

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER

19-060

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

22 300 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"
FR-13-0602

OWNER

WELL SITE ADDRESS

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

FROM

TO

check
if water
bearing

Brow Shale 0 6
Grn Mt. Rd. 6 300 ✓

water @ 78'
190'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 7 NO. OF POUNDS 45 46 633

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 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
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
54 6 20

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

SCREEN RECORD
screen type or open hole
(insert appropriate code below)
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Time

WATER LEVEL (distance from land surface)

BEFORE PUMPING 79 ft.

WHEN PUMPING 129 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

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 (nearest foot)

LATITUDE 39.57536
LONGITUDE 77.54342
(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.

DRILLERS LIC. NO. 1 MW D 536

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 536

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

Mail permit to - Driller _____ Applicant _____ Driller _____ County Well Permit No. **19-060**
 Driller/Contact Phone Number _____ Grout Date _____ Yield Date _____

FREDERICK COUNTY HEALTH DEPARTMENT WELL APPLICATION

Owner MARK & SANDRA GROVE c/o NAOMI HEINRICH Phone No. 304-274-7002

Mailing Address 193 DRAKE AVE, FALLING WATERS, WV 25419

Street Address of Property STOTTENMYER ROAD, WOLFSVILLE

Subdivision N/A Section or Block SP-1111 Lot _____

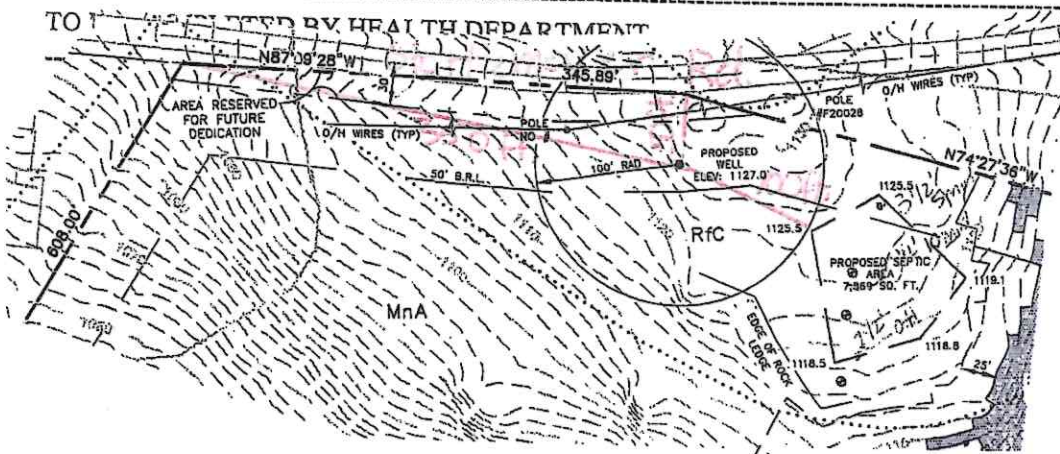
Acreage or square feet 18.018 AC Tax Map 30 Parcel 209 Tax I.D. # 06-181007

Type of water supply now: NONE

Well to furnish water to: Home ☒ Farm _____ Public or Private water Co. _____ Industrial _____ Commercial _____ Test Well _____ Heat Pump _____

This application is made with the understanding that the well will be drilled only at the place designated by the Health Department and as shown in the sketch below. The well must be drilled by a licensed well driller for the State of Maryland and a completion report for the well must be filed at the Health Department, within forty-five (45) days after completion of drilling. All drilling operations will be carried out in accordance with regulations of the Maryland Department of the Environment. Drilling at any other location, other than shown on sketch, VOIDS this approval certificate.

Signature of Applicant [Signature] Date 7 May 2019
 Owner _____ Contractor _____ Well Driller _____ Agent ☒



NOTICE - READ CAREFULLY

NOTES

- Not to scale
- Well to be at least:
 - 10 ft. from side & rear property lines
 - 15 ft. from front property lines, right of ways and/or road frontage
 - 30 ft. from all proposed buildings
 - 100 ft. from all septic areas and/or septic systems
- Well to be higher in elevation than septic area

The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the Frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property.

The property described above has been inspected and the well site approved as shown.

Date of Approval 5-8-19 Sanitarian [Signature]

THIS PERMIT WILL BE VOID AFTER 5-8-20

ALL DRILLS, GROUTS AND YIELD TESTS MUST BE CALLED IN 24 HOURS PRIOR. ALL HYDROFRACT REQUESTS REQUIRE HEALTH DEPARTMENT SANITARIAN APPROVAL.



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Barbara A. Brookmyer, M.D., M.P.H. ▪ Health Officer

April 17, 2019

Mark and Sandra Grove
c/o Naomi Heinrich
193 Drake Avenue
Falling Waters, WV 25419

RE: M.S. & S.J. Grove Property
On Stottlemeyer Road and
Wolfsville Road
Liber 2248, Folio 983
Tax Map 30, Parcel 209
File SP-1111

Dear Owners:

Health Department staff conducted soil evaluation and percolation tests on March 28, 2019. Percolation rates of ten (10) and five (5) minutes were observed at depths of three-and-one-half (3½) feet. A seven-and-one-half (7½) foot deep observation hole was excavated with fractured rock encountered. On the basis of these tests, the site appears to be acceptable for individual, underground sewage disposal; however, before the Health Department can approve the plan, the following items must be completed or noted:

1. The following note must be prominently displayed on the plan: "Treatment units and pump chambers for septic systems must be 100' away from the well and placed outside of the septic area."
2. The following note must be prominently displayed on the plan: "The septic area can support a house of no more than four (4) bedrooms."
3. Prior to final submittal, the Liber and Folio shown on the property must be corrected to match what is shown in the title block and on the Lot of Record letter or vice versa, depending on which one is actually correct or explanation of difference.
4. Prior to the final submittal, the septic area must be labeled "approved septic area."
5. The well must be drilled. After the well has been drilled, please contact your surveyor to have the well field-located and shown on the plan as "existing well," including the tag number for the well on the final plan. As this is the only notice that you will receive regarding drilling the well, it is recommended that you apply for the permit as soon as possible so the permit can be issued when the above revisions have been completed. Application can be made at the Environmental



Barry Glotfelty ▪ Director

Environmental Health Services ▪ 350 Montevue Lane ▪ Frederick, MD 21702
Phone: 301-600-1715 ▪ Fax: 301-600-3180 ▪ MD TTY: 1-800-735-2258



Health Office located at 350 Montevue Lane, Frederick. Wells must be pump tested per COMAR 26.04.04.26.

6. Before the well can be used for human consumption, a Certificate of Potability (COP) must be obtained to ensure the water is safe for drinking. After the plumbing has been installed in the home, you may contact the Community Services Office at 301-600-1717 or a Maryland-certified private lab to schedule water sampling.
7. The surveyor's seal and signature must be included on the final plat.

If you would like to be notified when approval is given to drill the proposed well, please provide an email address for correspondence. If you have any questions, you may contact me at 301-600-3168 or AEvangelista@FrederickCountyMD.gov.

Sincerely,



Alicia Evangelista, LEHS
Program Manager
Community Services and Development Review
Environmental Health Services

cc: B & R Design Group