

C1 63500 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)

ST/CO USE ONLY DATE RECEIVED MM DD YY 07 07 28

DATE WELL COMPLETED MM DD YY 1-26-22 21/5/22 (9) 22 125 26 (TO NEAREST FOOT)

COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0149

OWNER Gordon Bob WELL SITE ADDRESS 13915 Forsythe Rd TOWN Sykesville SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Void, Quartz/sand, Gray Limestone, Fracture, and Gray Limestone.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (700), GALLONS OF WATER (350), DEPTH OF GROUT SEAL (0 to 39 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (40).

OTHER CASING (if used) form with fields for diameter (04 inch), depth (9' to 125').

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), DEPTH (9' to 125').

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (15.4 gal. per min.), WATER LEVEL (28 ft before, 38 ft when pumping), TYPE OF PUMP USED (S).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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 SD 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 1-21 and rows A-C, S-R, E-N. Includes SLOT SIZE and DIAMETER OF SCREEN (56-60).

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (1/2), PUMP HORSE POWER (1/2), PUMP COLUMN LENGTH (100'), CASING HEIGHT (1).

LATITUDE 39.345400 LONGITUDE 76.985010 (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...

GPS ✓ 1/25/22 (5)

B 1	83407	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO - 20 - 0149</u> <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Gordon Owner First Name Bob 34

36 Street or RFD 13715 Forsyth Rd 55

57 Town Sykesville Md 70 State Md 72 Zip 21784 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Sykesville 71

DRILLER INFORMATION

Driller's Name Andrew Houseman M S D 224 76 License No. 81

Firm Name Eagles Well Drilling, LLC

Address P.O. Box 202 Woodbine, Md 21797

Signature Andrew Houseman Date 1-19-22

SOURCES OF DRILLING WATER

1. Well water 11 STREET ADDRESS 13715 Forsyth Rd 30

2. _____

3. 1/25/22

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 32 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: 0009 BLK: 0002 PARCEL 0004

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard County COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 01/19/22 43 MM DD YY 48 CO SIGNATURE Anna Thomas EXP. DATE 01/19/23

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

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

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

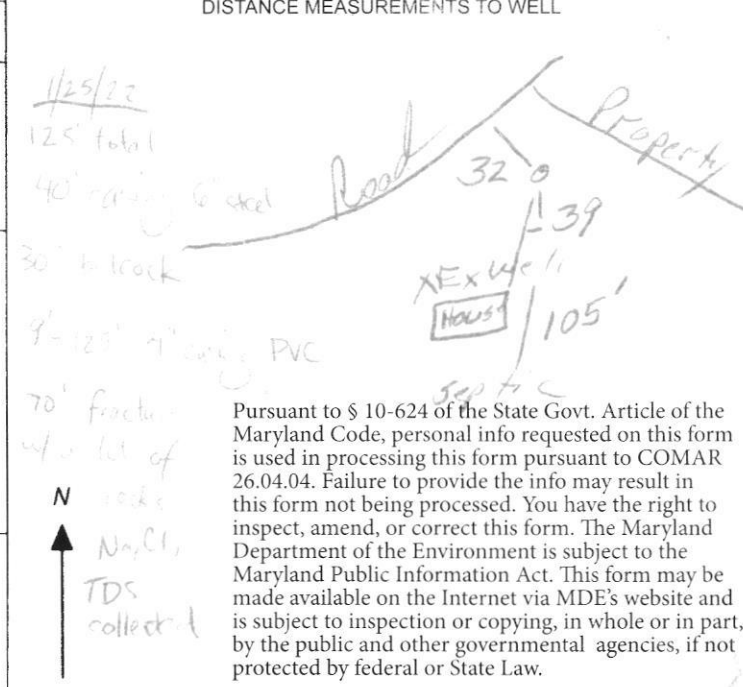
METHOD OF DRILLING (circle one)

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)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO - 20 - 0149 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

No Cl and TDS samples required

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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 #: 410-795-1535
Address: PO Box 63
Woodbine, MD 21797

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 #: MSD2226

*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: Bob Gordon Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0149 ✓ 01/27/2022
Site Address: 13715 Forsythe Rd
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
Model #: 1A505422
Pump Capacity: 7
Well Yield: 15

Pitless Adapter

Make: Climaxell+
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 125' (feet)
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 restrictors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house / existing well line House Connection / existing well line

Type: 1" poly pipe FVC sleeve to undisturbed soil at wall penetration: _____
PSI: 200 (160 psi min) Length of sleeve (5' minimum from foundation): _____
Depth of supply line: 36" (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: [Signature] date: 1/26/2022

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

Date Insp. Requested: 01/26/2022 Date Insp. Approved: 01/27/2022 Inspector: _____
Inspection Date: Pitless adapter watertight & water supply line at least 36" below grade
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

42" 01/27/2022 ✓
36" 01/27/2022 ✓
10" 01/27/2022 ✓

(Revised from 10/24/2018)

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved
2/15/22 (SD)

DATE WELL ABANDONED: 1-26-22 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

no tag
HO-20-0149

* PERMIT NUMBER OF REPLACEMENT WELL:

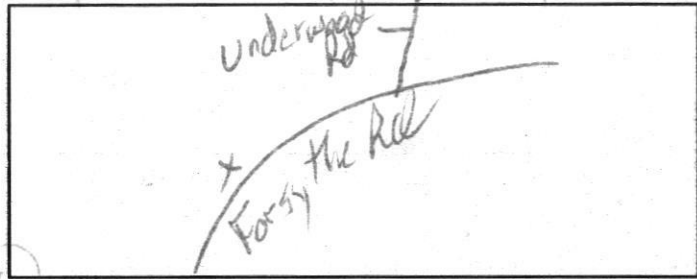
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Bob Gordon

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Sykesville
TAX MAP 0009 BLOCK 0002 PARCEL 0084
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 13715 Forsythe Rd



LATITUDE 3 9.345304

LONGITUDE 7 6.985100

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 BORED _____ HAND DUG _____
 OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
<u>Bentonite</u>	<u>30</u>	<u>0</u>

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 IRRIGATION _____ INDUSTRIAL _____
 TEST/OBSERVATION _____ GEOTHERMAL _____

VOLUME OF MATERIAL USED

Bentonite 550 lbs

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 30 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO _____
If yes, length removed, in feet: 4

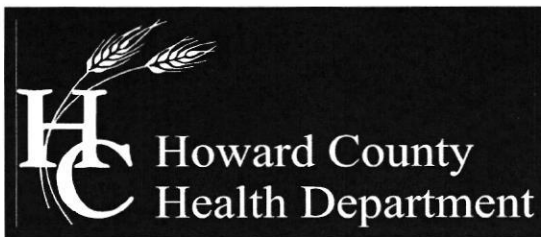
WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO _____

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

224 MWD / MSD / MGS 2-4-22
CIRCLE ONE DATE

COUNTY

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Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

Sodium, Chloride and Total Dissolved Solids water sampling results

February 24, 2022

Robert Gordon
13715 Forsythe Rd
Sykesville, MD 21784-5810

Re: 13715 Forsythe Rd
Sykesville, MD 21784-5810
Well Permit: HO-20-0149

Dear Robert Gordon

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water. These samples were collected directly from the raw well water when your well was drilled.

Sodium from your well measured 13.24 mg/L. There is no maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured 27 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 162 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Respectfully,

A handwritten signature in cursive script that reads 'Susan Thomas'.

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program
410-313-6287
sathomas@howardcountymd.gov

✓ Cc: File

Robert Gordon
13715 Forsythe Rd
Sykesville, MD 21784-5810

Send Report To:

Susan Thomas
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
MDH - Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received

112301

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: H00149Na Site Name: H0-20-0149 County: Howard

Sample Source: 13715 Forsythe Rd Sykesville Collector: Susan Thomas
Street Town or City Name

Date Collected: 1/25/2022 Time Collected: 10:55 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ 2 mL pH: 5.5 pH: 5.2
(field use only) (lab use only) 01-26-22

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community ? Sediment Other _____
 Private

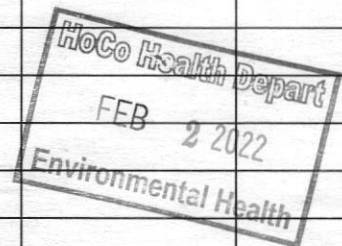
Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: collected at middle of yield

*Place a by the element(s) requested for testing

<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
<input checked="" type="checkbox"/>	Sodium (Na)	<u>13.24 ppm</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				



Lab Supervisor: Shemika Twa

Date Reported: 2/1/22

Phone: (443) 681 - 4596

Fax: (443) 681 - 4507

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

MEMORANDUM

January 27th, 2022

Gordon, Robert W; Gordon, Lisa A T/E
13715 Forsythe Road
Sykesville, MD 21784

RE: **Well Sampling**
Well Permit # HO-20-0149

For 1/27/2022

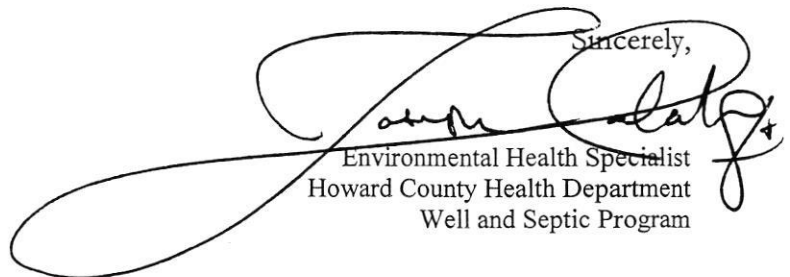
Dear Home Owner:

According to our records, your well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. ~~In addition, the well will need radium samples.~~ There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



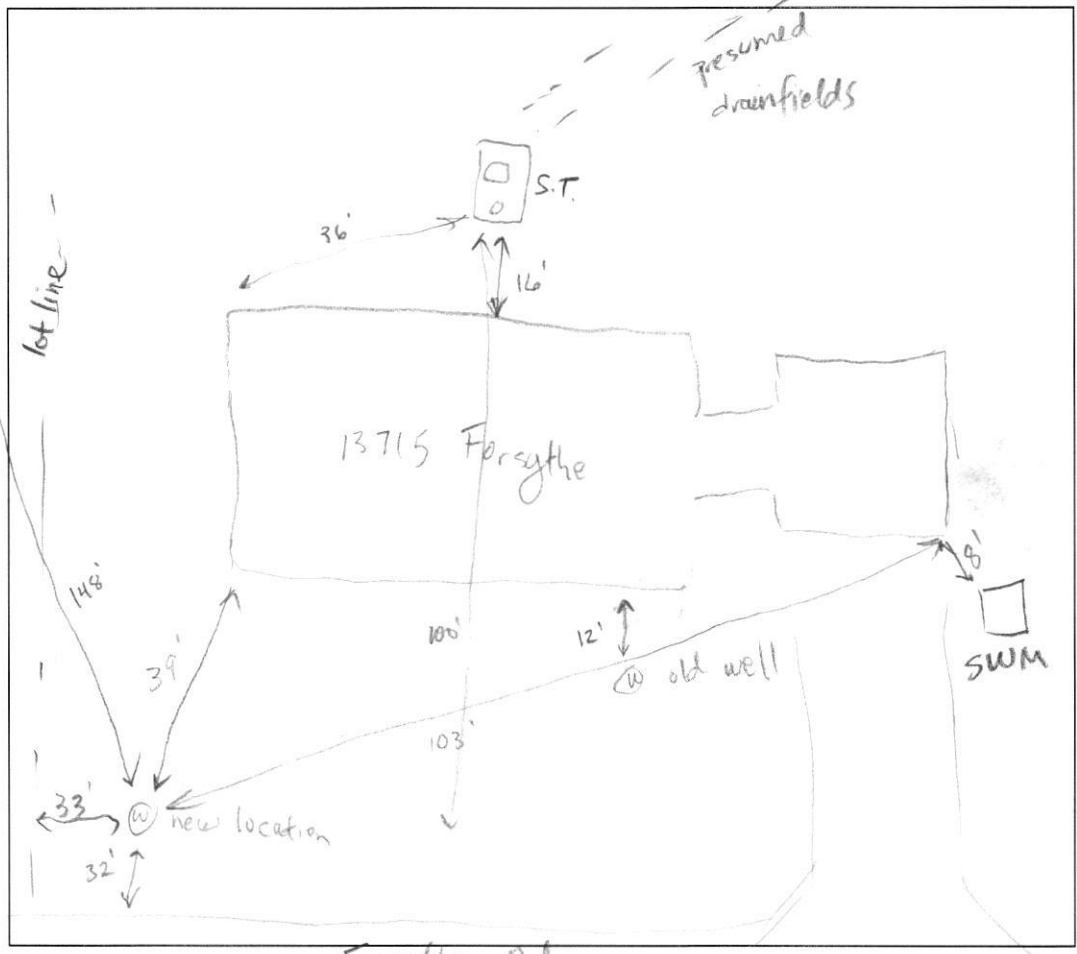
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Robert + Lisa Gordon PHONE #: _____
ADDRESS: 13715 Forsythe Rd CONTRACTOR: Fogles
Sykesville, MD 21784-5810 WELL TAG #: pit well (30')
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: well is out of water, need new well

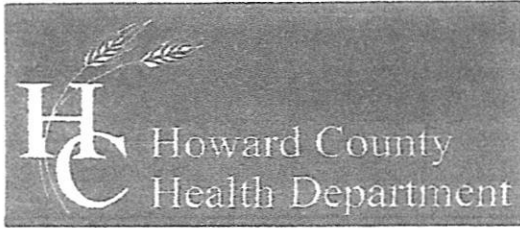
LOCATION DIAGRAM



COMMENTS: _____

Old well was upgraded to submersible pump, a few months later water pressure dropped. New location was selected trying to be far from road because sometimes vehicles veer off road into yard.

DATE: 1/19/22 INSPECTOR: Juan Thomas



Bureau of Environmental Health

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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:

_____ _____ 13715 Forsythe Rd
Subdivision/Property Name Lot # Road Name

- The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (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.

View Map	View GroundRent Redemption	View GroundRent Registration
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Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 284360

Owner Information

Owner Name:	GORDON ROBERT W GORDON LISA A T/E	Use: Principal Residence:	RESIDENTIAL YES
Mailing Address:	13715 FORSYTHE RD SYKESVILLE MD 21784-5810	Deed Reference:	/04655/ 00612

Location & Structure Information

Remises Address:	13715 FORSYTHE RD SYKESVILLE 21784-0000	Legal Description:	1.020 A 13715 FORSYTHE RD SYKESVILLE
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Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0009	0002	0084	3010101.14	0001				2022	
									Plat Ref:

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1961	1,444 SF	YES	1.0200 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
1	YES	STANDARD UNIT	FRAME/	4	1 full	1 Attached	

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2022	07/01/2021	07/01/2022
Land:	205,200	221,400		
Improvements	186,800	180,800		
Total:	392,000	402,200	392,000	395,400
Preferential Land:	0	0		

Transfer Information

Seller: ASHLEY MICHAEL	Date: 03/11/1999	Price: \$140,000
Type: ARMS LENGTH IMPROVED	Deed1: /04655/ 00612	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2021	07/01/2022
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 09/29/2008

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

1. This screen allows you to search the Real Property database and display property records.
2. Click **here** for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
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