

C 1 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

ST/CO USE ONLY DATE Received **02/01/23** DATE WELL COMPLETED **02/03/2023** Depth of Well **22** **185** **26** **ft 2/22/23** PERMIT NO. FROM "PERMIT TO DRILL WELL" **16200249**

OWNER **Ryan D. King** WELL SITE ADDRESS **16945 Old Frederick Rd** TOWN **Woodbine** SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG			GROUTING RECORD	
Not required for driven wells			YES	NO
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				
DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO	check if water bearing	
SOIL	0	6		
Brown shale	6	53		
Blue slate	53	80		
Gray Rock	80	85		
	10			
	20			

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **19** NO. OF POUNDS **425**

GALLONS OF WATER **95**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **55** ft.

(enter 0 if from surface)

CASING RECORD

main casing TYPE **ST** **CO** **PL** **OT**

Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **55**

OTHER CASING (if used) diameter -inch **4 1/2** depth (feet) from **45** to **85**

SCREEN RECORD

screen type or open hole **ST** **BR** **HO** **PL** **OT**

STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C 2 DEPTH (nearest ft.)

55 **185**

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

R

E

N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) _____ W Q _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST **3**

HOURS PUMPED (nearest hour) **8** **9**

PUMPING RATE (gal. per min.) **15.0**

METHOD USED TO MEASURE PUMPING RATE **WATER METER**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **30** ft.

WHEN PUMPING **41** 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 _____ 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 } **1** (nearest foot)

LAND SURFACE

LATITUDE **39.33453**

LONGITUDE **77.03201**

(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. 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.

DRILLER'S I.C. NO. **MW D355**

DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **M.S. DOLDO**

LIC. NO. **M.S. DOLDO**

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

Keystone Homes

EMERGENCY/TEMP NO. IF ANY

TAG: 2/3/23(A)

B 1 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL
 please type **Ho-20-0249**
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **04/28/22**
 8 MM DD YY 13
Rizvi Askar
 15 Last Name Owner First Name 34
12614 FAWN Run Ct
 36 Street or RFD 55
Ellicott City MD 21042
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
Woodbine
 52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow MW0355
 Driller's Name 76 License No. 81
Barlow Well Drilling
 Firm Name
522 UNDERWOOD Lane 21044
 Address
 Signature Date **4/21/22**

B 4 SOURCES OF DRILLING WATER
Well
14945 OLD Frederick Rd
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST SOUTH EAST
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: **8** BLK: **9** PARCEL **73**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 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. 41
 STATE SIGNATURE INSERT S
 DATE ISSUED **7/1/23**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 1/31/23 DRG: 2/1/23 DRY 2/3/23

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"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other

Prop Lines
 1/30/23 - rig not onsite @ 1 pm still mobilizing to the site (142)
 1/31/23 - 54' deep so far - lots of unconsolidated material so steel casing was the only option 220' and the driller is settling it as it's being drilled - no water, no bedrock yet (140)
 2/1/23 - 185' bedrock casing fracture @ 185' 109 gpm
 2/1/23 - 400' not on site
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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)
 APPROX. PERMIT NUMBER **G**
 PERMIT No. **Ho-20-0249**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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:	February 3, 2023		
Well Depth:	185	feet	
Customer	Keystone Homes	Permit #	HO-20-0249
Road	14945 Old Frederick Rd	Subdivision	
City	Woodbine	Section	
State	Maryland	Lot #	

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	30' 30'	4	15.00
10:45 AM	36	4	15.00
11:00 AM	39	4	15.00
11:15 AM	39 39	4	15.00
11:30 AM	41 41	4	15.00
11:45 AM	41	4	15.00
12:00 PM	41	4	15.00
12:15 PM	41	4	15.00
12:30 PM	41	4	15.00
12:45 PM	41	4	15.00
1:00 PM	41	4	15.00
1:15 PM	41	4	15.00
1:30 PM	41	4	15.00

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.

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 21034

(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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Keystone Homes Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0249 ✓
Site Address: 14945 OLD FREDRICK ROAD
WOODBINE, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STAR-K</u>	Make: <u>BIT</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>7SPUC05</u>	Model #: <u>P100</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>YES</u> (feet)		Conduit secured to well cap: <u>✓</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POH</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

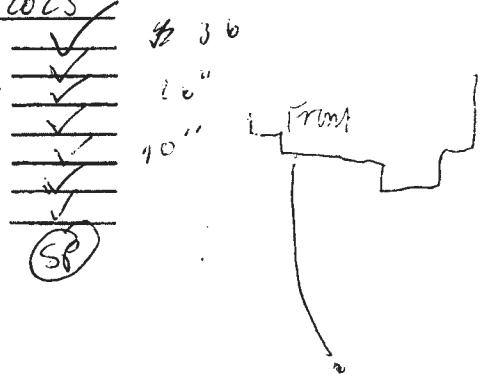
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 7/17/2023

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

Date Insp. Requested: 7/17/2023 Date Insp. Approved: 7/20/2023

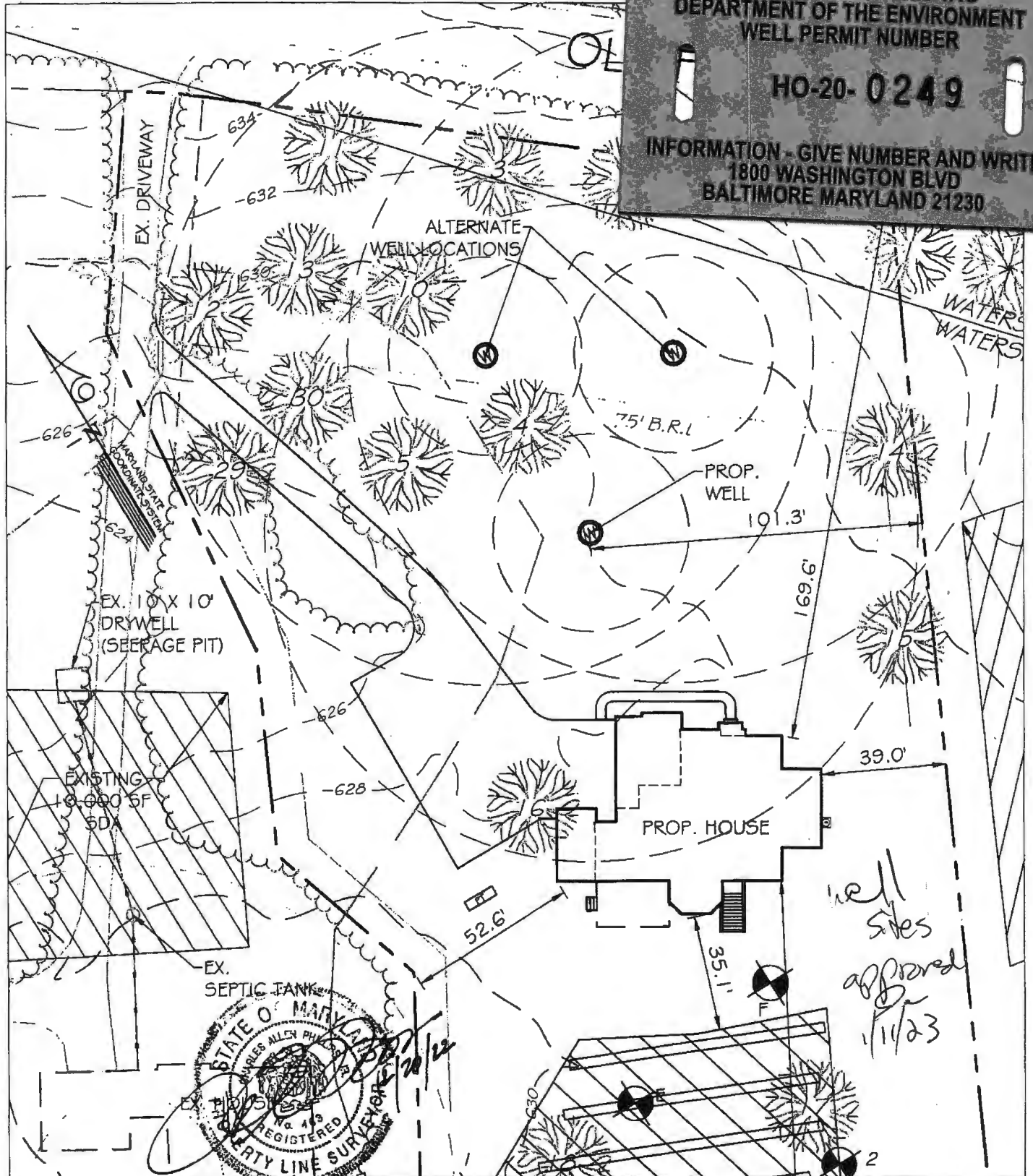
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>	\$ 36
Two piece cap installed and attached to casing securely	<u>✓</u>	20"
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	10"
Safety rope installed inside of well casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	
Water supply line sleeved adequately at house connection	<u>✓</u>	
Adequate grout observed below pitless adapter	<u>✓</u>	



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

HO-20-0249

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

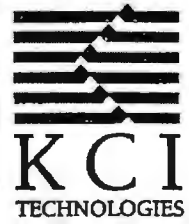


well sites approved 1/11/23



WELL PLAN
 SCALE: 1"=40'

MAP#	0008	PLAT REF:	8471 "BATES PROPERTY"
PARCEL	0073	OWNER/APPLICANT NAME	ASKARI & SYMA RIZVI
LOT	5	PROPERTY ADDRESS	14945 OLD FREDERICK RD WOODBINE, MD 21797
LOT SIZE	2.99 AC.	PROPERTY TAX ID#	04-348885



ENGINEERS
 PLANNERS
 SCIENTISTS
 CONSTRUCTION MANAGERS
 936 RIDGEBROOK ROAD
 SEABER, MARYLAND 21152
 TELEPHONE: (410) 316-7800
 FAX: (410) 316-7818

DATE	12/12/2022
SCALE	
DESIGNED BY	FW
DRAWN BY	JDL

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:

<u>Bates Property</u>	<u>5</u>	<u>Old Frederick Rd</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by KCI Technologies Inc.
(professional land surveyor or company employing professional land surveyors)
on 12/13/2022 (date)
- 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 9/20/21

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 19, 2024

October 19, 2023

Homeowner
14945 Old Frederick Road
Woodbine, MD 21797

RE: Rizvi Property, Lot 5
14945 Old Frederick Road
Building Permit: B22001367
Well Permit: HO-20-0249

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 **8/8/2023**. Final approval of the well line connection to the dwelling was granted on **7/20/2023**. The well construction was completed on **2/3/2023**. Water samples were collected on **9/19/2023**.

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-20-0249. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

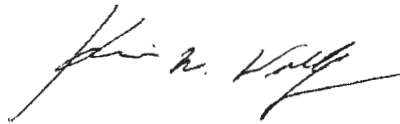
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

HOME LAND LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 09/21/2023

Client: Barlow Well Drilling
Property Address: 14945 Old Frederick Rd
Woodbine, MD 21797
Report No: 244947
Sample Time: 09/19/2023 12:10
Date & Time Received: 09/19/2023 15:10
Sampled By: Derek Bodell - 2248DB
Field Preservation: Ice
Sample Point(s): Pressure Tank
Water Conditioning Appears to be: Sediment Filter

Field Chlorine: 0.00
Field pH: 6.11
Well Type: Drilled
Well Height: 26"
Cap Type: 2-Piece Metal
Casing: 6" Cast Iron
Conduit: Secure
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-20-0249

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	S M - 365	09/20/2023
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	S M - 365	09/20/2023
Nitrate + Nitrite as N	EPA 353.2	2.3	Pass	mg/L	10	0.5	M K - 365	09/20/2023
Turbidity	EPA 180.1	6.4	Pass	NTU	10	0.5	S M - 365	09/20/2023

Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Sand	SM 2540F	Not Detected	NA	ml/L/hr	-	0.5	M K - 365	09/20/2023

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

HOME LAND LABS

244947 Due Date: 11/11/1111
Client: Barlow Wel

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Client Name: <u>Barlow Well Drilling - Mike Ison</u>	Property Address: <u>14945 Old Frederick Road</u>
Email Address: <u>mison@mbwd.us</u>	<u>Woodbine, MD 21797</u>
Phone Number: <u>410-838-6910</u>	

Field Collection Information

Sampler Name: <u>Derek Bedell</u>	Field pH: <u>6.11</u>
Sampler ID #: <u>2248DB</u>	Field Chlorine (mg/L): <u>0.0</u>
Date Sampled: <u>9/19/23</u> Time Sampled: <u>12:10</u>	Sand: <u>NC</u>
Well Tag Number: <u>HO-20-0249/</u>	Clarity: <u>Clear</u>
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: <u>26'</u>	Cap Type: <u>2 pc metal</u>	Casing: <u>6" cast iron</u>	Conduit: <u>Secure</u>
Sample Point: <u>pressure tank</u>		Water Conditioning: <u>S.F.</u>	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
 FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
 Bacteria Chlorides Total Dissolved Solids
 Lead Hardness Copper
 Nitrate + Nitrite Arsenic VOCs
 Iron Cadmium Other: Sand
 Turbidity Gross Alpha Other: _____

List rush samples below

Refer to table for rush turnaround times and fees

Release Signatures

Released By: D Bedell Date/Time: 9/19/23 3:10
 Released By: _____ Date/Time: _____
 Released By: _____ Date/Time: _____
 Received in lab by: Shane Mic Fial Date/Time: 9/19/2023 3:10PM