



HOWARD COUNTY HEALTH DEPARTMENT

62325

DATE

Received From

PHONE #

For

CASH

CHECK

NO.

Dollars

\$

Received By

C1 52155 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (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 MM DD YY 01 23 18

DATE WELL COMPLETED MM DD YY 1-22-18

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 1/30/18 SC HO-17-0212

OWNER: Frey, Brad; WELL SITE ADDRESS: 7542 Cherry Tree Dr.; TOWN: Fulton; SUBDIVISION: Mooresfield; SECTION: ; LOT: 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Light to Dark Brown mica, Gray schist, white, Gray schist, and white.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (31), NO. OF POUNDS (2914), GALLONS OF WATER (186), DEPTH OF GROUT SEAL (0 to 81 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 (83).

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: 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...

DRILLERS LIC. NO. 1 M SD 009; DRILLERS SIGNATURE; LIC. NO. 1 D

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

C2 DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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

C3 PUMPING TEST: HOURS PUMPED (81), PUMPING RATE (1.0 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (190L), WATER LEVEL (distance from land surface) BEFORE PUMPING (30 ft), WHEN PUMPING (580 ft), TYPE OF PUMP USED (for test) (A, P, T, C, R, O, J, S)

PUMP INSTALLED: DRILLER INSTALLED PUMP (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 02 (nearest foot)

LATITUDE 39.162282; LONGITUDE 76.922766 (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.

B 1	SEQUENCE NO. (MDE USE ONLY) 56886	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 17 - 0212 <small>70 79</small> fill in this form completely
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OWNER INFORMATION

Date Received (APA) **11 07 17**

8 MM DD YY 13

15 Last Name **Brad** Owner First Name **Frederic** 34

36 Street or RFD **1618 Kalma Rd NW** 55

57 Town **Washington DC** 70 State **DC** 72 Zip **20012** 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Maresfield** 42

SECTION **44** 46 LOT **4** 48 50

52 NEAREST TOWN **Fulton** 71

DRILLER INFORMATION

Driller's Name **Allen Compton** 76 License No. **MSD 009** 81

Firm Name **Frocks Well Drilling, LLC**

Address **P.O. Box 202 Woodbine, Md 21797**

Signature **Allen Compton** 10-7-17 Date

B 4 SOURCES OF DRILLING WATER

1. **Well Water**

11 STREET ADDRESS **1542 Cherry Tree Dr** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **150** 37 DISTANCE FROM ROAD **150** FT 38 39

ENTER FT OR MI **FT**

TAX MAP: **0041** BLK: **0014** PARCEL **0279**

B 2 WELL INFORMATION

1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 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

COUNTY NAME **Howard** (13) COUNTY NO. _____

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **12/13/17** 43 MM DD YY 48 CO SIGNATURE **SL C.M.** 12/13/18 EXP. DATE

DON: 1/16/18 (S) DOG: 1/22/18 (S)

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

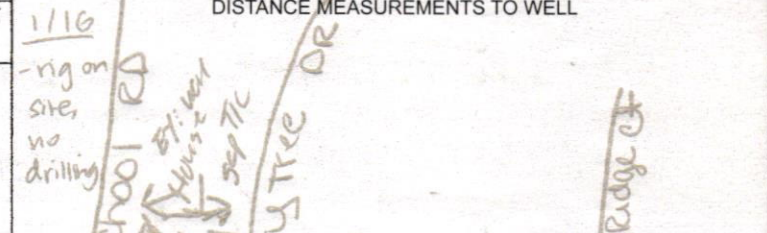
METHOD OF DRILLING (circle one)

BORED (or Augered) **AIR-ROTary** JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 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

39 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

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO - 17 - 0212** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well must be sealed.

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 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 FOGLE License# MSP226

*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: Bradley Frey Telephone #: 202-557-1865
 Subdivision: MOOREFIELD Lot #: 4 Well Tag #: HO-17-0212 10/30/2018 
 Site Address: 7542 Cherry Tree Dr
Fulton, MD 20759

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Bruids</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>56510422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>600'</u> (feet)		
If pump capacity exceeds well yield, a low water cut-off switch is required by NSPC 1990 Section 17.8.4		
Torque wrenches, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing <u>N/A</u>		

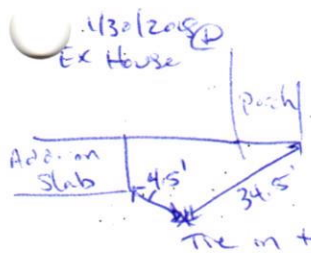
Piping to house	House Connection
Type: <u>1" poly pipe</u>	<u>existing well line</u>
PSI: <u>200</u> (160 psi min)	PVC sleeve to undisturbed soil at wall penetration:
Depth of supply line: <u>36"</u> (36" min)	Length of sleeve(s), minimum from foundation):
	Sleeve sealed properly:

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: David C Fogle date: 1/30/18

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

Date Insp. Requested: 1/30/2018 Date Insp. Approved: 1/31/2018 Inspector: (b)
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 33 1/30/18 @ OK 1/31/2018
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly 27 1/30/18 @
 Safety rope not outside of well casing
 Correct well tag attached properly and casing 3" above finished grade 22" 1/30/18 @
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter



1/30/18
 Tie into ex. well
1/30/2018
 Check grading by well casing

 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

OK
 2/13/18 SC

DATE WELL ABANDONED: 1-31-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

HO — 17 — 0212

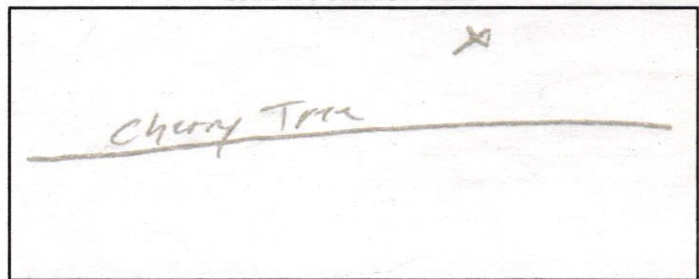
* PERSON ABANDONING WELL: Allen Compton WELL DRILLER'S LICENSE NUMBER: 001

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Brad Frey

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 0041 BLOCK 0014 PARCEL 0279
 SUBDIVISION: moorestfield
 SECTION: _____ LOT: 4
 STREET ADDRESS: 7542 Cherry Tree DR.



LATITUDE 3 9.162177

LONGITUDE 7 6.922675

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
Bentonite	0	70
VOLUME OF MATERIAL USED		
16 bags		

* 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: 70 FEET DEEP

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

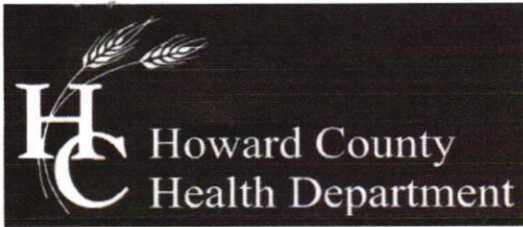
WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE# 009

MWD (circle) / MSD / MGS
 CIRCLE ONE

1-31-18
 DATE

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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:

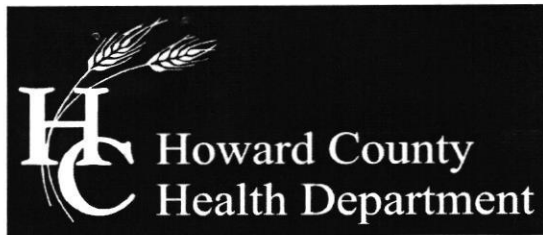
Well Site Location:

mooresfield 4 7542 Cherry Tree Dr.
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Fogles
(professional land surveyor or company employing professional land surveyors)
on 10-6-17 (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.



Bureau of Environmental Health

8930 Stanford Blvd., 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](https://twitter.com/HowardCoHealthDep)

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

February 8th, 2018

Bradley Fray
1618 Kalmia Road NW
Washington, DC 20012

RE: **Replacement Well Sampling**
7542 Cherry Tree Drive
Fulton, MD 20759
Well Permit # HO-17-0212

Dear Homeowner:

According to our records, your replacement well is proposed to be connected to the dwelling. 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, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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,

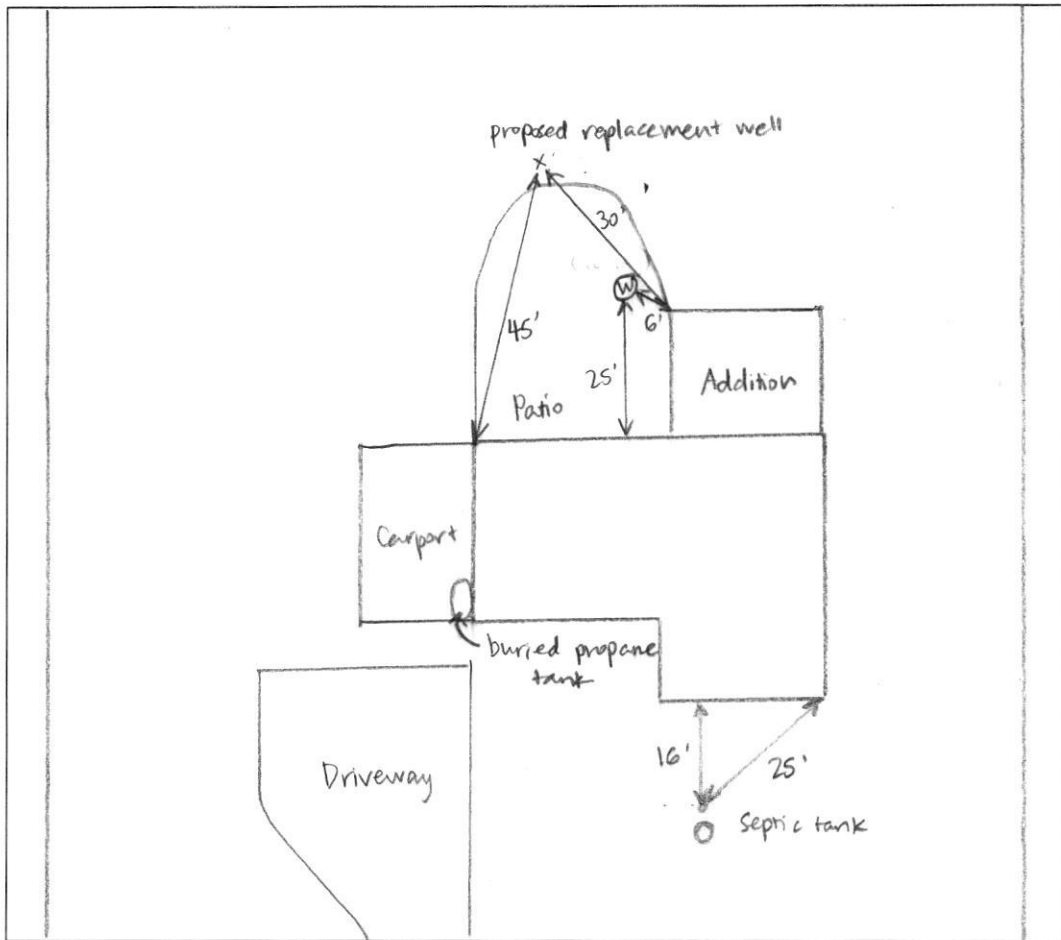
Joseph C. Cabahug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 7542 Cherry Tree Dr. CONTRACTOR: _____
_____ WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Buried propane tank under carport, ~75' from proposed replacement well.

DATE: 12/13/17 INSPECTOR: Sarah Collins