

C 1 63477

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 08 DP 09 YY 21

MM 08 DD 21 YY 21

300 26 (TO NEAREST FOOT)

HO 20 0119

OWNER Wynne Brian last name first name WELL SITE ADDRESS 75685 Old Frederick Rd TOWN Woodbine SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Soft brown, Grey schist, Quartz, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole, SCREEN RECORD (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y) NO (N)

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...

DRILLERS LIC. NO. M 5 D 224, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) table with columns 1-3, HO 70 300, DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 form with fields for HOURS PUMPED (3), PUMPING RATE (15+), METHOD USED TO MEASURE PUMPING RATE (1 gal), WATER LEVEL (distance from land surface) BEFORE PUMPING (29 ft), WHEN PUMPING (38 ft), TYPE OF PUMP USED (submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (centrifugal), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below).

LATITUDE 39.344178 LONGITUDE 79.061018 (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...

B 1 32585

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-20-0119 fill in this form completely

569626 please type

Date Received (APA) 8/21/21

OWNER INFORMATION

Wynne, Brian 2065 Highway A1A Unit 1201 Indian Harbour Beach, FL 32937

LOCATION OF WELL

Howard 8 COUNTY 21 Woodbine 52 NEAREST TOWN 71

DRILLER INFORMATION

Andrew Houseman M SD 224 Eagles Well Drilling, LLC P.O. Box 202 Woodbine, Md 21797

SOURCES OF DRILLING WATER

1. Well water 2. 8/18/21 3. 15 GPM Static 29' level 38' pump 280' 15 bags of Bentonite

15685 Old Frederick Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI



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

TAX MAP: 0008 BLK: 0001 PARCEL 0002

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

Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 08/05/2021 CO SIGNATURE EXP. DATE 08/15/2022

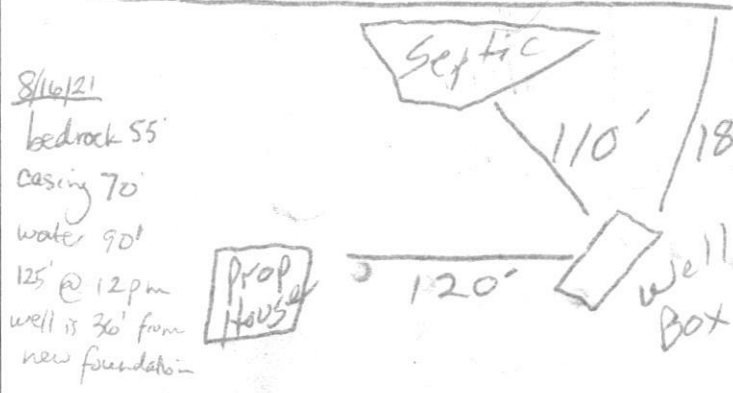
Don: 8/16/21 (ST) Dog: 8/18/21 (ST) Day: 8/18/21 (ST)

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

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

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED 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 DEEPEM AN EXISTING WELL

8/17/21 finished well yesterday 300', 10+ GPM

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

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

APPROX. PERMIT NUMBER PERMIT No. Ho-20-0119

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

AB EX WELL IN HOUSE TRR



**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: BDH Plumbing Telephone #: 301-514-0539  
Address: 9422C Dublin Rd.  
Waltersville Md. 21793

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

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

Name (Print): Bruce D. Hammond License# 5404168

**\*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: Brian Wynne Telephone #: 410-991-0665  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0119  
Site Address: 15685 Old Frederick Rd.  
Woodbine Md. 21797 11/22/2021

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>S.S.</u>	Two piece watertight cap: _____
Model #: <u>55P</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: _____ (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>250</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 inside of well casing

**Piping to house**

Type: 1"  
PSI: 200 (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

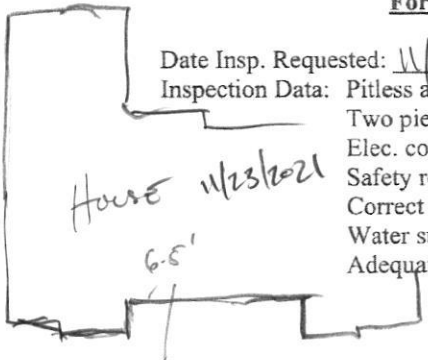
PVC sleeve to undisturbed soil at wall penetration: yes  
Length of sleeve (5' minimum from foundation): full run of line  
Sleeve sealed properly: 5/16" Fern-co

**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: Bruce D. Hammond date: 11-21-21

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

Date Insp. Requested: <u>11/22/2021</u>	Date Insp. Approved: <u>11/22/2021</u>	Inspector: <u></u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>36" 11/22/2021 </u>
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"/>	<u>27" 11/22/2021 </u>
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"/>	<u>22" 11/22/2021 </u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 11, 2023**

August 11, 2022

Homeowner  
15685 Old Frederick Road  
Woodbine, MD 21797

**RE: 15685 Old Frederick Road**  
**Woodbine, MD 21797**  
**Building Permit: B21003150**  
**Well Permit: HO-20-0119**

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 **7/28/2022**. Final approval of the well line connection to the dwelling was granted on **11/22/2021**. The well construction was completed on **8/18/2021**. Water samples were collected on **7/13/2022**.

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-20-0119. 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**

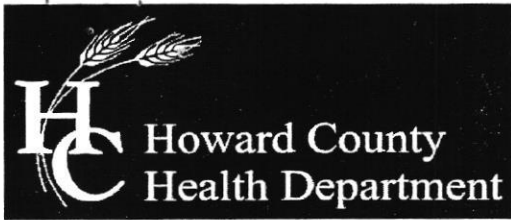
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

*Hank Oswald*

Hank Oswald, LEHS  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



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:

\_\_\_\_\_      \_\_\_\_\_      15685 Old Frederick Rd  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by GLW  
(professional land surveyor or company employing professional land surveyors)  
on 7-14-21 (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.

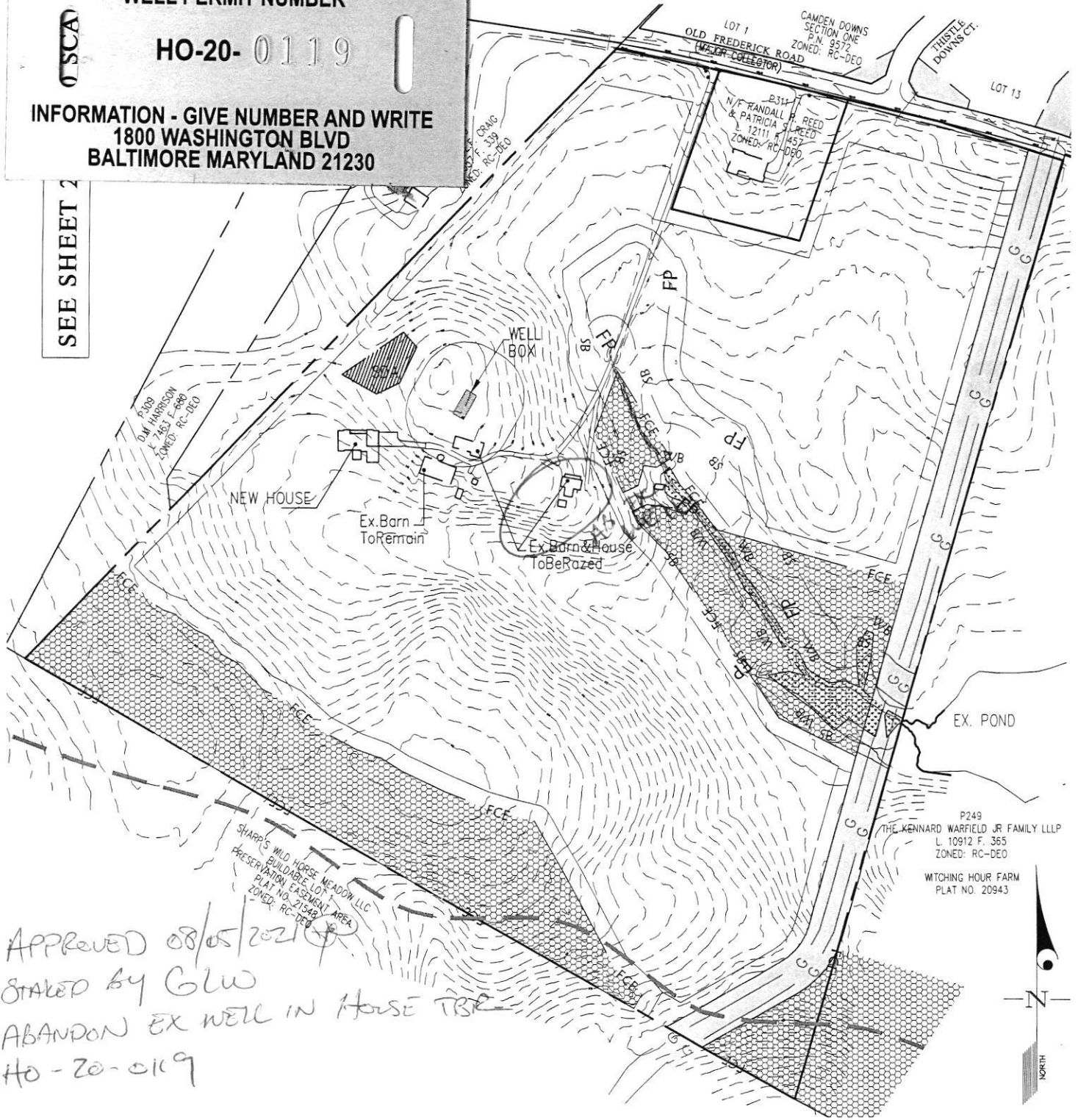
DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER



HO-20-0119

INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

SEE SHEET 2



APPROVED 08/05/2021  
 STAMPED BY GLW  
 ABANDON EX WELL IN HOUSE TRSE  
 HO-20-0119

SITE PLAN for WELL DRILLING

15685 OLD FREDERICK ROAD  
 WYNNE PROPERTY  
 PLAT No. 23626-23628



3909 NATIONAL DRIVE | SUITE 250 | BURTONSVILLE, MD 20866 | GLWPA.COM  
 PHONE: 301-421-4024 | BALT: 410-880-1820 | DC&VA: 301-989-2524 | FAX: 301-421-4186

DESIGNED BY:  
 KLP  
 DRAWN BY:  
 CHECKED BY:

PREPARED FOR :  
 OWNER:  
 BRIAN WYNNE  
 2065 HIGHWAY A1A UNIT 1201  
 INDIAN HARBOUR BEACH, FLORIDA 32937  
 wynnebrian65@gmail.com

G. L. W. No.	21020
ZONING	RC-DEO
TAX MAP/GRID	8-1
DATE	JULY 2021
SCALE	1"=300'
SHEET	1 OF 2

SEE SHEET 2 FOR 50 SCALE



APPROVED 08/05/2021  
 STAKED BY GLW  
 ABANDON EX WELL IN HOUSE TRS  
 HO-20-0119

SITE PLAN for WELL DRILLING

15685 OLD FREDERICK ROAD  
 WYNNE PROPERTY  
 PLAT No. 23626-23628

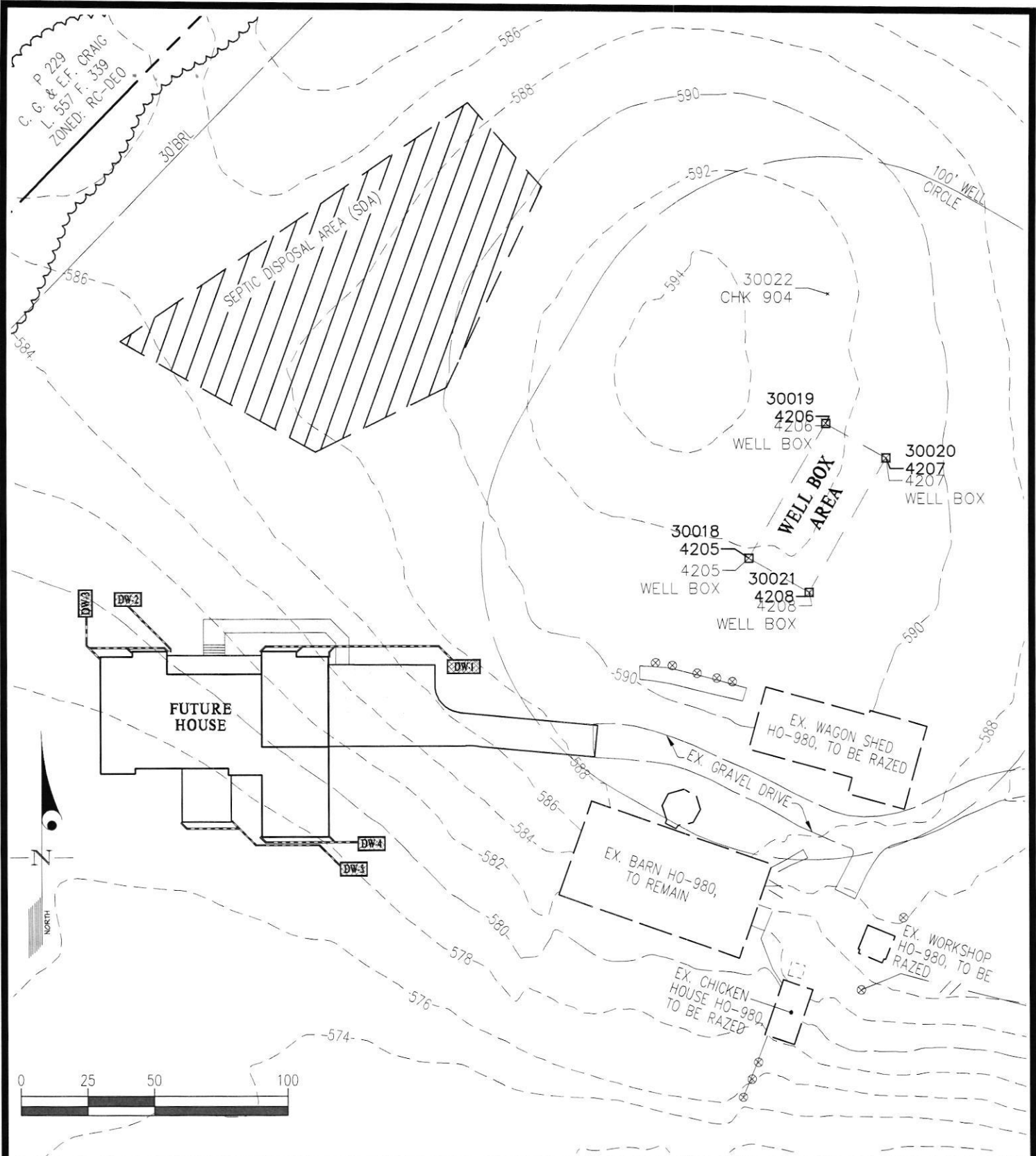


3909 NATIONAL DRIVE | SUITE 250 | BURTONSVILLE, MD 20866 | GLWPA.COM  
 PHONE: 301-421-4024 | BALT: 410-880-1820 | DC&VA: 301-989-2524 | FAX: 301-421-4186

DESIGNED BY  
 KLP  
 DRAWN BY  
 CHECKED BY

PREPARED FOR :  
 OWNER:  
 BRIAN WYNNE  
 2065 HIGHWAY A1A UNIT 1201  
 INDIAN HARBOUR BEACH, FLORIDA 32937  
 wynnebrian65@gmail.com

G. L. W. No.	21020
ZONING	RC-DEO
TAX MAP/GRID	8-1
DATE	JULY 2021
SCALE	1"=300'
SHEET	1 OF 2



C. G. P 229  
L. 557 F. 339  
ZONED: RC-DEO

**SITE PLAN for WELL DRILLING**

**15685 OLD FREDERICK ROAD  
WYNNE PROPERTY  
PLAT No. 23626-23628**

**GLW**  
PLANNING | ENGINEERING | SURVEYING  
3909 NATIONAL DRIVE | SUITE 250 | BURTONSVILLE, MD 20866 | GLWPA.COM  
PHONE: 301-421-4024 | BALT: 410-880-1820 | DC&VA: 301-989-2524 | FAX: 301-421-4188

DESIGNED BY: KLP  
DRAWN BY:  
CHECKED BY:  
PREPARED FOR :  
OWNER:  
BRIAN WYNNE  
2065 HIGHWAY A1A UNIT 1201  
INDIAN HARBOUR BEACH, FLORIDA 32937  
wynnebrian65@gmail.com

G. L. W. No.	21020
ZONING	RC-DEO
TAX MAP/GRID	8-1
DATE	JULY 2021
SCALE	1"=50'
SHEET	2 OF 2

# Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

Brian Wynne  
15685 Old Frederick Road  
Woodbine, Md 21797

Reporting Date: 7/18/2022  
Report #: M10684

Submitted Sample Address: 15685 Old Frederick Road  
Woodbine, Md 21797  
Submitted Sample Source: Bathroom sink  
Date / Time Collected: 7/13/2022 11:30 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Ramsey 2084KR, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.7  
Well Tag #: HO-20-0119

## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	6.8	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	ND	NTU	0.5	< 10 NTU*	MD Well Reg.


### Notes:

- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -  
**EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
**EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
**Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



# HOWARD COUNTY HEALTH DEPARTMENT

69626

DATE 7/27/21

WS

Received From

Fogles Well Drilling PHONE# 413 609-4195

For

Well permit 15685 Old Frederick Rd.

CASH

CHECK

NO.

5345

One hundred note

Dollars

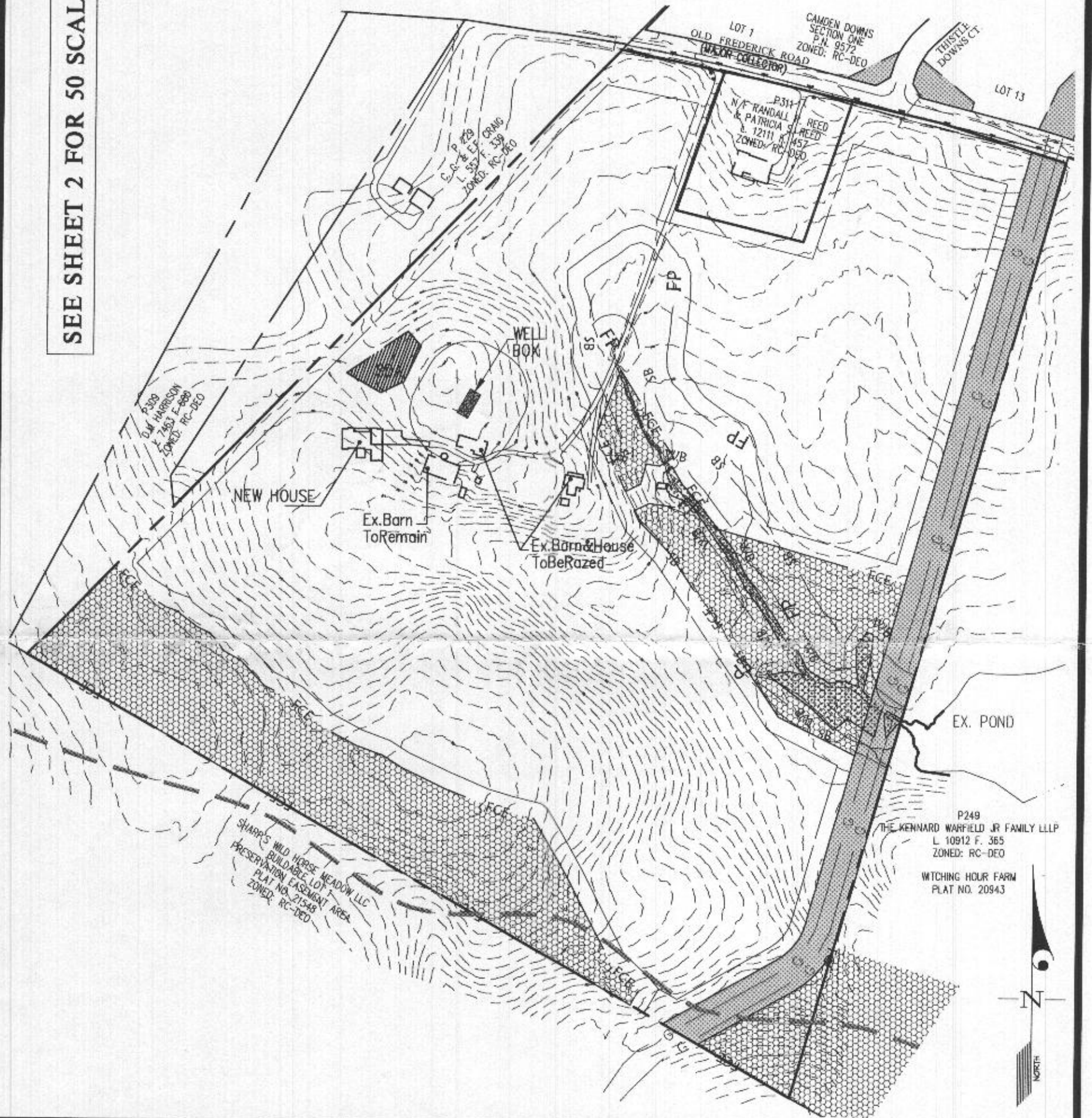
\$

100.00

Received By

J Kemp

SEE SHEET 2 FOR 50 SCALE



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WYNNE PROPERTY  
PLAT No. 23626-23628

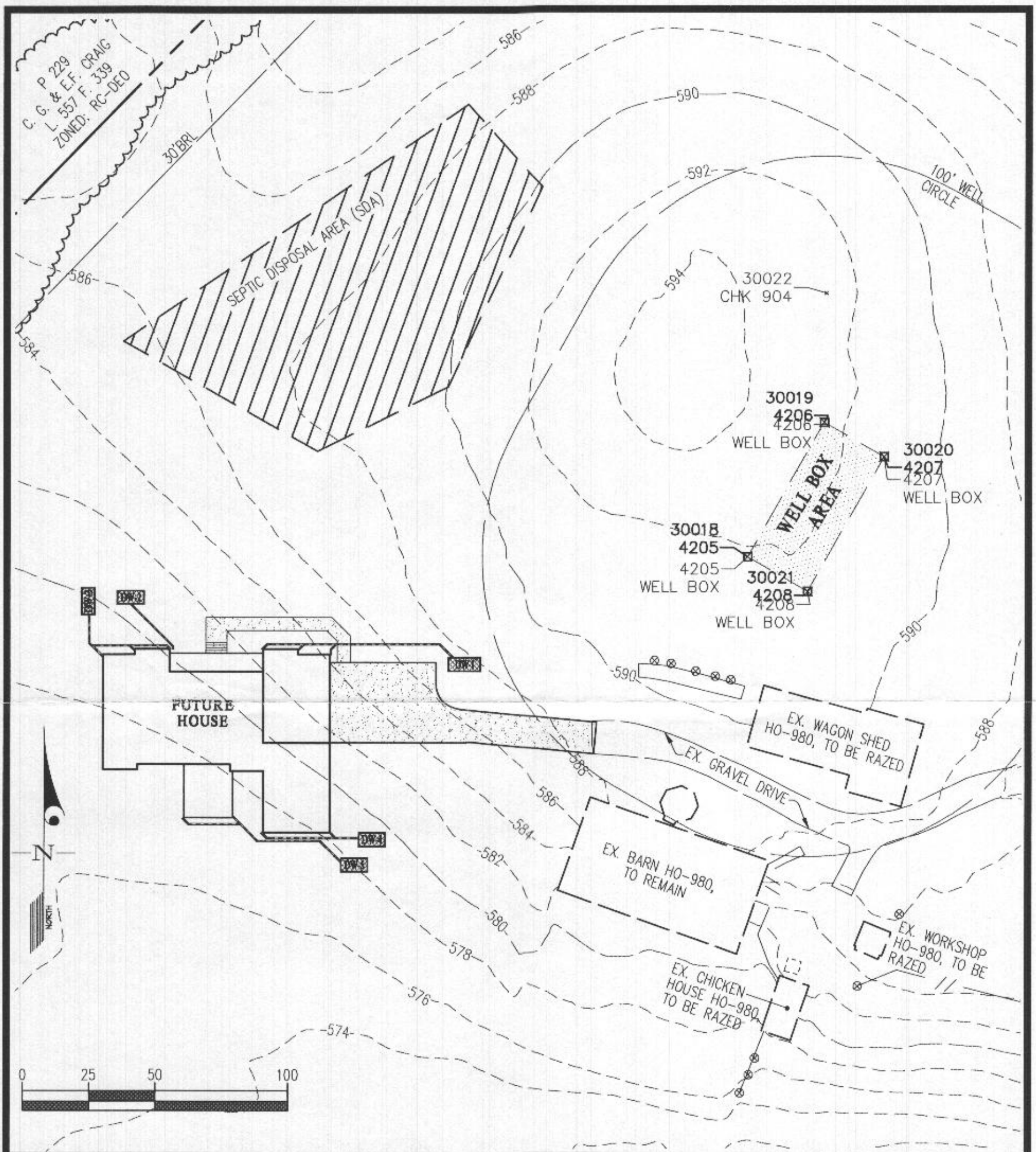


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