

C1 46021

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 XIII

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 600

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0315

OWNER ESTATE OF PATRICIA L. SHEPPARD TOWN DAYTON

WELL LOG

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Clay, Brown Mica, Sand Stone, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (65).

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

screen type or open hole (insert appropriate code below)

SCREEN RECORD

ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

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

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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.: MW D 040, DRILLERS SIGNATURE: Beary F. Easterday

LIC. NO.: JS D 038, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 63, 600

ACSHCREREN 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

70, 72, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 4/3, PUMPING RATE (gal. per min.) 3, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft., WHEN PUMPING 102 ft., TYPE OF PUMP USED (for test) S (submersible).

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, LAND SURFACE, (-) below, 2 (nearest foot).

LATITUDE 39.231237, LONGITUDE 76.980291 (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	38348	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER 140-15-0315 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 06/28/16

8 MM DD YY 13

ESTATE OF PATRICIA SHEPPARD

15 Last Name Owner First Name 34

5020 TEN OAKS ROAD

36 Street or RFD 55

CLARKSVILLE MD 21029

57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard

8 COUNTY 21

Ten Oaks Farm

23 SUBDIVISION 42

SECTION 44 46 LOT 5 48 50

Dayton

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday **M WD 040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday **6/23/2016**

Signature Date

SOURCES OF DRILLING WATER

1. wells

2.

3.

Ten Oaks Road

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 **400** 37

DISTANCE FROM ROAD 400 Ft.

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 14 PARCEL 140

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)

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

Howard **(13)**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **9/14/16**

43 MM DD YY 48 *Kim M. Ward* **9/14/17**

CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

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

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

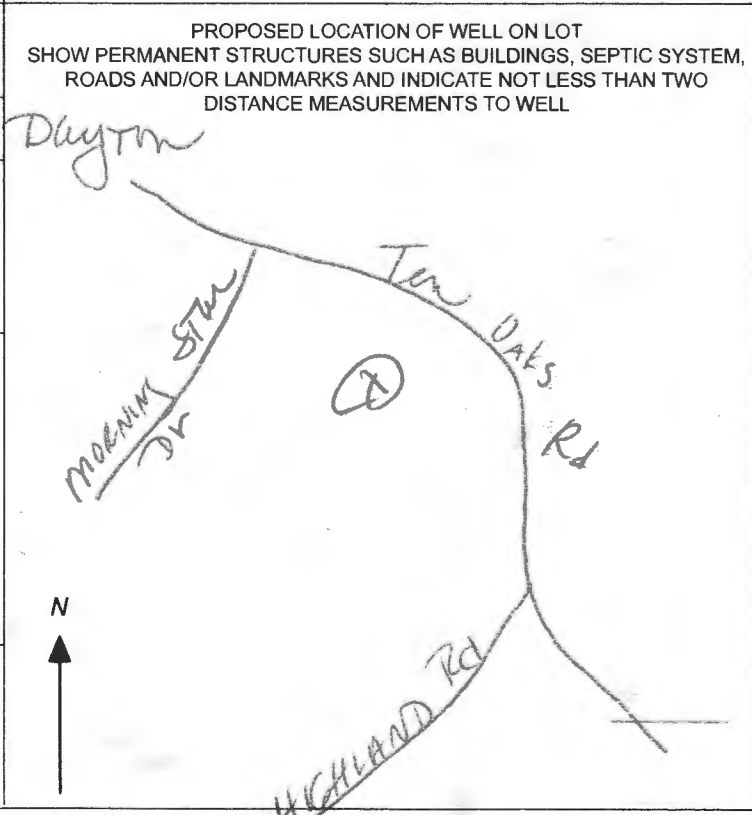
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **140-15-0315**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-15-0315 Election District _____

Location of Property (road) Ten Oaks Road

Subdivision Ten Oaks Farms Lot 5 Block _____ Plat _____ Sec. _____

Well Driller EASTEDAY Owner Sheppard Estate

Depth of Well 600 28 PM

Distance of Measuring Point (M.P.) above ground 2'

Static Water Level (S.W.L.) below M.P. 20' LAT: 39.231237

LONG: 76.980291

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 GPM
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	<u>Pump set 300'</u> FLOW METER READING (if used)	<u>2.0 G.P.M.</u> CALCULATED FLOW (gallons per min.)
8:30	100'	20 sec.		3
8:45	100'	20 sec.		3
9:00	100'	20 sec.		3
9:15	100'	20 sec.		3
9:30	100'	20 sec.		3
9:45	100'	20 sec.		3
10:00	100'	20 sec.		3
10:15	100'	20 sec.		3
10:30	101'	20 sec.		3
10:45	101'	20 sec.		3
11:00	101'	20 sec.		3
11:15	101'	20 sec.		3
11:30	101'	20 sec.		3
11:45	101'	20 sec.		3
12:00	102'	20 sec.		3
12:15	102'	20 sec.		3
12:30	102'	20 sec.		3
12:45	102'	20 sec.		3
1:00	102'	20 sec.		3
1:15	102'	20 sec.		3
1:30	102'	20 sec.		3
1:45	102'	20 sec.		3
2:00	102'	20 sec.		3
2:15	102'	20 sec.		3
2:30	102'	20 sec.		3

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: Ali malik Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-15-0315 ✓
 Site Address: 5018 Ten Oaks Rd

Clarksville, MD 21029

Submersible Pump Data

Make: BAVLOS

Model #: SHS1422

Pump Capacity: 5

Well Yield: 3

Depth of well encountered at time of pump installation: 600 (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

Pitless Adapter

Make: Campbell

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

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.

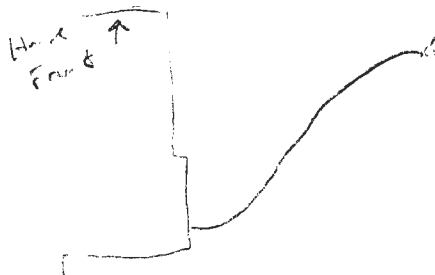
Signature of company representative responsible for installation: [Signature] Date: 10/18/2022

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

Date Insp. Requested: 10/20/2022 Date Insp. Approved: 10/20/2022 Inspector: _____
 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 ✓

KW/SP
 ✓
 ✓
 ✓
 ✓
 ✓
 ✓

(Revised form 10/24/2018)



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

HO-15-0315

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



9/14/16 Well Box
Approved. Staked by
FCC.
-KRW

WELL EXHIBIT LOT 5 TEN OAKS FARM

LOTS 1 - 6
ZONED: RR-DEO

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2055

TAX MAP #28
 5TH ELECTION DISTRICT
 SCALE: 1"=100'
 PARCEL: 140
 HOWARD COUNTY, MARYLAND
 DATE: JUNE 20, 2016



LOT 4
5.1 AC

LOT 5
5.0 AC

LOT 3
5.1 AC

LOT 2
5.0 AC

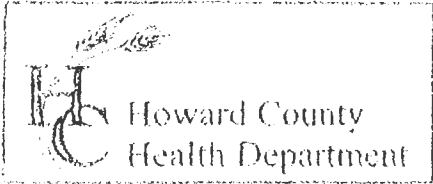
LOT 1
5.0 AC

APPROXIMATE 100 FEET DEEP FLOODPLAIN AREA

PROPERTY OF [unreadable]
ACRES & BOUNDARY LINES
FOR SALE OR RENTAL
UNDER 1999

LADDER CREEK BRIDGE
P.O. BOX 12
[unreadable]

LADDER CREEK BRIDGE
P.O. BOX 12
[unreadable]



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6309
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- The well site has been staked by Fisher Collins & Carver
(professional land surveyor or company employing professional land surveyors)
on 6-22-10 (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.

Revised 6/10/03

LOT 5
-TEN GAKS -HENS

