

C1 - 7931 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A43975

ST/CO USE ONLY DATE Received DATE WELL COMPLETED 064896 Depth of Well 285 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0819

OWNER Warfield Robert STREET OR RFD Daisy Rd TOWN Woodbine SUBDIVISION QUARRIES ON CATTAIL 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	
Brown Sand	0	79	
Blue Rock	79	285	

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 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 89

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 BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 5 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

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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

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

DEPTH (nearest ft.) 110 82 285

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
E	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
A	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
C	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
H	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
S	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
C	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
R	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
E	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
E	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
N	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

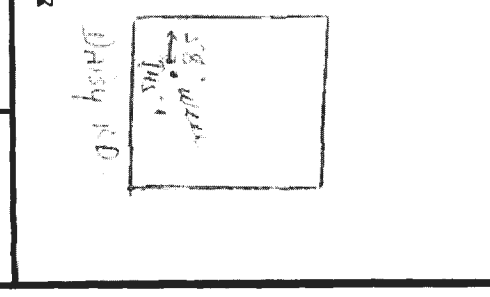
BEFORE PUMPING 50 ft. WHEN PUMPING 79 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)









**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: All Around Plumbing, Inc Telephone #: 301-698-1025  
Address: P.O. Box 3596  
Frederick, MD 21705

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

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

Name (Print): James Madden License# 2002016121

**\*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: Sears Cynthia Louise Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - # - 43475  
Site Address: 2511 Daisy Rd 14099-0819  
Worlborne, MD 21797

**Submersible Pump Data**

Make: Goulds  
Model #: 5GS07422  
Pump Capacity 5 GPM  
Well Yield: 15 GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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 inside of well casing** \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

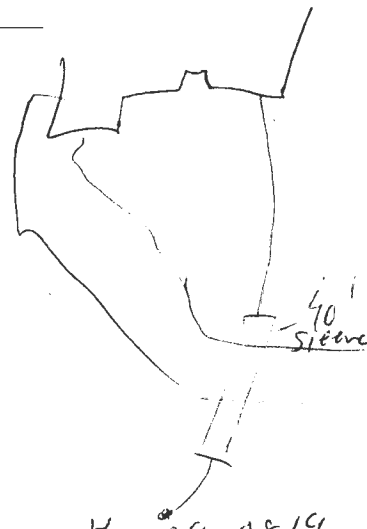
PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

**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: J. Burdwan Madden date: 12/9/24

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

Date Insp. Requested: 12/10/2024 Date Insp. Approved: 12/10/2024 Inspector: SP  
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 ✓



HU-99-0819

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – October 24, 2025**

April 24, 2025

Homeowner  
2511 Daisy Road  
Woodbine, MD 21797

**RE: Weikel Property, Lot 1**  
**2511 Daisy Rd**  
**Building Permit: B24001107**  
**Well Permit: HO-94-0819**

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 **2/13/2025**. Final approval of the well line connection to the dwelling was granted on **12/10/2024**. The well construction was completed on **6/28/1996**. Water samples were collected on **3/5/2025, 3/21/2025, 3/28/2025**.

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-94-0819. 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>



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

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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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 172126 Account #: 1045  
Reference: Caruso Client: Atlantic Blue Water Services  
Location: 2511 Daisy Road Requested By: Mark Mather  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 3/5/2025 1200 Site: Basement  
Date/Time Rec'd: 3/5/2025 1320 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6  
Collected By: Q. Oliver 3414QO Well #: HO-94-0819

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	19.7	MPN/ 100 ml	<1.0	SM20 9223B	3/6/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/6/2025 / 0900 / KDR
Nitrate.	0.68	mg/L (as N)	10	EPA 300.0	3/5/2025 / 1900 / KDR
Nitrite.	<0.10	mg/L (as N)	1	EPA 300.0	3/5/2025 / 1900 / KDR
Turbidity	166	NTU	<10	SM2130B	3/6/2025 / 1030 / KDR
Sand	>5	mg/L	5	Visual/Gravimetric	3/6/2025 / 1035 / KDR
Iron	21.6	mg/L	0.3*	Hach 8146	3/6/2025 / 1035 / KDR

### NOTES:

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 3/6/2025

## Page, Shepsura

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**From:** Jennifer Ray <jray@carusohomes.com>  
**Sent:** Monday, April 22, 2024 7:26 AM  
**To:** Page, Shepsura  
**Cc:** Wolf, Kevin; Freemon, Robert  
**Subject:** RE: Finished photo 2511 Daisy Rd  
**Attachments:** Resized\_20240403\_145742\_1712170675370.jpeg

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good morning,

Please see the email below from the well contractor regarding bringing the well to code.

Please let me know if you have any questions.

Sincerely,  
Jennifer Cisneros Ray  
Project Manager – OYL



2120 Baldwin Avenue, Suite 200  
Crofton, MD 21114  
Mobile: (301) 832-5813  
Office: (301) 261-0277  
[jray@carusohomes.com](mailto:jray@carusohomes.com)  
[www.carusohomes.com](http://www.carusohomes.com)

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**From:** William Guizzardi <wguizzardi@alliedwells.com>  
**Sent:** Friday, April 19, 2024 3:26 PM  
**To:** Jennifer Ray <jray@carusohomes.com>  
**Subject:** Fwd: Finished photo 2511 Daisy Rd

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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Jennifer

Attached is a photo of the well on 2511 Daisy Rd in Woodbine  
The temporary pump and bag were removed  
A new well cap was secured to the casing  
There was no need to cap the pitless unit as one had not been installed  
Please let me know if additional information is needed  
Thank you  
Bill Guizzardi  
Project Manager  
Allied Well Drilling



4/22/2024 -  
Received PIC of  
well casing w/  
cap secured (SP)

## Page, Shepsura

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**From:** Page, Shepsura  
**Sent:** Wednesday, March 27, 2024 11:22 AM  
**To:** mxlewis@hotmail.com  
**Cc:** Wolf, Kevin  
**Subject:** 2511 Daisy Rd Well Condition  
**Attachments:** 2511 Daisy Rd- Well Site Visit.pdf

Good Morning Mrs. Lewis,

The health department received a complaint about your well at 2511 Daisy Rd. Upon a site visit, I found the wells cap removed, a plastic bag used to cover the well, and conduit coming out of the casing. It does not appear that your current well is in accordance with the code of Maryland (COMAR) 26.04.04.21(F): *"All wells shall be capped with one of the following: (a) A watertight, screened vented cap; (b) A watertight cap; or (c) The base of a pump motor, provided that, to prevent the entrance of vermin and debris"*. I've attached pictures of my site visit. Are you aware of the current condition and can you explain what's happening with the well?

Thanks,

Shepsura Page, EH Specialist  
Well & Septic Program  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-1789 (Office)  
410-313-2648 (Fax)  
[www.hchealth.org](http://www.hchealth.org)  
[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)



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3/26/2024 - Site visit in response to complaint.  
Well cap removed w/ conduit coming out of casing  
Plastic bag w/ duct tape used to cover well. (SP)