

C1 3855

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 A 57613

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 285'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4067

OWNER The Gr. House Corp STREET OR RFD W. Enders Rd TOWN Capewite SUBDIVISION Homark Prop SECTION LOT 1

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Blue Shale, Blue Rock), FEET (FROM, TO), CHECK IF WATER BEARING

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 550 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 92 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 96

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) 94' 285'

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 58 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 36 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 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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. 1 M S D 2 3 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.) 94' 285'

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

Old Frederick Rd

B 1 9851

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4067

W521532 please type

fill in this form completely

Date Received (APA) 10-20-04

OWNER INFORMATION

The Griffmore Group, 4231 Lenthicum Rd, Dayton Md 21036

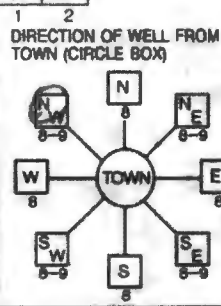
LOCATION OF WELL

Howard County, Horaski Property, Cooksville, 3 1/2 miles from town

DRILLER INFORMATION

Joseph E. Wayne MS DO24, Wayne Well Drilling, 5512 Ridge Rd, 10/16/14

DIRECTION OF WELL FROM TOWN



Old Frederick Rd, 900 FT distance from road, Tax Map 8, Blk 10, Parcel 26

WELL INFORMATION

APPROX. PUMPING RATE 4 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME, A57613 COUNTY NO., STATE SIGNATURE, DATE ISSUED 11/14/05, EXP. DATE 11/14/05

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REverse-ROtary, DRive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G, PERMIT No. HO 94-4067

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

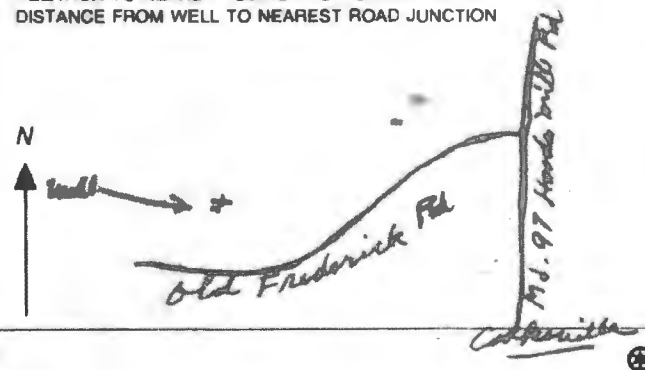
SOURCES OF DRILLING WATER

- 1. Well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7922, N 5487

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: RIG WATER SYSTEMS Telephone #: 410 239 0700
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 94 - 4067
Site Address: _____

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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

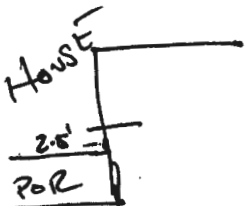
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 05/10/2021 Date Insp. Approved: 05/10/2021 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u> <u>45"</u> <u>05/10/2021</u> <u>[Signature]</u>
Two piece cap installed and attached to casing securely	<u>✓</u> <u>32"</u> <u>05/10/2021</u> <u>[Signature]</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u> <u>23"</u> <u>05/10/2021</u> <u>[Signature]</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



* 05/10/2021
H₂O, ELEC AND NATURAL GAS
CROSS. H₂O SLEEVED.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 30, 2022

July 30, 2021

Homeowner
14842 Old Frederick Road
Woodbine, MD 21797

RE: Minglewood, Lot 3
14842 Old Frederick Road
Building Permit: B20003799
Well Permit: HO-94-4067

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 7/7/2021. Final approval of the well line connection to the dwelling was granted on 5/10/2021. The well construction was completed on 12/3/2004. Water samples were collected on 5/25/2021.

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-94-4067. 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

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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:

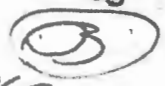
- The well site has been staked by Vogel Engineering on October 18, 2007 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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

KN

M. 00, 0E. 99N

625



Well site OK
11/19/04

LOT 1
3 AC±

PROPOSED DWELLING

WELL

B.R.L.

B.R.L.

CENTERLINE OF 40' RIGHT-OF-WAY

1c 625.0

624.4

630

1001

626.9

3d

635

323.99'

3c

B.R.L.

640

1141.13'

B.R.L.

M.F. 8

CEL. 27

1 F 59

NOT FOUND (WITHIN 100')

GROUP

B2



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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 Vogel Engineering on October 15, 2007 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 144713 Account #: 35556
Reference: Michael Mueller Company: CASH ACCOUNT
Location: 14842 Old Frederick Road Requested By: Michael Mueller
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 5/25/2021 0920 Site: Outside Rear Hose Bib
Date/Time Rec'd: 5/25/2021 1314 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 0266RO Well #: HO-94-4067

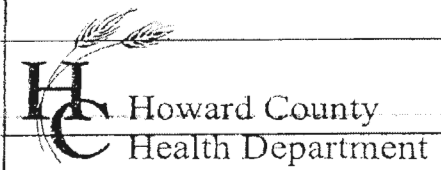
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/26/2021 / 0945 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/26/2021 / 0945 / TSD
Nitrate	3.16	mg/L	10	601	5/25/2021 / 1600 / CRS
Turbidity	1.43	NTU	<10	SM20 2130B	5/25/2021 / 1545 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	5/25/2021 / 1600 / TSD

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B20003799

Date Reported: 5/26/2021




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

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

MEMORANDUM

TO: Cindy Hamilton, Planning Manager
Howard County Department of Land Development

FROM: Stuart F. Oster, Registered Environmental Sanitarian
Howard County Environmental Health 

DATE: December 10, 2004

SUBJECT: Minglewood , Lots 1-4, Plat # F-01-176

The wells located in the Minglewood Subdivision consisting of 1 existing and 3 new lots have been drilled and have received preliminary approval by the Howard County Health Department. The recordation of plat F-01-176 should not be held up any longer due to issues involving well drilling as the developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, please call me at 410-313-1771.

CC: Stephen Griffin
File