

1017

SEQUENCE NO. (COPY 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 CIRCLES ON ALL COPIES)

COUNTY NUMBER A 58127

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 2/8/82

Depth of Well 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0282

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

Table with columns: DESCRIPTION (use additional sheets if needed), FEET (FROM, TO), and Other water-bearing. Includes handwritten entries: Topsoil 0-2, Br. mica 2-48, Tan mica 48-54, Gray mica 54-318, Tan mica 318-322, Gray mica 322-450.

GRouting RECORD: WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: Casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used): diameter, depth.

SCREEN RECORD: Screen type (SY, BR, HO, PL, OY), SLOT SIZE, DIAMETER OF SCREEN.

DEPTH (nearest ft.) 100, GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT IN BOX.

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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).

OPICLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL. DRILLERS IDENT NO. 48, DRILLERS SIGNATURE, DATE SUPERVISOR.

COUNTY

County Tax

B 1 **9172** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

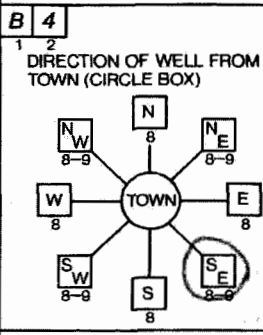
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-0882**  
 fill in this form completely

Date Received (APA) **06/13/89**  
 OWNER INFORMATION  
**SPRING HILL ASSOC**  
 Last Name Owner First Name  
**1423 RT 32**  
 Street or RFD  
**W FRIENDSHIP MD 21794**  
 town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**MEADOWOOD** SUBDIVISION  
 SECTION **2** LOT **39**  
**SYKESVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION  
 George F. Easterday  
 Driller's Name  
 L. Franklin Easterday, Inc.  
 Firm Name  
 9265 Brown Church Rd., Mt. Airy, Md. 21771  
 Address  
 George F. Easterday 6/8/89  
 Signature Date



**CROWS FOOT RD** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **300** FT  
 ENTER FT or MI

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **38127**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **07/17/89** EXP. DATE **3/16/90**  
 NORTH GRID **548000** EAST GRID **0818000**  
 CO SIGNATURE **Edwin A. ...** EXTENDED **MR 12/5/89**

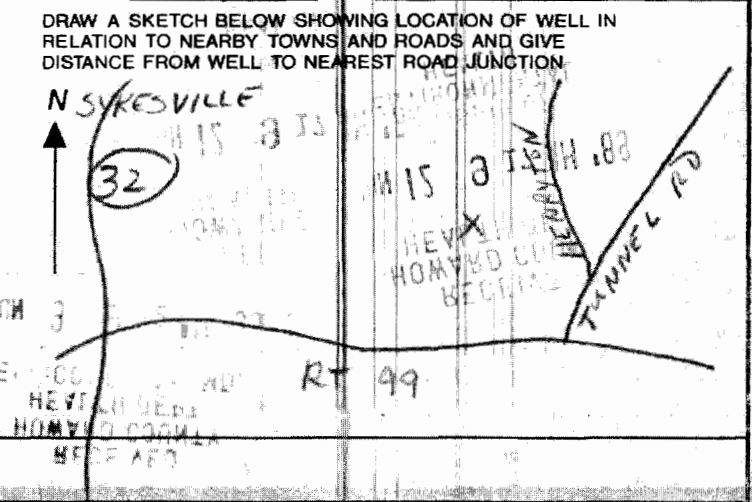
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 ↓  
 E **8018**  
 N **5408**

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  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-88-0882**

SPECIAL CONDITIONS





**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: All Around Plumbing Telephone #: 301-698-1028  
Address: 530 F. Church St.  
Frederick MD 21701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): J. Brendan Madden License# 20020018121

**\*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: Cho Inwha Telephone #: \_\_\_\_\_  
Subdivision: Meadowood Lot #: 39 Well Tag #: HO-88-0882  
Site Address: 1272 Crows Foot Rd.  
Mariottsville MD 21104

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Pushout</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5G510422</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>0</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>700</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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>Piping to house</b>	<b>House Connection</b>
Type: <u>POLY</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: J. Brendan Madden date: 6/10/2020

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

Date Insp. Requested: 6/11/20 Date Insp. Approved: 6/11/20 Inspector: RR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

6/11/20 - H drive down - not added to well log (RR)





# L. FRANKLIN EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE 829-1640

December 1, 1989

Craig Williams  
Howard County Health Department  
Box 476  
Ellicott City, Md. 21043

Re: Meadowood Subdivision

Dear Mr. Williams:

Please renew the following well permits for another six months.

Lot 38	HO-88-0881 ✓
Lot 39	HO-88-0882 ✓
Lot 40	HO-88-0883 ✓
Lot 41	HO-88-0884 ✓
Lot 42	HO-88-0885 ✓
Lot 43	HO-88-0886 ✓
Lot 44	HO-88-0887 ✓
Lot 45	HO-88-0888 ✓
Lot 46	HO-88-0889 ✓
Lot 47	HO_88-0890 ✓
Lot 48	HO_88-0891 ✓
Lot 49	HO_88-0892 ✓
Lot 50	HO-88-0893 ✓

ALL OK  
MR 12/5/89  
EXT. TO 7/16/90

Thank you for your cooperation in this matter.

Very truly yours,

*George F. Easterday*  
George F. Easterday, CWD/PI  
Vice President

GFE/se

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 21, 2021**

December 21, 2020

Homeowner  
1272 Crows Foot Road  
Marriottsville, MD 21104

**RE: Meadowood, Lot 39  
1272 Crows Foot Rd  
Building Permit: B19003759  
Well Permit: HO-88-0882**

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 **10/5/2020**. Final approval of the well line connection to the dwelling was granted on **6/11/2020**. The well construction was completed on **4/13/1990**. Water samples were collected on **12/4/2020, 12/8/2020, 12/17/2020**.

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-88-0882. 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.**

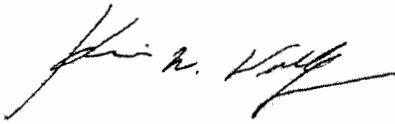
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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 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

# HOME LAND

## LABS

9106 Philadelphia Road, Suite 106  
 Rosedale, MD 21237  
 Phone 443.505.8375  
 lab@homelandhealthyhomes.com  
 State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite 12  
 Annapolis, MD 21401  
 Phone 443.505.8375  
 lab@homelandhealthyhomes.com  
 State Certified Water Quality Lab 106

3430 Rockefeller Court  
 Waldorf, MD 20602  
 Phone 443.505.8375  
 lab@homelandhealthyhomes.com  
 State Certified Water Quality Lab 139

### Certificate of Analysis

Date Reported: 12/08/2020

Hague Quality Water  
 814 E. College Parkway  
 Annapolis, MD 21409

Date & Time Received: 12/04/2020 13:40

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.*

Sample Number: 196936-01      Sample Time: 12/04/20 12:00      Preservation: Ice  
 Location: 1272 Crows Foot Road      Chlorine Residual: 0.0      Sampler: TEdwards8309TE (Exp. 5/14/2022)  
 Marriottsville, MD 21104      Field pH: 7.0      Sample Point: Bathroom Sink

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colitag Test	Absent	Pass	1	Per/100ml	Present	12/05/2020	LRF-106
Bacteria-E.coli	Colitag Test	Absent	Pass	1	Per/100ml	Present	12/05/2020	LRF-106
Nitrate + Nitrite as N	EPA 353.2	0.9	Pass	0.5	mg/l	10	12/05/2020	AND-353
Turbidity	EPA 180.1	8.6	Acceptable	0.5	NTU	10	12/04/2020	MAV-106
Iron, Total	H 8008	0.45	High	0.05	mg/l	0.3	12/05/2020	AND-353

Approved By Kevin Barments  
 Lab Director

Chain of Custody Form

# HOME LAND

LABS

Is the sample for a public water system?  Yes  No



196936 Date Due: 12/8/20  
 Client: Hague Quality Water  
 Project:

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106  
 Rosedale, MD 21237  
 MD Lab # 353

108 Old Solomons Island Road, Suite L2  
 Annapolis, MD 21401  
 MD Lab # 106

3430 Rockefeller Court  
 Waldorf, MD 20602  
 MD Lab # 139

Client Name: HAGUE  
 Email Address: TEOWARDS @ HAGUEWATER OF MD. COM  
 Phone Number: 410.757.2992

Property Address:  
1872 CROWS FOOT RD  
MARRIOTTVILLE, MD 21104

Field Collection Information

Sampler Name: TIM EDWARDS  
 Sampler ID #: TE 8309  
 Date Sampled: 12/4/2020 Time Sampled: 12:00 pm  
 Well Tag Number:

Field pH: 7.0  
 Field Chlorine (mg/L): 0  
 Sand: 0  
 Clarity: GOOD

Well Casing and Cap Condition

Well Type:  Drilled  Well Pit  Below Grade  Artesian  N/A

Height Above Grade: \_\_\_\_\_ Cap Type: \_\_\_\_\_ Casing: \_\_\_\_\_ Conduit: \_\_\_\_\_

Sample Point: POE @ BATHROOM SINK Water Conditioning: \_\_\_\_\_

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, Turbidity, Lead, Iron)
- Bacteria  Chlorides  Total Dissolved Solids
- Lead  Hardness  Pesticides
- Nitrate + Nitrite  Arsenic  VOC
- Iron  Cadmium  Other: \_\_\_\_\_
- Turbidity  Gross Alpha  Other: \_\_\_\_\_

List rush samples below  
 \*Refer to table for rush turnaround times and fees\*

\_\_\_\_\_  
 \_\_\_\_\_

Release Signatures

Released By: [Signature] Date/Time: 12/4/2020 1:16 pm  
 Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received in lab by: [Signature] Date/Time: 12/4/2020 1:40 pm

# HOME LAND

## LABS

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite 12  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

### Certificate of Analysis

Date Reported: 12/09/2020

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Date & Time Received: 12/08/2020 14:00

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.*

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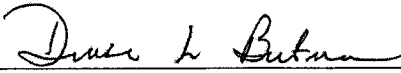
Sample Number: 197065-01      Sample Time: 12/08/20 10:30      Preservation: Ice  
Location: 1272 Crows Foot Road      Chlorine Residual: 0.0      Sampler: TEwards8309TE (Exp. 5/14/2022)  
Marriottsville, MD 21104      Field pH: 7.2      Sample Point: Bathroom sink 1st floor

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Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Present	Fail	1	Per/100ml	Present	12/09/2020	MAV-106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	12/09/2020	MAV-106
Iron, Total	H 8008	Not Detected	Acceptable	0.05	mg/l	0.3	12/09/2020	PAS-139

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Approved By

  
Lab Director

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 State Certified Water Quality Lab 106

3430 Rockefeller Court  
 Waldorf, MD 20602  
 Phone 443.505.8375  
 lab@homelandhealthyhomes.com  
 State Certified Water Quality Lab 139

### Certificate of Analysis

Date Reported: 12/18/2020

Hague Quality Water  
 814 E. College Parkway  
 Annapolis, MD 21409

Date & Time Received: 12/17/2020 16:00

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.*

Sample Number: 197493-01

Location: 1272 Crows Foot Road  
 Marriottsville, MD

Sample Time: 12/17/20 15:30

Chlorine Residual: 0.0

Field pH: 7.2

Preservation: Ice

Sampler: TEwards8309TE (Exp. 5/14/2022)

Sample Point: Bathroom Sink

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colitag Test	Absent	Pass	1	Per/100ml	Present	12/18/2020	MAV-106
Bacteria-E.coli	Colitag Test	Absent	Pass	1	Per/100ml	Present	12/18/2020	MAV-106

*Sand* 

Approved By

*Kevin Barnette*

Lab Director