

ST/CO USE ONLY DATE Received MM/DD/YY DATE WELL COMPLETED MM/DD/YY 3-31-22 Depth of Well 250 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-20-0157

OWNER Wideman, Loretta WELL SITE ADDRESS 14911 Old Frederick Rd TOWN Woodbine SUBDIVISION Wideman Thruway Prop SECTION LOT 1

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Clay	0	8	
Silt + Brown	8	35	
Sand / clay	35	65	
Gray schist	65	115	
Sand	115	116	✓
Light Schist	116	190	
Quartz	190	191	✓
Gray schist	181	230	
Quartz	230	234	✓
Gray schist	234	250	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
NO. OF BAGS 15 NO. OF POUNDS 750
GALLONS OF WATER 375
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 83 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 06 Total depth of main casing (nearest foot) 85

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole (insert appropriate code below)
STEEL BRASS OPEN HOLE
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC NO. M 5 D 224
DRILLERS SIGNATURE [Signature]
LIC. NO. D

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

C 2 DEPTH (nearest ft.)
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH) _____
from _____ to _____

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 _____
70 _____ 72 _____ 74 75 76 _____
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 12
METHOD USED TO MEASURE PUMPING RATE 1 gpd
WATER LEVEL (distance from land surface)
BEFORE PUMPING 38 ft.
WHEN PUMPING 103 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 } LAND SURFACE
 - below } 2 (nearest foot)

LATITUDE 39.334654
LONGITUDE 77.030906
(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.

HCV 3/31/22 GS SV 3/31/22

B 1 32587

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-20-0157 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13; Widerman, Koretta; 1950 Heron Dr; Woodbine Md 21797

LOCATION OF WELL: Howard; Widerman Harrison Property; Woodbine; NEAREST TOWN

DRILLER INFORMATION: Andrew Houseman M 5 D 224; Fogle's Well Drilling, LLC; P.O. Box 202 Woodbine Md 21797; 7-29-21

SOURCES OF DRILLING WATER: 1. Well water; 2. 3/31/22; 12 GPM; Static 38'; level 103'; pump 240'; bentonite

14911; 14945 Old Frederick Rd; ON WHICH SIDE OF ROAD; DISTANCE FROM ROAD 20 FT; TAX MAP: 8 BLK: 10 PARCEL 141

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN.; AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

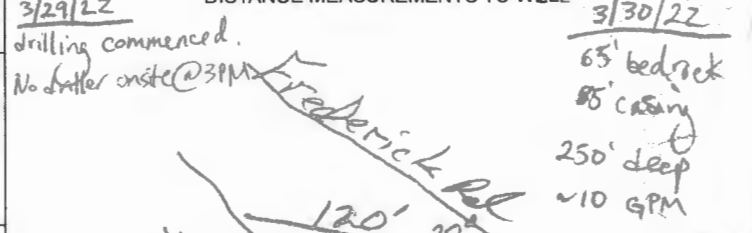
USE FOR WATER: [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard; 13; DATE ISSUED 03/11/22; CO SIGNATURE; EXP DATE 3/11/23

APPROXIMATE DEPTH OF WELL 300 FEET

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

METHOD OF DRILLING: BORED (or Augered); AIR-ROTary; CABLE



REPLACEMENT OR DEEPEMED WELLS: [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL

3/30/22; 65' bedrock; 85' casing; 250' deep; ~10 GPM; 120' 20' of 115', 180', 230' water

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER G; PERMIT No. HO-20-0157

3/31/22; Na, CL, TDS samples collect

SPECIAL CONDITIONS: NA, CL and TDS samples required

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: JT Custom Builders Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0157 ✓
 Site Address: 14911 Old Frederick Rd
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>TP503422</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>7</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>12</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: yes
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</u> 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

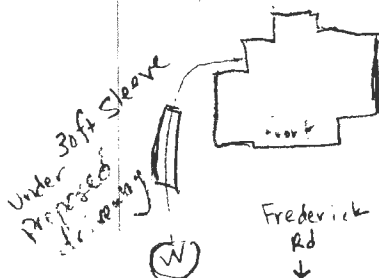
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 4/18/2023

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

Date Insp. Requested: 4/18/23 Date Insp. Approved: 4/18/23 Inspector: RB
 Inspection Data: 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 ✓

(Revised form 10/24/2018)



INTERIM CERTIFICATE OF POTABILITY
Expiration Date – April 24, 2024

October 24, 2023

Homeowner
14911 Old Frederick Road
Woodbine, MD 21797

RE: Widerman Harrison Property, Lot 1
14911 Old Frederick Road
Building Permit: B22003837
Well Permit: HO-20-0157

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 **10/24/2023**. Final approval of the well line connection to the dwelling was granted on **4/18/2023**. The well construction was completed on **3/31/2022**. Water samples were collected on **10/10/2023**.

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-20-0157. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

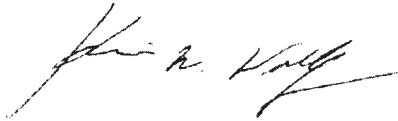
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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,



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

WELL PERMIT NUMBER

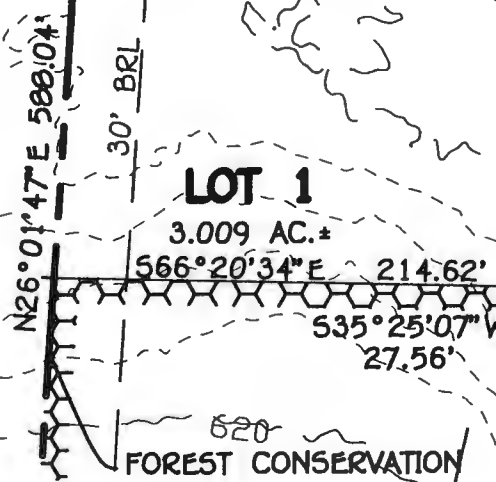
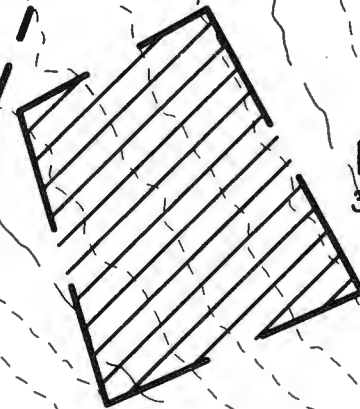
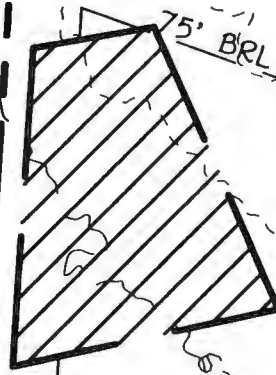
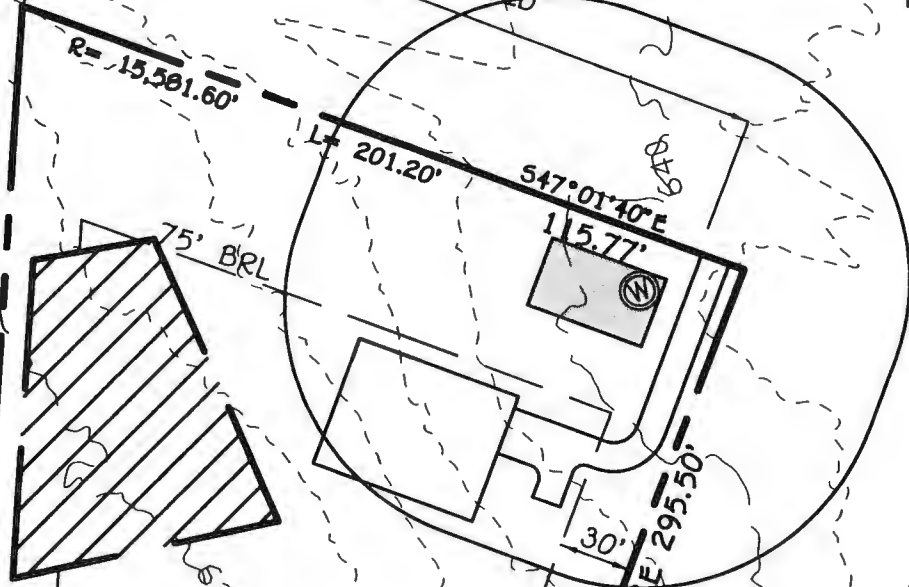
HO-20-0157

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

OLD FREDERICK ROAD
(MAJOR COLLECTOR)
VEHICULAR INGRESS & EGRESS IS RESTRICTED

14911 Old Frederick Rd
Approved 3/11/22
Staked by
Fishers, Collins & Carter

GRID NORTH (MAD '89)
MARYLAND STATE

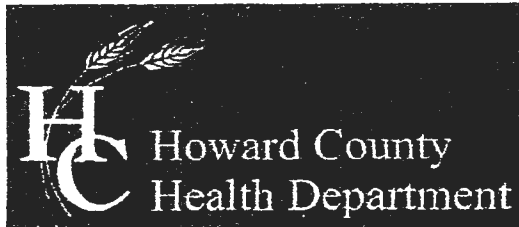


LOT 1

3.009 AC.±

LOT 2

3.004 AC.±



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:

Well Site Location:

Widerman Harrison Property 1 14911 Old Frederick Rd
Subdivision/Property Name Lot # Road Name

The well site has been staked by Fisher Collins + Carter, Inc.
(professional land surveyor or company employing professional land surveyors)
on March 9, 2022 (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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 161988 Account #: 1933
Reference: JT Custom Homes Client: Fogle's Well Pump & Treatment
Location: 14911 Old Frederick Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/10/2023 1415 Site: Pressure Tank
Date/Time Rec'd: 10/10/2023 1458 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Evans 0309JE Well #: HO-20-0157

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/11/2023 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/11/2023 / 1000 / CRS
Nitrate.	2.90	mg/L (as N)	10	EPA 300.0	10/10/2023 / 1826 / CRS
Turbidity	9.70	NTU	<10	SM2130B	10/10/2023 / 1630 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/11/2023 / 1030 / CRS

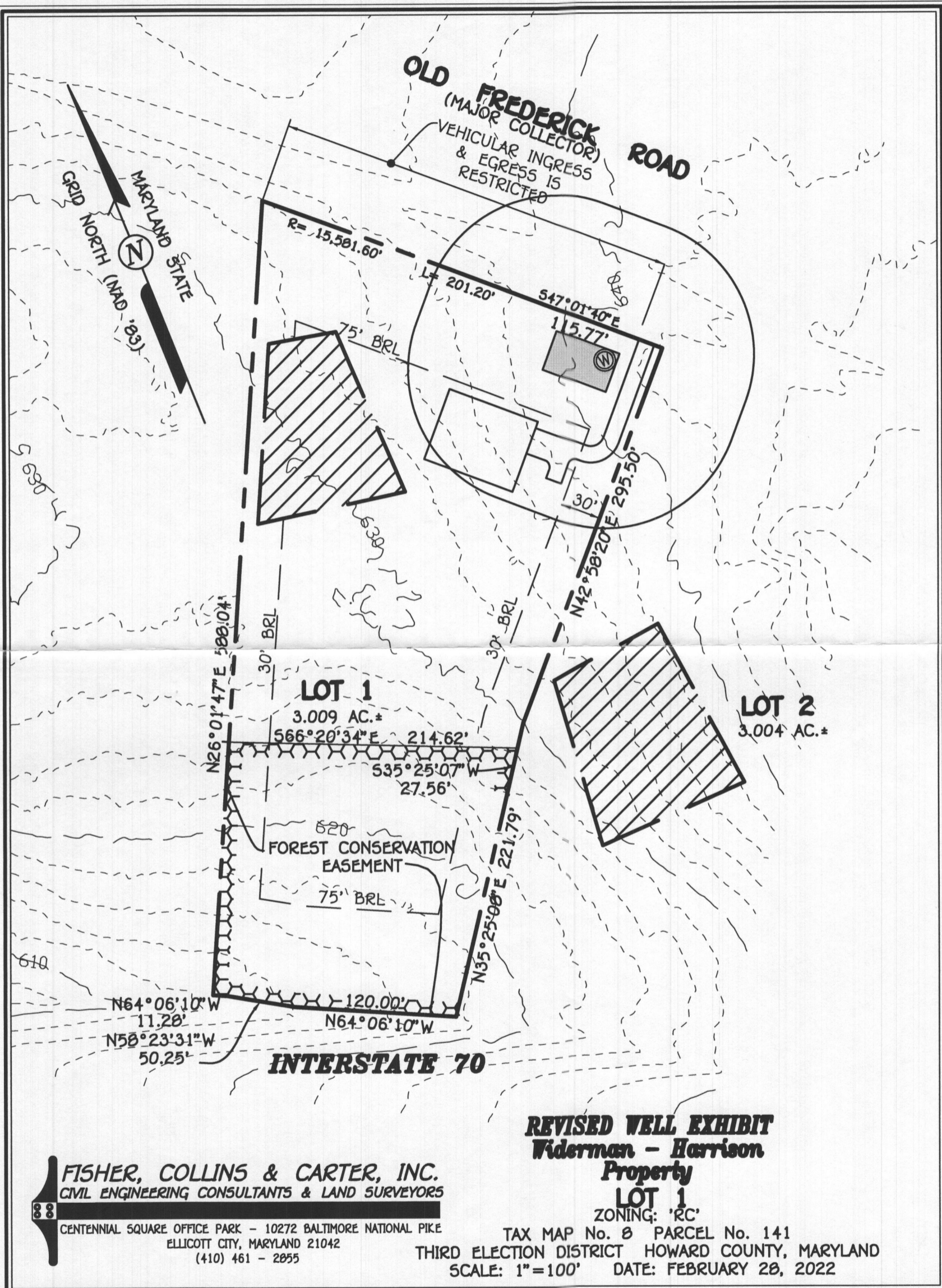
NOTES:

- 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 # : B220003837

Date Reported: 10/11/2023

K:\Drawings\330506 Old Frederick Rd - Wilderman\dwg\30506 well exhibit.dwg, Model, 2/28/2022 7:49:36 AM, 1:100



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

REVISED WELL EXHIBIT
Widerman - Harrison
Property
LOT 1
 ZONING: 'RC'
 TAX MAP No. 8 PARCEL No. 141
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' DATE: FEBRUARY 28, 2022

Send Report To: Susan Thomas

State of Maryland
MDH - Laboratories Administration
Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205



E2201008701

Rec'd: 04/05/2022

Metals - HOST0157NA

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

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HOST0157NA Site Name: HO-20-0157 County: Howard

Sample Source: 14911 Old Frederick Rd Collector: Susan Thomas
Street Town or City Name

Date Collected: 3/31/20 22 Time Collected: 1:30 a.m. / (p.m.) Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ 2 mL pH: 6.0 pH: <2 4/1/22
(field use only) (lab use only)

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>89m</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Howard County Health Department
APR 20 2022
Environmental Health

Lab Supervisor: _____

Date Reported: ___/___/___

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland
 Department of Health
 Laboratories Administration
 1770 Ashland Avenue, Baltimore, Maryland 21205
 Robert Myers, Ph.D., Director



Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD

Division of Environmental Sciences
 TRACE METALS LABORATORY

COLUMBIA, MD 21045

Date Collected: 03/31/2022

Date Received: 04/05/2022

Submitted By: Thomas

Comments: Na

Field ID: HOST0157NA

Lab No: E2201008701

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Sodium (Na)	EPA 200.7	1.0	20.0	11.8	ppm	04/12/2022

Approved by:

Syed A. Hash

Approval date: 04/19/2022

Samples are tested as received

**The following methods are included in our A2LA Scope of Accreditation: EPA 340.2, EPA 200.8, EPA 245.1

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-4596 and arrange for return or destruction.

Contact information for Questions: Telephone: (443) 681-3853 Fax: (443) 681-4507



State of Maryland
 Department of Health
 LABORATORIES ADMINISTRATION

1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Mvers, Ph.D., Director



Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Date Collected: 03/31/2022

Date Received: 04/01/2022

Submitted By: S. Thomas

Field ID: HOST0157CLTDS

Lab No: E2201007801

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	10		117	mg/L	04/11/2022
Total Dissolved Solids	SM 2540C	2		287	mg/L	04/07/2022

Approved by:

Law Phillips

Approval date: 04/18/2022

Samples are tested as received.

**The following methods are included in our A2LA Scope of Accreditation: EPA 504.1, EPA 508, EPA 515.3, EPA 524.2, EPA 525.2, EPA 531.2, EPA 537.1, EPA 552.2, FDA 573

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