

C1 55784

SEQUENCE NO. (MDE 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 COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XIII

DATE RECEIVED MM 01 DD 03 YY 19

DATE WELL COMPLETED MM 08 DD 15 YY 19

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0030

OWNER ELM STREET DEVELOPMENT WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON SUBDIVISION STIMPSON/DENAVLT SECTION LOT 3

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. Rows include TAN MICACEOUS GROUND, GRAY MICACEOUS SCHIST, SOFT SCHIST, GRAY SCHIST, GRAY SCHIST WITH SOFT AREAS.

GROUTING RECORD yes no Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 750 GALLONS OF WATER 300 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y 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. 1 M W D 5761 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.)

Table with columns: E A C H S C 3 R E E N, rows for casing depth and slot size.

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

PUMPING TEST

HOURS PUMPED (nearest hour) 4 BLOWN YIELD WITH DRILL 15 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE WATCH 9 BUCKETS

WATER LEVEL (distance from land surface) BEFORE PUMPING 7 ft. WHEN PUMPING 149 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 - below LAND SURFACE 2 (nearest foot)

LATITUDE 3 9.200857 LONGITUDE 7 7.025321 (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.

DATE = 08/15/2019

B 1	SEQUENCE NO. (MDE USE ONLY) 54088	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 504775B please type	STATE PERMIT NUMBER HO-18-0030 70 fill in this form completely 79
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Date Received (APA) 030518

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34
ELM STREET DEVELOPMENT

36 Street or RFD 55
5704 DORSEY HALL ROAD

57 Town 70 State 72 Zip 76
ELLICOTT CITY MD 21042

B 3 LOCATION OF WELL

8 COUNTY 21
HOWARD

23 SUBDIVISION 42
SIMPSON/DENAULT

SECTION 44 46 LOT 48 50
3

52 NEAREST TOWN 71
DAYTON

DRILLER INFORMATION

Driller's Name 76 License No. 81
RANDALL L. ALEXANDER M WD 576

Firm Name
ALEXANDER'S WELL DRILLING

Address
126 W. MAIN ST PO BOX 443 FAIRFIELD PA 17320

Signature Date
R. Alexander 2-12-19

B 4 SOURCES OF DRILLING WATER

1. WELL WATER 11 STREET ADDRESS 30
GREEN BRIDGE RD

2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
APPROX 600 FT
34 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

3. TAX MAP: 27 BLK: PARCEL 3436-98
111 112

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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

COUNTY NAME 41
HOWARD COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE 41
04/27/2019

08/15/2019

APPROXIMATE DEPTH OF WELL 24 28
500 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH
6

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other

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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

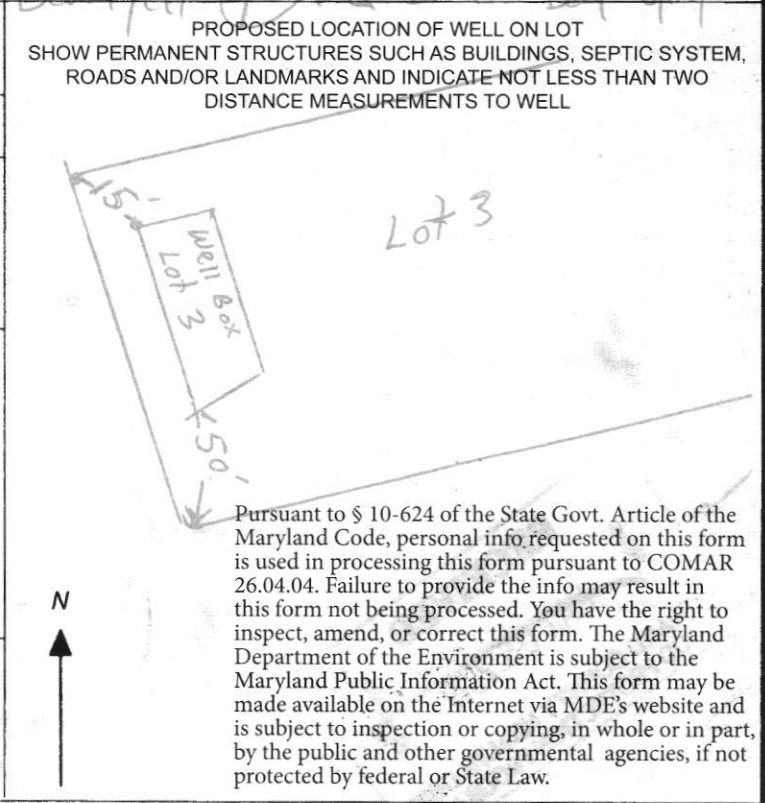
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER HO2017G001

PERMIT No. HO-18-0030
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- SEE ATTACHED MEMO (+) NITRATE SAMPLE REQ

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

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: Fogles Well Pump + Water Treatment, LLC Telephone #: 410 795 5670
Address: 530 DORCHESTER Rd
Sykesville, MD 21784

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 C Fogle License# MSD226

*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: Toll Brothers Telephone #: _____
Subdivision: Willow Creek Lot #: 3 Well Tag #: HO-18-0035
Site Address: 6009 Bricker Rd
Danston, MD 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Kumfos</u>	Make: <u>Campbell +</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>550Q10-220</u>	Model#: <u>NA</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>15</u>	GPM Depth: <u>30"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>10</u>	GPM NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>Yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Must circle one: Torque arrestors / Cable guards / Other acceptable method used		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</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: [Signature] date: 10/27/2021

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

Date Insp. Requested: 10/29/2021 Date Insp. Approved: 10/29/2021 Inspector: _____

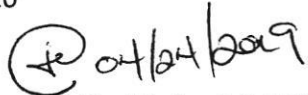
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>43</u> <u>10/29/2021</u> <u>[Signature]</u>
	Two piece cap installed and attached to casing securely	<u>39</u> <u>10/29/2021</u> <u>[Signature]</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>11</u> <u>10/29/2021</u> <u>[Signature]</u>
	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	

(Revised form 10/24/2018)

18 / G43

MEMORANDUM

TO: **Alexander's Well Drilling**
Attn: Randall Alexander MWD 00576
126 W Main Street
P.O. Box 443
Fairfield, PA 17320

FROM: **Joseph Cabahug** 
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: **Simpson and Denault Well Permit Special Conditions**

DATE: **04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

Note 15(d) Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

Page 3, Section 15: The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

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

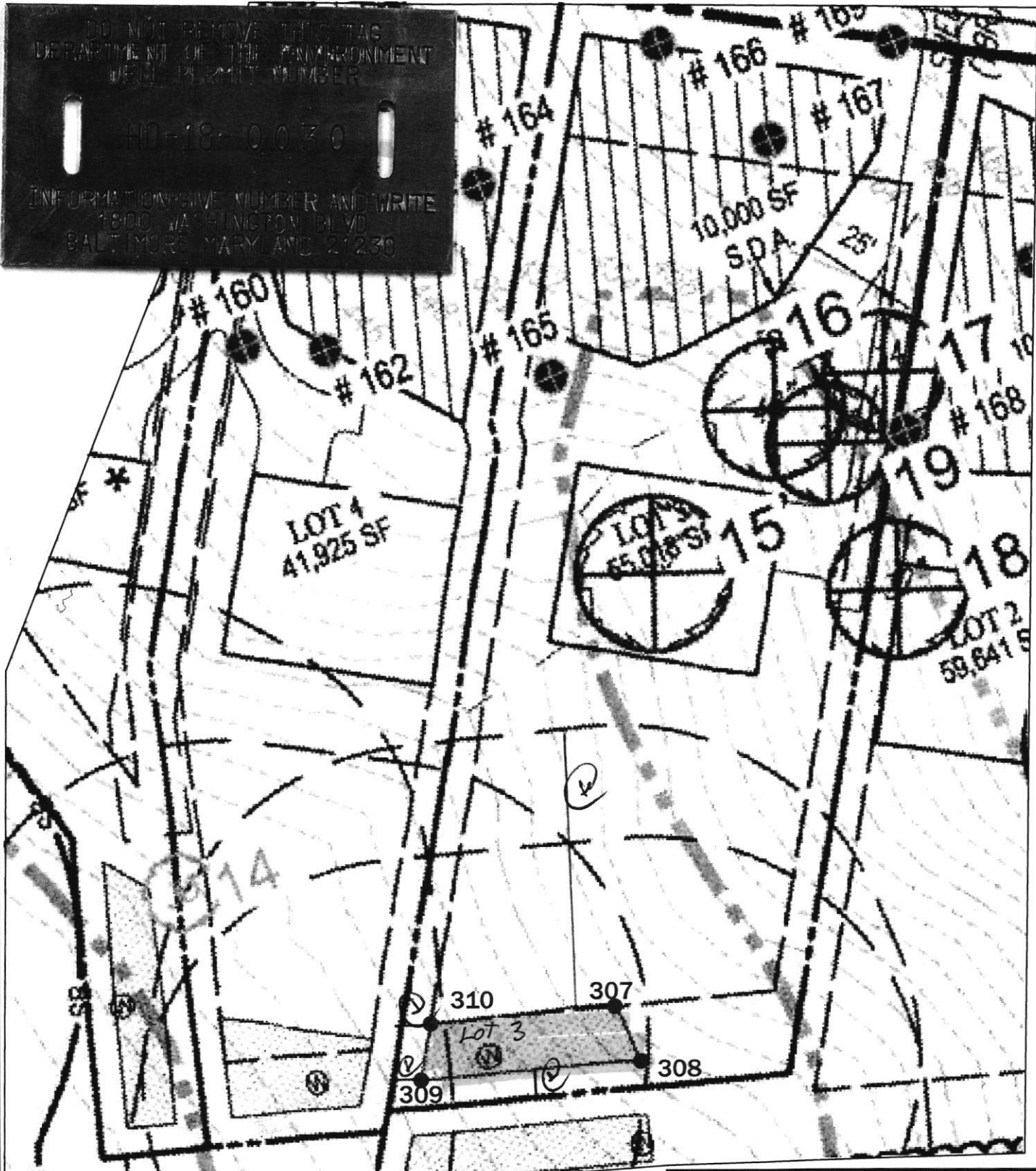
Lots that are less than one acre are shown below.

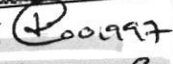
MINIMUM LOT SIZE CHART			
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA
1	54,825		54825
2	59,641		59641
3	55,018		55018
4	41,925		41925
5	40,840		40840
6	55,788		55788
7	55,833		55833
8	45,774		45774
9	42,992		42992
10	44,020		44020
11	42,068		42068
12	40,362		40362
13	41,330		41330
14	56,648	6700	49948
15	40,459		40459
16	49,871		49871
17	40,003		40003
18	40,443		40443
19	40,461		40461
20	40,461		40461
21	40,218		40218
22	54,686		54686
23	55,798		55798
24	44,052	1375	42677
25	41,612	2906	38706
26	48,488	5322	43166
27	46,396		46396
28	40,768		40768
29	44,270		44270
30	44,589		44589
31	46,366		46366
32	49,299		49299
33	47,918		47918
34	52,931		52931
35	54,827	2518	52309
36	44,800	3617	41183
37	55,035	4441	50595
38	33,223	2913	30310
39	31,227		31227
40	35,865		35865
41	40,100		40100
42	34,182		34182
43	41,390		41390
44	41,360		41360
45	45,097		45097
TOTAL AREA	2,043,259	AC.	46.91
			S.F.

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File

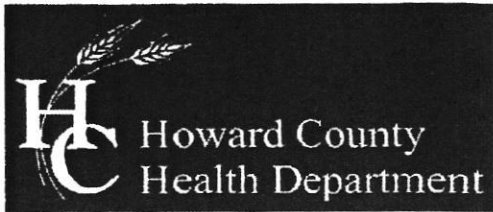
DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELLS IDENTIFICATION NUMBER
 HD-18-0030
 INFORMATIONIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE, MARYLAND 21230



APPROVED 4/18/2018 
 STAKED BY SHANABERGER
 AND LANE

SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD., SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING
 SIMPSON & DENAULT PROPERTIES
 LOT 3
 TAX MAP 27 GRID 18
 PARCELS 34, 36, 98, 111, & 112
 5TH ELECTION DIST.
 HOWARD COUNTY, MD.
 SCALE: 1"=50' DATE: 2/21/19



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:

Handwritten note: Lot #'s 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL C, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45

Well Site Location:

SIMPSON/DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

X The well site has been staked by SHANABERGER & LANE (professional land surveyor or company employing professional land surveyors) on 1/9/19 (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 4/22/14





HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE: 3/27/19

WS

Received From

Abraham's well Drilling

PHONE # 7642-5962

CASH

CHECK

NO. 20911

For

Well permits (2) Green Bridge Rd.

Three thousand three hundred sixty dollars

\$ 3360.00

Received By

J King

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 10, 2022

March 10, 2022

Homeowner
6009 Bricker Road
Clarksville, MD 21029

RE: Willowshire, Lot 3
6009 Bricker Road
Building Permit: B21001454
Well Permit: HO-18-0030

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 **2/10/2022**. Final approval of the well line connection to the dwelling was granted on **10/29/2021**. The well construction was completed on **8/15/2019**. Water samples were collected on **3/2/2021**.

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-18-0030. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150766 Account #: 1933
Reference: Willow Creek Lot 3 Client: Fogle's Well Pump & Treatment
Location: 6009 Bricker Road Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 3/2/2022 0830 Site: Pressure Tank
Date/Time Rec'd: 3/2/2022 1025 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Evans 0309JE Well #: HO-18-0030

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/3/2022 / 0800 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/3/2022 / 0800 / CRS
Nitrate	<0.30	mg/L	10	Hach 10206	3/3/2022 / 1545 / CRS
Turbidity	4.07	NTU	<10	SM2130B	3/3/2022 / 1520 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	3/3/2022 / 1400 / TSD

NOTES:

- 1 Report Revised to add Nitrate, Turbidity & Sand. BCD 3/4/2022
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B21001454

Date Reported: 3/4/2022



Randall Alexander Well Drilling And Water Pump Sales And Service

126 West Main Street P.O. Box 443

Fairfield, PA 17320

Phone: 717-642-5963 FAX: 717-642-9864

PAHIC# PA022891

www.AlexandersWellDrilling.com

February 1, 2018

To whom it may concern,

If Howard County Maryland Health Department will allow, I Randall L. Alexander grant permission for Hydro-Terra Group to pick up permits from the county when the permits are approved.

Randall Alexander

Owner - Alexander's Well Drilling

RECEIVED
FEB 05 2018
HOWARD COUNTY HEALTH DEPT
BUREAU OF ENVIRONMENTAL HEALTH