

C1 **3856** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 57613**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **10-94-4068**

DATE WELL COMPLETED: **12 3 04** (MM DD YY)
 Depth of Well: **285** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **10-94-4068**

OWNER: **W. Moore Group**
 STREET OR RFD: **Old Frederick Rd** TOWN: **Croftsville**
 SUBDIVISION: **Hanski Prop** SECTION: _____ LOT: **2**

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	
Brown Shale	0	89	
Blue Rock	89	285	✓

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle appropriate box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS **22** NO. OF POUNDS **2068**
 GALLONS OF WATER **132**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **86** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE: **P.L.** Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **91**

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 HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED: YES NO

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.: **MSD 024**
 DRILLERS SIGNATURE: **Paul E. Moore**
 LIC. NO.: **D**

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

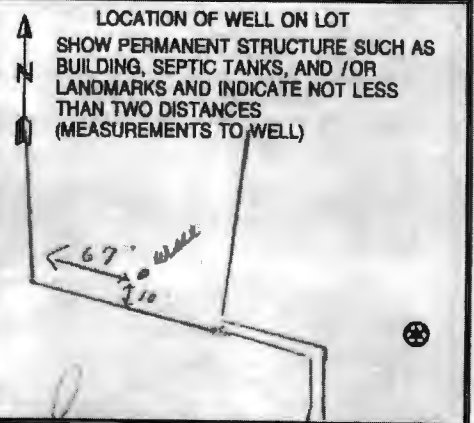
C2 DEPTH (nearest ft.)
 1 **89** 2 **285**
 E A C H S C R E E N
 8 9 11 15 17 21
 23 24 28 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 from _____ to _____

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

C3 **PUMPING TEST**
 1 2
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **46** ft.
 WHEN PUMPING **89** 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)
 49 50 51



B 1 2238

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 4068

W521552 please type

fill in this form completely

Date Received (APA)

10/20/04

OWNER INFORMATION

The Griffon Group, 4231 Lenthicum Rd, Dayton Md 21036

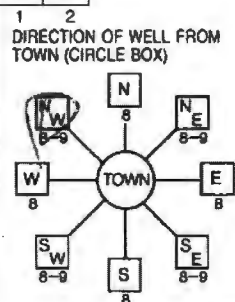
LOCATION OF WELL

Howard County, Hensuki Property, Section 44, Lot 2, Cooksville, 3/2 MI from town

DRILLER INFORMATION

Joseph L. Mayne, MS Dozy, Joseph L. Mayne Well Drilling, 5512 Ridge Rd Mt Airy Md 21771, Signature, Date 10/16/04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Old Frederick Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 300 FT, TAX MAP: 8 BLK: 10 PARCEL 26

WELL INFORMATION

APPROX. PUMPING RATE 4 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 11/19/04, North Grid 547 000, East Grid 792 000

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Cable, Reverse Rotary, Drive-Point

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 DEEPEMED AN EXISTING WELL

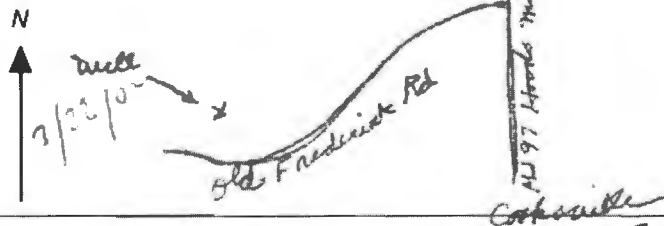
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792 2, N 547 7

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G, PERMIT No. HO - 94 - 4068

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Burgin Inc Telephone #: 410-257-8924
 Address: 640 Klee M. H Rd
Veatchville MD 21157

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): Tim Burgin License#: 64892

***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: Mellan Telephone #: 410-690-2050
 Subdivision: _____ Lot #: _____ Well Tag #: HO 94-4068 ✓
 Site Address: 14850 Old Frederick Rd
Woodbine, MD 21797

Submersible Pump Data

Make: Gen 10
 Model #: 36HP 9
 Pump Capacity: _____
 Well Yield: 7
 Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: American Granby
 Model#: PT800NL
 GPM Depth: 36 (36" min)
 GPM NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: _____
 Screened, vented well cap: X
 Cap secured to casing: Yes
 Conduit min 18" B.G.: Yes
 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 inside of well casing

Piping to house

Type: Poly
 PSI: 200 (160 psi min)
 Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: X
 Length of sleeve (5' minimum from foundation): 75
 Sleeve sealed properly: X

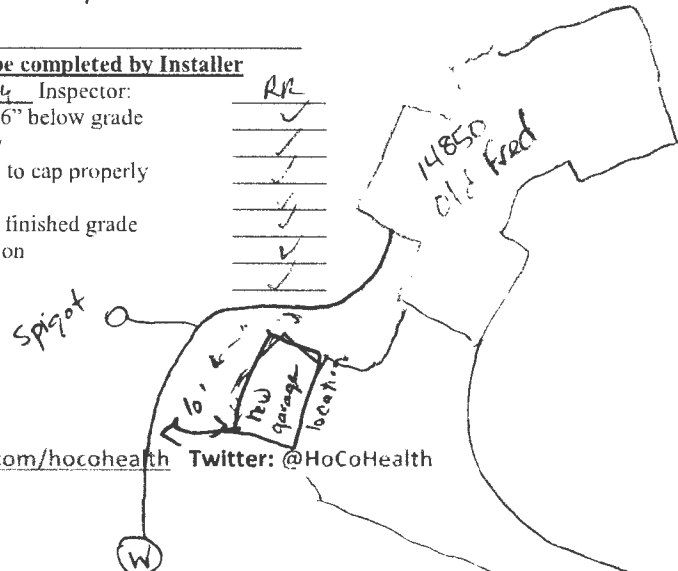
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 4/11/24

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

Date Insp. Requested: 4/11/24 Date Insp. Approved: 4/17/24 Inspector: AR
 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)





Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

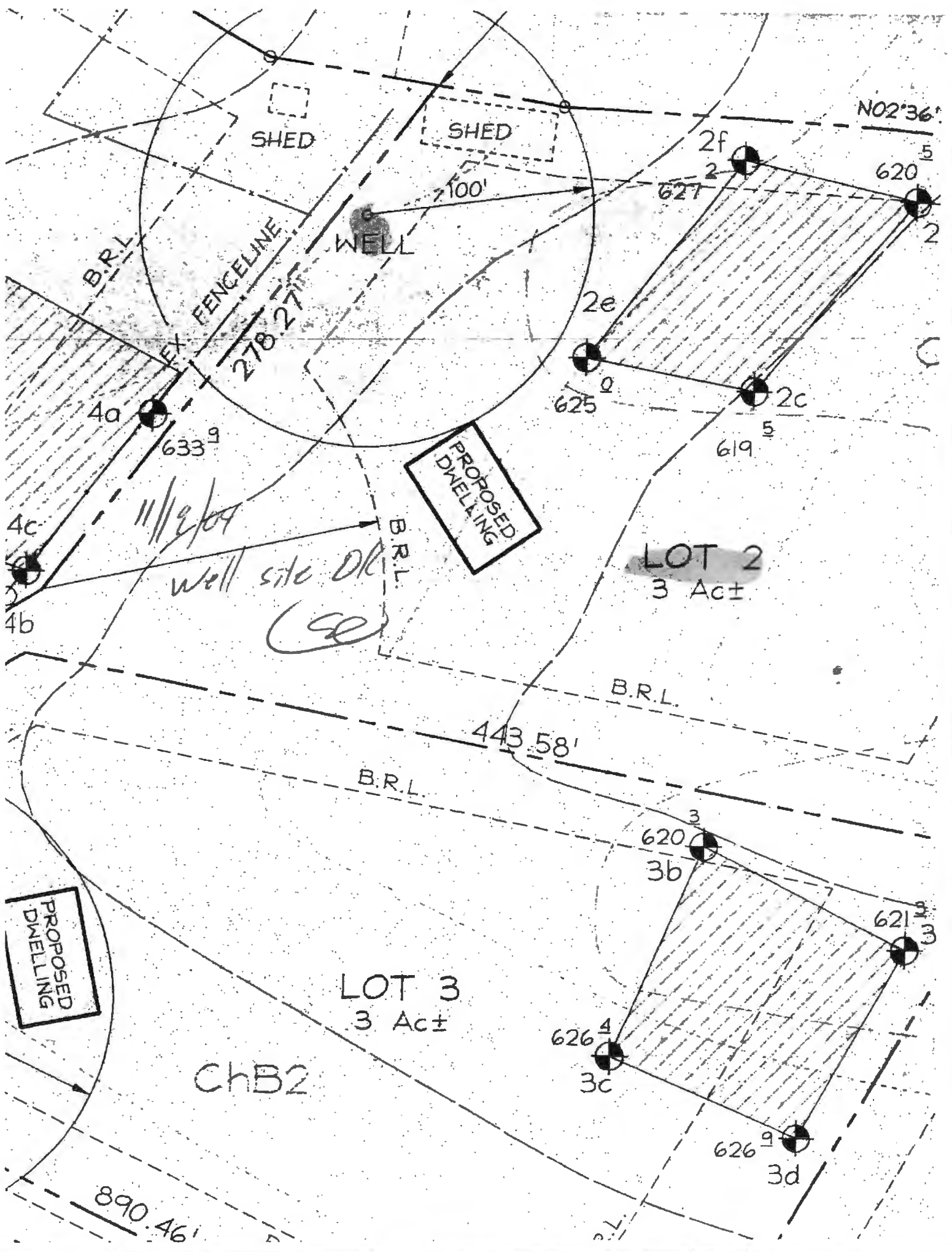
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well; please indicate one of the following:

- The well site has been staked by VOGEL ENGINEERING on OCTOBER 15, 2009 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



N02°36'

SHED

SHED

2f

620

WELL

B.R.L.

EX FENCELINE

278.27'

627

2e

4a

633

625

2c

619

4c

11/9/09

B.R.L.

PROPOSED DWELLING

LOT 2
3 Act±

Well site DR
(9)

4b

B.R.L.

443.58'

B.R.L.

620

3b

PROPOSED DWELLING

LOT 3
3 Act±

ChB2

621

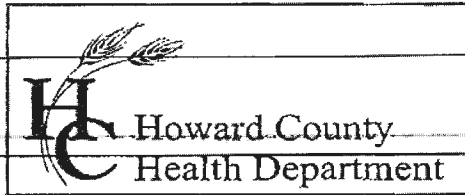
626

3c

626

3d

890.46'



7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-2640 Fax (410) 313-2648


TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Cindy Hamilton, Planning Manager
Howard County Department of Land Development

FROM: Stuart F. Oster, Registered Environmental Sanitarian
Howard County Environmental Health 

DATE: December 10, 2004

SUBJECT: Minglewood, Lots 1-4, Plat # F-01-176

The wells located in the Minglewood Subdivision consisting of 1 existing and 3 new lots have been drilled and have received preliminary approval by the Howard County Health Department. The recordation of plat F-01-176 should not be held up any longer due to issues involving well drilling as the developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, please call me at 410-313-1771.

CC: Stephen Griffin
File



4/12/24

WLI insp.

14850 Old Frederick

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 6, 2025

November 6, 2024

Homeowner
14850 Old Frederick Road
Woodbine, MD 21797

RE: **Minglewood, Lot 4**
14850 Old Frederick Road
Building Permit: B23004609
Well Permit: HO-94-4068

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 10/17/2024. Final approval of the well line connection to the dwelling was granted on 4/12/2024. The well construction was completed on 12/10/2004. Water samples were collected on 10/10/2024, 10/30/2024.

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-94-4068. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

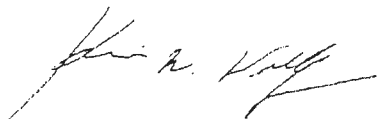
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

REPORT OF ANALYSIS

Laboratory ID #:	169464	Account #:	1932
Reference:	Robin Ford	Client:	Robin Ford Building/ Remodeling
Location:	14850 Old Frederick Road Woodbine, MD 21797	Requested By:	Sharilyn Ford
Date/ Time Collected:	10/10/2024 1212	Source:	Well Water
Date/Time Rec'd:	10/10/2024 1440	Site:	Pressure Tank ✓
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 0819JY	pH:	5.9
		Well #:	HO-94-4068

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	ND	MPN/ 100 ml	<1.0	SM20 9223B	10/11/2024 / 0930 / KDR
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/11/2024 / 0930 / KDR
Nitrate.	✓ 7.41	mg/L (as N)	10	EPA 300.0	10/10/2024 / 1700 / CRS
Sand	✓ ND	mg/L	5	Visual/Gravimetric	10/11/2024 / 1000 / KDR
Turbidity	✓ 0.53	NTU	<10	SM2130B	10/11/2024 / 0910 / 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 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B23004609

Date Reported: 10/11/2024

REPORT OF ANALYSIS

Laboratory ID #:	169843	Account #:	1932
Reference:	Robin Ford	Client:	Robin Ford Building/ Remodeling
Location:	14850 Old Frederick Road Woodbine, MD 21797	Requested By:	Sharilyn Ford
Date/ Time Collected:	10/30/2024 1113	Source:	Well Water
Date/Time Rec'd:	10/30/2024 1338	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 0266RO	pH:	6.1
		Well #:	HO-94-4068

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/31/2024 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/31/2024 / 1000 / KDR

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
 Building Permit # : B23004609

Date Reported: 10/31/2024