

C 1 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.

PERMIT NO. 0317 FROM "PERMIT TO DRILL WELL" 140-20

DATE RECEIVED: MM 11, DD 2, YY 23

DATE WELL COMPLETED: MM 8, DD 8, YY 23

DEPTH OF WELL: 300 (TO NEAREST FOOT)

COUNTY NUMBER 13

OWNER: WEEKS Sean

WELL SITE ADDRESS: 4035 CANDLE LIGHT DR. TOWN: Dayton

SUBDIVISION: CATHERBERG AT TEN OAKS SECTION: _____ LOT: 32

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) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Soft brown | 0 | 30 | |
| Grey mica | 30 | 41 | |
| Mud | 41 | 45 | |
| Grey mica | 45 | 47 | |
| Sand | 47 | 50 | |
| Grey mica | 50 | 72 | ✓ |
| Fracture | 72 | 75 | ✓ |
| Grey mica | 75 | 190 | ✓ |
| Sand | 190 | 193 | ✓ |
| Grey mica | 193 | 245 | ✓ |
| Quartz | 245 | 246 | ✓ |
| Grey mica | 246 | 300 | |

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 250

GALLONS OF WATER 32.5

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 63 ft.

CASING RECORD

caseing types insert appropriate code below

ST STEEL CO CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch): 6

Total depth of main casing (nearest foot): 65

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING _____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE

PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

| | | | | | | |
|---|----|----|----|----|----|----|
| 1 | 8 | 9 | 11 | 15 | 17 | 21 |
| 2 | 23 | 24 | 26 | 30 | 32 | 36 |
| 3 | 38 | 39 | 41 | 45 | 47 | 51 |

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

from _____ to _____

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

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.) 5.4

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 150 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

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 _____ 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 } LAND SURFACE

- below } 2 (nearest foot)

LATITUDE 39.255133

LONGITUDE 76.987211

(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.: M5D224

DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: _____ D _____

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

2nd Well we are Drilling

B 1 25315

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-20-0312

fill in this form completely

Date Received (APA) 9/23/2023

OWNER INFORMATION

Weeks Sean, 4035 Candle Light Dr., Dayton, Md. 21036

LOCATION OF WELL

Howard County, Castleberry at Ten Oaks, Dayton

DRILLER INFORMATION

Andrew Houseman M SD 224, Eagles Well Drilling, LLC, P.O. Box 202 Woodbine Md 21797

SOURCES OF DRILLING WATER

Well Water

4035 Candle Light Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

5

DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 22 BLK: 19 PARCEL 90

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, 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, Md, DATE ISSUED 8/14/2023, CO SIGNATURE, EXP. DATE 8/14/2024

DOB: 8/14/2023 DOB: 8/18/2023 DOB: 8/18/2023

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

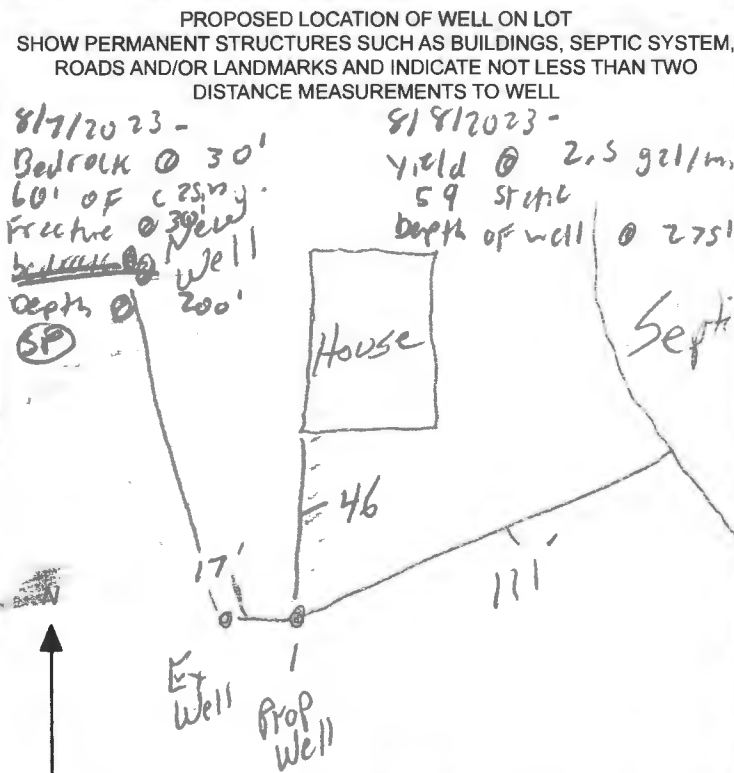
- THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER

PERMIT No. HO-20-0312



SPECIAL CONDITIONS

PLEASE NOTIFY FOR DRILLING, GROUT, & YIELD

C 1 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

ST/CO USE ONLY DATE RECEIVED (MM DD YY) 8/3/23 DATE WELL COMPLETED (MM DD YY) 8/3/23 Depth of Well (TO NEAREST FOOT) 600 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 20 - 0254

OWNER Weeks Sean WELL SITE ADDRESS 4035 Carole Light Dr. TOWN Dayton

SUBDIVISION Cashberry & Ten Oaks SECTION _____ LOT 32

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) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Soft Brown | 0 | 45 | |
| Gray Mica | 45 | 225 | |
| sand | 225 | 226 | ✓ |
| Gray M. ca. | 226 | 600 | |

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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

NO. OF BAGS 13 NO. OF POUNDS 65

GALLONS OF WATER 325

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 63 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 65

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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. M5D224

DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 2 DEPTH (nearest ft.)

HO 65 600

E 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 68 _____

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) 6

PUMPING RATE (gal. per min.) 2.4

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 336 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

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

LATITUDE 39.255304
LONGITUDE 76.986934
(DEFAULT COORD. WGS 84)

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B 1 25282

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-20-0254

512770 please type

fill in this form completely

Date Received (APA) 02/23/23

OWNER INFORMATION

Weeks Sean 4035 Candle Light Dr Dayton, Md 21036

LOCATION OF WELL

Howard County Castleberry at Tencocks Section 32 Lot 32 Nearest Town Dayton

DRILLER INFORMATION

Andrew Hausman MS D 224 Fokes Well Drilling LLC P.O. Box 202 Woodbine Md 21797 1-18-23

SOURCES OF DRILLING WATER

1. Well water

4035 Candle Light Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

30 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 22 BLK: 19 PARCEL 90

WELL INFORMATION

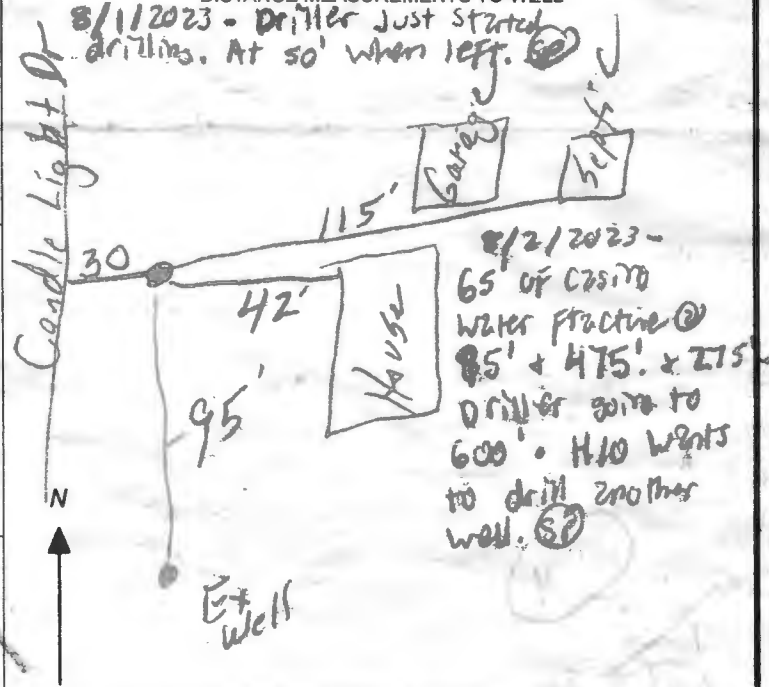
APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County No. 13 STATE SIGNATURE DATE ISSUED 2/23/2023 CO SIGNATURE EXP. DATE 2/23/2024

DOB: 8/11/2023 DOG: 8/13/2023 OOL: 8/13/2023

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



USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Open Loop Geothermal (O)
Closed Loop Geothermal (C)

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 (N)
This well will replace a well that will be abandoned and sealed (Y)
This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S)
This well will deepen an existing well (D)

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) Ho-20-046062

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

APPROP. PERMIT NUMBER G

PERMIT No. Ho-20-0254

SPECIAL CONDITIONS Must have yield test performed.

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-20-0254Location of Property: 4035 Candle Light Dr Dayton, MdSubdivision: Castleberry at Ten Oaks Lot #32Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Sean WeeksDepth of Well: 600' Casing: 65' of 6" Steel Casing GPM: 2.4 Pump: 580'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 28'

High rate pumping –reservoir Drawdown

Time pump started: 7:15 Pumping rate: 15Total time 75 Mins to reach pumping water level 336' ft. below M.P.**Recovery pump test data – observations to be recorded every 15 minutes**

| TIME (in 15 minute intervals) | WATER LEVEL Below M.P. | PUMPING RATE Time to fill 1 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|--------------------------------------|-------------------------------|--|-------------------------------------|---|
| 7:15 | 28' | 4 Seconds | | 15 gpm |
| 7:30 | 59' | 4 Seconds | | 15 gpm |
| 7:45 | 127' | 5 Seconds | | 12 gpm |
| 8:00 | 210' | 6 Seconds | | 10 gpm |
| 8:15 | 271' | 7 Seconds | | 8.5 gpm |
| 8:30 | 336' | 25 Seconds | | 2.4 gpm |
| 8:45 | 336' | 25 Seconds | | 2.4 gpm |
| 9:00 | 336' | 25 Seconds | | 2.4 gpm |
| 9:15 | 336' | 25 Seconds | | 2.4 gpm |
| 9:30 | 336' | 25 Seconds | | 2.4 gpm |
| 9:45 | 336' | 25 Seconds | | 2.4 gpm |
| 10:00 | 335' | 25 Seconds | | 2.4 gpm |
| 10:15 | 335' | 25 Seconds | | 2.4 gpm |
| 10:30 | 335' | 25 Seconds | | 2.4 gpm |
| 10:45 | 335' | 25 Seconds | | 2.4 gpm |
| 11:00 | 335' | 25 Seconds | | 2.4gpm |
| 11:15 | 335' | 25 Seconds | | 2.4 gpm |
| 11:30 | 334' | 25 Seconds | | 2.4 gpm |
| 11:45 | 334' | 25 Seconds | | 2.4 gpm |
| 12:00 | 334' | 25 Seconds | | 2.4 gpm |
| 12:15 | 334' | 25 Seconds | | 2.4 gpm |
| 12:30 | 334' | 25 Seconds | | 2.4 gpm |
| 12:45 | 334' | 25 Seconds | | 2.4 gpm |
| 1:00 | 333' | 25 Seconds | | 2.4 gpm |
| 1:15 | 333' | 25 Seconds | | 2.4 gpm |
| 1:30 | 333' | 25 Seconds | | 2.4 gpm |
| 1:45 | 333' | 25 Seconds | | 2.4 gpm |
| 2:00 | 333' | 25 Seconds | | 2.4 gpm |



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
 Address: P.O. Box 63
 Woodbine, Maryland 21797
Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Dave C. Fogle 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: Sean Weers Telephone #: 443-745-9128
 Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0254
 Site Address: 4035 Candle Light Dr Dayton, MD 21036 2nd well - no tag yet 300' S.Sgpm

| | | |
|---|---------------------------|--------------------------------------|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Grundfos</u> | Make: Campbell | Two piece watertight cap: yes |
| Model #: <u>1530E15-290</u> | Model#: N/A | Screened, vented well cap: yes |
| Pump Capacity: <u>15</u> | GPM Depth: 36" (36" min) | Cap secured to casing: yes |
| Well Yield: <u>2.4</u> | GPM NSF/WSC approved: yes | Conduit min 18" B.G.: yes |
| Depth of well encountered at time of pump installation: <u>600</u> (feet) | | 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 N/A

Piping to house
 Type: 1" poly pipe
 PSI: 200 psi (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: 9/28/2023

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

Date Insp. Requested: 9/28/23 Date Insp. Approved: 9/28/23 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

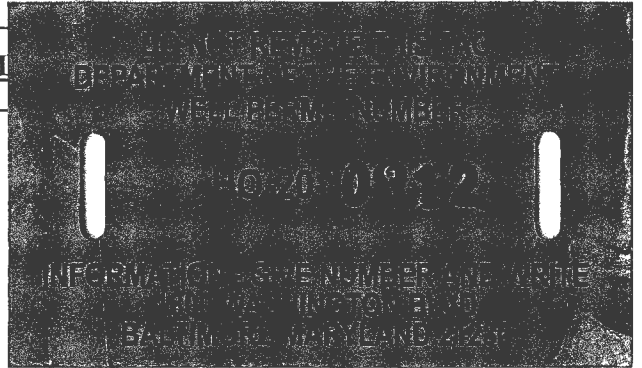
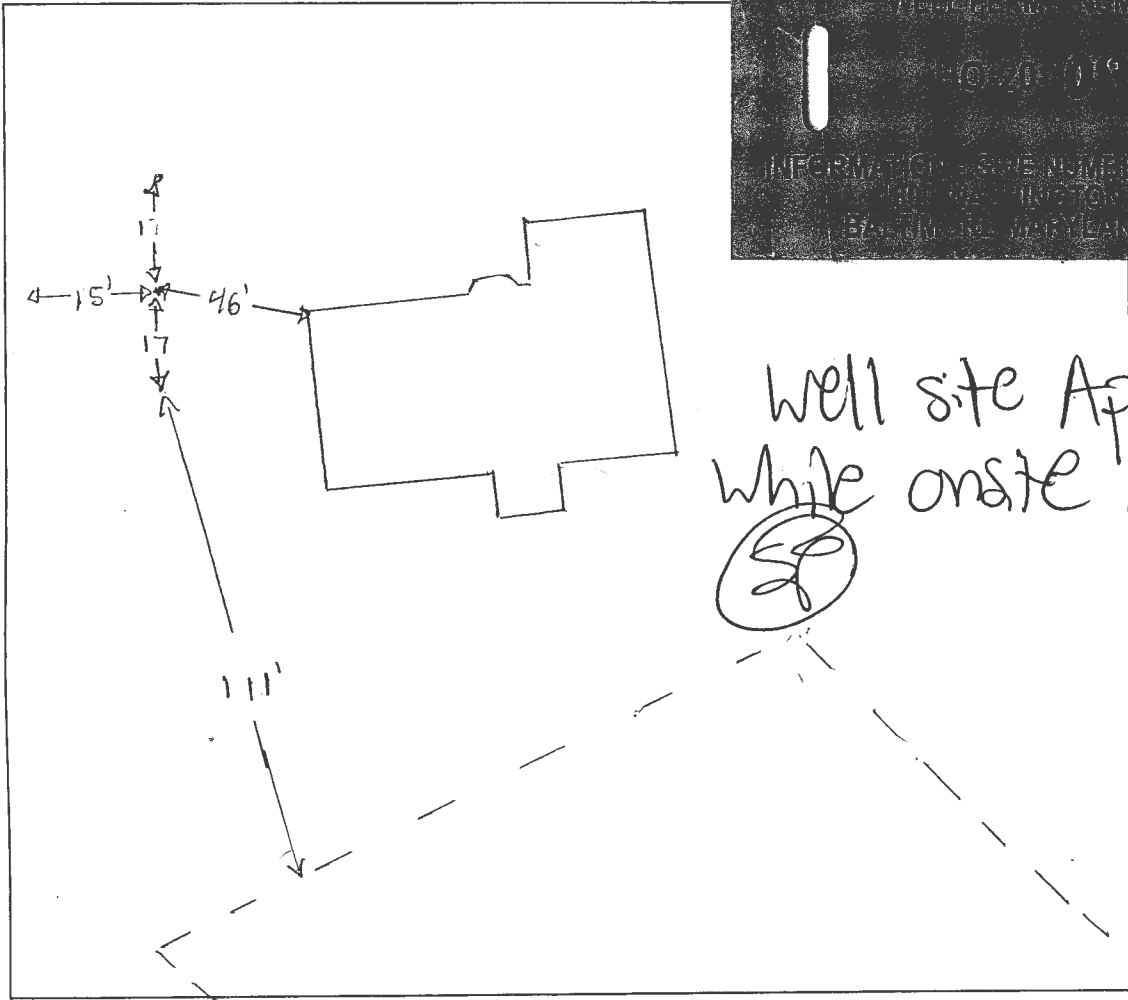
4035 Candlelight Drive – Well line inspection 9/29/2023 showing both wells connected in the house separately, with an A/B switch. -KMW



SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 4035 Candlelight Dr CONTRACTOR: Fogles
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



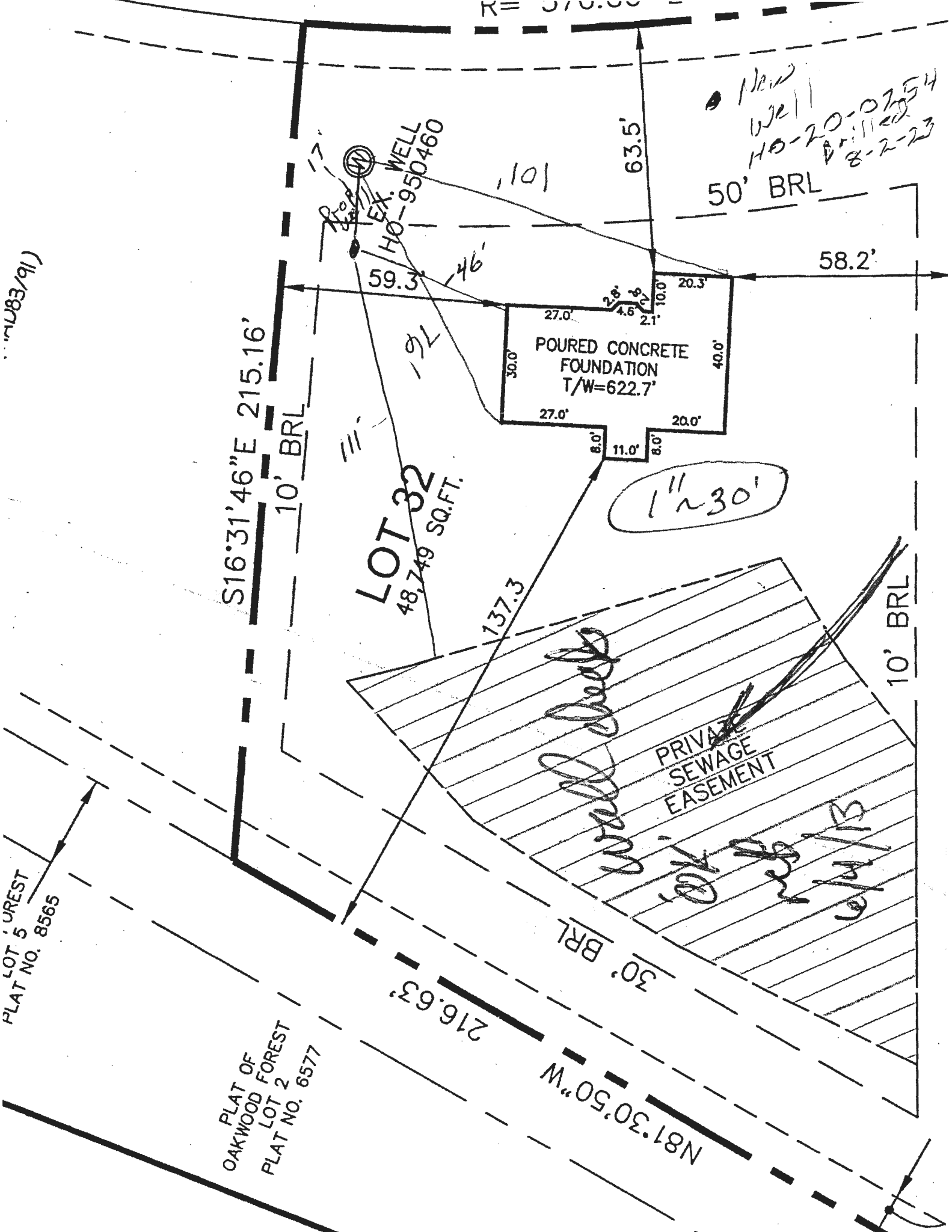
well site Approval
while onsite 8/4/2023

COMMENTS: _____

DATE: 8/4/2023 INSPECTOR: S. Pese

UD83/91)

R = 370.00



LOT 32
48,749 SQ.FT.

POURED CONCRETE
FOUNDATION
T/W=622.7'

1" ~ 30'

PRIVATE
SEWAGE
EASEMENT

New Well
HO-20-07254
Drilled
8-2-23

PLAT LOT 5 UREST
PLAT NO. 8565

PLAT OF
OAKWOOD FOREST
LOT 2
PLAT NO. 6577

N87°30'50"W

216.63'

30' BRL

10' BRL

58.2'

63.5'

59.3'

46'

137.3'

101

WELL EX.
HO-950460

THIS WALL CHECK DRAWING CONTAINS A HORIZONTAL TOLERANCE IN ACCURACY OF 0.1' AND A

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

HO-20- 0254

INFORMATION - GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

MARYLAND STATE GRID MERIDIAN (NAD83/91)

PLAT OF OAKWOOD FOREST LOT 5 PLAT NO. 8565

PLAT OF OAKWOOD FOREST LOT 2 PLAT NO. 8577

S16°31'46"E 215.16'
10' BRL

LOT 32
48,749 SQ.FT.

EX. WELL
HO-950460

CANDLE LIGHT DRIVE
50' RIGHT-OF-WAY
R= 570.00' L=171.14'

POURED CONCRETE FOUNDATION
1/4" x 6" REBAR

N81°30'50"W 216.63'
30' BRL

30' BRL

Handwritten: wall deck
PRIVATE SEWAGE EASEMENT
6/24/15

10' BRL
S21°17'58"E 333.42'

10' PUBLIC TREE MAINTENANCE EASEMENT

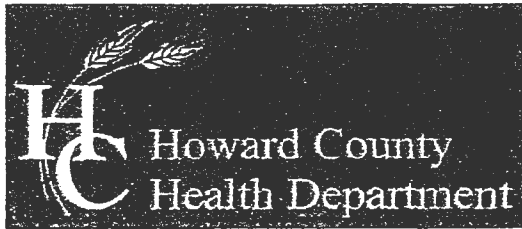
LOT 33

10' PRIVATE DRAINAGE & UTILITY EASEMENT

Handwritten: 2/23/2023
well site approved. staked by [unclear]
-KMD

LOT 34





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:

Castleberry at Ten Oaks 32 4035 Candle Light DR,
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.

Already met on site with Shep on 8/4/23

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 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:

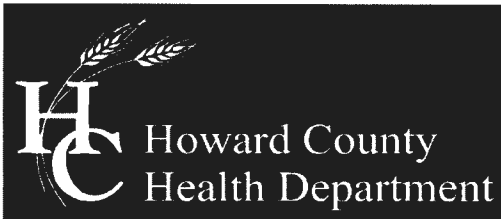
Castleberry at Ten Oaks 32 4035 Candlelight Dr.
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Driller Candy⁺ owner (Sean)
(professional land surveyor or company employing professional land surveyors)
on June 2022 (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.

FILE INQUIRY NOTES

| DATE | RESULTS OF REVIEW FOR FILE |
|-----------|---|
| 2/9/2023 | Spoke w/ well driller. He explained the owner has been running out of water slowly for about 6 months. Well has been staked. May keep existing well as a back up depending on the new well (K) |
| 8/13/2023 | Driller doesn't know recharge of well. H/O not interested in installing storage containers in the house. Driller not onsite during yield, waited for driller to come back onsite. Well was already grouted upon arrival. Well has 2.5 gal/min yield, homeowner may want to drill another well. Location staked. Well meets setback to driveway, main right of way, house, & septic area, if H/O decides to drill, driller will call health department for notification. Driller will submit permit & payment at later date. (SP) |
| 8/14/2023 | Met w/ driller & Homeowner. Driller could not get to well location previously staked. Moved new well location closer to existing well. New location 111' from SDA, 15' from property line & 17' from existing well. (SP) |



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

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

MEMORANDUM

October 23, 2023

RE: **Replacement Well Sampling**

Mr. Sean Weeks
4035 Candlelight Drive
Dayton, MD 21036
Well Permit # HO-20-0312 & HO-20-0254

Dear Mr. Sean Weeks:

According to our records, your replacement well has been in use to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above reference =d replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, 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 be at 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shepsura Page', is written over a light blue horizontal line.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

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
SP
6/14/2024

DATE WELL ABANDONED: 11-7-23 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-95-0460 ✓

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-20-0254 } ✓
HO-20-0312 } ✓

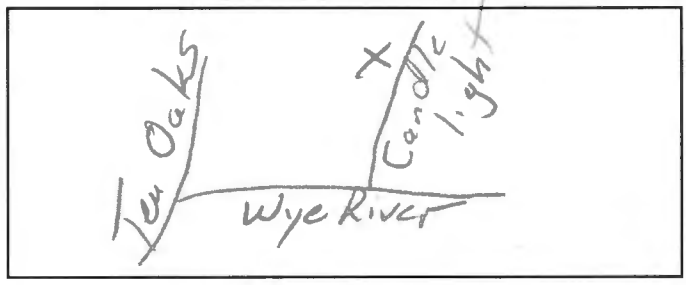
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Sean Weeks

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Duxton
TAX MAP 22 BLOCK 19 PARCEL 90
SUBDIVISION: Castleberry & Ten Oaks
SECTION: _____ LOT: 32
STREET ADDRESS: 4035 Candlelight Dr.

SITE LOCATION MAP



LATITUDE 3 9.255196
LONGITUDE 7 6.987201

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-------------------------|------|----|
| | FROM | TO |
| Bentonite | 220 | 0 |
| VOLUME OF MATERIAL USED | | |
| Bentonite 2750 lbs | | |

* 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: 400 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

224 MWD / MSD MGS 11-7-23
CIRCLE ONE DATE

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.

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-23-00274

Application Type: EnvHealth/Well and Septic/Installation/Application

Address: 4035 CANDLE LIGHT DR, Dayton, 21036

| Receipt No. | Ref Number | Amount Paid | Payment Date | Cashier ID | Received | Comments |
|-------------|------------|-------------|--------------|------------|----------|----------|
| 5763 | 014019 | \$160.00 | 02/06/2023 | SMARTIN | | |

Owner Info.: WEEKS SEAN C
4035 CANDLE LIGHT DR
DAYTON, MD 21036

Work Description: REPLACEMENT WELL

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-23-02475
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 4035 Candle Light DR,

| | | | | | | |
|-----------------------|-------------------|--------------------|---------------------|-------------------|-----------------|-----------------|
| Receipt No. | 7688 | | | | | |
| Payment Method | Ref Number | Amount Paid | Payment Date | Cashier ID | Received | Comments |
| Check | 014243 | \$160.00 | 08/23/2023 | JUKING | | Receipt # 75005 |

Work Description: Well Permit/ 4035 Candle Light Dr