

C1 60276

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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 10 21

DATE WELL COMPLETED 10 08 2021

Depth of Well 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0114

OWNER Fields DAVID WELL SITE ADDRESS 1080 Henryton Road TOWN Mammothville SUBDIVISION SECTION LOT

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Soil (0-3), Hard Brown shale (3-17), Blue slate (17-450)

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (7 bags), BENTONITE CLAY (BC), NO. OF BAGS (7), NO. OF POUNDS (525), GALLONS OF WATER (35), DEPTH OF GROUT SEAL (0-20)

CASING RECORD Form: casing types insert appropriate code below (PL), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (20)

OTHER CASING (if used) Form: diameter, depth (feet) from to

SCREEN RECORD Form: screen type or open hole (ST), BRONZE (BR), PLASTIC (PL), HO (HO), OTHER (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. MSW D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D 0666 Murty Dinn

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

DEPTH (nearest ft.) Table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Rows: H, A, C, H, S, R, E, E, N. Values: 20, 450

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

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (4.0), METHOD USED TO MEASURE PUMPING RATE (Wash/Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (36), WHEN PUMPING (360), TYPE OF PUMP USED (S) submersible

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES) (NO), 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, (-) below, LAND SURFACE 1 (nearest foot)

LATITUDE 39.34570 LONGITUDE 76.93028 (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.

B 1  
44924

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 20 - 0114  
fill in this form completely

please type

5095208

OWNER INFORMATION  
Date Received (APA) 02/21  
33 MM DD YY 13  
FELDS DAVID  
15 Last Name Owner First Name 34  
1100 HEURTON ROAD  
36 Street or RFD 55  
MARIOTTVILLE MD 2104  
57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION  
Michael Barlow MW D 355  
76 Driller's Name License No. 81  
Barlow Well Drilling  
5220 Newwood Lane 2104  
Address  
Signature Date 6/10/2021

B 4 SOURCES OF DRILLING WATER  
1. Well  
11 STREET ADDRESS 1080 Heurton Road 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 1000 37 DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 10 BLK: 1 PARCEL 170

B 2 WELL INFORMATION  
APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 O OPEN LOOP GEOTHERMAL  
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME  
STATE SIGNATURE  
DATE ISSUED 07/10/2021  
43 MM DD YY 48 CO SIGNATURE EXP. DATE 07/10/2021 41  
DOW: 9/17/21 (38) DOG: 9/21/21 (37) DRY: 10/08/2021

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 4 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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D 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 - 0114  
70 71 72 73 74 75 76 77 18 79

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  
9/17/21 total 450' @ 12.30/1 ~ PROPLINE  
water: 290', 320'  
bedrock: 20'  
casing 22'  
9/21/21 grouting  
N  
35'  
25'

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

**WELL YIELD REPORT**

<b>Date Test Completed:</b>	<b>October 8, 2021</b>
<b>Well Depth:</b>	<u>450</u> feet
<b>Customer</b> <u>David Fields</u>	<b>Permit #</b> <u>HO-20-0114</u>
<b>Road</b> <u>1080 Henryton Rd</u>	<b>Subdivision</b> _____
<b>City</b> <u>Marriottsville</u>	<b>Section</b> _____
<b>State</b> <u>Maryland</u>	<b>Lot #</b> _____

Time	Water Level feet <b>Pump set at 400 feet</b>	Time to Fill 1-gallon bucket seconds	G.P.M.
12:00 PM	36	4	15.00
12:15 PM	158	4	15.00
12:30 PM	273	5	12.00
12:45 PM	350	12	5.00
1:00 PM	360	15	4.00
1:15 PM	360	15	4.00
1:30 PM	360	15	4.00
1:45 PM	360	15	4.00
2:00 PM	360	15	4.00
2:15 PM	360	15	4.00
2:30 PM	360	15	4.00
2:45 PM	360	15	4.00
3:00 PM	360	15	4.00
3:15 PM	360	15	4.00
3:30 PM	360	15	4.00
3:45 PM	360	15	4.00
4:00 PM	360	15	4.00

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  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Robert L. Feezer Co., Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Russell George License# PI0148

**\*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: Mueller Homes Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: ~~HO-05-2217~~ HO-20-0114  
Site Address: 1110 Henrylon Road  
Marriottsville, Maryland

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5CS10422C</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>5</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: _____ (feet)		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		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	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.**

Robert L. Feezer \_\_\_\_\_ date \_\_\_\_\_  
Depend upon Robert L. Feezer  
2217 Barnett Avenue  
Sykesville, MD 21784

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/30/2023 Inspector: SP

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	44
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"/>	20'
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"/>	10' 20' 0114
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

*Do not backfill  
house connection, need to  
see connection to foundation.  
All other work can  
be backfilled. Also  
need to confirm  
correct well tag, is on casing. (SP)*

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – March 22, 2024

September 22, 2023

Homeowner  
1110 Henryton Road  
Marriottsville, MD 21104

**RE: Fields Property, P. 170**  
**1110 Henryton Rd**  
**Building Permit: B22001516**  
**Well Permit: HO-20-0114**

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 **7/18/2023**. Final approval of the well line connection to the dwelling was granted on **5/30/2023**. The well construction was completed on **10/8/2021**. Water samples were collected on **7/26/2023**.

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-20-0114. 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.**

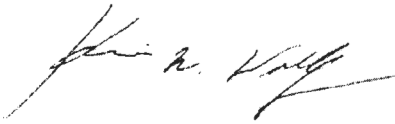
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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,



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



# Water Testing Labs of Maryland

1000 Butterworth Ct.  
Thompson Creek Business Park  
Stevensville, MD 21666  
(410) 643-7711  
sales@wtlmd.com

Mueller Homes  
7520 Main Street, Suite 201  
Sykesville, Md 21784  
Attn: Patrick

Reporting Date: 7/31/2023  
Report #: M11710

Submitted Sample Address: 1110 Henryton Road  
Marriottsville, MD 22104  
Submitted Sample Source: Holding tank  
Date / Time Collected: 7/26/2023 11:59 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Wentworth 0137KW, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.4  
Well Tag #: HO-20-0114

## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate + Nitrites as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.5	NTU	0.5	< 10 NTU*	MD Well Reg.

### Notes:

- Bacteriological analysis of this sample indicates this water is  for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5).
- MCL Type –
  - EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
  - EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
  - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:



**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

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

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well, please indicate one of the following:

Well Site Location:

	Lot #	1080 Henryton Roads
Subdivision/Property Name		Road Name

The well site, as shown on the attached well site plan, has been staked by

Fisher, Collins & Carter, Inc.

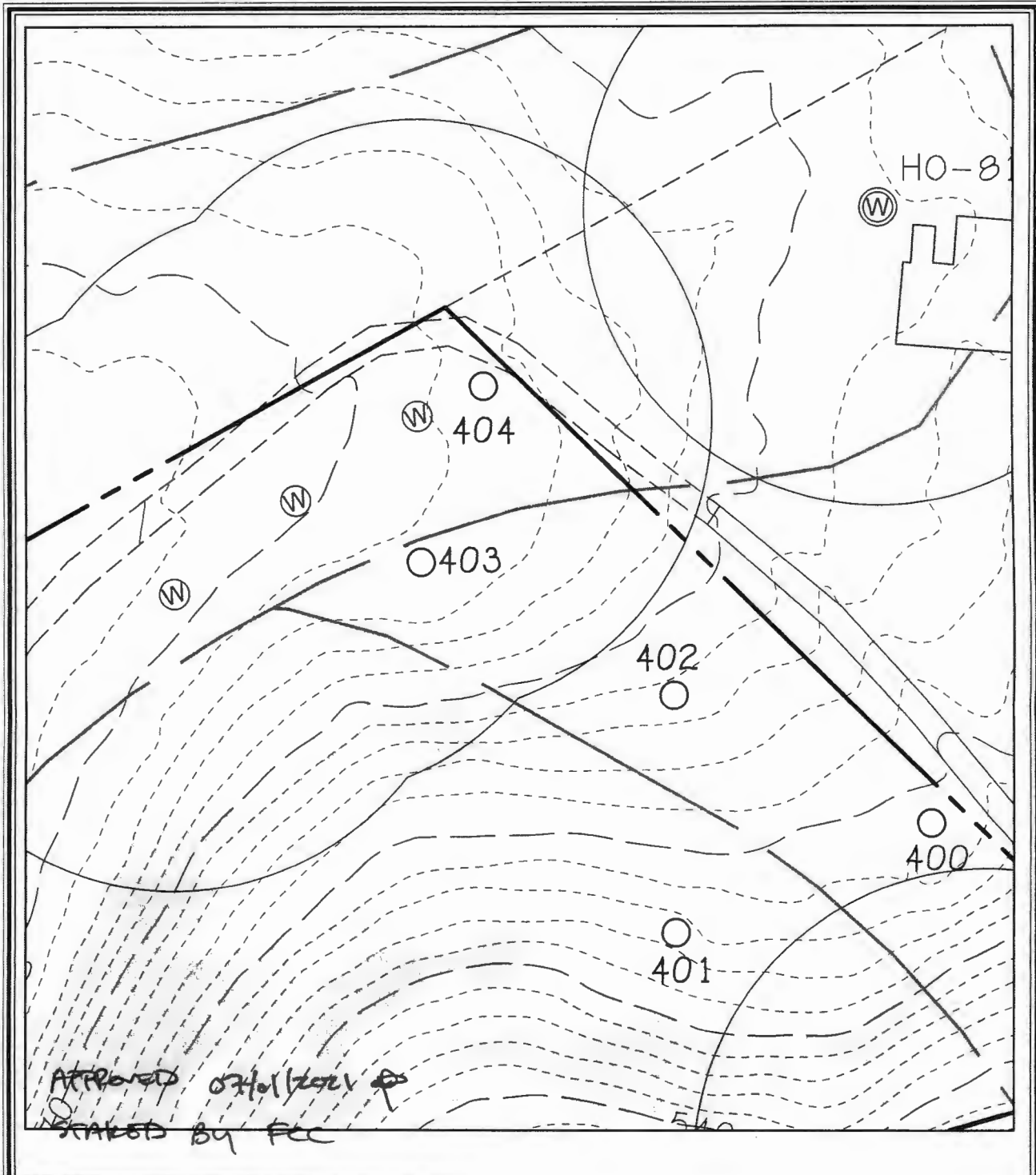
(professional land surveyor or company employing professional land surveyors)

on 6/1/21  
(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.





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

**HO-20-0114**

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

**WELL EXHIBIT**  
**DAVID TYLER FIELDS**  
 1080 Henryton Road  
 TAX MAP #10 PARCEL: 170, 159  
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1"=50' DATE: MAY 11, 2020