

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) DATE WELL COMPLETED 6-8-22 Depth of Well 225 PERMIT NO. FROM "PERMIT TO DRILL WELL" HD 20-0167

OWNER Suit Margaret WELL SITE ADDRESS 2785 Frederick Rd TOWN West Friendship SUBDIVISION Suit SECTION 1 LOT 1

**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	
Clay	0	5	
Brown Mica	5	50	
Gray mica	50	90	
Sand	90	91	✓
Gray Mica	91	180	
Fracture/Quartz	180	182	✓
Gray Mica	182	218	
Fracture	218	220	✓
Gray Mica	220	225	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
CEMENT  M BENTONITE CLAY  B C  
NO. OF BAGS 15 NO. OF POUNDS 750  
GALLONS OF WATER 375  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

**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) 165

**OTHER CASING (if used)**  
EACH CASING 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  YES  NO

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. M 5 D 224  
DRILLER'S SIGNATURE [Signature]  
LIC. NO. D

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

**C 2** DEPTH (nearest ft.) 225  
SLOT SIZE 1 1/2 2 3/4 3 1  
DIAMETER OF SCREEN (NEAREST INCH) 58 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  
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.) 13  
METHOD USED TO MEASURE PUMPING RATE 192  
WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 10 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 36  
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 } 4 (nearest foot)

LATITUDE 39.302622  
LONGITUDE 76.954087  
(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>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <u>310711</u>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>11-2-117</u> <small>fill in this form completely</small>
1 2 3 6	<b>OWNER INFORMATION</b> Date Received (APA) <u>2/13/22</u> <small>8 MM DD YY 13</small> <u>Suit Margaret</u> <small>15 Last Name Owner First Name 34</small> <u>12785 Frederick Rd</u> <small>36 Street or RFD 55</small> <u>West Friendship Md. 21794</u> <small>57 Town 70 State 72 Zip 76</small>		<b>B 3 LOCATION OF WELL</b> <u>Howard</u> <small>8 COUNTY 21</small> <u>Suit Property</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <u>46</u> LOT <u>48</u> <u>50</u> <u>West Friendship</u> <small>52 NEAREST TOWN 71</small>
<b>DRILLER INFORMATION</b> <u>Andrew Houseman M SD 2224</u> <small>Driller's Name 76 License No. 81</small> <u>Fogles Well Drilling, LLC</u> <small>Firm Name</small> <u>P.O. Box 202 Woodbine, Md 21797</u> <small>Address</small> <u>Andrew Houseman 3-10-22</u> <small>Signature Date</small>		<b>B 4 SOURCES OF DRILLING WATER</b> <u>12785 Frederick Rd</u> <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH DISTANCE FROM ROAD <u>250</u> FT <small>34 37 ENTER FT OR MI 38 39</small> TAX MAP: <u>15</u> BLK: <u>11</u> PARCEL <u>71</u>	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> <small>1 2 (GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>14 (GAL. PER DAY) 20</small>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>13</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>04/13/22</u> <u>Dwan Thomas 04/12/23</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		<b>PROPOSED LOCATION OF WELL ON LOT</b> 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 <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVerse-ROTary Drive-POINT</small> other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41 52</small>		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>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>11-2-117</u> <small>70 71 72 73 74 75 76 77 78 79</small>		<b>SPECIAL CONDITIONS</b> <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>	



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 1535  
Address: PO Box 63  
Woodbine, MD 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): David C Foale License# MSD2276

\*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: Margaret Sult Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-01167 ✓  
Site Address: 12785 Frederick Rd  
West Friendship, MD 21794

Submersible Pump Data  
Make: Gundlos  
Model #: 1550P07-180  
Pump Capacity: 15  
Well Yield: 20

Pitless Adapter  
Make: Campbell +  
Model #: NA  
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 wall cap: YES

Depth of well encountered at time of pump installation: 225 (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: Tongue 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  
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: YES  
Length of sleeve (5' minimum from foundation): 16'  
Sleeve sealed properly: YES

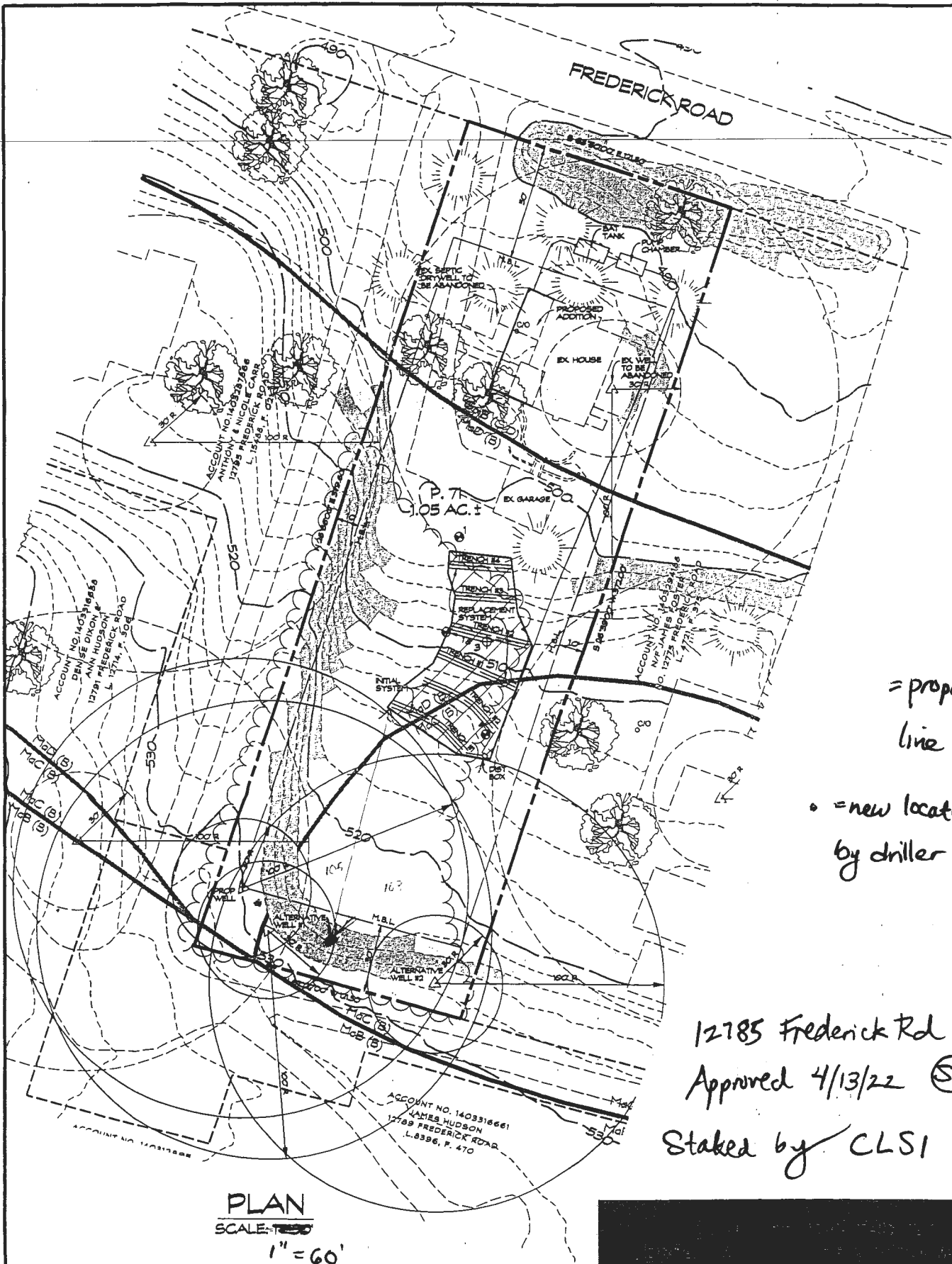
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8/11/2022

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

Date Insp. Requested: <u>8/2/22</u>	Date Insp. Approved: <u>8/3/22</u>	Inspector: <u>[Signature]</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
	Safety rope not outside of well cap/casing	<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
	Water supply line sleeved adequately at house connection	<u>✓</u>
	Adequate grout observed below pitless adapter	<u>✓</u>

(Revised from 10/24/2018)

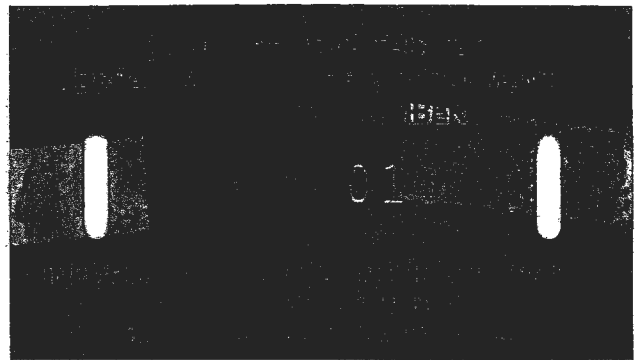


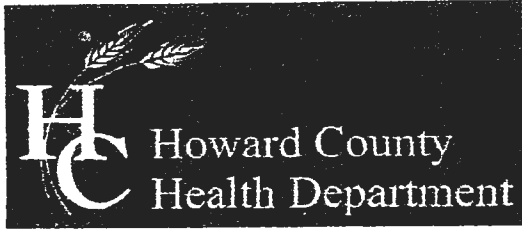
= proposed well line route  
 • = new locations selected by driller

12785 Frederick Rd  
 Approved 4/13/22 (S)  
 Staked by CLSI

PLAN  
 SCALE: 1" = 60'

LEGEND	
	PASSED PERC TEST
	PROPOSED PERC TEST
	EXISTING WELL LOCATION
	PROPOSED WELL LOCATION
	SOL LINES





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:

Suit Property                                                                12785 Frederick Rd  
Subdivision/Property Name                      Lot #                      Road Name

The well site has been staked by CLSI  
(professional land surveyor or company employing professional land surveyors)  
on February 1, 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.

