

C1 56582

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER The Connell, Patrick + Sarah WELL SITE ADDRESS 5024 Linderia Ct TOWN Ellicott City SUBDIVISION Walnut Creek SECTION LOT 134

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for Clay, Limestone, Void, Weathered Limestone, White Limestone, Fracture, Grey Limestone, Fracture, Grey Limestone, Fracture, Grey Limestone.

GROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth of main casing.

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

SCREEN RECORD form with fields for screen type or open hole, diameter of screen.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M S D 224; DRILLERS SIGNATURE; LIC. NO. 1 D

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

DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LATITUDE 39.236446 LONGITUDE 76.944005 (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.

B 1 59831

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-18-0025

fill in this form completely

1 2 3 6

Date Received (APA) 04/04/19

OWNER INFORMATION

8 MM DD YY 13

McConnell Patrick + Sarah

15 Last Name Owner First Name 34

5024 Lindera Ct

36 Street or RFD 55

Ellicott City, Md. 21042

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Allen Compton M SD 009

Driller's Name 76 License No. 81

Fogles Well Drilling, LLC

Firm Name

P.O. Box 202 Woodbine, Md. 21771

Address

Allen Compton 4-4-19

Signature Date

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

Walnut Creek 23 SUBDIVISION 42

SECTION 44 46 LOT 134 48 50

Ellicott City 52 NEAREST TOWN 71

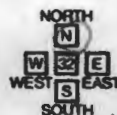
B 4

SOURCES OF DRILLING WATER

1. Well water

5024 Lindera Ct 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 270 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0028 BLK: 0011 PARCEL 0049

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (checked)
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 4/4/19 CO SIGNATURE S.L. Call EXP. DATE 4/4/20

DON: 4/5/19 DOG: 4/11/19 DOY: 4/11/19

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well
This well will replace a well that will be abandoned and sealed (checked)
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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G

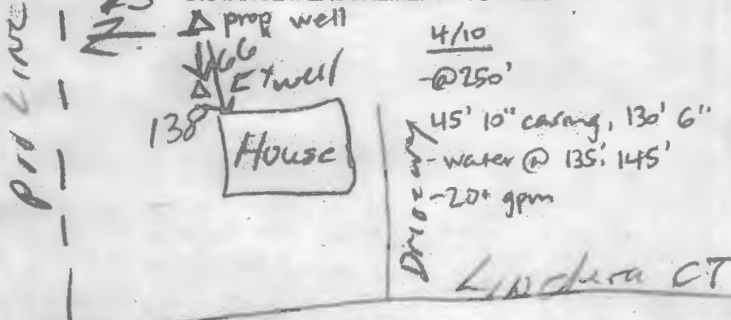
PERMIT No. Ho-18-0025

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well must be sealed. Radium sample reqd.

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



Handwritten notes: 4/5 @ 120' big hole @ 30' - well set 10' casing; 4/11 - pumping 10 gpm - water level - 38 bags bentonite @ 23'; 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.

**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, Pileless 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 8670
Address: 2380 Obrecht Rd
Sixesville, 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 #: 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: Stephanie McConnell Telephone #: _____
Subdivision: Walnut Creek Lot #: 0134 Well Tag #: HO-18-0025 ✓ 04/12/2019 ⊕
Site Address: 5024 Lindera Ct
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1HS05422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>107</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>275'</u> (See) Conduit secured to well cap: <u>YES</u>		
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
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>NA</u>		

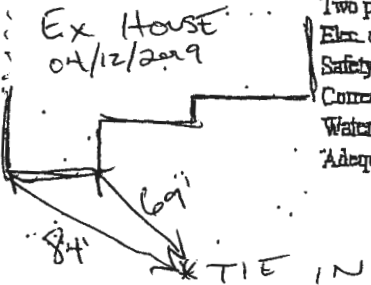
Pipe to house: 1" poly pipe House Connection: existing well line
Type: _____ PVC sleeve to undisturbed soil at wall penetration: _____
PSE: 200 (50 psi min) Length of sleeve (5' minimum from foundation): _____
Depth of supply line: 36" (36" min) Sleeve sealed properly: _____

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: 4/12/19

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

Date Insp. Requested: 04/12/2019 Date Insp. Approved: 04/12/2019 Inspector: (Signature)
Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade: 51" 4/12/2019 ⊕
Two piece cap installed and attached to casing securely: ✓
Elec. conduit extends at least 18" below grade/attached to cap properly: ✓ 41" 4/12/2019 ⊕
Safety rope not outside of well casing: ✓
Correct well tag attached properly and casing 3" above finished grade: ✓ 24" 4/12/2019 ⊕
Water supply line sleeved adequately at house connection: ✓
Adequate grout observed below pileless adapter: ✓



4/12/2019 ⊕
TIE INTO EX. WELL LINE

 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

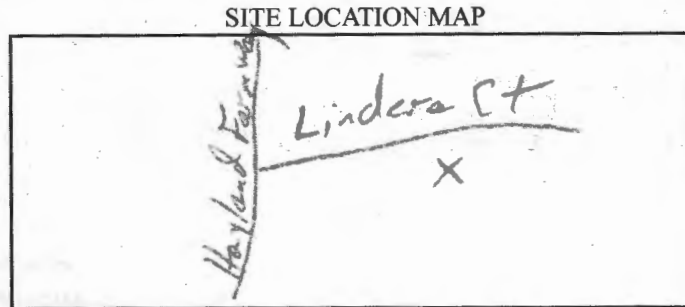
DATE WELL ABANDONED: 4-17-19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO-17-0144
 * PERMIT NUMBER OF REPLACEMENT WELL: HO-18-0025

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224
 CIRCLE: MWD MSD MGD

* OWNER'S NAME: Patrick + Sarah McConnell

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP 0028 BLOCK 001 PARCEL 0049
 SUBDIVISION: Walnut Creek
 SECTION: _____ LOT: 134
 STREET ADDRESS: 5024 Lindera Ct



LATITUDE 3 9.236343
 LONGITUDE 7 6.943853

* 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: 100 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 LICENSE#
Andrew R Houseman

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>100</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Bentonite 600 lbs</u>		

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224 MWD MSD MGS 4-18-19
 CIRCLE ONE DATE

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

April 11, 2019

Homeowner
5024 Lindera Court
Ellicott City, MD 21042

RE: **Replacement Well Sampling**
5024 Lindera Court
#HO-18-0025

Dear Homeowner,

According to our records, your replacement well has been 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. In addition, the well is located in a geologic formation in the County that may have higher levels of naturally occurring radioactive nuclides. We would also like to collect samples for overall gross alpha and gross beta particle activity. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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.

The old well on the property (#HO-17-0144) must be abandoned and sealed by a licensed well driller per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. The well driller completing the abandonment must submit documentation to the Health Department.

Feel free to contact me with any questions.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

SITE INSPECTION SHEET

OWNER: Patrick + Sarah McConnell PHONE #: _____

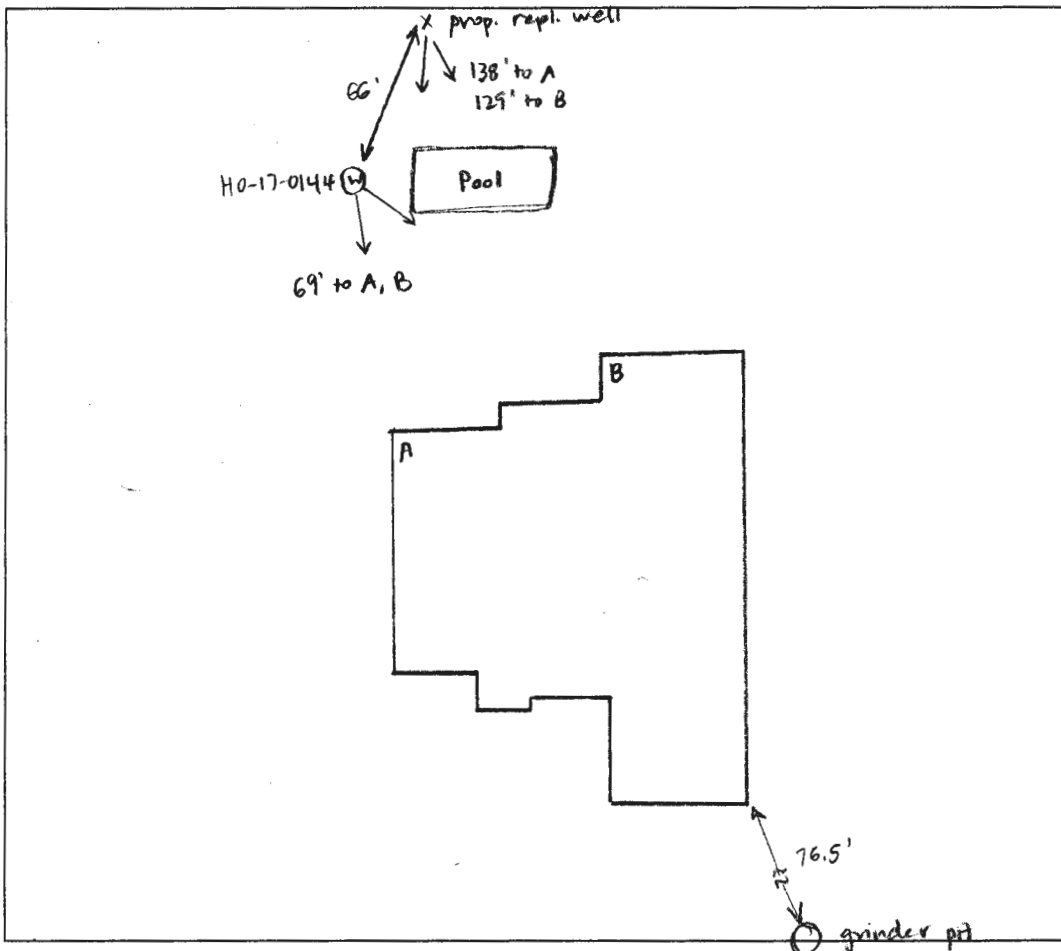
ADDRESS: 5024 Lindera Ct. CONTRACTOR: Fogle's

WELL TAG #: H0-10-0025

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill a replacement well.

LOCATION DIAGRAM



COMMENTS: Current well has collapsed to 4.5'. Completion report shows a 4" PVC liner from 10' to 100' - liner cracked? Well pumping muddy water - cannot keep up with water needs of house.

DATE: 4/4/19 INSPECTOR: Sarah Collins



HOWARD COUNTY HEALTH DEPARTMENT

64824

DATE 4/14/19

Received From

Fogles well center 443 WS
PHONE # 409-4195

For

well permit / 5024
Kendora Ct

CASH

CHECK

NO.

01283 One hundred sixty Dollars

\$ 100.00

Received By

J. Kerp