

C1 57590

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 13

ST/CO USE ONLY DATE RECEIVED MM 01 23 24

DATE WELL COMPLETED 01 18 24

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0333

OWNER Masman J TR & Masman Cathy JR WELL SITE ADDRESS 6026 Coring Ct. TOWN Columbia SUBDIVISION bt S 3.009 Ac Coring Ct. LAISLA SECTION LOT 5

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 900 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 320 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) NA PUMPING RATE (gal. per min.) NA METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING NA WHEN PUMPING NA TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Silt (0' to 6'), Silt, mica w/ sand, Quartzite (6' to 22'), Quartz Muscovite (22' to 320').

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 24

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

DEPTH (nearest ft.) 24 320 A 8 9 11 15 17 21 C 23 24 26 30 32 36 R 38 39 41 45 47 51 E S L O T S I Z E 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 60

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) NA PUMP HORSE POWER NA PUMP COLUMN LENGTH (nearest ft.) NA CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 3 (nearest foot)

CIRCLE APPROPRIATE LETTER A 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. 1 MW 587 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AW 034

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

LATITUDE 39.190696 LONGITUDE 76.889465 (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.

C1 57589

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STATE OF MARYLAND WELL COMPLETION REPORT

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COUNTY NUMBER 13

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 01 10 24

Depth of Well 320

ak 3/17/2021

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0353

OWNER Mosman J TR & Mosman Cathy TR WELL SITE ADDRESS 6626 Corning Ct. TOWN Columbia SUBDIVISION Lot 5 3.09 AC Corning Ct LA ISLA SECTION LOT 5

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: Silt, Silt, mica w/ Sand Quartz Frag, Quartz Marzade.

GROUTING RECORD form with fields for TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES

DEPTH (nearest ft.) table with columns for depth ranges (1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53) and handwritten values 26, 320.

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...

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

DRILLERS LIC. NO. 1 MW D 587 Stephen DeRosh DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AWD 054

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (BEFORE PUMPING, WHEN PUMPING), TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LATITUDE 39.190605 LONGITUDE 76.889530 (DEFAULT COORD. WGS 84)

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C1 57588

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(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD

01 10 24

22 320 26

3/17/2024

HO-20-0333

OWNER Mosman J TR & Mosman Cathy L TR
WELL SITE ADDRESS 6626 Corina Ct
SUBDIVISION lot 5 31009 Ac 6626 Corina Ct
SECTION TOWN Columbia LOT 5

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 304

GALLONS OF WATER 304

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 320 ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

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

screen type or open hole SCREEN RECORD
STEEL ST BRASS BR BRONZE BR PLASTIC PL OTHER OT

DEPTH (nearest ft.) 30 320
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) NA

PUMPING RATE (gal. per min.) NA

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING NA ft.

WHEN PUMPING NA 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) NA

PUMP HORSE POWER NA

PUMP COLUMN LENGTH (nearest ft.) NA

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 3 (nearest foot)

LATITUDE 39.190549
LONGITUDE 76.809467
(DEFAULT COORD. WGS 84)

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Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Silt, Silt/Mica w/ Sand Quartz Frag, Quartz Marzante.

Installed 1.25" x 320" closed loop hdpe U-bend

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

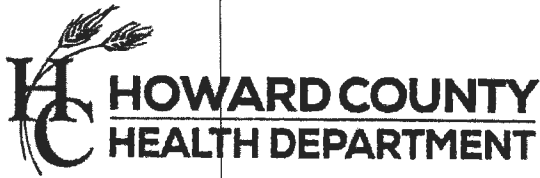
DRILLERS LIC. NO. 1 MW D 587

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

TAG:

<b>B 7</b> 74165 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO - 20 - 0333</b> <small>70</small> <small>79</small> fill in this form completely
<b>OWNER INFORMATION</b> Date Received (APA) _____ 8 MM DD YY 13 Mosman ITR & Mosman Cathy L TR 15 Last Name Owner First Name 34 7614 Sweet Hours Way 36 Street or RFD 55 Columbia Md. 21046 57 Town 70 State 72 Zip 76		<b>B 3 LOCATION OF WELL</b> Howard 8 COUNTY 21 Lot 5 3.009 Ac. - 6626 Corina Ct. LA ISLA 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Columbia 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> Stephen DeLoach M WD 587 76 Driller's Name License No. 81 Connelly & Associates, Inc Firm Name 1513 Tilko Dr. Frederick, MD 21704 Address Stephen DeLoach 11-7-23 Signature Date		<b>B 4 SOURCES OF DRILLING WATER</b> 1. private 2. private 3. 24- 2 bores complete loops in no grout yet 3rd bore - 320' so far no rock @ 20' fractures @ 55' 280' 26' casing @ 20'	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) N/A 1 2 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) N/A 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 11/15/23 43 MM DD YY 48 CO SIGNATURE EXP. DATE 11/15/24 DEN: 1/2/24 DOG: 1/10/2024	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL (3 geo bores)		APPROXIMATE DEPTH OF WELL 320 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other _____		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
<b>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____		<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROX. PERMIT NUMBER _____ PERMIT No. HO - 20 - 0333 70 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- grout bores from bottom to top			



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

**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: mike crosen - Crosen Homes Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-81-0389 ✓  
 Site Address: 6626 Corina Ct  
Columbia, MD 21044

**Submersible Pump Data**

Make: Grundfos  
 Model #: SSDE07180  
 Pump Capacity: 15  
 Well Yield: 12

**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: 145 (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: [Signature] Date: 11/20/2023

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

Date Insp. Requested: 11/20/2023 Date Insp. Approved: 11/20/2023 Inspector: \_\_\_\_\_  
 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

(SP)  
 ✓ 46" - 38"  
 ✓ 21"  
 ✓ 29"  
 ✓ 1'  
 ✓  
 ✓



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 1, 2024

September 30, 2024

Homeowner  
6626 Corina Court  
Columbia, MD 21044

**RE: La Isla, Lot 5**  
**6626 Corina Court**  
**Building Permit: B23001969**  
**Well Permit: HO-20-0333**  
81-0387

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 **9/30/2023**. Final approval of the well line connection to the dwelling was granted on **11/20/2023**. The well construction was completed on **1/10/2024**. Water samples were collected on **9/4/2024**.

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-20-0333. 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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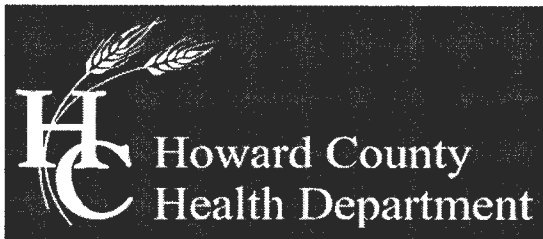
Maura J. Rossman, M.D., Health Officer

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



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:

Lot 5 3.009A (4426 Corina Ct.) LA ISLA      5      Corina Ct.  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Paul Sill - Sill's Associates (Sill Engineering)  
(professional land surveyor or company employing professional land surveyors)  
on 11/6/23 (date) and does not require a site inspection.  
*(phone call on 11/17/23 to find out stake out 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.

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 168464 Account #: 1933  
Reference: Crosen Homes Client: Fogle's Well Pump & Treatment  
Location: 6626 Corina Court Requested By: Dave Fogle  
Columbia, MD 21044 Source: Well Water  
Date/ Time Collected: 9/4/2024 1010 Site: Kitchen Sink -  
Date/Time Rec'd: 9/4/2024 1150 Treatment: None ✓  
Chlorine ppm: Free: ND Total: ND pH: 5.4  
Collected By: J. Evans 0309JE Well #: HO-81-0389

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM20 9223B	9/5/2024 / 0850 / KDR
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM20 9223B	9/5/2024 / 0850 / KDR
Nitrate.	2.46 ✓	mg/L (as N)	10	EPA 300.0	9/4/2024 / 1621 / CRS
Turbidity	4.84 ✓	NTU	<10	SM2130B	9/4/2024 / 1720 / KDR
Sand	ND ✓	mg/L	5	Visual/Gravimetric	9/5/2024 / 0835 / KDR

OK  
KDR

### NOTES:

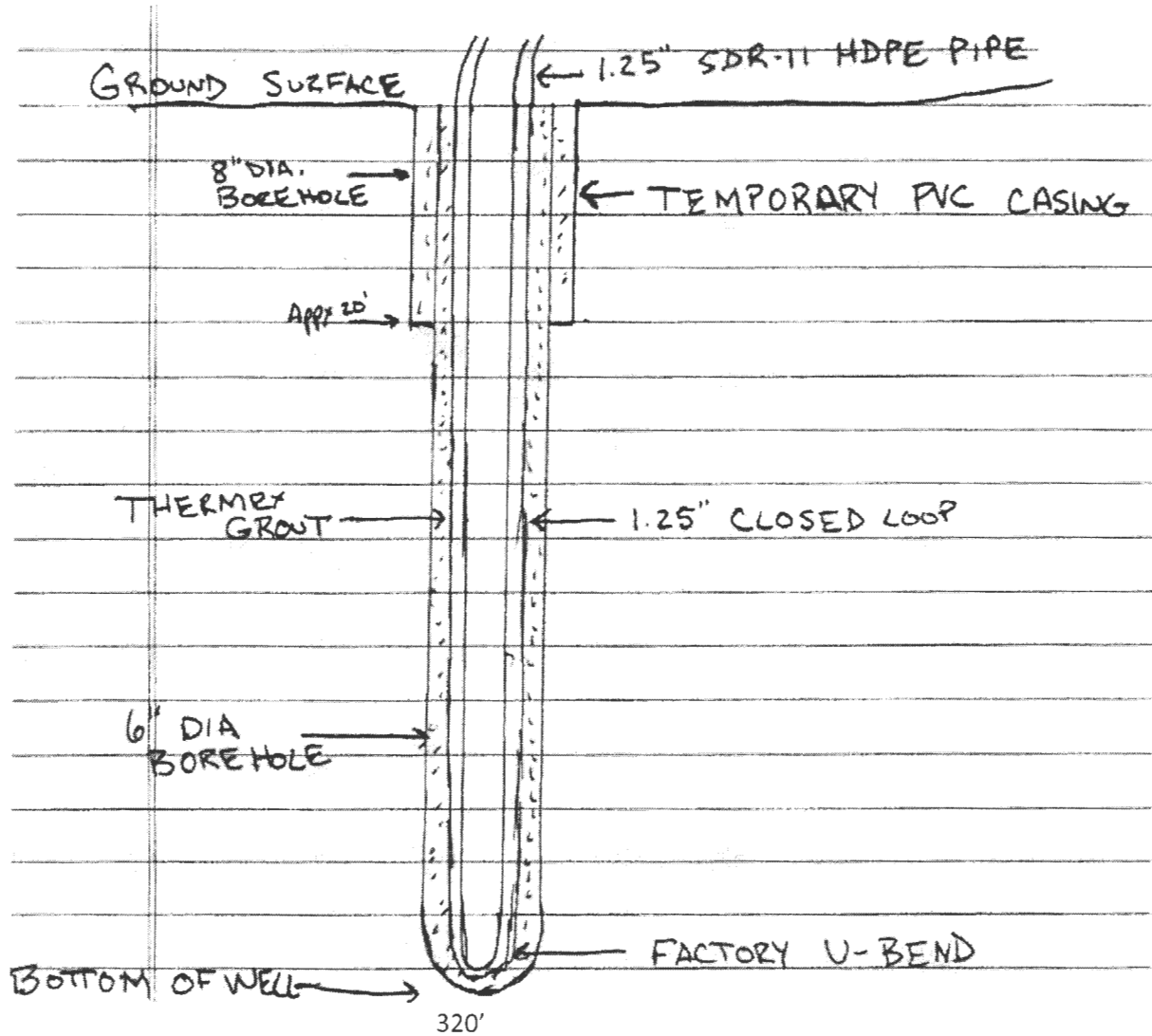
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time 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 # : B23001969

Date Reported: 9/5/2024

Mosman Residence: 6626 Corina Ct. Columbia, Md. Geothermal Closed Loop



Grout information for this property is as follows:

Well Grout DF grout mixture of 50 lb. grout to 19 gallons water, placed in the well using the tremie method, from bottom to top.

WHISPERING PIN  
LOCAL COUNTRY ROAD

EX. WELL  
HO-81-0361  
PER HOWARD COUNTY  
HEALTH DEPARTMENT  
RECORDS

EX. WELL  
NO TAG

GbB

GbC

X. DING

S 77°00'42" W  
13.75'

geo  
well sites ok  
well stakes verified  
11/15/23

PROP. GEOTHERMAL  
WELLS. SEE  
ARCHITECTURAL  
DRAWINGS FOR DETAILS

PLACE SPOILS  
ON HIGH SIDE  
OF TRENCH

PROP.  
DISTRIBUTION  
BOX LOD

PROP.  
1,500-GALLON  
SEPTIC TANK

PROP. PLANTER  
PROP. BUILDING  
FF: 391.80  
S: 381.45

CORINA COL  
LOCAL COUNTRY ROAD  
S 88°32'40" W  
14'

EX. WELL  
HO-81-0389

HO-20-0333

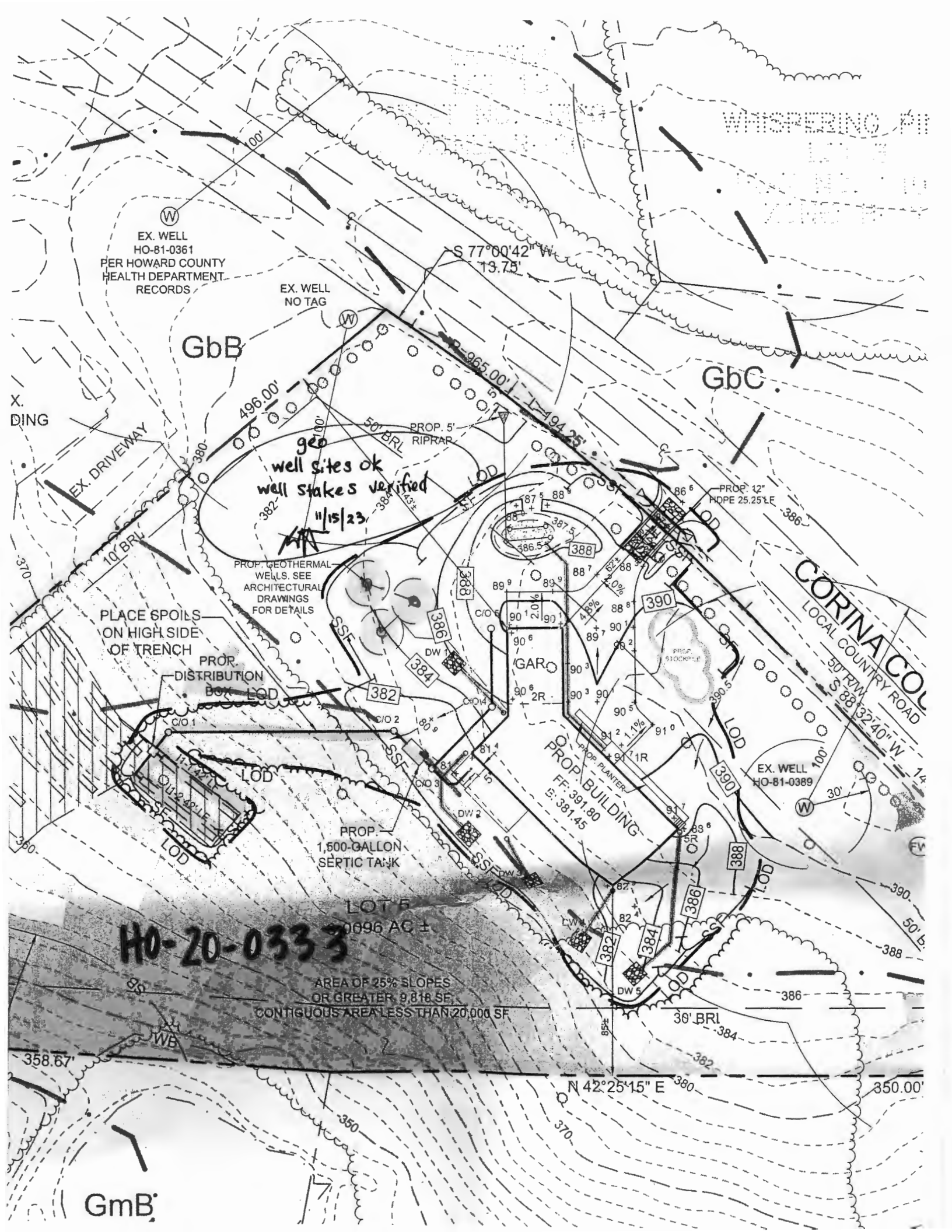
LOT 5  
0.096 AC ±

AREA OF 25% SLOPES  
OR GREATER, 9,816 SF.  
CONTIGUOUS AREA LESS THAN 20,000 SF

N 42°25'15" E 380'

350.00'

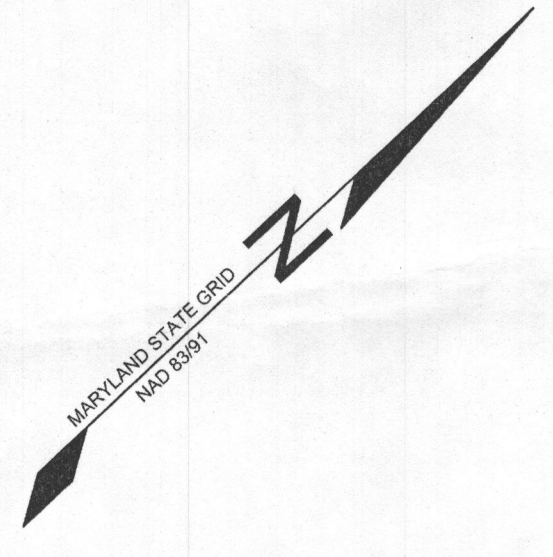
GmB



SOILS LEGEND			
SYMBOL	NAME / DESCRIPTION	GROUP	'K' FACTOR
GbB	GLADSTONE LOAM, 3 TO 8 PERCENT SLOPES	A	0.28
GbC	GLADSTONE LOAM, 8 TO 15 PERCENT SLOPES	A	0.28
GmB	GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES	C/D	0.37
MaD	MANOR LOAM, 15 TO 25 PERCENT SLOPES	B	0.28

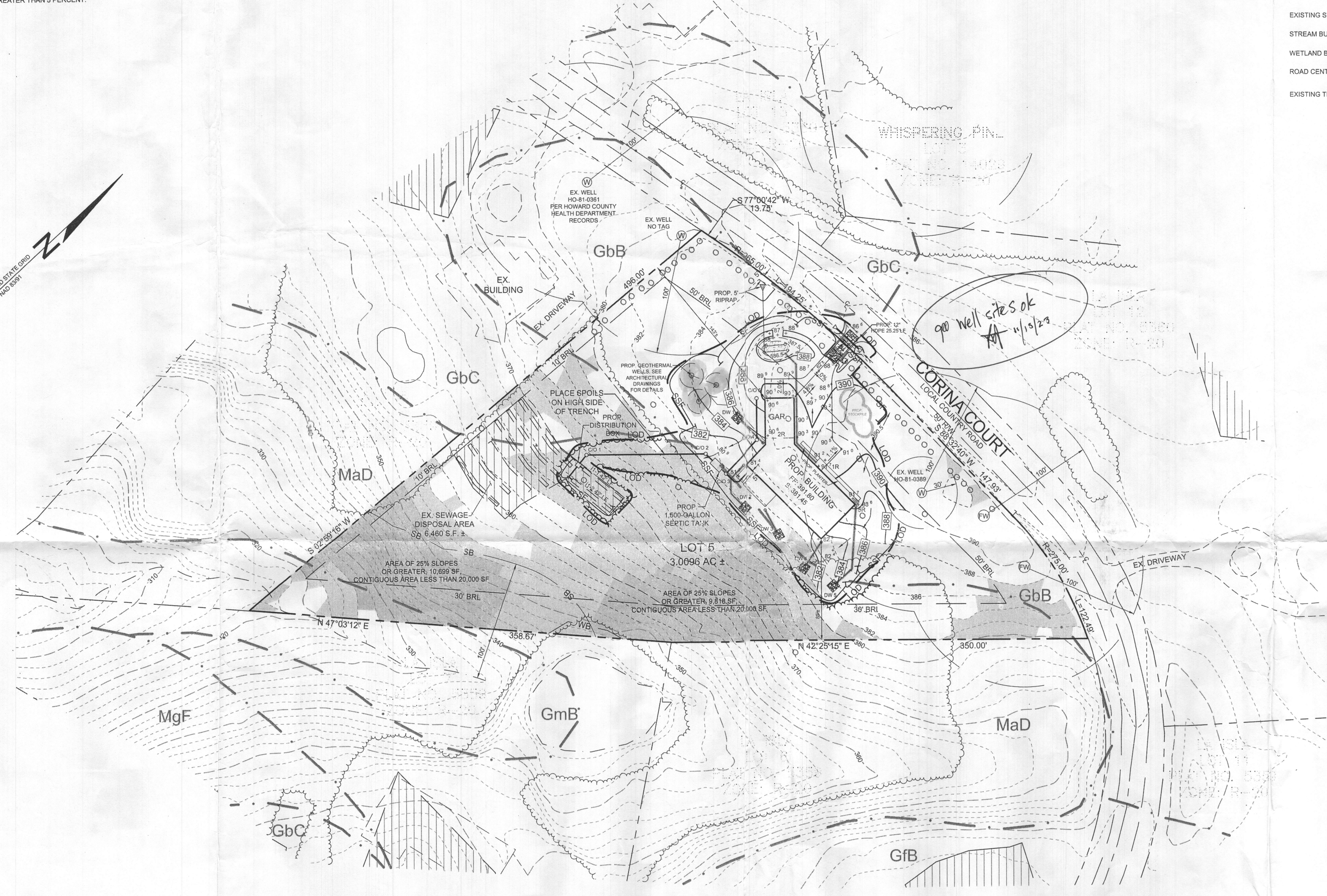
NOTES:  
 1) SOIL INFORMATION HAS BEEN TAKEN FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE, NATURAL RESOURCES CONSERVATION SERVICE, WEB SOIL SURVEY.  
 2) HIGHLY ERODIBLE SOILS ARE THOSE SOILS WITH A SLOPE GREATER THAN 15 PERCENT OR THOSE SOILS WITH A SOIL ERODIBILITY FACTOR 'K' GREATER THAN 0.35 AND WITH A SLOPE GREATER THAN 5 PERCENT.

LEGEND			
EXISTING GIS CONTOUR	---	382	MODERATE SLOPES, 15-24.99%
EXISTING FIELD RUN CONTOUR	---	382	
PROPOSED CONTOUR	---	382	
SOIL BOUNDARY	---		STEEP SLOPES, 25% OR GREATER
EXISTING FENCE	X		
EXISTING TREELINE	---		EXISTING SEWAGE DISPOSAL AREA
PROPOSED TREELINE	---		
EXISTING STREAM	---		EXISTING WELL
STREAM BUFFER	SB		PROPOSED FUTURE WELL
WETLAND BUFFER	WB		PROPOSED DRYWELL AND ROOFLEADER
ROAD CENTERLINE	---		STABILIZED CONSTRUCTION ENTRANCE
EXISTING TREE	O		SUPER SILT FENCE
			LIMIT OF DISTURBANCE

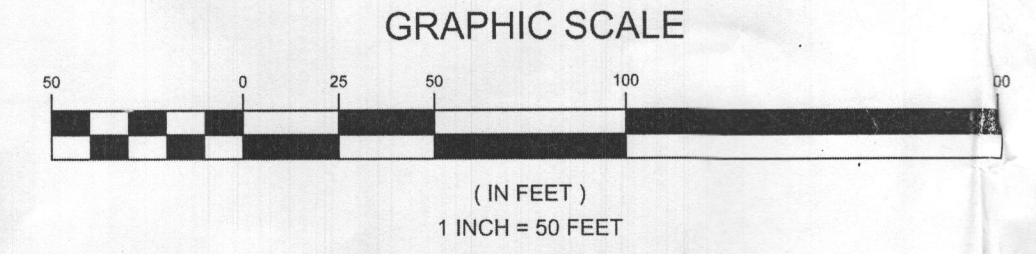


N 554,150  
E 1,243,300

N 558,200  
E 1,343,300



PLAN VIEW  
SCALE: 1"=50'



E 1,243,300  
N 554,150

NO.	DESCRIPTION	DATE
	REVISIONS	

Well Site Plan

### SEDIMENT AND EROSION CONTROL PLAN

#### LA ISLA, LOT 5

6626 CORINA COURT

TAX MAP 35 GRID 23  
5TH ELECTION DISTRICT

PARCEL 113, LOT 5  
HOWARD COUNTY, MARYLAND

**APPROVED:** HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING  
5/1/2023

*Paul Dillmore*  
CHIEF, DEVELOPMENT ENGINEERING DIVISION  
DATE: 4/28/2023

CHIEF, DIVISION OF LAND DEVELOPMENT  
DATE: 5/2/2023

DIRECTOR  
DATE:

**APPROVED:** FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY

Designated by: *Michael J. Davis* 5/2/2023  
COUNTY HEALTH OFFICER  
HOWARD COUNTY HEALTH DEPARTMENT

Designated by: *Alexander Bratchie* 4/28/2023  
HOWARD SCD

**ENGINEERS CERTIFICATE**

"I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

*Michael J. Mosman*  
SIGNATURE OF ENGINEER  
PAUL M. SILL, P.E.

10 APR 2023  
DATE

**DEVELOPER'S CERTIFICATE**

"I WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

*Michael J. Mosman*  
SIGNATURE OF DEVELOPER

10 APR 2023  
DATE

**OWNER/DEVELOPER**

MIKE MOSMAN  
7614 SHEET HOURS WAY  
COLUMBIA, MARYLAND 21046  
MIKEMOSMAN@AOL.COM  
410-336-0803

**SILL ENGINEERING GROUP, LLC**

16005 Frederick Road, 2nd Floor  
Woodbine, Maryland 21797  
Phone: 443-325-5076  
Fax: 410-696-2022  
Email: info@sillengineering.com  
Civil Engineering for Land Development

DESIGN BY: PS  
DRAWN BY: TB  
CHECKED BY: PS  
SCALE: AS SHOWN  
DATE: APRIL 10, 2023  
PROJECT #: 21-098  
SHEET #: 3 of 7