

C 1 16630

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.

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY  
06 14 12

DATE WELL COMPLETED  
MM DD YY  
4 16 12

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40 - 95 - 2269

OWNER: ELMOS last name Steve first name  
WELL SITE ADDRESS: 2785 LONG CORNER RD TOWN: MOUNT AIRY  
SUBDIVISION: \_\_\_\_\_ SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

**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	
red loamy	0	35	
Light Brown loamy	35	67	
Gray slate	67	300	✓

**GROUTING RECORD** yes no  
 Y  N  
(Circle Appropriate Box)

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

NO. OF BAGS 20 NO. OF POUNDS 1800  
GALLONS OF WATER 120  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 69 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): 74

**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 28.04.04 "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 SD 009  
DRILLERS SIGNATURE: Arthur Compton  
LIC. NO. D

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

**C 2** DEPTH (nearest ft.)

1 2 40 74 300

E 1 8 9 11 15 17 21  
A 2 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
S  
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 \_\_\_\_\_  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 06  
PUMPING RATE (gal. per min.) 2  
METHOD USED TO MEASURE PUMPING RATE 196L

WATER LEVEL (distance from land surface)  
BEFORE PUMPING 56 ft.  
WHEN PUMPING 158 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: S

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7  
PUMP HORSE POWER 1/2  
PUMP COLUMN LENGTH (nearest ft.) 280  
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE  
- below } 01 (nearest foot)

LATITUDE 39.205227  
LONGITUDE 77.8246  
(DEFAULT COORD. WGS 84)

NOTES:

B 1 0623

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

536766

please type

HO-95-2269 fill in this form completely

Date Received (APA)

03 15 12

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

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

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogles Well Drilling, LLC
P.O. Box 202 Woodbine Md 21797
Allen Compton 3-14-12

B 4

SOURCES OF DRILLING WATER

1.
2.
3.

785 Long Corner Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 150 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 6 BLK: 6 PARCEL 89

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

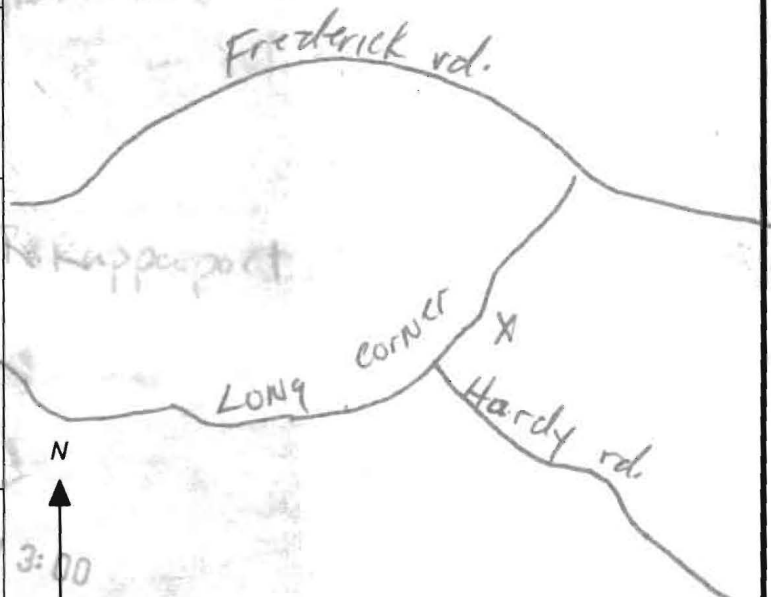
Howard 13 P518515
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/22/2012 Brian Baker 3/22/2012
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 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) 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)

APPROX. PERMIT NUMBER G
PERMIT No. HO-95-2269

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2269  
 Location of property (road) 785 Long Corner rd.  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles-Allen Company Owner Steve Limos  
 Depth of well 300'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 56'

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 Pumping rate 12  
 Total time 15 min. to reach pumping water level 158 ft. below M.P.

II. 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)
10:00	56	5		12
10:15	158	5		12
10:30	158	30		2
10:45	158	30		2
11:00	158	30		2
11:15	158	30		2
11:30	158	30		2
11:45	158	30		2
12:00	158	30		2
12:15	158	30		2
12:30	158	30		2
12:45	158	30		2
1:00	158	30		2
1:15	158	30		2
1:30	158	30		2
1:45	158	30		2
2:00	158	30		2
2:15	158	30		2
2:30	158	30		2
2:45	158	30		2
3:00	158	30		2
3:15	158	30		2
3:30	158	30		2
3:45	158	30		2
HD-2244:00	158	30		2
4:15	158	30		2
4:30	158	30		2

**FOGLE'S WELL DRILLING, LLC  
P.O. BOX 202  
WOODBINE, MD 21797  
(443)609-4195  
(443)609-4196{Fax}**

**June 12, 2012**

**Howard County Health Department  
7178 Columbia Gateway Dr  
Columbia, Md 21046**

**Re: 785 Long Corner Rd {HO-95-2269}**

**To Whom It May Concern:**

**Please be advised the enclosed completion report was being held because we were waiting to find out if the owners were going to abandon the existing well or keep it.**

**If you have any further questions or concerns please do not hesitate to contact the office.**

**Sincerely,**



**Allen Compton  
Fogles Well Drilling, LLC  
MSD009  
AJC/tlm**

**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 Drilling, LLC Telephone #: 443-609-4195  
Address: P.O. Box 202  
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): Allen Compton License# MSD 009

\*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: Steve Kimos Telephone #: 301-829-9393  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-2269  
Site Address: 785 Long Corner Rd  
Mt. Airy md 21771

Submersible Pump Data

Make: Grundfos  
Model #: 155000180  
Pump Capacity 7 GPM  
Well Yield: 2 GPM

Pitless Adapter

Make: Corstoll  
Model#: N/A  
Depth: 36" (36" min)  
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: 300 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, 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 N/A

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 5'  
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: Allen Compton date: 4-16-12

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/17/2012 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

SITE INSPECTION SHEET

OWNER: Steve Kinos PHONE #: \_\_\_\_\_  
ADDRESS: 785 Long Corner Rd CONTRACTOR: Fogles  
WELL TAG #: HO-95-2269  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: P518515  
PROPOSAL: grouting of well w/ fogles

LOCATION DIAGRAM

total depth of well - 303 ft  
Annular space - 74 ft  
steel casing used (3 sections welded together)  
Set into bedrock 2 ft.  
will allow for at least 253 ft  
of standing water  
55 ft of tremie pipe used  
20 bags of grout mix used.

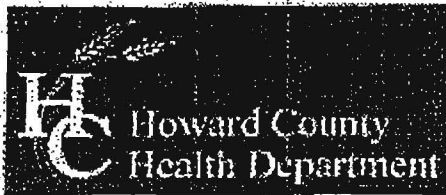
COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 4/9/12 INSPECTOR: R. Rappaport



Bureau of Environmental Health  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6360  
 website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location:

		Long Corner Rd (785)
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.

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

Revised 3/11/05

SITE INSPECTION SHEET

OWNER: Steve Kimos PHONE #: \_\_\_\_\_

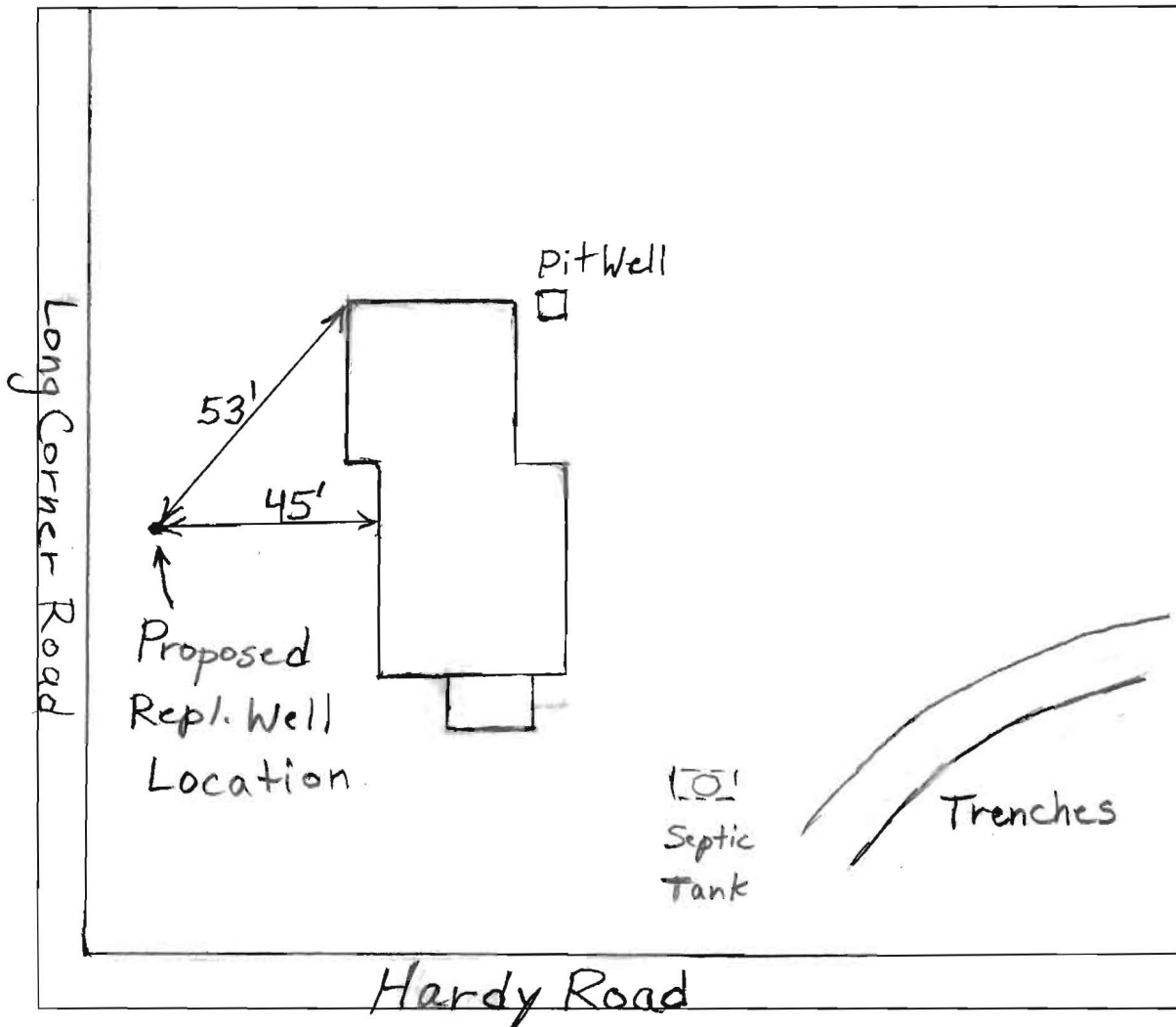
ADDRESS: 785 Long Corner Rd. CONTRACTOR: Fogles

WELL TAG #: HO-95-2269

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: P518515

PROPOSAL: Homeowner Wants to Replace Pit Well and Add Addition to House in the Future

LOCATION DIAGRAM



COMMENTS: Drilling locations are very limited due to the location of the septic system in the back yard and the small front yard.

DATE: 3/22/2012 INSPECTOR: B. Baker



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

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September 28<sup>th</sup>, 2012

Steve Kimos  
785 Long Corner Road  
Mt. Airy, MD 21771

RE: **Replacement Well Issues**  
785 Long Corner Rd  
Mt. Airy, MD 21771  
Well Permit # HO-95-2269

Dear Mr. Kimos:

This office is requesting that you contact the Community Hygiene Program at **(410) 313-1773** to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The well should be tested for bacteria. The sampling is free of charge and it is to your advantage to have the testing done.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the possibility for testing positive for bacteria increases when samples are collected from taps exposed to the outside environment.

If you have any questions about water sampling, please call (410) 313-1773. If you have questions about the well sealing process my number is (410) 313-2643.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Scott', is written over the typed name.

Heidi Scott, R.S.  
Well and Septic Program

cc: Community Hygiene Program  
File