

C1 30345

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT, TOWN

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)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Top Soil, Brn Silty Soil, Tan Rock, Gray Rock.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (yes/no)

- CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. MWD 326

DRILLERS SIGNATURE, LIC. NO. D 144

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

GROUTING RECORD

WELL HAS BEEN GROUDED (Circle Appropriate Box)

TYPE OF GROUDED MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 22 NO. OF POUNDS 1100

GALLONS OF WATER 550

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 290 ft.

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)

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 BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for slot size and diameter of screen.

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) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 ft.

TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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, - below, LAND SURFACE (nearest foot)

LATITUDE 39.25503, LONGITUDE 76.77793 (DEFAULT COORD. WGS 84)

NOTES: (Handwritten notes and diagrams)

B 1 25783  
2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

H0-14-0180  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
Foley Wesley  
15 Last Name Owner First Name 34  
4357 College Avenue  
36 Street or RFD 55  
Ellicott City MD 21043  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

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

DRILLER INFORMATION

C. John Hess MW D 553  
Driller's Name 76 License No. 81  
Allied Environmental Services  
Firm Name  
P.O. Box 129 Annapolis Junction MD 20701  
Address  
C. John Hess 01/05/14  
Signature Date

B 4

SOURCES OF DRILLING WATER

1. Public  
2.  
3.

4357 College Ave  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
W 32 E  
WEST SOUTH EAST  
34 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 0025 BLK: 0021 PARCEL 092

B 2

WELL INFORMATION

1 2  
APPROX. PUMPING RATE  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED  
(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
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL 2 loops

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 1/15/2015 Brian Baker 1/15/2016  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 290 FEET  
24 28

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 DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

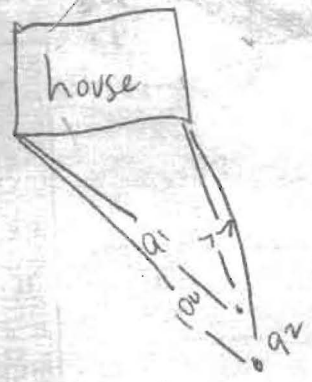
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEM AN EXISTING WELL

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. H0-14-0180  
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



P.O. Box 128  
Annapolis Junction, MD 20701  
P 301-776-8370  
F 301-776-8374  
www.drilledwells.com

Date: 01/20/15  
To: Brian Baker  
From: Bill Guzzardi

B:11  
410-984-6268

Number of Pages: 2 Including Cover Sheet.

Bryan -

Here is the abandon & seal for the 4357 Lodge Ave job visited the other day. Please let me know if anything else is needed as ~~the~~ I would like to drill this beginning tomorrow. Both the homeowner for the new well and the homeowner of the property on which the old well is drilled have signed.

Bill

**Water Well Abandon and Seal Authorization**

I, Wesley Foley, owner of 4357 College Avenue, Ellicott City, MD 21043, agree to allow the Howard County Health Department representative access to my property for the purpose of water sampling, well inspection and chlorination as necessary for a new well that is being drilled on my property. This permission is for the time period January 2015 through April 2015.

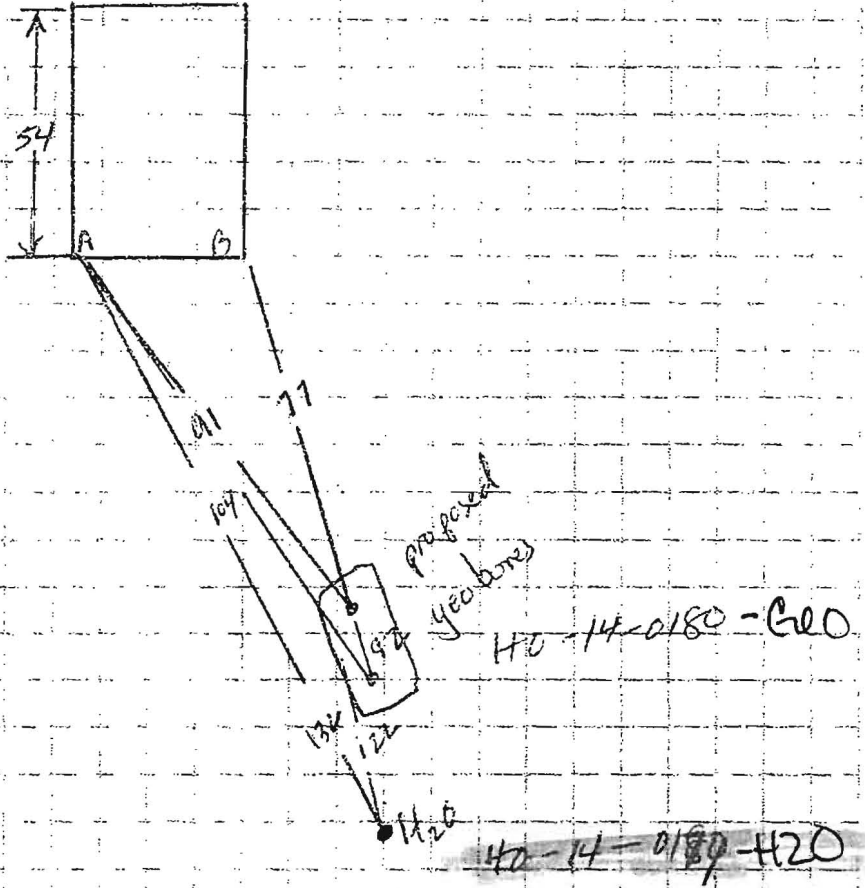
Printed Name Wesley Foley  
Signature Wesley Foley Date 1/12/2015  
Telephone 410-971-8573

I, Tom Wahl, owner of 4361 College Avenue, Ellicott City, MD 21043, am aware that an existing water well on my property is currently supplying water to Mr. Foley's property at 4357-4359 College Avenue. The existing well is located in a red wooden structure within a few feet of the southeast corner of Mr. Foley's property. I agree to allow a licensed well driller under contract to Mr. Foley to seal the existing well. I also agree to allow the Howard County Health Department representative access to my property to oversee the process. This permission is for the time period January 2015 through April 2015.

Printed Name Thomas E. Wahl  
Signature Tom Wahl Date 1-17-15  
Telephone 410-461-6702



**SITE PLAN**  
*B Septic*



4357 College Ave  
 Ellsworth City

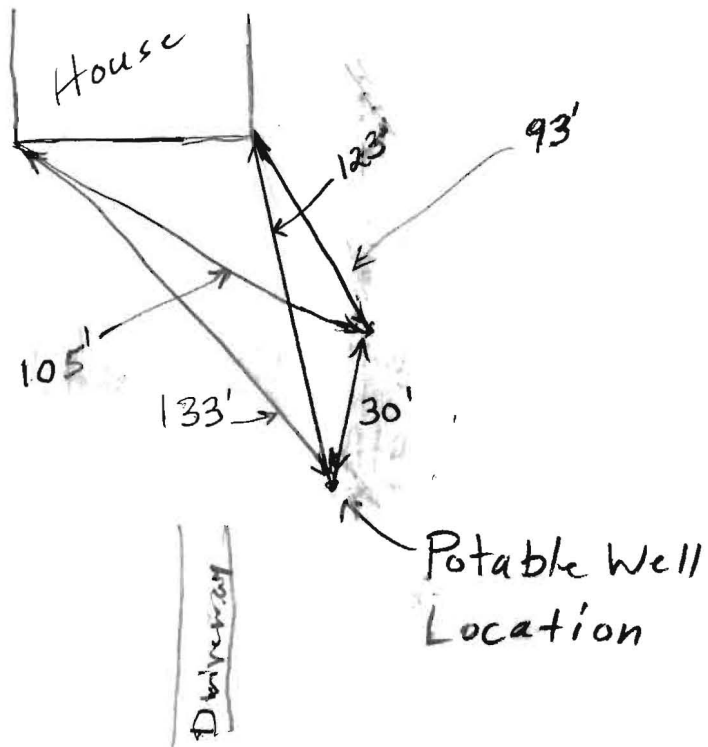
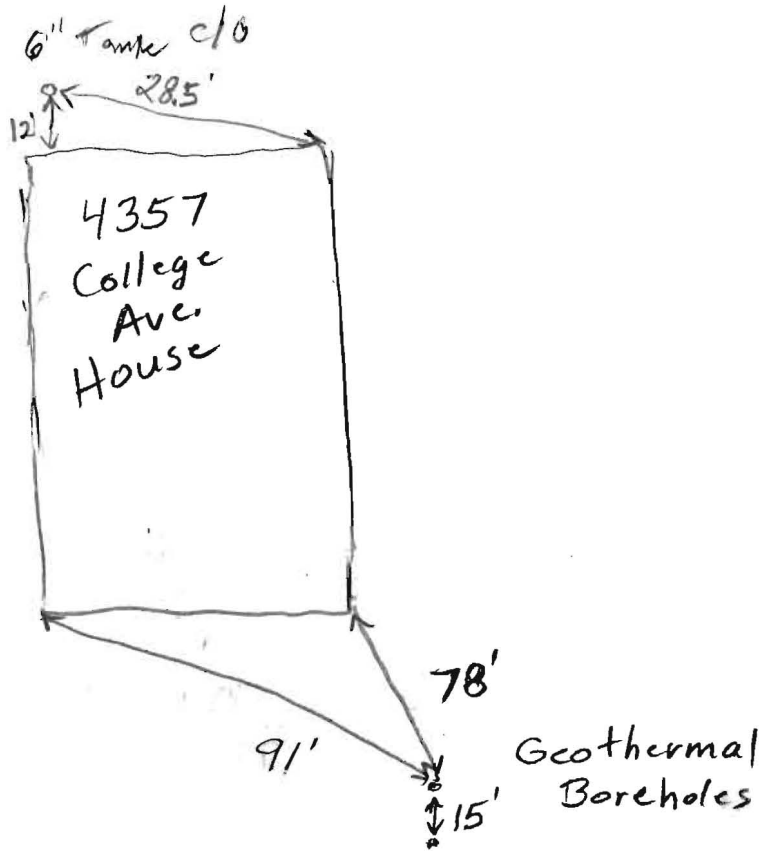
Sediment Control Protocol: silt fence

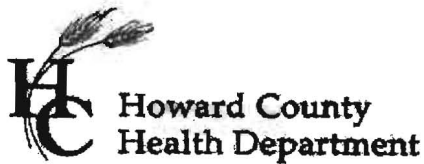
Distance From House: 77 to closest point  
 From Septic: 100+  
 From Sewer: n/a  
 From Property Line: 15  
 From Street: 100+

Trees Nearby: no  
 Utility Issues: overhead electric - no issue  
 Mats Needed: no  
 Access For H/U: to be done by others  
 Neighboring Tags: \_\_\_\_\_

Comments: gravel drive, slick if icy

Person Completing Form: Guzzardi





Bureau of Environmental Health  
8930 Stanford Blvd  
Columbia, MD 21045  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

March 31, 2015

Mr. Wesley Foley  
4357 COLLEGE AVE  
ELLCOTT CITY, MD 21043

**RE: Replacement Well  
Water Sample Results  
4357 COLLEGE AVE**

Dear Mr. Foley,

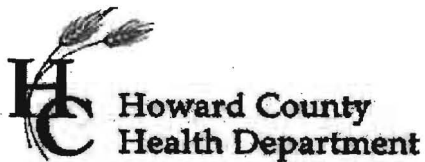
We have received the results from the testing of the water sample(s) taken from the above referenced property on March 19, 2015. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was <0.5 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, the presence of **Sand** within the sample was not visible.



Bureau of Environmental Health  
8930 Stanford Blvd  
Columbia, MD 21045  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

Under COMAR 26.04.04 "Well Regulations", in order to receive your **Final Certificate of Potability**, two (2) consecutive bacteriological tests must be collected (on separate days) and the results must both indicate an absence of bacteria at that time.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Martin', with a stylized flourish at the end.

Ramar Martin, R.S.  
Community Hygiene Program

Enclosures

SEND REPORT TO:  
**Howard County Health Department**  
 Bureau of Environmental Health  
 8930 Stanford Blvd.  
 Columbia, Maryland 21045  
 PHONE NO.: 410 313 1773

STATE OF MARYLAND  
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 LABORATORIES ADMINISTRATION  
 201 West Preston Street, Baltimore MD 21201  
 Robert A. Myers, Ph.D., Director

LABORATORY:  
 CENTRAL (410) 767-8145  
 E. SHORE REGIONAL (410) 219-9005  
 W. MD REGIONAL (301) 759-5115

**BACTERIOLOGICAL DRINKING WATER REPORT**

Category Code: 4F FCOP Lab No.: 009771

**FIELD RECORD**

**Sample Type:**  
 Community   
 Non-Community   
 Non-Transient   
 Private   
 Check Sample   
 C.O.P.   
 Bottled Water   
 OTHER: \_\_\_\_\_

**Source:** Wesley Foley  
**Location:** 4357 College Ave "bathroom sink"  
**Iced:** Yes  No  **Treated:** Yes  No   
**Date Collected:** 3/19/15 **Time Collected:** 9:00 a.m.  p.m.   
**Collector Name:** Terri Keenan **Collector ID No.:** 6238TK  
**Collector Tel. No.:** 410 313 1784 **Bottle No.:** HC4357 **County:** Howard

**Test Requested:**  
 Quantitative: Colilert®-QT  Enterolert®   
 P/A: Colilert®  Enterolert®   
 Multiple Tube Fermentation: MTF  MTF (A1 Method-Source Waters Only)   
 Heterotrophic Plate Count (HPC-Pour Plate Method)   
 OTHER: \_\_\_\_\_

**COMMENTS:** No sand observed

County Plant No. Sampling Station  
       
 pH Res. Cl: Free Total Card No.

**LABORATORY RECORD (DHMH Use Only)**

**Test Method(s):**  
 SM 9223 Colilert®  SM 9223 Colilert®QT  SM 9223 Colilert®-18  
 SM 9221 B (MTF)  SM 9221 B, E (MTF)  SM 9221 E (A1)  
 SM 92215B (HPC)  Enterolert® ASTMD 6503-99  
 OTHER: \_\_\_\_\_

**Temperature Control:** 1 °C  
**Thiosulfate:**  
 Present  
 Absent  
 Undetermined

**P/A TEST (Colilert®/Enterolert®) QUANTITATIVE TEST (Colilert®-QT/Enterolert®) HETEROTROPHIC PLATE COUNT**

100 mL sample	MPN/100mL	Dilution	100 mL sample	# Positive wells	MPN/100 mL	Plate A:	Plate B:
Total coliforms		<input type="checkbox"/> 1:10	Total coliforms	0	<1		
E. coli		<input type="checkbox"/> 1:100	E. coli	0	<1		
Enterococci		<input type="checkbox"/> 1:1000	Enterococci				

Incubate 24.48.72 hrs/HPC (HPC/ml) = \_\_\_\_\_

**RECEIVED**

MAR 19 '15 PM 3:15  
 RECEIVED MAR 19 '15 PM 4:19  
 PLACED IN INCUBATOR MAR 20 '15 AM 10:30  
 RESULTS READ/REPORTED

**PRESUMPTIVE MTF TEST**  
 mL of Sample 10 mL  
 Gas/4h  
 Gas/8h

**CONFIRMED MTF TEST (MTF/A1 Method)**  
 HOWARD COUNTY HEALTH DEPT.  
 COMMUNITY HYGIENE PROGRAM  
 mL of Sample 10 mL  
 Total Coliforms  
 Fecal Coliforms

**RESULTS**  
 No. of Positives (+) MPN/100mL

**SAMPLE INVALIDATION:**  
 Sample Rejection  
 Laboratory Accident  
 Other: \_\_\_\_\_

**RESAMPLE REQUIRED:**  
 YES  NO

DATE: \_\_\_\_\_

ANALYZED BY/DATE: M. Payer 3-20-15 REVIEWED BY/DATE: P. King 3-20-15  
 REMARKS: \_\_\_\_\_

FAX  MAIL  EMAIL

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.





State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
Robert Myers, Ph.D., Director



## Certificate of Analysis

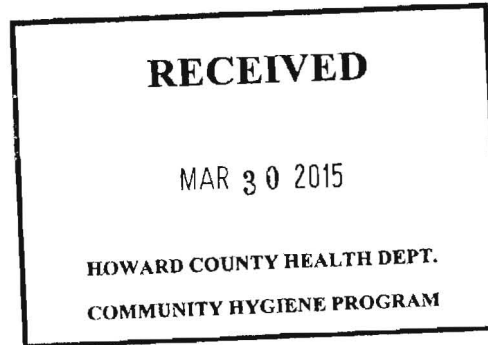
HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE15002918 Date Coll. 03/19/2015 Date Received 03/19/2015 Submitted By: T. Keehan

Field ID: HC4357  
Lab No.: E15002918001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	<0.2	mg N/L	03/24/2015
Turbidity	EPA 180.1	<0.5	NTU	03/20/2015

Comments:



Approved by: *Shabbar Anwar*

Approval date: 03/25/2015

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

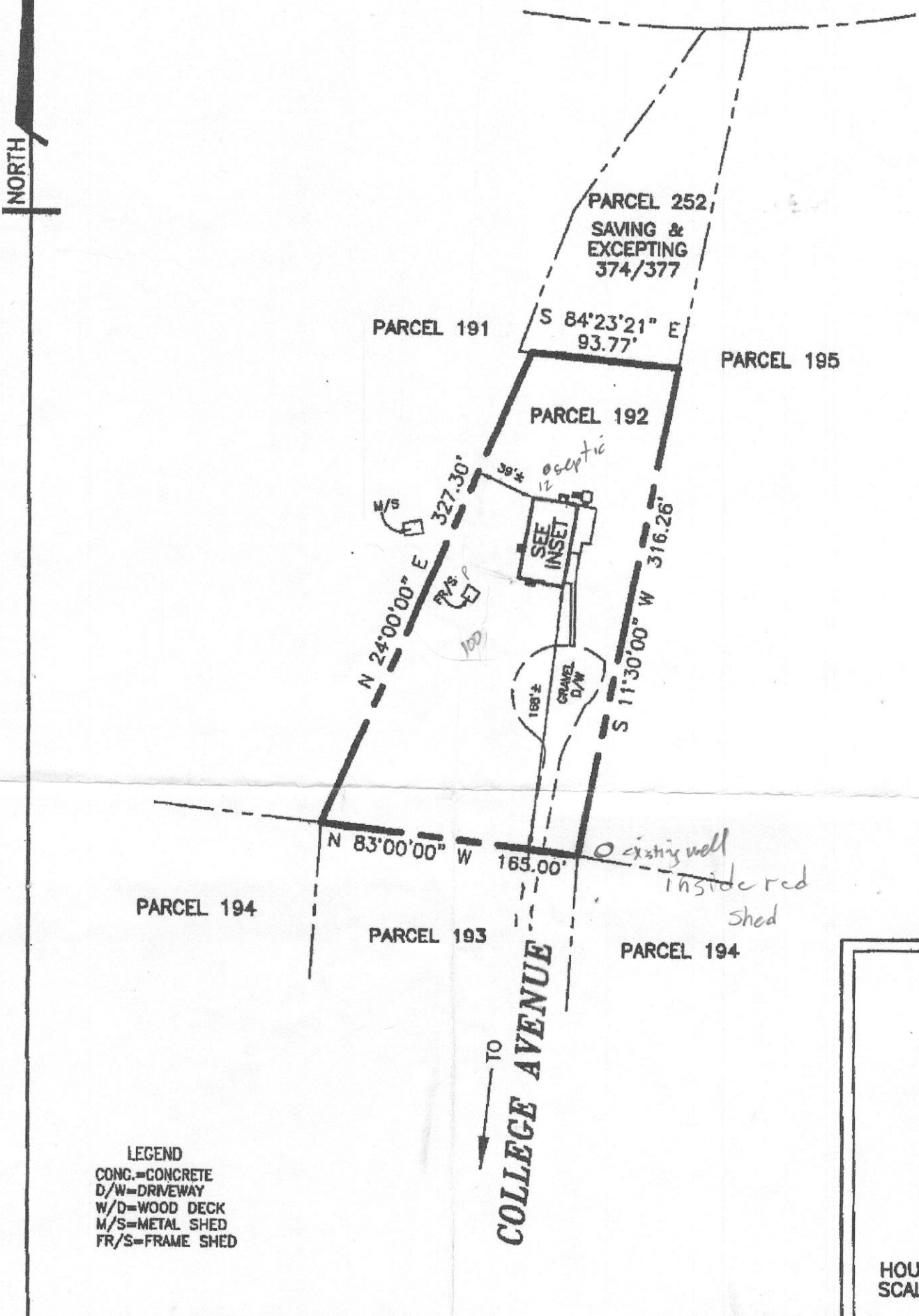
This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (410) 767 - 6190

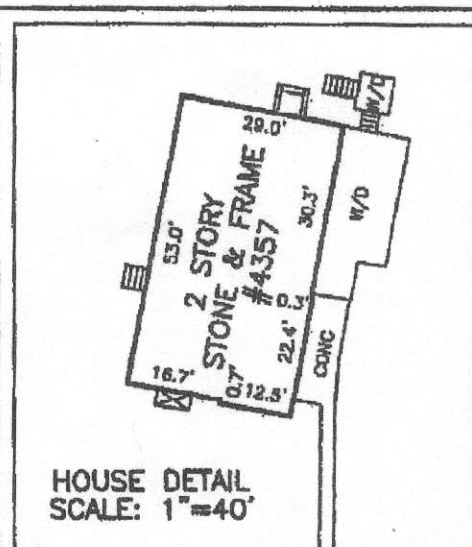
Fax: (410) 225 - 3175

S:\EnviroFinal-InorganicsA.rpt

LOCATION DRAWING  
LANDS OF  
**LESLIE E. and DAWN L. DAVIS**  
LIBER 630 FOLIO 713  
TAX MAP 25 PARCEL 192  
HOWARD COUNTY, MARYLAND



LEGEND  
CONG.=CONCRETE  
D/W=DRIVEWAY  
W/D=WOOD DECK  
M/S=METAL SHED  
FR/S=FRAME SHED



PROPERTY ADDRESS: 4357 COLLEGE AVENUE

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0024B AS REVISED 12/4/86

I HEREBY CERTIFY THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS. NO TITLE REPORT HAS BEEN FURNISHED SUBJECT TO ANY AND ALL RESTRICTIONS AND EASEMENTS OF RECORD.

NO. 514

MARYLAND PROPERTY LINE SURVEYOR NO. 514

REFERENCES	
PLAT BK.	
PLAT NO.	
LIBER 630	
FOLIO 713	

**ALL COUNTY  
LOCATION SURVEYS, INC**

2813 PATUXENT RIVER ROAD, DAVIDSONVILLE, MD. 21035  
PHONE (410) 788-8701 FAX (410) 788-8705

DATES:	SCALE: 1"=100'
WALL CHECK:	DRAWN BY: ACM
HSE. LOC.: 11/19/08	JOB NO.: 618-08
BOUNDARY:	

- NOTES: 1) This location drawing is of benefit to a consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing.  
2) This location drawing is not to be used for the building of fences or other improvements. No boundary survey has been performed.  
3) This location drawing is not to be relied upon for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.  
4) B.R.L. information, if shown was obtained from existing record plat or was provided to ACLS, and is not guaranteed by ACLS, Inc.  
5) Flood Zone information is subject to the interpretation of the originator.  
6) Adjoiner deed research has not been undertaken with the Location Drawing.  
7) ACLS, Inc. does not certify to unshown or unrecorded encroachments or overlaps.  
8) Level of accuracy 3'±.