

C1 8966

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 WS 25213

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Mullin Francis STREET OR RFD 11975 Frederick Rd TOWN West Friendship SUBDIVISION Mullins (Adolph Evans) SECTION LOT 2

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

Brown shale 0 50 Gray limestone 50 300

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing (nearest foot) ST 06 55

OTHER CASING (if used)

SCREEN RECORD screen type or open hole (ST BR HO) (PL OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 M 3 D 009 DRILLERS SIGNATURE

LIC. NO. 1 D

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

DEPTH (nearest ft.) HO 55 300 E A C H S C 3 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

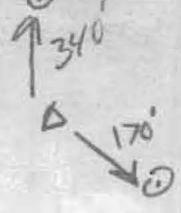
HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 6 1/6 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 below LAND SURFACE 02 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



WS 25 213

B 1	5999	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6			please print or type	HO - 95 - 0510
				fill in this form completely

**OWNER INFORMATION**

Date Received (APA) 8/8/06

8 MM DD YY 13

15 Last Name MULLIN Owner First Name Francis 34

36 Street or RFD 11975 Frederick rd. 55

57 Town Ellicott City, MD. 70 State MD 72 Zip 21142 76

**LOCATION OF WELL**

B 3

8 COUNTY Howard 21

23 SUBDIVISION Mullin Prop. 42

SECTION 44 46 LOT 2 50

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Allen Compton MS D 009 76 License No. 81

Firm Name Fogles Well Drilling

Address 580 Obrecht rd.

Signature [Signature] Date 8-4-06

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Frederick rd. 30

34 900 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 16 BLK: 13 PARCEL 3/6

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME HOWARD COUNTY NO. (13) A25254

STATE SIGNATURE [Signature] INSERT S →

DATE ISSUED 9/4/06 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 9/5/07 41

NORTH GRID 531 50 0 0 0 EAST GRID 820 55 0 0 0 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEMED 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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-95-0510 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- SAND HILL RD
- sample taken during yield test 9/11/06
- 1444

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820

N 530

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



**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: Foote's Well Drilling LLC Telephone #: 410 795 5707  
Address: PO Box 2022  
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): David C. Foote License# MSD 2216

\*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: Henry Johnson Telephone #: 410-501-4166-1855  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0510  
Site Address: 11977 Frederick Rd  
EMICOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Cumplex II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1536E07190</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u> GPM	NSF/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>300</u> (feet)		Conduit secured to well cap: <u>YES</u>

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" poly pipe

PSI: 200 (60 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: David Foote date: 6/11/16

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

Date Insp. Requested: 6/2/16 Date Insp. Approved: 6/2/16 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

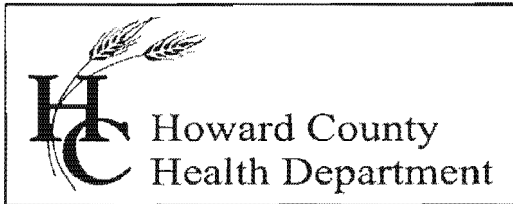
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

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

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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 19, 2017

August 19, 2016

Homeowner  
11977 Frederick Road  
Ellicott City, MD 21042

**RE: Mullin Property, Lot 2  
11977 Frederick Road  
Building Permit: B16000369  
Well Permit: HO-95-0510**

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 **8/12/2016**. Final approval of the well line connection to the dwelling was granted on **6/2/2016**. The well construction was completed on **9/11/2006**. Water samples were collected on **8/2/2016 & 8/6/2016**.

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-95-0510. 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>



Howard County  
Health Department

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Penny E. Borenstein, M.D., M.P.H., Health Officer

Monday, December 04, 2006

**Scan with On-site Sewage Disposal  
Installation Permits for these lots**

MEMORANDUM

To: FILE

From: Michael J. Davis   
Director Well and Septic Program

Re: HO-95-0510

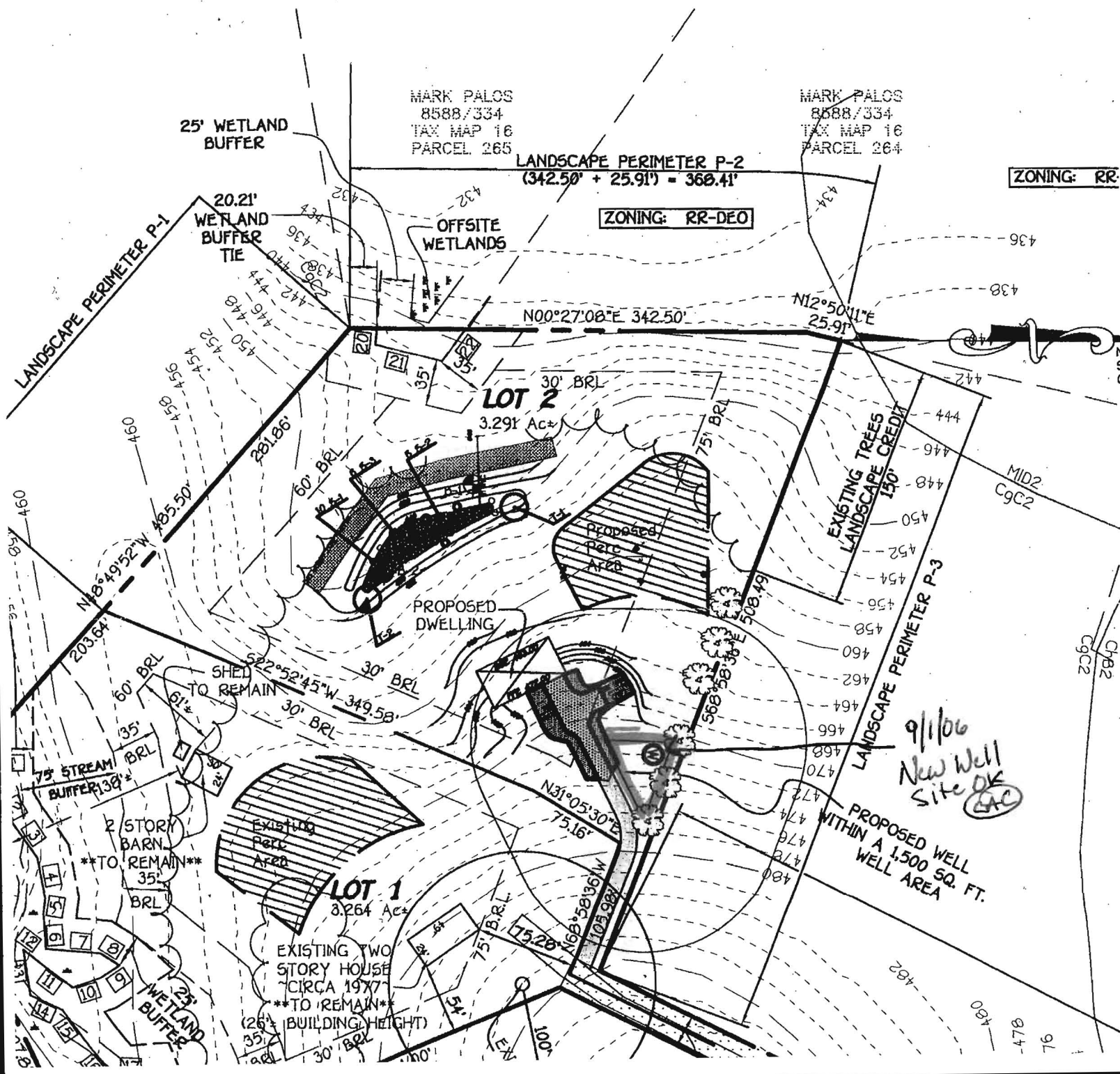
The above referenced well needs **retesting for radium** prior to issuance of a building permit or before the septic system is given final approval. Obtain written confirmation from the lot owner that they are aware of the need for testing if the building permit is to be issued before the result of the testing is received.

0  
6  
0

SOIL	NAME
ChB2	Chester silt loam, 3 to 8 percent slopes, moderately eroded
CgC2	Chester gravelly silt loam, 8 to 15 percent slopes, moderately eroded
ChD2	Chester silt loam, 15 to 25 percent slopes, moderately eroded
MID2	Manor loam, 15 to 25 percent slopes, moderately eroded

**NOTES:**

- \* Hydric soils and/or contains hydric inclusions
- \*\* May contain hydric inclusions
- † Generally only within 100-year floodplain areas



Stuart Oster 10/24/06  
Sanitarian Supervisor

Bert Nifoss requested we be alerted when part of the Mullins property (11975 Frederick Rd., Ellicott City #21042) is sold. The Mullins had a well, separate from theirs, installed with the intention of selling it for the new owner to build a house on.

The WELL TAG # HO-95-0510 is the new well #. It needs retesting for radium to be done at the new house when the regular required water testing is done.

It is unknown at this time to know what the new house # will be. The Mullins have been informed to report to new owners - to be of radium retesting. ENY. HEALTH Clare Stegomas ~~and~~

Stuart Oster 10/24/06  
Sanitarian Supervisor

Bert Nixon requested we be alerted when part of the Mullins property (11975 Frederica Rd., Ellicott City #21042) is sold. The Mullins had a well, separate from theirs, installed with the intention of selling it for the new owner to build a house on.

The WELL TAG # HO-95-0510 is the new well #. It needs retesting for radium to be done at the new house when the regular required water testing is done.

It is unknown at this time to know what the new house # will be. The Mullins have been informed to report to new owners to be of radium retesting. ENV. HEALTH Clare Stegman ~~SM~~

copy

Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher, Collins, & Carter Inc. on 8-4-06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

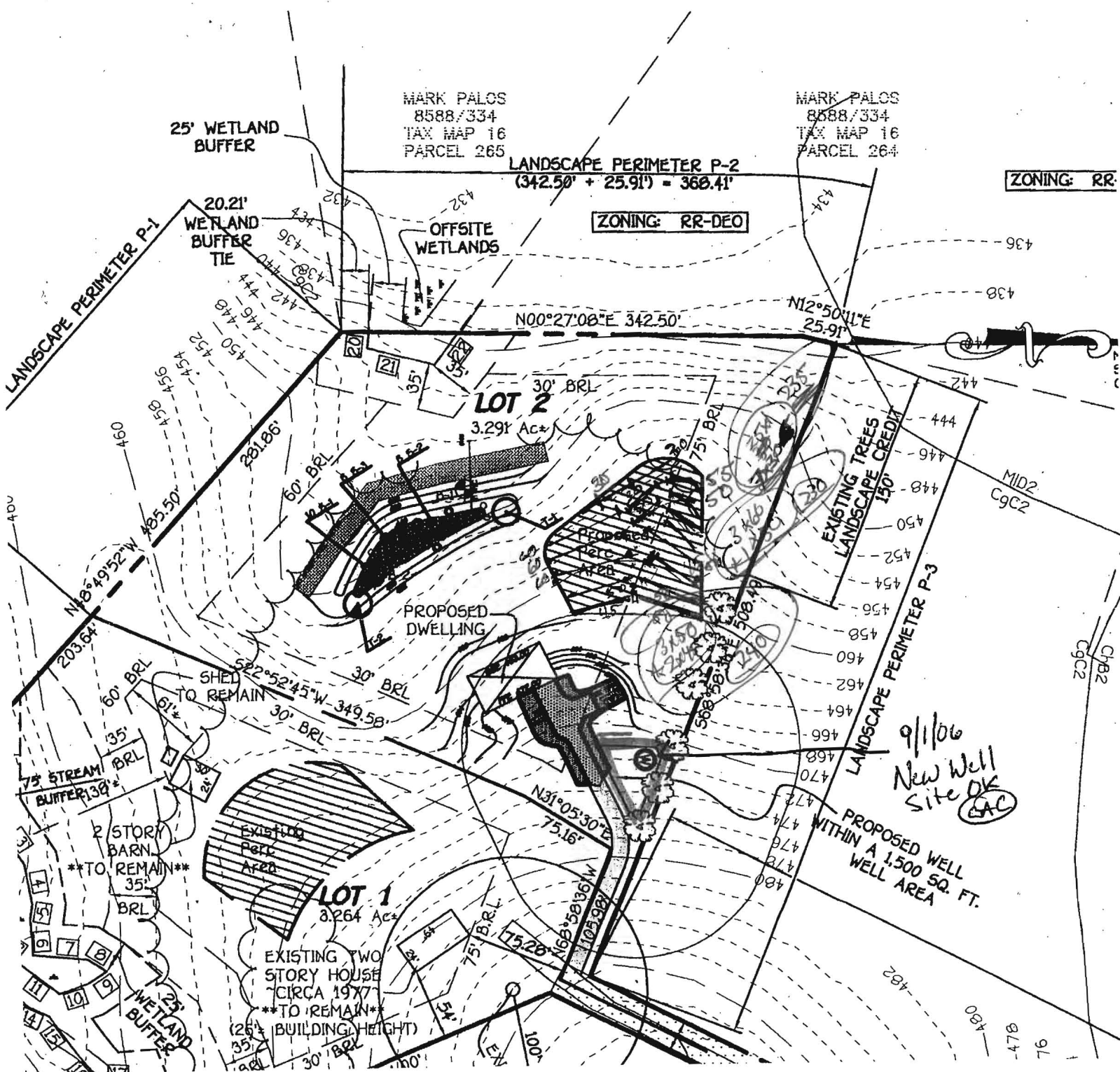
KN

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6
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- † Generally only within 100-year floodplain areas



ZONING: RR

ZONING: RR-DEO

9/1/06  
New Well  
Site OK  
(CAC)

PROPOSED WELL  
WITHIN A 1,500 SQ. FT.  
WELL AREA