

C1 81893

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)

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED 10 16 2019

DATE WELL COMPLETED 07 18 19 APPROVED 10/1/19

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0080

OWNER Elm Street Development last name Green Bridge Road first name DAYTON, MD TOWN SIMPSON PROPERTY SECTION LOT 33

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include SOIL, Brown Shale, MED GRAY Rock, Soft GRAY Rock, MED GRAY Rock.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (21), NO. OF POUNDS (1515), DEPTH OF GROUT SEAL (0 to 57 ft).

CASING RECORD form: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (57).

OTHER CASING (if used) table with columns: diameter, depth (feet). Rows include PL 4 1/2, SS 55, 95.

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

PUMPING TEST form: PUMPING TEST 3, HOURS PUMPED (8, 9), PUMPING RATE (10.9), METHOD USED (wash bucket), WATER LEVEL (15 ft before, 72 ft when pumping).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (+ above, - below).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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-D-355, DRILLERS SIGNATURE, LIC. NO. WLO 113

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

DEPTH (nearest ft.) table with rows 1-11 and columns 8-21. Values include 57, 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

LATITUDE 39 23333, LONGITUDE 77 00223 (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** SEQUENCE NO. (MDE USE ONLY) **63174** STATE OF MARYLAND STATE PERMIT NUMBER **HO-18-0080**  
**APPLICATION FOR PERMIT TO DRILL WELL** please type **504793-C** **fill in this form completely**

**OWNER INFORMATION**  
 Date Received (APA) **03/11/19**  
 8 MM DD YY 13  
**Elm Street Development**  
 15 Last Name Owner First Name 34  
**1355 Beverly Road**  
 36 Street or RFD 55  
**McLean VA 22101**  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
**Howard** 8 COUNTY 21  
**Simpson Property** 23 SUBDIVISION 42  
 SECTION **44** 46 LOT **33** 48 50  
**Dorton** 52 NEAREST TOWN 71

**DRILLER INFORMATION**  
**Michael Barlow** M **WD 555**  
 Driller's Name 76 License No. 81  
**Barlow Well Drilling**  
 Firm Name  
**522 Underwood Lane 21014**  
 Address  
**3-12-19**  
 Signature Date

**B 4** SOURCES OF DRILLING WATER  
 1. **Well**  
 2.  
 3. **Green Bridge Road** 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
**3050**  
 34 **1800** 37  
 DISTANCE FROM ROAD **FT**  
 ENTER FT OR MI 38 39  
 TAX MAP: **27** BLK: **18** PARCEL

**B 2** WELL INFORMATION  
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 2 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**  
 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

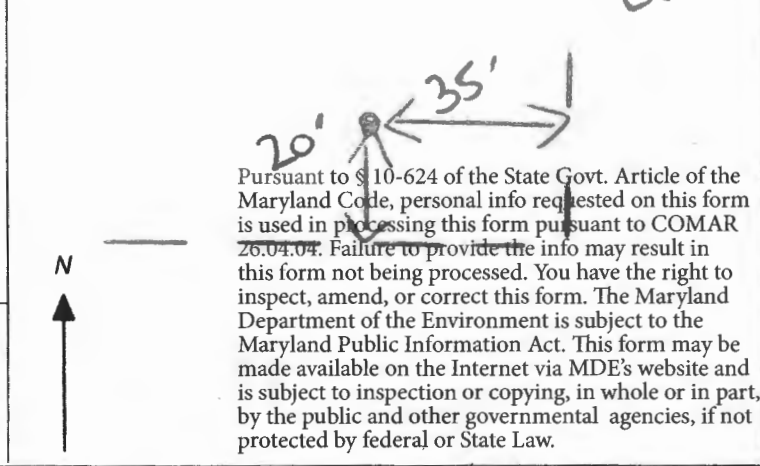
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** COUNTY NAME  
 COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED **05/17/2019**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 DOY: 9/18/19 ST DON: DN1 DOG: DN1

APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28  
 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  
**9/18/19 ST**  
**8:00 AM static 15'**  
**11 gal/min**  
**11' - 72'**  
**pump: 125'**  
**1 Proc Line**

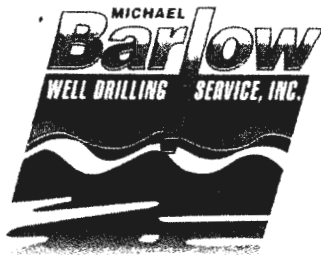
**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTary DRive-POINT  
 other

**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-18-0080**  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED **SEE ATT MEMO DATED 5/17/2019**



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
 522 Underwood Lane Bel Air, Maryland 21014  
 (410) 838-6910 Fax (410) 838-3582

**WELL YIELD REPORT**

Date Test Completed:	September 18, 2019		
Well Depth:	300	feet	
Customer	Elm Street Development	Permit #	HO-18-0080
Road	Green Bridge Rd	Subdivision	Simpson Property
City	Dayton	Section	
State	Maryland	Lot #	33

Time	Water Level feet Pump set at 125'	Time to Fill 1-gallon bucket seconds	G.P.M.
8:00 AM	15	4	15.00
8:15 AM	67	4	15.00
8:30 AM	72	5.5	10.91
8:45 AM	72	5.5	10.91
9:00 AM	72	5.5	10.91
9:15 AM	72	5.5	10.91
9:30 AM	72	5.5	10.91
9:45 AM	72	5.5	10.91
10:00 AM	72	5.5	10.91
10:15 AM	72	5.5	10.91
10:30 AM	72	5.5	10.91
10:45 AM	72	5.5	10.91
11:00 AM	72	5.5	10.91
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

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

**MEMORANDUM**

**TO: Michael Barlow Well Drilling**  
**Attn: Michael Barlow MWD 355**  
522 Underwood Lane  
Bel Air, MD 21014

**FROM: Joseph Cabahug** *(Signature) 05/17/2019*  
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

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

**DATE: 05/17/2019**

---

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.

**Lots 26, 28, 38 – 44**

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	
<b>TOTAL AREA</b>	<b>2,043,259</b>	<b>AC.</b>	<b>46.91</b>	<b>S.F.</b>

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

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: Pro's Well Pump & Water Treatment, LLC Telephone #: 410 795 1535  
 Address: P.O. 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): Mrs. David C. Fogie License #: MSD0226

\*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: Tall Brothers Telephone #: \_\_\_\_\_  
 Subdivision: Willow Creek Lot #: 35 Well Tag #: EO-18-0090 ✓  
 Site Address: 7023 Wolf Place  
Dayton, MD 21036

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Campbell+</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SSGE07-80</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u>	GPM Depth: <u>36" (36" min)</u>	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>300 (feet)</u>		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 restrictors / 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

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" poly pipe</u>	PVC sleeve in undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (60 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

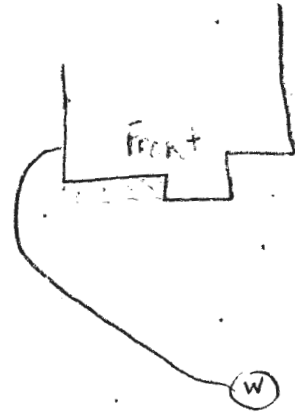
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 4/19/2023

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

Date Insp. Requested: <u>4/19/23</u>	Date Insp. Approved: <u>4/19/23</u>	Inspector: <u>RR/SP</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 6" 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"/>

(Revised form 10/24/2018)



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 15, 2024**

August 15, 2023

Homeowner  
7028 Colt Place  
Dayton, MD 21036

**RE: Willowshire, Lot 33  
7028 Colt Place  
Building Permit: B22003295  
Well Permit: HO-18-0080**

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 **7/28/2023**. Final approval of the well line connection to the dwelling was granted on **4/19/2023**. The well construction was completed on **9/18/2019**. Water samples were collected on **8/10/2023**.

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-18-0080**. 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>

---

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

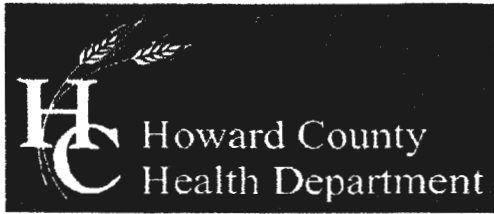
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
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:

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.



FOR THE RECORD...  
DEAR THE NE...  
WE...  
- 2 - 80

FOR INFORMATION...  
BY...  
MURRY, MARYLAND 21230

ON-BUILDABLE #117  
ES. PARCEL - M  
7 S.F. OR 0.10 AC.

#110  
HOLD

LOT 34  
52,931 SF

#111

LOT 33  
47,918 SF

#108

LOT 32  
48,289 SF

#227

10,019 SF  
S.D.A.

#106

#104  
10,000 SF  
S.D.A.

#105

#192

#193

#107

#109

252

253

254

251

8" SEWER MAIN

WELL SITE DRAWING  
SIMPSON & DENAULT PROPERTIES  
LOT 33

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

APPROVED 05/17/2019  
STAKED BY SHAN/LANE  
HO-18-0080

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 160735 Account #: 1933  
Reference: Willow Creek Lot 33 Client: Fogle's Well Pump & Treatment  
Location: 7028 Colt Place Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 8/10/2023 0830 Site: Kitchen Faucet  
Date/Time Rec'd: 8/10/2023 1115 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: T. Cassell 0767TC Well #: HO-18-0080

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/11/2023 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/11/2023 / 0930 / LLO
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	8/10/2023 / 1622 / CRS
Turbidity	1.68	NTU	<10	SM2130B	8/11/2023 / 1025 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/10/2023 / 1505 / CRS

### 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 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B22003295

Date Reported: 8/11/2023

## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Tuesday, August 15, 2023 7:37 AM  
**To:** Cole, Colleen; Hall, Stephanie; Hill, Amanda; Hill, Chad; Roussel, Lisa; Schmidt, Heather; Huskins, Thomas; Tracey, Megan; gchahalis@tollbrothers.com  
**Cc:** Wolf, Kevin; Martin, Sharhonda; Cook, Kathleen  
**Subject:** ICOP\_7028 Colt Place  
**Attachments:** 7028 Colt Place \_ICOP letter (new).pdf

Hello All:

Good morning. Attached, please find the ICOP letter for 7028 Colt Place.

Should you have any questions or concerns, please don't hesitate to contact me.

Kind Regards,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
410.313.1786  
hoswald@howardcountymd.gov