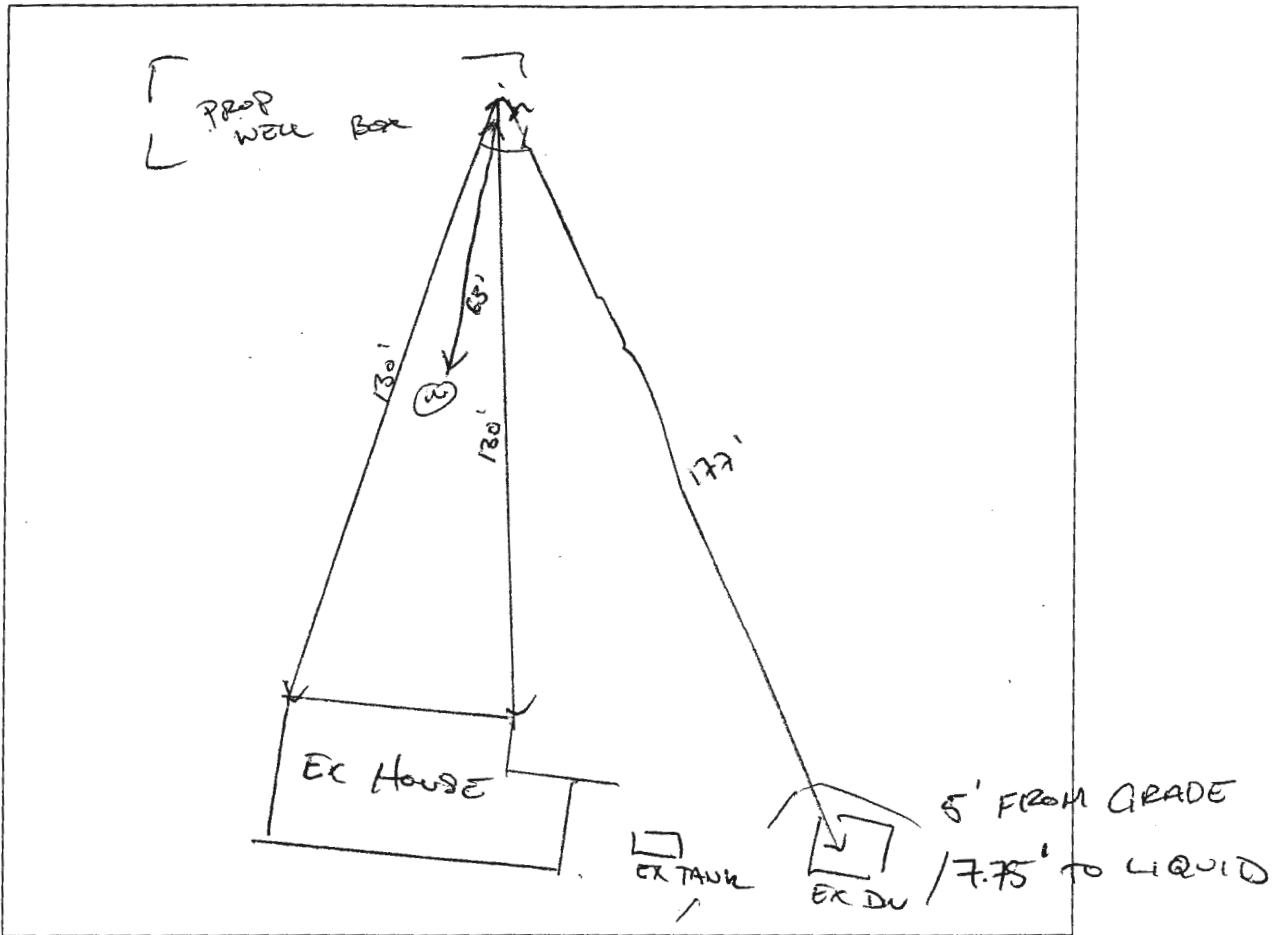
ADDRESS: 13325 FORSYTHE ROAD CONTRACTOR: FOGLER

SYKESVILLE MD 21784 WELL TAG #: HO-18-0109 (NEW)

SUBDIVISION: 0001 LOT: — COUNTY #: HOWARD

PROPOSAL: EMERGENCY WELL. EX WELL COLLAPSED.

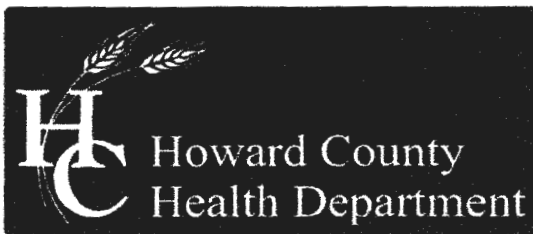
LOCATION DIAGRAM



COMMENTS: WELL LOCATED W/ RESPECT TO FUTURE  
SUBDIVISION PLANS. WELL TAG RELEASED IN FIELD.  
EX WELL

DATE: 09/05/2019

INSPECTOR: [Signature]



### 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:

Subdivision/Property Name \_\_\_\_\_ Lot # \_\_\_\_\_ Road Name 13325 Forsythe Rd

The well site has been staked by CABATHUR 001997, DRILLER  
(professional land surveyor or company employing professional land surveyors) HOMEOWNER  
on 09/04/2019 (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.

Out of water - Replacement well - Andy Staked well site

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

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: Foale's Well Pump & Water Treatment, LLC Telephone #: 410 795 5076  
Address: 580 Obrecht Rd  
Sykesville, 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: Abilio machado Telephone #: 301-343-4015  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-18-0109  
Site Address: 13325 Forsythe Rd  
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds  
Model #: TH505422  
Pump Capacity: 7  
Well Yield: 12

Pitless Adapter

Make: Camobell +  
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

Depth of well encountered at time of pump installation: 200 (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 N/A

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: 9/10/19

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

Date Insp. Requested: 9/11/19 Date Insp. Approved: 9/11/19 Inspector: ST  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 41'  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 41'  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 13'  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

9/11/19 16' ft from the well, line crosses a cable

Website: [www.hchealth.org](http://www.hchealth.org) Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth) Twitter: @HoCoHealth

old well  
new well  
HO-18-0109