

C1 7228

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN 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, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale (0-50), Gray Granite (50-300).

GROUTING RECORD yes no

WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole (insert appropriate code below) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes no

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M 5D 009 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 1-24 and rows A-C, R-E, N. Includes handwritten values: 110, 55, 300.

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 1.1 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 150 ft. TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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 below LAND SURFACE 01 (nearest foot)

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)

NO survey stakes

B 1 4360 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL Ho - 95 - 1223
526657 please type 70 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 4/19/07
 8 MM DD YY 13
Keelty Company
 15 Last Name Owner First Name 34
P O Box 528
 36 Street or RFD 55
Timonium MD. 21094
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
 23 SUBDIVISION Myrtue Property 42
 SECTION 44 46 LOT 27 48 50
Woodstock
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
Allen Compton M S D 009
 Driller's Name 76 License No. 81
Foglers Well Drilling
 Firm Name
580 Obrecht rd
 Address
Allen Compton 4-14-07
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Woodstock rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 3300 37 DISTANCE FROM ROAD FT OR MI 38 39
 ENTER FT OR MI
 TAX MAP: 10 BLK: 24 PARCEL 225

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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

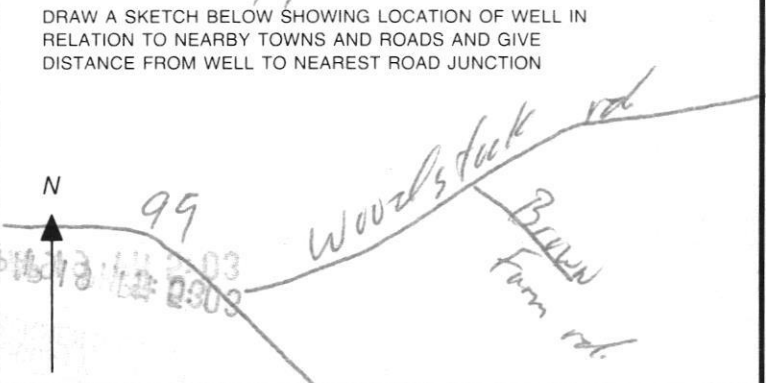
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A518006-m
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 8/14/07 Ken Wall 8/14/08 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 541 000 EAST GRID 0837 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8307
 N 5401
 9/17/07 Radium Sample Collected During Yield Test (BB)
 000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 GABLE 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 Ho 2006 G 018
 PERMIT No. Ho - 95 - 1223
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NEED RADIUM SAMPLE PER HEALTH DEPT.

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. HD-95-1223

Date of Test: 9-17-07

Subdivision Name: Myrtle PLO.

Section _____ Lot # 27

Street Address: Woodstock rd.

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time <u>8:00</u>	Static Water level: <u>42</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL ft.	PUMPING RATE gal.	CALCULATED FLOW GPM
1	8:00	42	4	15 GPM
2	8:15	150	54	1.1 GPM
3	8:30	150	54	1.1 GPM
4	8:45	150	54	1.1 GPM
5	9:00	150	54	1.1 GPM
6	9:15	150	54	1.1 GPM
7	9:30	150	54	1.1 GPM
8	9:45	150	54	1.1 GPM
9	10:00	150	54	1.1 GPM
10	10:15	150	54	1.1 GPM
11	10:30	150	54	1.1 GPM
12	10:45	150	54	1.1 GPM
13	11:00	150	54	1.1 GPM
14	11:15	150	54	1.1 GPM
15	11:30	150	54	1.1 GPM
16	11:45	150	54	1.1 GPM
17	12:00	150	54	1.1 GPM
18	12:15	150	54	1.1 GPM
19	12:30	150	54	1.1 GPM
20	12:45	150	54	1.1 GPM
21	1:00	150	54	1.1 GPM
22	1:15	150	54	1.1 GPM
23	1:30	150	54	1.1 GPM
24	1:45	150	54	1.1 GPM
25	2:00	150	54	1.1 GPM
26	2:15	150	54	1.1 GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

**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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Isom License# MSD162

***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: Keystone Homes Telephone #: 443-878-7754
Subdivision: Marriotts Ridge Lot #: 27 Well Tag #: HO-95-1223 (S)
Site Address: 1942 Davis Branch Rd
Woodstock MD 21163

Submersible Pump Data

Make: Goulds
Model #: TC510422C
Pump Capacity 7 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: BJI
Model#: P11
Depth: 36" (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: _____ (feet)
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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

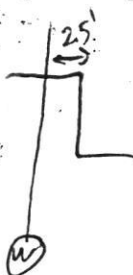
PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation):
Sleeve sealed properly:

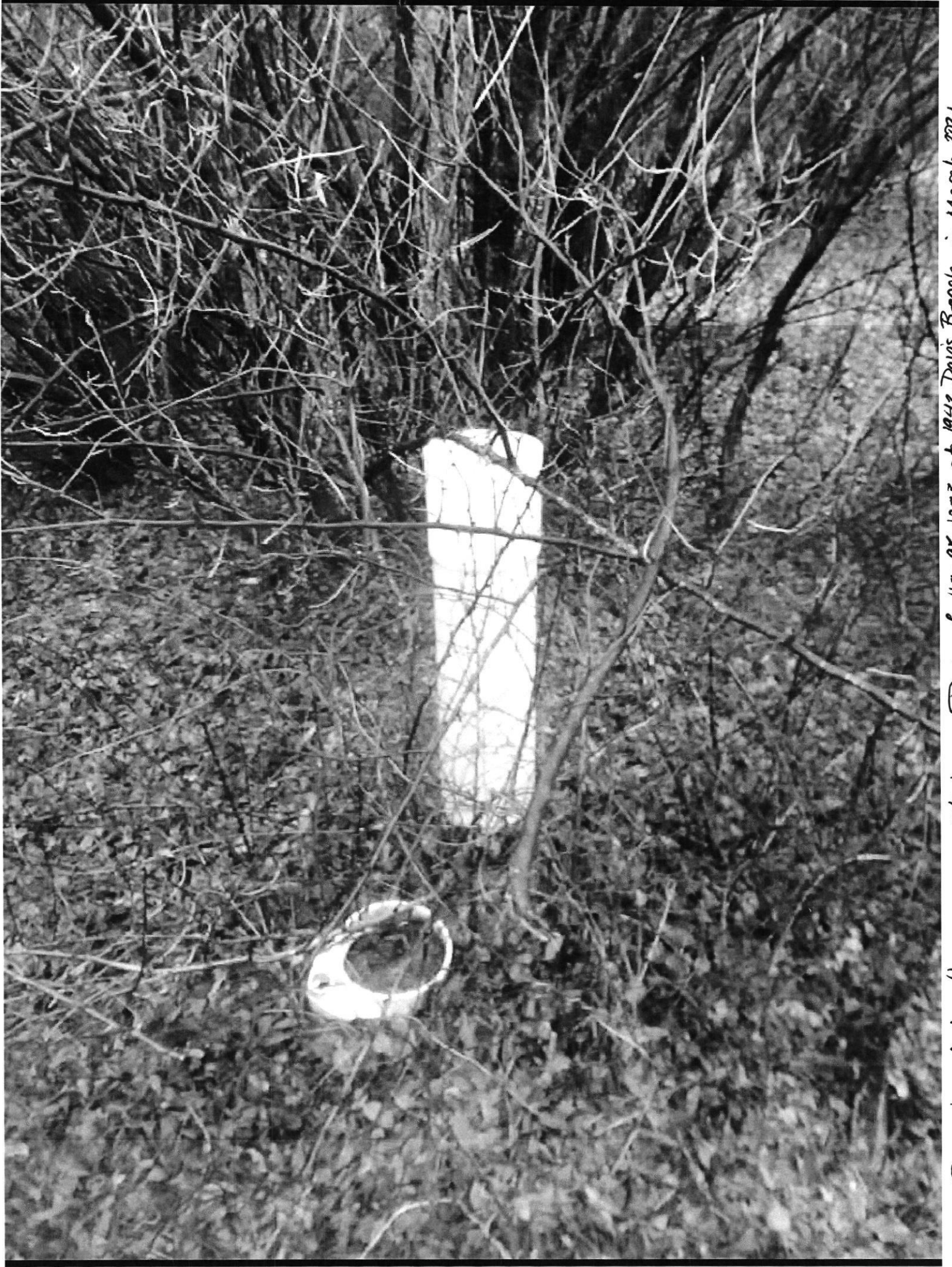
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 1-25-22

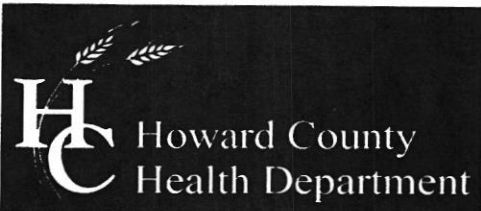
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/28/22 Date Insp. Approved: 1/31/22 Inspector: (S)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 44"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 18"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 15"
Water supply line sleeved adequately at house connection 7'
Adequate grout observed below pitless adapter





Sent by Andy Houseman on 3/21/22. Photo of H0-95-1223 at 1942 Davis Branch, in March 2021



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

October 26, 2007

James Keelty and Company, Inc.
61 East Padonia Road
Timonium, MD 21093

RE: Myrtue Property, Lot# 27
Well Tag: HO-95-1223

To Whom It May Concern:

A sample was collected from a yield test September 17, 2007 and submitted to Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 5.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 6.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
Well & Septic File

Send Report To:

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

MP27BB951223

Sample Bottle No. A: 1 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Myrtle Property - Lot 27 County: Howard

Sample Source: Davis Branch Road Location: H0-95-1223
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 9/17/2007

Time Collected: 11 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Yield Test ^{pH} Chlorine

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	0671	5.1	09/19/07
✓	Gross Beta	4100	0671	6.2	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 09/17/07

Supervisor: A. Andy

FORM REVISED 02/06
DHMH 4540 02/06

• Tel. No. (410) 767-5537 • Fax No.: (410) 333-5373

ORIGINAL - LABORATORY



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 DaFT-McCune Walker on _____ 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

*Engineer stated well box is
Staked on corners*

Murtne Prop. Lots 1-31

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 05/19/2022
Report Number: 220519100457
Use and Occupancy
PERMIT #:

LAB#- EC/0636-01 SAMPLE ID- 1942 Davis Branch Rd WELL # HC 95-1223
LOCATION- Pressure Tank SAMPLER- S Duklewski #3073SD
DATE SAMPLED- 05/13/2022 TIME SAMPLED- 09:45 CHLORINE- Non detect
DATE RECEIVED- 05/13/2022 TIME RECEIVED- 10:43
DELIVERED BY- Steve Duklewski RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	05/13/22 12:15	VPS	Absent	PASS
E. Coli	SM 9223B	05/13/22 12:15	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	05/13/22 17:27	SES	0.08	mg/L	PASS
pH	SM4500-H+B	05/13/22 17:00	SES	7.3	SU	
Sand	EPA 160.5	05/13/22 12:00	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	05/13/22 17:00	SES	< 0.2	NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory #192

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – NOVEMBER 25, 2022

May 25, 2022

Homeowner
1942 Davis Branch Road
Woodstock, MD 21163

RE: Marriotts Ridge, Lot 27
1942 Davis Branch Road
Building Permit: B21002479
Well Permit: HO-95-1223

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 **4/14/2022**. Final approval of the well line connection to the dwelling was granted on **1/31/2022**. The well construction was completed on **4/6/2022**. Water samples were collected on **5/13/2022**.

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.

Gross Alpha and Beta samples were also collected on **9/17/2007**. Results showed a Gross Alpha level of **5.0 ± 1.0 pCi/L** and **Gross Beta** level of **6.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-1223. 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.**

Maura J. Rossman, M.D., Health Officer

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

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