

C1 9042 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A525606

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 2 5 10 Depth of Well 22 325 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1806

OWNER Brookhart Barbara STREET OR RFD 11300 Barley Field Way TOWN SUBDIVISION Woodfords Grant SECTION LOT Parcel H

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: BROWN shale, Gray Limestone, 0 15, 15 325.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 252

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 21

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

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

CIRCLE APPROPRIATE LETTER A 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 MSD 009 1 DRILLERS SIGNATURE

LIC. NO. 1 D

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

DEPTH (nearest ft.) 21 325

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

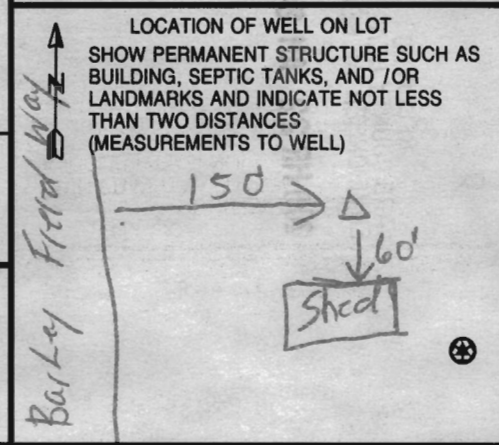
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 1 gal

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) (NO) 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 01 (nearest foot)



B 1 9516

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531912 please type

STATE PERMIT NUMBER

40-95-1806 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Brookhart Barbara 15 Last Name Owner First Name 34 11300 Barley field way 36 Street or RFD 55 Marriottsville md 21104 57 Town 70 State 72 Zip 76

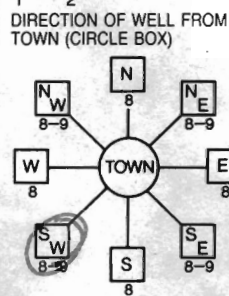
DRILLER INFORMATION

Driller's Name Allen Compton M SD 009 76 License No. 81 Firm Name Eagles Well Drilling Address 6003 Woodbine Rd Signature Allen Compton Date 9-9-09

LOCATION OF WELL

B 3 Howard 8 COUNTY 21 Woodford's Grant 23 SUBDIVISION 42 SECTION 44 46 LOT Parcel H 48 50 Marriottsville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Barley Field way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 250 37 WEST SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 10 BLK: 16 PARCEL 27

B 2 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)

- (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 (G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 525606 (13) COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/15/09 43 MM DD YY 48 CO SIGNATURE EXP. DATE 9/15/10 NORTH GRID 547 000 50 55 EAST GRID 0829 000 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 30 32

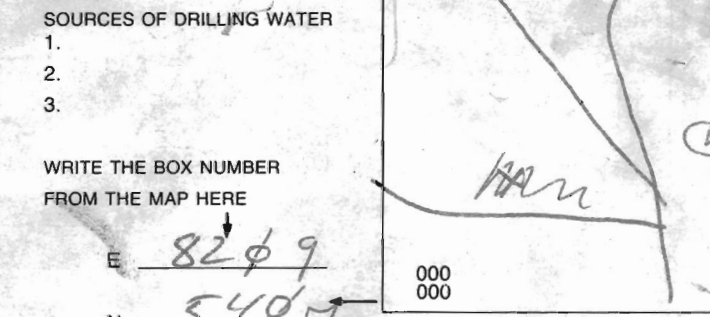
METHOD OF DRILLING (circle one)

- 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)

- (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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

APPROP. PERMIT NUMBER G PERMIT No. 40-95-1806 70 71 72 73 74 75 76 77 78 79

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

# Yield Test Data Sheet

County File # \_\_\_\_\_  
District 7

MD Well Permit #: HU-95-1806

Date of Test: 2-5-10

Subdivision Name: Wood Fords Grant

Section Lot # Parcel H

Street Address: \_\_\_\_\_

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 325' ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department  
Bureau of Environmental Health  
P.O. Box 845  
Westminster, MD 21158  
410-876-1884, 410-857-5009  
410-875-3385

**NOTES:**

Pump Start Time	Static Water level: <u>24</u> ft.	Pumping Rate  ( ) Time to fill _____ gal. bucket  ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)	
TIME	WATER LEVEL BELOW M.P.			
<b>Water level and pumping rate must be recorded every 15 minutes</b>				
1	12:00	24 ft.	3	20 GPM
2	12:15	78 ft.	3	20 GPM
3	12:30	138 ft.	3	20 GPM
4	12:45	144 ft.	3	20 GPM
5	1:00	144 ft.	3	20 GPM
6	1:15	144 ft.	3	20 GPM
7	1:30	144 ft.	3	20 GPM
8	1:45	144 ft.	3	20 GPM
9	2:00	144 ft.	3	20 GPM
10	2:15	144 ft.	3	20 GPM
11	2:30	144 ft.	3	20 GPM
12	2:45	144 ft.	3	20 GPM
13	3:00	144 ft.	3	20 GPM
14		ft.		GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM







**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 1-866-313-6300  
 website: www.hchealth.org

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

**TO ALL INTERESTED PARTIES**

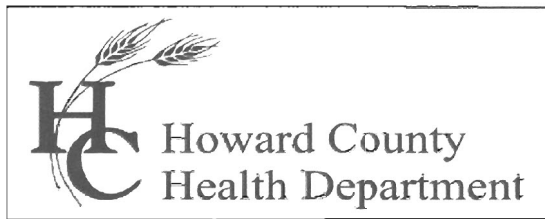
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:  
Woodford's Grant Parcel H Barley Field way  
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Fisher Collins & Carter  
 (professional land surveyor or company employing professional land surveyors)  
 on 9-9-09 (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**



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – April 25, 2014**

October 25, 2013

Homeowner  
11302 Barley Field Way  
Marriottsville, MD 21104

**RE: Woodfords Grant, Parcel H**  
**11302 Barley Field Way**  
**Building Permit: B10001955**  
**Well Permit: HO-95-1806**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/14/2013**. Final approval of the well line connection to the dwelling was granted on **12/10/2012**. The well construction was completed on **2/5/2010**. Water samples were collected on **10/10/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1806. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, .L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 91457 Account #: 1930  
Reference: Roy Brookhardt Company: Fogle's Well Drilling  
Location: 11302 Barley Field Way Requested By: Dave Fogle  
Marriottsville, MD 21104 Source: Well Water  
Date/ Time Collected: 10/10/2013 1215 Site: Basement Sink  
Date/Time Rec'd: 10/10/2013 1450 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Fogle 1974JF Well #: HO-95-1806

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2013 / 1100 / LLO
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	10/11/2013 / 1100 / LLO
Nitrate	✓ 1.83	mg/L	10	601	10/11/2013 / 1500 / BCD
Turbidity	✓ 0.60	NTU	<10	SM18 2130B	10/11/2013 / 1415 / CRS
Sand	✓ NS	mg/L	5	Visual/Gravimetric	10/11/2013 / 1415 / CRS

Results OK  
10/25/13 HFS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : 10001955

Date Reported: 10/11/2013

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

Bullet ✓

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: PB 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: Barbara Brockhoff Telephone #: 410-442-1044  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1806  
Site Address: 1130A Barley Field Way  
Marietta md 2104

Submersible Pump Data

Make: Cummins  
Model #: 1530007-1R0  
Pump Capacity: 15 GPM  
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell  
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: 325 (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 Poly Pipe  
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: 12-7-12

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ 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 \_\_\_\_\_

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(**Must circle one**) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1806  
Site Address: 11302 Barley Field Way

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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 <u>inside of well casing</u> _____		

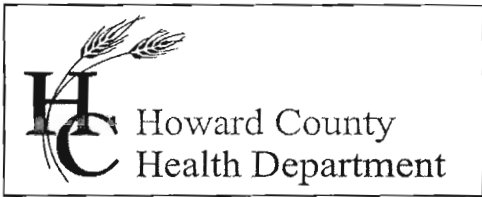
<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

**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 \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/10/2012 Inspector: BB  
 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



Bureau of Environmental Health  
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TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

October 13, 2009

Mrs. Barbara Brookhart  
11300 Barley Field Way  
Marriottsville, MD 21104

RE: **Variance Approval**  
11300 Barley Field Way  
Marriottsville, MD 21104

Dear Mrs. Brookhart:

This letter is being issued as follow up to the Health Department's verbal approval of your waiver request. The Department of Health has received your waiver request dated August 11, 2009 to allow a proposed Sewage Disposal Area to be located five (5) feet from the existing pole barn. This agency grants **approval** of the waiver. Any deviation from the perc certification plan signed on August 19, 2009 will require review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.  
Assistant Director  
Bureau of Environmental Health

c: File

**FISHER, COLLINS  
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS  
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.  
Earl D. Collins, P.E.  
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.  
Mark L. Robel, P.L.S.  
Aldo M. Vitucci, P.E.

August 11, 2009

Ms. Sarah Sappington, Program Supervisor  
Well and Septic Program  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

Re: Woodford's Grant  
Percolation Certification Plat  
**Variance Request**

Dear Ms. Sappington:

In response to your recent telephone conversation with Mr. Tony Fertitta of Fisher, Collins & Carter, Inc., regarding the above referenced project, I am requesting a formal variance from the Howard County Health Department setback requiring a distance of 20' between a Septic Easement and a House/Sunroom. As you are aware, there is a Post Barn on the property that is located approximately 5' from the proposed septic easement. Since it is not possible to alter the location of the septic easement and the Post Barn was constructed without concrete footers or a foundation, it is respectfully requested that a 5' variance from the above cited setback be granted.

Should you have questions, or require additional information, please contact Fisher, Collins & Carter, Inc., at 410-461-2855.

Very truly yours,

*Mrs. Barbara Brookhart*

Mrs. Barbara Brookhart

8/26/09  
Approved  
*mjd*

WO #08045-3001

c.c. Raymond and Barbara Brookhart