

C1 40714 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER XIII

ST/CO USE ONLY  
DATE RECEIVED  
MM DD 10 25 17  
DATE WELL COMPLETED  
MM DD 10 20 17

Depth of Well  
22 600 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-17-0170

OWNER Stanley Miller Family Trust  
WELL SITE ADDRESS 16463 Frederick Road TOWN Woodbine  
SUBDIVISION Stanley Miller Property SECTION      LOT 12

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	
Soil	0	5	
Brown Silty Shale	5	27	
med Hard Gray Rock	27	600	✓
		90	✓
		410	✓
		560	✓

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED  YES  NO

- CIRCLE APPROPRIATE LETTER  
**A** 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 D 355  
DRILLERS SIGNATURE  
LIC. NO. WRD 113

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

GROUTING RECORD  YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) WELL  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 13 NO. OF POUNDS 495  
 GALLONS OF WATER 65  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30 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) 6 Total depth of main casing (nearest foot) 30  
 PL 60  PL 61  PL 63  PL 64  PL 66  PL 70

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

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

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 77 78 79 80  
 HOLE 30 600

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 (E.R.O.S.) W Q  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min.) 2.6  
 METHOD USED TO MEASURE PUMPING RATE watch/bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 39 ft.  
 WHEN PUMPING 140 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 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 (nearest foot)  
 - below }

LATITUDE 39.20358  
 LONGITUDE 77.05162  
 (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** SEQUENCE NO. (MDE USE ONLY) 55221 **-7635 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER 40-17-0170  
 please type 70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) 07/14/17  
 8 MM DD VY 13  
Stanley Miller Family Trust  
 15 Last Name Owner First Name 34  
16217 Frederick Road  
 36 Street or RFD 55  
Woodbine MD 21797  
 57 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**  
Howard  
 8 COUNTY 21  
Stanley Miller Property  
 23 SUBDIVISION 42  
 SECTION 12  
 44 45 48 50  
WOODBINE  
 52 NEAREST TOWN 71

**DRILLER INFORMATION**  
Michael Barlow M D 355  
 76 Driller's Name License No. 81  
Barlow Well Drilling  
 Firm Name  
522 Underwood Lane 21017  
 Address  
[Signature] 7-10-17  
 Signature Date

**B 4 SOURCES OF DRILLING WATER**  
 1. Well  
 2. NO SHOW  
 3. 10/16/17  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
34 350 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 7 BLK:     PARCEL 467

**B 2 WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 7 2 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750  
 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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard  
 COUNTY NAME COUNTY NO. XIII  
 STATE SIGNATURE [Signature] INSERT S →  
 DATE ISSUED 08/25/17 41  
 43 MM DD VY 48 CO SIGNATURE [Signature] EXP. DATE 08/25/18  
 DON: 10/16/17 DOA: 10/20/17 DOY: 10/20/17

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28

**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  
10/20/17 - yield: 2.5 gpm, 40' static H2O level, 160' pump down, 600' deep - to be grouted today. (ED)  
  
 Pursuant to 5-10-624 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.

APPROXIMATE DIAMETER OF WELL 6 INCH  
 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 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 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. 40-17-0170  
 70 71 72 73 74 75 76 77 78 79



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

522 Underwood Lane  
(410) 838-6910

Bel Air, Maryland 21014  
Fax (410) 838-3582

**WELL YIELD REPORT**

Date Test Completed:	October 20, 2017		
Well Depth:	600	feet	
Customer	Sheree Stedding	Permit #	HO-17-0170
Road	16463 Frederick Rd	Subdivision	Stanley Miller Property
City	Woodbine	Section	
State	Maryland	Lot #	12

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
7:45 AM	39' 9"	4	15.00
8:00 AM	118	5	12.00
8:15 AM	174	20	3.00
8:30 AM	175	20	3.00
8:45 AM	170	25	2.40
9:00 AM	167	23	2.61
9:15 AM	165	23	2.61
9:30 AM	165	23	2.61
9:45 AM	165	23	2.61
10:00 AM	165	23	2.61
10:15 AM	163	23	2.61
10:30 AM	162	23	2.61
10:45 AM	161	23	2.61
11:00 AM	159	23	2.61
11:15 AM	158	23	2.61
11:30 AM	157	23	2.61
11:45 AM	155	23	2.61
12:00 PM	155	23	2.61
12:15 PM	155	23	2.61
12:30 PM	154	23	2.61
12:45 PM	152	23	2.61
1:00 PM	151	23	2.61
1:15 PM	149	23	2.61
1:30 PM	146	23	2.61
1:45 PM	144	23	2.61
2:00 PM	142	23	2.61
2:15 PM	140	23	2.61

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

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 16.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Tri-County Pump Service, Inc Telephone #: 301-432-0330  
Address: 6711 Old National Rd  
Brandywine, Md 21732

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation: ..  
Name (Print): William E. Griffin License# 20835

\*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: Darlene Skeddins Telephone #: 410-379-1525  
Subdivision: Shady B Miller Lot #: 12 Well Tag #: HO-99-0190 ✓  
Site Address: 16463 Frederick Road  
MD 21731

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Impinger Two piece watertight cap: ye  
Model #: 36520 Model#: PTN Screened, vented well cap: ye  
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: ye  
Well Yield: 28 GPM NSF/WSC approved: ye Conduit min 18" B.G.: ye

Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap: ye  
If pump capacity exceeds well yield, a low water out 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

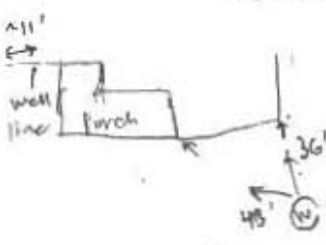
Piping to house House Connection  
Type: 1/2" PVC sleeve to undisturbed soil at wall penetration: ye  
PSI: 200 (160 psi min) Length of sleeve (5' minimum from foundation): 10ft  
Depth of supply line: 36" (36" min) Sleeve sealed properly: ye

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 arpa. If this cannot be accomplished, contact this office for approval prior to installation.

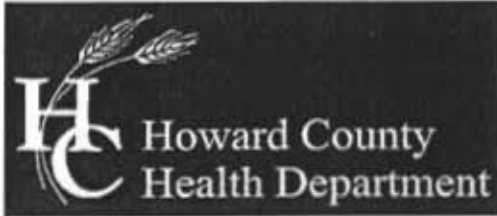
Signature of company representative responsible for installation: William E. Griffin date: 2-6-2018

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

Date Insp. Requested: 2/14/18 Date Insp. Approved: 2/14/18 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 ✓



443-465-4532



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  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Stanley B. Miller      12      MARYLAND ROUTE 144  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Benchmark Engineering, Inc  
(professional land surveyor or company employing professional land surveyors)  
on 8-18-17 (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.

08/24/17  
Ⓧ met S. Anserburn  
(Developer)

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 DEL. PERMIT NUMBER  
**HO-17-0170**  
 INFORMATION GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE, MARYLAND 21200

**STANLEY B. MILLER**  
 LOT 12 - 40-17-0170  
 WELL PERMIT PLAN Approved  
 SIXTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' DATE: 8-18-17  
 08/25/2017

**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 23, 2018**

May 23, 2018

Homeowner  
16463 Frederick Road  
Woodbine, MD 21797

**RE: Stanley Miller Prop., Lot 12  
16463 Frederick Road  
Building Permit: B17003892  
Well Permit: HO-17-0170**

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 **3/6/2018**. Final approval of the well line connection to the dwelling was granted on **2/14/2018**. The well construction was completed on **10/20/2017**. Water samples were collected on **5/15/2018, 5/16/2018**.

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-17-0170. 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>

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**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 Environments 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



# STANLEY B. MILLER

LOT 12 - 40-17-0170

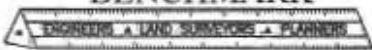
WELL PERMIT PLAN Approved

SIXTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' DATE: 8-18-17

08/25/2017

**BENCHMARK**



**ENGINEERING, INC.**

# 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 #: 121864 Account #: 1933  
Reference: Fogles Well Pump & Treatment Company: Fogles Well Pump & Treatment  
Location: 16463 Frederick Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 5/15/2018 1224 Site: Kitchen Sink  
Date/Time Rec'd: 5/15/2018 1555 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.3  
Collected By: J. Fogle 1974JF Well #: HO-17-0170

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
* Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223	5/16/2018 / 1030 / CRS *
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/16/2018 / 1030 / CRS
Nitrate	5.10	mg/L	10	601	5/15/2018 / 1615 / CRS
Turbidity	1.27	NTU	<10	SM20 2130B	5/15/2018 / 1700 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/15/2018 / 1700 / CRS

*All PASSED EXCEPT BACTERIA.*

### 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B17003892

Date Reported: 5/16/2018

5/17/18

# 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 #:	121902	Account #:	1933
Reference:	Fogles Well Pump & Treatment	Company:	Fogles Well Pump & Treatment
Location:	16463 Frederick Road	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	5/16/2018 1457	Site:	Kitchen Sink
Date/Time Rec'd:	5/16/2018 1540	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Fogle 1974JF	Well #:	HO-17-0170

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/17/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/17/2018 / 1000 / RER

BACTERIA PASSED

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : B17003892

Date Reported: 5/17/2018

WATER TEST RESULTS

16463 FREDERICK A

WOODBINE

RAIDMAKER CONTRACTORS / SCOTT ATERBURN (43-829-9222)