

C1 66803 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

SP/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED DATE APPROVED 07/11/2012

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0098

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries for Brown Sandstone and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted to production)

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., DRILLERS SIGNATURE, LIC. NO.

DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

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

LATITUDE 39.33491, LONGITUDE 77.82709 (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.

B 1 61284 SEQUENCE NO. (MDE USE ONLY) **W57287**

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER **Ho-20-0098**
fill in this form completely

OWNER INFORMATION

Date Received (APA) **05/06/2021**

8 MM DD YY 13
Gally J. Nicholas
15 Last Name Owner First Name 34
14830 Old Frederick Rd.
36 Street or RFD 55
Woodbine Md 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21
M.C Cann Estates East
23 SUBDIVISION 42
SECTION 44 46 LOT 4 48 50
Woodbine Md
52 NEAREST TOWN 71

DRILLER INFORMATION

Larry Mayne MS D027
Driller's Name 76 License No. 81
Larry Mayne Well Drilling
Firm Name
3512 Ridge Rd Mt Airy 21771
Address
Larry Mayne 4-29-21
Signature Date

B 4 SOURCES OF DRILLING WATER

1. **Well**
2.
3. **6/1/21**

Old Frederick Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 160 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **8** BLK: **10** PARCEL: **27-B**

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 COUNTY NAME **XIII** COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED **05/20/2021** 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
Don 6/15/21 **DOB: 6/16/2020** **DOY 6/17/21**

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 **300** 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

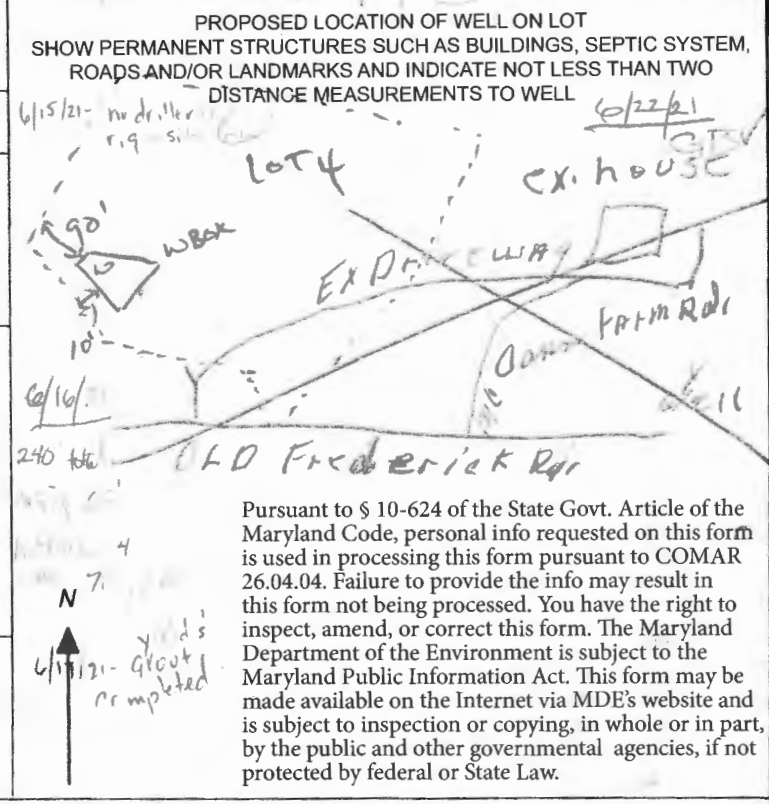
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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 **Ho-20-0098**
PERMIT No. **Ho-20-0098**
70 71 72 73 74 75 76 77 78 79



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. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535

Address: P.O. Box 63
Woodbine, Maryland 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): Dave 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: Williamsburg Homes Telephone #: 443-896-8433
Subdivision: McCann Farm Lot #: 1W Well Tag #: HO-20-0098
Site Address: 14770 McCann Farm Rd
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos
Model #: ISS0407-180
Pump Capacity 15
Well Yield: 15

Pitless Adapter

Make: Campbell
Model#: N/A
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: 240 (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 arrestors / Cable guards / Other acceptable method used

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

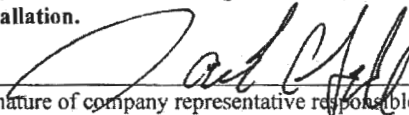
Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: yes

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

12/8/2022
Date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>12/9/23</u>	Inspector: <u>SC</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade		<input checked="" type="checkbox"/>
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"/>
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"/>
Water supply line sleeved adequately at house connection		<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter		<input checked="" type="checkbox"/>



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 14, 2023

March 14, 2023

Homeowner
14770 McCann Farm Road
Woodbine, MD 21797

**RE: McCann Farm Est., Lot 1W
14770 McCann Farm Rd
Building Permit: B21004407
Well Permit: HO-20-0098**

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 **3/7/2023**. Final approval of the well line connection to the dwelling was granted on **12/9/2022**. The well construction was completed on **6/16/2021**. Water samples were collected on **3/2/2023**.

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-20-0098. 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,

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

NON-DIVIDABLE
BULK PARCEL
"A"

LOT 4
3.22 AC.±

LOT 3
3.05 AC.±

LOT 5
3.27 AC.±

NICHOLAS J. LALLY
L 12519 F. 190
PARCEL 27-A

LOT 2
3.93 AC.±

DIANE B. DUIT
HANS DUIT 1/2
L 12087 F. 265
McCANN PROPERTY
LOT 2
PLAT #15471

JAYESH PATEL
HEMU PATEL 1/2
L 10073 F. 498
McCANN PROPERTY
LOT 3
PLAT #15471

DHIRENDRA KUMAR SINHA
PRATIME SINHA
L 18259 F. 114
McCANN PROPERTY

BEVERLY J. ADGER
BEHLY L. ADGER 1/2
L 7964 F. 100
McCANN PROPERTY

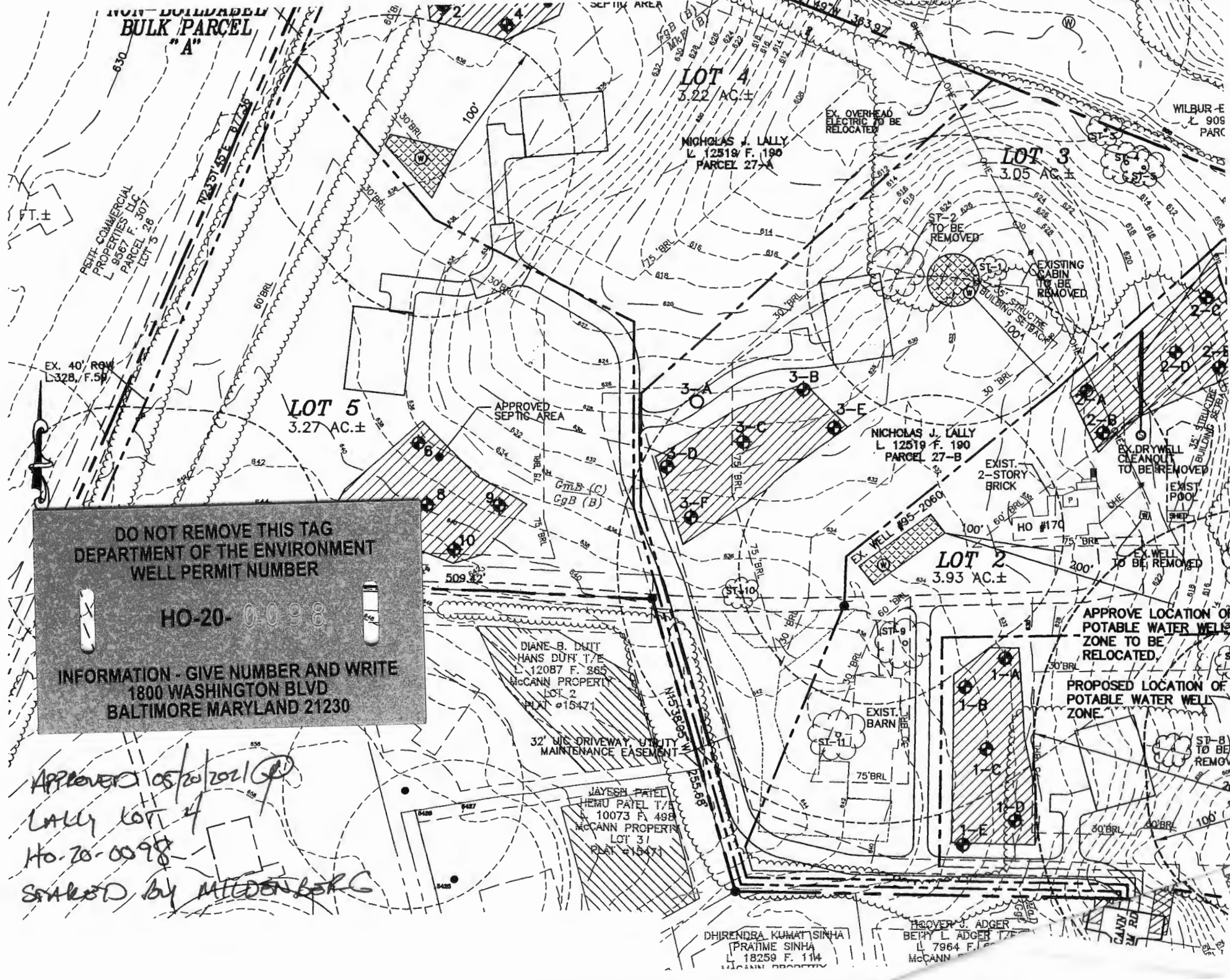
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20-0098

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

Approved 10/20/2021
Lally Lot 4
Ho-20-0098
Sealed by MCDONALD

RT PLAT OCT 2019.DWG



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 157704 Account #: 4470
Reference: McCann Farm Estates Lot 1 West Client: Williamsburg Homes LLC
Location: 14770 McCann Farm Road Requested By: Bill McBride
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 3/2/2023 1016 Site: Pressure Tank
Date/Time Rec'd: 3/2/2023 1345 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: R. Ott 0266RO Well #: HO-20-0098

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/3/2023 / 0840 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/3/2023 / 0840 / TSD
Nitrate.	1.76	mg/L	10	EPA 300.0	3/2/2023 / 1621 / TSD
Turbidity	0.45	NTU	<10	SM2130B	3/2/2023 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	3/2/2023 / 1530 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B21004407

Date Reported: 3/3/2023