

1 2 3 4 5 6
C 1 42341

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

OK @ 05/24/17
THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER 13

ST/CO USE ONLY
DATE Received
MM 05 DD 06 YR 17

DATE WELL COMPLETED
MM 02 DD 27 YR 17

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 17-0024

OWNER _____
WELL SITE ADDRESS last name 1596 Daisy Rd (Bellis Dr) TOWN Woodbine
SUBDIVISION Cattail Woods SECTION _____ LOT Pres Parcel D

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	
Brown clay	0	5	
Brown Saprolite	5	130	
Grey schist	130	175	
White	175	176	✓
Grey schist	176	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 62 NO. OF POUNDS 5828
GALLONS OF WATER 372
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 147 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 06
Total depth of main casing (nearest foot) 150

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

screen type or open hole
insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M SD 009
DRILLERS SIGNATURE
LIC. NO.: D

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

C 2 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
															HO 150 300																																																												

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.) 4.2
METHOD USED TO MEASURE PUMPING RATE 1000
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34 ft.
WHEN PUMPING 218 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 } 02 (nearest foot)

LATITUDE 39.3256035
LONGITUDE 72.0722275
(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.

B 1 39491 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 APPLICATION FOR PERMIT TO DRILL WELL 260540 please type HO-17-0024
 fill in this form completely

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 2325 Duvall Rd
 36 Street or RFD 55
 Woodbine Md 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION CatHaul Woods 42
 SECTION 44 46 LOT 48 50 Preservation Parcel D
 52 NEAREST TOWN Woodbine 71

DRILLER INFORMATION
 76 M D
 Driller's Name Allen Compton License No. 81
 Firm Name Frank's Well Drilling, LLC
 Address P.O. Box 262 Woodbine, Md 21797
 Signature [Signature] Date 2-7-17

B 4 SOURCES OF DRILLING WATER
 1. Well water
 2. H-4-D
 3. 42 ppm 2/27/17
 4. 191' static draw pt
 5. 34' static
 6. 300' well
 7. Need post-hum
 11 STREET ADDRESS 1596 Daisy Rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 37 DISTANCE FROM ROAD 84
 ENTER FT OR MI 38 39
 TAX MAP: 01 BLK: 24 PARCEL 519

B 2 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)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

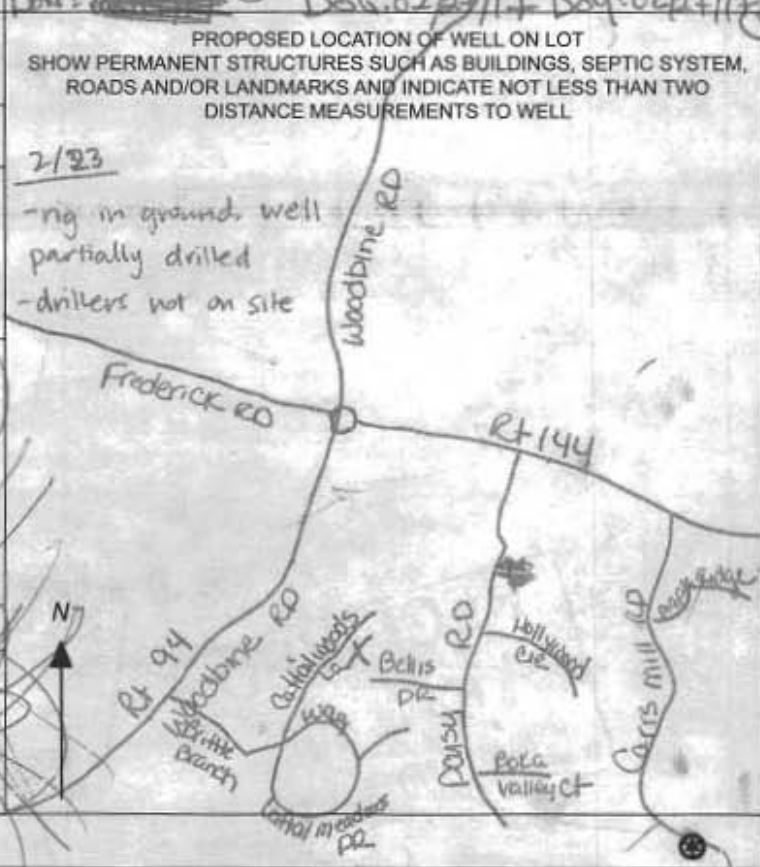
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 02/17/17 [Signature] 02/17/18
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 2/23/17
 Dwg: 02/23/17 Dwg: 02/23/17 Dwg: 02/23/17

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO-17-0024
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

443-878-418 Mike Cherry

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: Willoughby Plumbing Telephone #: 410-781-9051
Address: 1003 PATRICK DRIVE
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Chris Willoughby License# 6992

*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: Bob & Lori Baker Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0024 ✓
Site Address: 15850 BELLIS DRIVE (DAYS)
WOODBINE, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: FLINT + WALLINGS Make: HARVARD Two piece watertight cap: ✓
Model #: _____ Model #: _____ Screened, vented well cap: ✓
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 4.8 GPM NSF/WSC approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 300 (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 inside of well casing

Piping to house House Connection
Type: CRESTLINE PVC sleeve to undisturbed soil at wall penetration: ✓
PSI: 1" (160 psi min) Length of sleeve (5' minimum from foundation): 6'
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: Chris Willoughby date: 3-6-17

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

Date Insp. Requested: 3-7-17 Date Insp. Approved: _____ Inspector: Kim
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 ✓

static 34 ft

Partial inspection @ well head to see well line @ house when h.t. (Kim)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 26, 2018

February 26, 2018

Homeowner
1596 Daisy Road
Woodbine, MD 21797

RE: Cattail Woods, P. D
1596 Daisy Road
Building Permit: B17002467
Well Permit: HO-17-0024

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 **11/17/2017**. Final approval of the well line connection to the dwelling was granted on **3/7/2011**. The well construction was completed on **2/27/2017**. Water samples were collected on **2/16/2018**.

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-17-0024. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

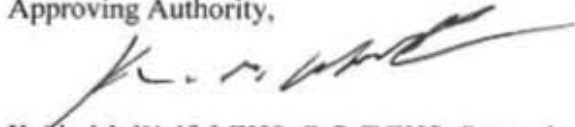
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
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 #:	119981	Account #:	1933
Reference:	Myers Remodeling	Company:	Fogles Well Pump/Water Treatment
Location:	1596 Daisy Road Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	2/16/2018 1200	Source:	Well Water
Date/Time Rec'd:	2/16/2018 1338	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Eyler 1061RE	pH:	6.1
		Well #:	HO-17-0024

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/17/2018 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	2/17/2018 / 0815 / CCH
Nitrate	3.04	mg/L	10	601	2/16/2018 / 1500 / CRS
Turbidity	3.98	NTU	<10	SM20 2130B	2/16/2018 / 1530 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/16/2018 / 1530 / CRS

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 pH and chlorine level tested in lab
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** 17002467Date Reported: 2/19/2018

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-27-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Tomptal WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: Myers Remodeling CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Zisbon
TAX MAP 07 BLOCK 24 PARCEL 519
SUBDIVISION: Cattail Woods
SECTION: _____ LOT: _____
STREET ADDRESS: 1596 Daisy rd.

LATITUDE 3 9.325775

LONGITUDE 7 7.072288

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	0	60
VOLUME OF MATERIAL USED		
33 bags		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 60 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Tomptal 009 LICENSE# _____

MWD MSD MGS 2-27-17 CIRCLE ONE DATE

COUNTY

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