

C1 08178

(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-533266

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
01 09 13

Depth of Well  
165  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-55-2431

OWNER AMERICAN LOCK & KEY LLC  
WELL SITE ADDRESS 14285 OLD FREDERICK RD TOWN WEST FRIENDSHIP  
SUBDIVISION Hudson Property SECTION      LOT     

### 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	
Top Soil	0	2	
Sandy	2	5	
Blue Stone	5	40	
Sand Stone	40	45	✓
Blue Stone	45	165	

### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 8 NO. OF POUNDS 200  
GALLONS OF WATER 45  
DEPTH OF GROUT SEAL (to nearest foot)  
from 8 ft. to 28 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 22

OTHER CASING (if used)  
EACH CASING diameter inch 4" depth (feet) from 13 to 5

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

DEPTH (nearest ft.)  
A C H S C R E E N  
PL 60 40  
0 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1/8 2 3  
DIAMETER OF SCREEN 4" (NEAREST INCH)  
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

### PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 8.5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 42 ft.  
WHEN PUMPING 48 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 } LAND SURFACE  
 - below } 2 (nearest foot)

LATITUDE 39.33492  
LONGITUDE 77.00723  
(DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  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 28.04.04 "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 113  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO.      D     

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

B 1 **14964**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**HO - 95 - 2431**  
70 fill in this form completely 79

**538113** please type

Date Received (APA)

**10/31/12**  
8 MM DD YY 13

OWNER INFORMATION

**AMERICAN LOCK & KEY LLC**  
15 Last Name Owner First Name 34  
**PO Box 1516**  
36 Street or RFD 55  
**Sykesville MD 21784**  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

**Howard**  
8 COUNTY 21  
**Hudson Property**  
23 SUBDIVISION 42  
SECTION      LOT       
44 46 48 50  
**WestFrisian Ship**  
52 NEAREST TOWN 71

DRILLER INFORMATION

**Ralph E. Mayne** **M S D 117**  
Driller's Name 76 License No. 81  
**Ralph E. Mayne Well Drilling**  
Firm Name  
**17024 Hardy Rd. Mt Airy Md. 21771**  
Address  
**[Signature]** **04.29.2012**  
Signature Date

B 4

SOURCES OF DRILLING WATER

- well
- 
- 

**14285**  
**Old Frederick Rd.**  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
N  
WEST EAST  
W E  
S E  
SOUTH  
34 **600** 37  
DISTANCE FROM ROAD ft.  
ENTER FT OR MI 38 39  
TAX MAP: **8** BLK:      PARCEL **268**

B 2

WELL INFORMATION

APPROX. PUMPING RATE **5**  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED **500**  
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

**Howard A533266** **13**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED **11/14/2012** **[Signature]** **11/14/2013**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

APPROXIMATE DEPTH OF WELL **150** FEET  
24 28  
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 \_\_\_\_\_

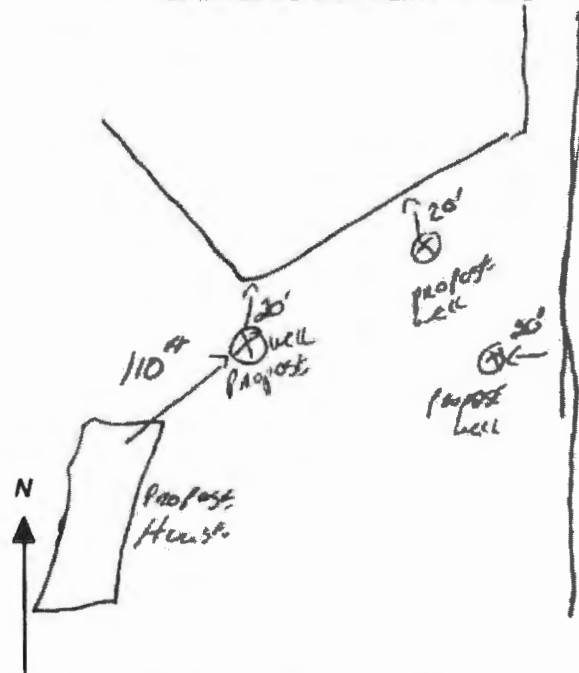
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- 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)

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
PERMIT No. **HO - 95 - 2431**  
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM**  
TEL: (410)313-1771 FAX: (410)313-2648

AFTER 9:00

**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: D.L. KLIPP Plumbing & LLC Telephone #: 240-357-8557  
Address: 8659 INDIAN SPRING RD  
FREDERICK, MD 21702

(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 L. KLIPP License# 7244

\*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: VICTOR & JESSICA WHITE Telephone #: 443-468-6442  
Subdivision: N/A Lot #: NA Well Tag #: HO-95-2431 **ST**  
Site Address: 14285 OLD FREDERICK RD.  
COOKESVILLE MD. 21723

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>STA-LITE</u>	Make: <u>BOSHART</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>S7T4HS05221</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>55"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8.6</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: _____ (feet)	Conduit secured to well cap: <input 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 inside of well casing

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>BLACKWELL P4T</u>	PVC sleeve to undisturbed soil at wall penetration: <u>UNDER FOOTER</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>55"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

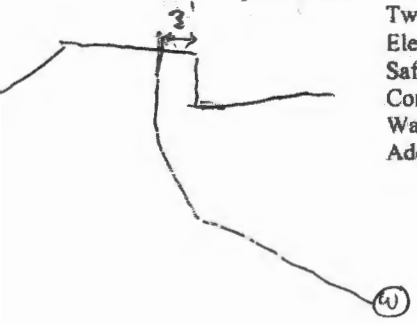
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Klipp date: 11-22-19

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

Date Insp. Requested: 11/25/19 Date Insp. Approved: 11/26/19 Inspector: **ST**  
Inspection Data: Pitless adapter watertight & water supply line at least 56" below grade  51"  
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

not glued 50" 11/26/19 **ST**  
2.5" sleeved using black corrugated tubing < 5' from foundation  
added PVC 11/26/19 **ST**





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

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

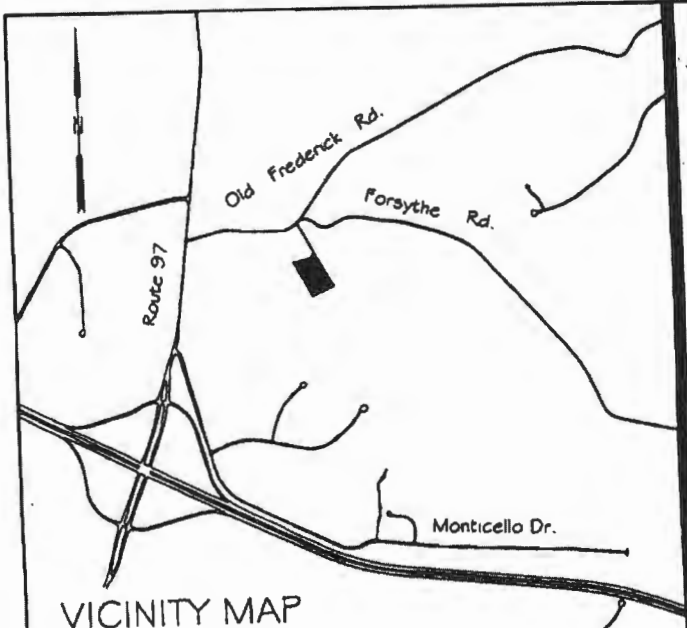
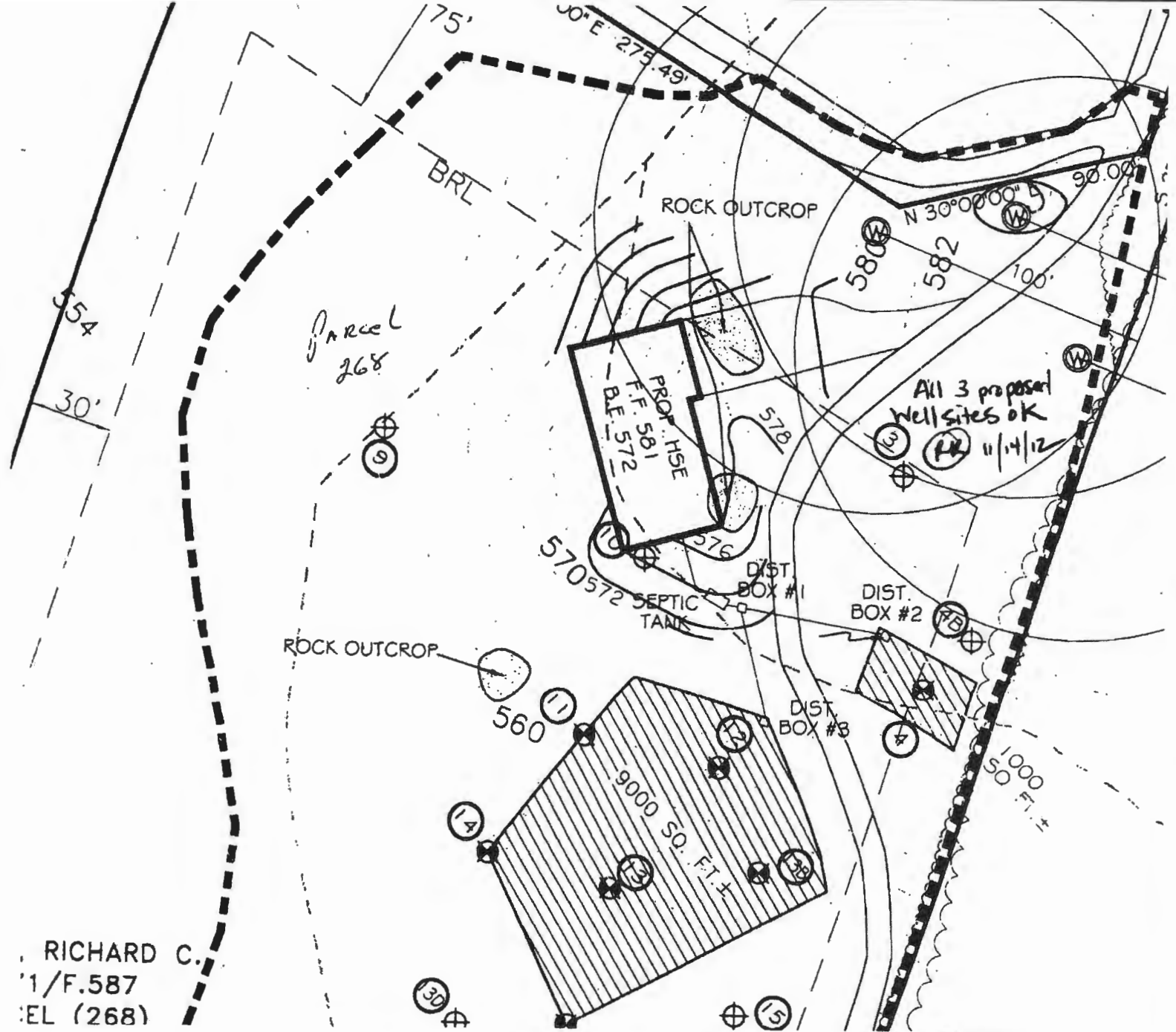
Well Site Location: parcel  
Hudson Property 268 OLD FREDERICK  
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Shan Breyer-Lane,  
(professional land surveyor or company employing professional land surveyors)  
on 10/30/12 (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.

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

Revised 3/11/07





11/4/12 RR

Proposed wells: must be at least 10' away from any driveway

Well Site Map  
not to scale  
and full property  
not shown.

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – November 4, 2020**

May 4, 2020

Homeowner  
14285 Old Frederick Road  
West Friendship, MD

**RE: 14285 Old Frederick Road**

**Building Permit: B19002629**  
**Well Permit: HO-95-2431**

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 connection to the existing septic system was granted on **3/23/2020**. Final approval of the well line connection to the dwelling was granted on **11/26/2019**. The well construction was completed on **1/9/2013**. Water samples were collected on **4/16/2020 and 4/29/2020**.

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-95-2431. 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.**

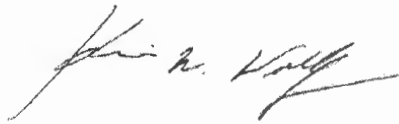
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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



## Certificate of Analysis

Acct. No. 9622 - 18-2

### Field Record

Site visit performed on: Wednesday, April 29, 2020 10:40 AM  
 by: Ronald Demory State ID No. 8072RD  
 Affiliation: Fredericktowne Labs, Inc.  
 Property Owner: C.E. Rensberger & Family  
 Property Address: 14285 Old Frederick Road  
 Cooksville, MD 21723  
 Sample Source: Pressure Tank  
 Treatment Devices Noted: No Treatment Devices  
 Well No.: HO-95-2431  
 Field pH: 5.7  
 Free Res. Cl.: <0.1 mg/l  
 Temp: 13.3° C

### Laboratory Report

Sample Received at laboratory: 4/29/2020 12:30 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	04/29/20	12:50	04/30/20	06:53	9223B	KB

**Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods**

Reported by: H. Demory 4-30-2020  
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
 Maryland Cert. No. 116 Virginia Cert. No. 00444  
 MDOT WBE Cert. No.: 91-158



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventria Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366  
 www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 9622 - 18-1

### Field Record

Site visit performed on: Thursday, April 16, 2020 10:40 AM  
 by: Cassandra Axline-Kidwi State ID No. 8220CA  
 Affiliation: Fredericktowne Labs, Inc.  
 Property Owner: C.E. Rensberger & Family  
 Property Address: 14285 Old Frederick Road  
 Cooksville, MD 21723  
 Sample Source: Pressure Tank  
 Treatment Devices Noted: No Treatment Devices  
 Well No.: HO-95-2431  
 Field pH: 6.4  
 Free Res. Cl.: <0.1 mg/l  
 Temp: 13.2° C

### Laboratory Report

Sample Received at laboratory: 4/16/2020 1:15 PM

#### Bacteriological results:

Total Colif. (/100ml)	E.coli./(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
>200	5.3	04/16/20	17:00	04/17/20	11:07	9223B	KB

**Bacteriological analysis of this sample indicates the water is unsafe for human consumption.  
 Analysis was performed according to the 20th edition of Standard Methods**

#### Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	1.9	mg/l	10	4/16/2020	300.0	SR
Sand	<2	mg/l	5	4/17/2020	0.065mm Filter	KB
Turbidity	1.1	NTU'	<10	4/16/2020	180.1	SR

Reported by: Edwin Millott 4/17/20  
 Name Date

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 Maryland Cert. No. 116 Virginia Cert. No. 00444  
 MDOT WBE Cert. No.: 91-158