

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER **13**

ST/CO USE ONLY DATE Received DATE WELL COMPLETED DATE 4-23-24 Depth of Well 600 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 22-0124

OWNER **Orndorff Bob** WELL SITE ADDRESS **4767 Lanthicum Rd** TOWN **Dayton** 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 Clay	0	25	
Brown	25	50	
Grey Schist	50	75	
Sand	75	76	✓
Grey schist	76	130	
Sand	130	131	✓
Greyschist	131	325	
White soft	325	330	
Grey Gneiss	330	600	

GROUTING RECORD YES NO **Y N**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **44 44**

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **15** NO. OF POUNDS **750**

GALLONS OF WATER **375**

DEPTH OF GROUT SEAL (to nearest foot)

from **0** ft. to **62** ft.

CASING RECORD

casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST **6** **63**

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO **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. **M S D 224**

DRILLERS SIGNATURE

LIC. NO. **D**

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

C 2 DEPTH (nearest ft.)

A	8	9	11	15	17	21
C	23	24	26	30	32	38
S	38	39	41	45	47	51
E	SLOT SIZE 1 2 3					
N	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) **7**

PUMPING RATE (gal. per min.) **88**

METHOD USED TO MEASURE PUMPING RATE **1 gal**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **57** ft.

WHEN PUMPING **310** 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 YES NO **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 **(nearest foot)**

LATITUDE **39.240289**

LONGITUDE **76.987942**

(DEFAULT COORD. WGS 84)

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B 1	SEQUENCE NO. (MDE USE ONLY) <u>01204</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>Baldwin</u>	STATE PERMIT NUMBER <u>H0-22-0124</u> <small>fill in this form completely</small>
1 2 3 4 5 6	OWNER INFORMATION Date Received (APA) <u>04/01/24</u> 8 MM DD YY 13 <u>RLO Contractors - Bob</u> Owner Last Name 15 <u>Robert</u> First Name 34 <u>P.O. Box 57</u> Street or RFD 36 55 <u>Dayton, Md. 21036</u> Town, State, Zip 57 70 72 76		B 3 LOCATION OF WELL <u>Howard</u> COUNTY 8 21 SUBDIVISION 23 42 SECTION 44 46 48 50 <u>Dayton</u> NEAREST TOWN 52 71
DRILLER INFORMATION <u>Andrew Houseman M S D 324</u> Driller's Name 76 License No. 81 <u>Fogles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine, Md 21797</u> Address <u>Andrew Houseman 3-27-24</u> Signature Date		B 4 SOURCES OF DRILLING WATER 1. <u>Well Water</u> 2. 3. <u>4/15/2024 - No drill rig available. Driller hasn't started yet.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W <input checked="" type="checkbox"/> EAST E SOUTH S DISTANCE FROM ROAD <u>150</u> ENTER FT OR MI 34 37 38 39 TAX MAP: <u>28</u> BLK: <u>8</u> PARCEL <u>17</u>	
B 2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 1 2 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>4/12/2024</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>4/12/2025</u> 43 MM DD YY 48
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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 4/18/2024 - 6' casing, drilled to 30' H: @ 75' @ 4/19/2024 - Driller onsite. At same depth. started drilling with casing @ 412/2024 by DOG 4/12/2024 Day 4/12/2024			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) AIR-ROTary <input type="checkbox"/> JETTED AIR-PERcussion <input type="checkbox"/> JETTED & DRIVEN ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVerse-ROTary <input type="checkbox"/> DRive-POINT other _____			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 4/22/2024 - New fracture @ 425' drilled to 600' @ 0.8 gal/min SP			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-22-0124</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <u>Emg. Rep. well</u> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

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

Well Permit No. HO-22-0124

Location of Property: 4762 Linthicum Rd Dayton, Md 21036

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Bob Orndorf

Depth of Well: 600' Casing: 63' of 6" Steel Casing Pump Depth: 580'

Distance of measuring point (M.P.) above ground: 1'

Static water level (S.W.L.) below M.P.: 57'

High rate pumping –reservoir Drawdown

Time pump started: 7:30 Pumping rate: 15

Total time: 60 Mins to reach pumping water level 310 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 fill 1 gal bucket	FLOW METER READING	CALCULATED FLOW (gals per minute)
7:30	57'	4 Seconds		15 gpm
7:45	135'	5 Seconds		12 gpm
8:00	257'	6 Seconds		10 gpm
8:15	301'	7 Seconds		8.5 gpm
8:30	310'	68 Seconds		.88 gpm
8:45	310'	68 Seconds		.88 gpm
9:00	310'	68 Seconds		.88 gpm
9:15	310'	68 Seconds		.88 gpm
9:30	310'	68 Seconds		.88 gpm
9:45	310'	68 Seconds		.88 gpm
10:00	310'	68 Seconds		.88 gpm
10:15	310'	68 Seconds		.88 gpm
10:30	310'	68 Seconds		.88 gpm
10:45	310'	68 Seconds		.88 gpm
11:00	310'	68 Seconds		.88 gpm
11:15	310'	68 Seconds		.88 gpm
11:30	310'	68 Seconds		.88 gpm
11:45	310'	68 Seconds		.88 gpm
12:00	310'	68 Seconds		.88 gpm
12:15	310'	68 Seconds		.88 gpm
12:30	310'	68 Seconds		.88 gpm
12:45	310'	68 Seconds		.88 gpm
1:00	310'	68 Seconds		.88 gpm
1:15	310'	68 Seconds		.88 gpm
1:30	310'	68 Seconds		.88 gpm
1:45	310'	68 Seconds		.88 gpm
2:00	310'	68 Seconds		.88 gpm
2:15	310'	68 Seconds		.88 gpm
2:30	310'	68 Seconds		.88 gpm



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

June 14, 2024

RE: **Replacement Well Sampling & Abandonment**
Bob Orndorff
4762 Linthicum Road,
Dayton, MD 21036
Well Permit # HO-22-0124

Dear Bob Orndorff,

According to our records, your replacement well was connected 4/25/2024. 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.

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 me at 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the old well. Sealing of the well protects the groundwater in your area from contamination and is required per COMAR 26.04.04. The well sealing process must be performed by a licensed well driller. The driller sends an abandonment/sealing report to our office and to the Maryland Department of the Environment upon completion.

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 'SP' or similar initials, written in a cursive style.

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

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 ~~License #~~ / 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: Bobby Orndorff Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-22-0124
 Site Address: 4762 Linnicum Rd.
Bayton, MD 21036

Submersible Pump Data

Make: Goulds
 Model #: 54510422
 Pump Capacity: 5
 Well Yield: 810 gpm

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

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

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: 4/24/24

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

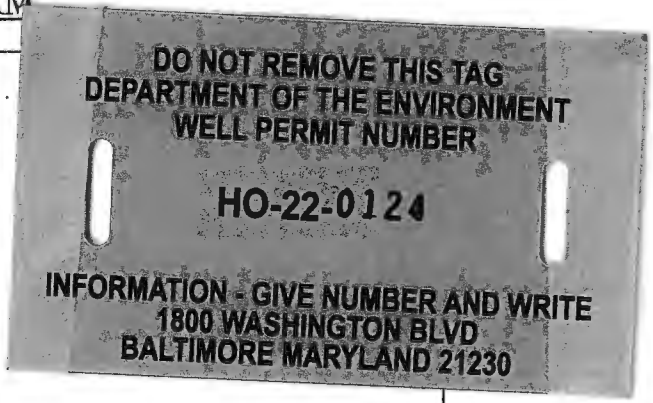
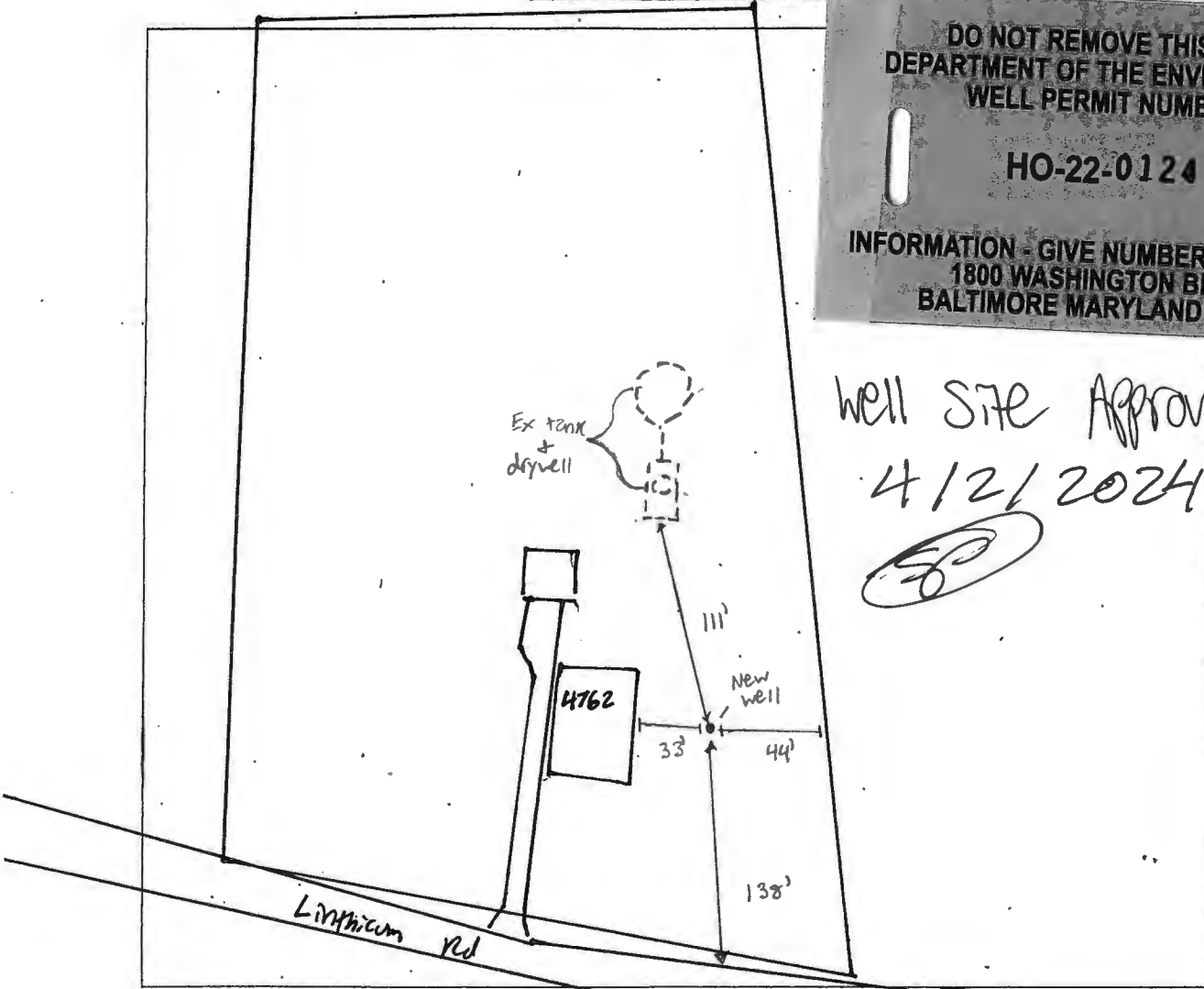
Date Insp. Requested: 4/25/24 Date Insp. Approved: 4/25/24 Inspector: _____
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety 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

SP
 ✓ 36" - 48"
 ✓ 32"
 ✓ 8"
 ✓ 10"
 ✓ 10"

SITE INSPECTION SHEET

OWNER: JBRK LLC PHONE #: 410-988-8133
ADDRESS: 4762 Linthicum Rd CONTRACTOR: Fogles
WELL TAG #: HO-22-0124
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Emig Rep for Hand-dug well furnishing out of water.

LOCATION DIAGRAM



well site Approved
4/2/2024
(Signature)

COMMENTS: _____

4/2/2024 - Existing well inside house. New dug well w/ casing (see attached pics). Met w/ driller to approve new well site. Local septic systems @ 4762, 4720, & 4763 Linthicum rd. All septic systems are 100'+ from new well & downgradient from new well.

DATE: 4/2/2024 INSPECTOR: S. Pyle

RECEIPT

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

Application: WS-WP-24-00907
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 4762 LINTHICUM RD, Dayton, 21036

Receipt No.	9281					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	014508	\$160.00	04/09/2024	SMARTIN		

Owner Info.:
BROWN CAROL LEE TRUSTEE
4762 LINTHICUM RD
DAYTON, MD 21036

Work Description:



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:

Subdivision/Property Name _____ Lot # _____ Road Name 4762 Linthicum Rd

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.

Andrew Houseman Staked the Well 3/27/24

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



4/2/2024 - Hand dug well inside of house ^(SF)
to be abandoned after new well is drilled

Page, Shepsura

From: Theresa Miller <Theresa@foglesinc.com>
Sent: Monday, April 1, 2024 2:23 PM
To: Page, Shepsura; Wolf, Kevin
Cc: Rappaport, Ryan
Subject: RE: 4762 Linthicum Rd

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Ok Andy said that is fine and he will see you then. Thanks so much for taking care of this so quickly.

Take Care,
Theresa
443-609-4195

From: Page, Shepsura <spage@howardcountymd.gov>
Sent: Monday, April 1, 2024 1:45 PM
To: Theresa Miller <Theresa@foglesinc.com>; Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Rappaport, Ryan <RRappaport@howardcountymd.gov>
Subject: RE: 4762 Linthicum Rd

We haven't received the application yet. But since they're out of water, it's an emergency. Let's do 10:00 tomorrow morning.

Shepsura Page, EH Specialist
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-1789 (Office)
410-313-2648 (Fax)
www.hchealth.org
spage@howardcountymd.gov



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From: Theresa Miller <Theresa@foglesinc.com>
Sent: Monday, April 1, 2024 1:14 PM
To: Page, Shepsura <spage@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Rappaport, Ryan <RRappaport@howardcountymd.gov>
Subject: RE: 4762 Linthicum Rd

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Oh did you receive our application in the mail? Andy can meet in the morning. Just let me know a time and he will be there.

Thanks!

From: Page, Shepsura <spage@howardcountymd.gov>
Sent: Monday, April 1, 2024 1:01 PM
To: Theresa Miller <Theresa@foglesinc.com>; Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Rappaport, Ryan <RRappaport@howardcountymd.gov>
Subject: RE: 4762 Linthicum Rd

Hey Theresa,

I can meet with Andy tomorrow morning. Let me know if that works.

Thanks,

Shepsura Page, EH Specialist
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-1789 (Office)
410-313-2648 (Fax)
www.hchealth.org
spage@howardcountymd.gov



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From: Theresa Miller <Theresa@foglesinc.com>
Sent: Monday, April 1, 2024 12:00 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Page, Shepsura <spage@howardcountymd.gov>
Cc: Rappaport, Ryan <RRappaport@howardcountymd.gov>
Subject: RE: 4762 Linthicum Rd

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Great! Just let me know. Andy will be around the shop serving the rig for 2-3 days this week so he can meet whenever is good.

I called in Miss Utility so when you release the permit we are ready to drill.

Thanks!!

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Monday, April 1, 2024 11:42 AM
To: Theresa Miller <Theresa@foglesinc.com>; Page, Shepsura <spage@howardcountymd.gov>
Cc: Rappaport, Ryan <RRappaport@howardcountymd.gov>
Subject: RE: 4762 Linthicum Rd

Thanks Theresa,
We should be able to meet you anytime.

From: Theresa Miller <Theresa@foglesinc.com>
Sent: Monday, April 1, 2024 11:23 AM
To: Page, Shepsura <spage@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: 4762 Linthicum Rd

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning! Hope everyone is well. I mailed a Well application to you guys end of last week. It is for:
4762 Linthicum Rd
Dayton, Md

They were running out of water but still had some they were using sparingly but now it has become an out of water. You may not have even received it yet in the mail but when you do can we please try to get it through and hopefully

approved quickly since they are now out of water? There is actually renters in the house not the homeowners. I have attached what I mailed with the check to you last week. Andy staked the site but he can meet you on site whenever is good for you.

Thanks for your help.

Theresa
Fogles Well Drilling, LLC
443-609-4195