

C1 41803

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Main Rock, Water 13'

GROUTING RECORD section with checkboxes for grouting and material types (CM, BC).

CASING RECORD section with checkboxes for casing types (ST, CO, PL, OT) and main casing details.

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

SCREEN RECORD section with checkboxes for screen types (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO.: MSD 227

DRILLERS SIGNATURE: [Signature]

LIC. NO.: D

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

DEPTH (nearest ft.) table with columns for casing sections and depth values.

DIAMETER OF SCREEN (NEAREST INCH) from to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST section with fields for hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED section with fields for driller installed pump, pump type, capacity, and pump specifications.

LATITUDE 39.24261, LONGITUDE 76.2908 (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.

B 1	64921	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-18-0017</u> <small>70</small> <u>fill in this form completely</u> <small>79</small>
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OWNER INFORMATION

Date Received (APA) 05/27/11

8 MM DD YY 13

15 Last Name Stearns Owner Stearns First Name John 34

36 Street or RFD 1200 Stearns Blvd 55

57 Town Beltsville 70 State MD 72 Zip 20814 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50 15

52 NEAREST TOWN Beltsville 71

DRILLER INFORMATION

Driller's Name Stearns M MD097 License No. 76 81

Firm Name _____

Address _____

Signature _____ Date _____

B 4 SOURCES OF DRILLING WATER

11 STREET ADDRESS _____ 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 DISTANCE FROM ROAD 37

ENTER FT OR MI 1 38 39

TAX MAP: 1 BLK: _____ PARCEL 1

B 2 WELL INFORMATION

1 APPROX. PUMPING RATE (GAL. PER MIN.) 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 43

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 4/2/19 CO SIGNATURE [Signature] EXP. DATE 4/2/20

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 24 FEET 28

APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH

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 (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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 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)

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-18-0017

70 71 72 73 74 75 76 77 78 79

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.

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SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Bottom Samples re @ Y add.

**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: FLOW RITE, INC. Telephone #: 301-748-4236
Address: 4915 LINCOLNVIEW DR.
WILKESVILLE, MD 21770 301-748-4236

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): STEVEN HERRICK License# 98319

***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: FUNDN TRUST Telephone #: 301-829-4500
Subdivision: ZC-4 Lot #: 15 Well Tag #: HO-18-0617V
Site Address: 11079 GAITHER FARM RD.
EMUCOET CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULDS</u>	Make: <u>B-SHART</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>100 SC 24 22C</u>	Model#: <u>P 100 SS</u>	Screened, vented well cap: <u>NO</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200</u> (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>		

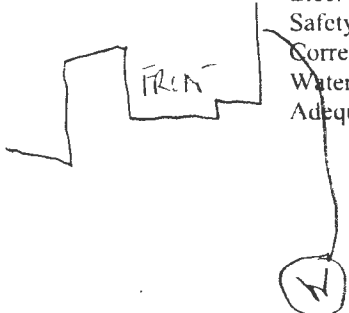
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>SUPPLY COIL</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>YES</u>
Depth of supply line: <u>40'</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

Signature of company representative responsible for installation: [Signature] date 11/6/2024

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

Date Insp. Requested: 11/6/24 Date Insp. Approved: 11/6/24 Inspector: RR
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 ✓



11079 Gaithers Farm Rd.

W/L installation pic sent by
Contractor FLOW RITE
on 11/6/24.

Cement & tar
used to
seal well
line @ house



Stub
out
for
sewer line



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 14, 2025

March 14, 2025

Homeowner
11079 Gaither Farm Road
Ellicott City, MD 21042

RE: Gaither Farm, Lot 15
11079 Gaither Farm Rd.
Building Permit: B24000261
Well Permit: HO-18-0017

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 **1/29/2025**. Final approval of the well line connection to the dwelling was granted on **11/6/2024**. The well construction was completed on **5/31/2019**. Water samples were collected on **3/6/2025, 3/12/2025**.

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-18-0017. 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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410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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 #: 172145 Account #: 1045
Reference: Roy Vorc Client: Atlantic Blue Water Services
Location: 11079 Gaither Farm Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/6/2025 1045 Site: Bathroom Faucet
Date/Time Rec'd: 3/6/2025 1150 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: B. Dale 4040BD Well #: HO-18-0017

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/7/2025 / 0845 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/7/2025 / 0845 / KDR
Nitrate.	0.92	mg/L (as N)	10	EPA 300.0	3/6/2025 / 1457 / 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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site, Chlorine level also tested in lab

Reason for Test : Real Estate

Date Reported: 3/7/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 172234 Account #: 1045
Reference: Roy Vorc Client: Atlantic Blue Water Services
Location: 11079 Gaither Farm Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/12/2025 1230 Site: Boiler*
Date/Time Rec'd: 3/12/2025 1320 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: B. Dale 4040BD Well #: HO-18-0017

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	<0.30	NTU	<10	SM2130B	3/13/2025 / 1005 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	3/13/2025 / 1005 / KDR

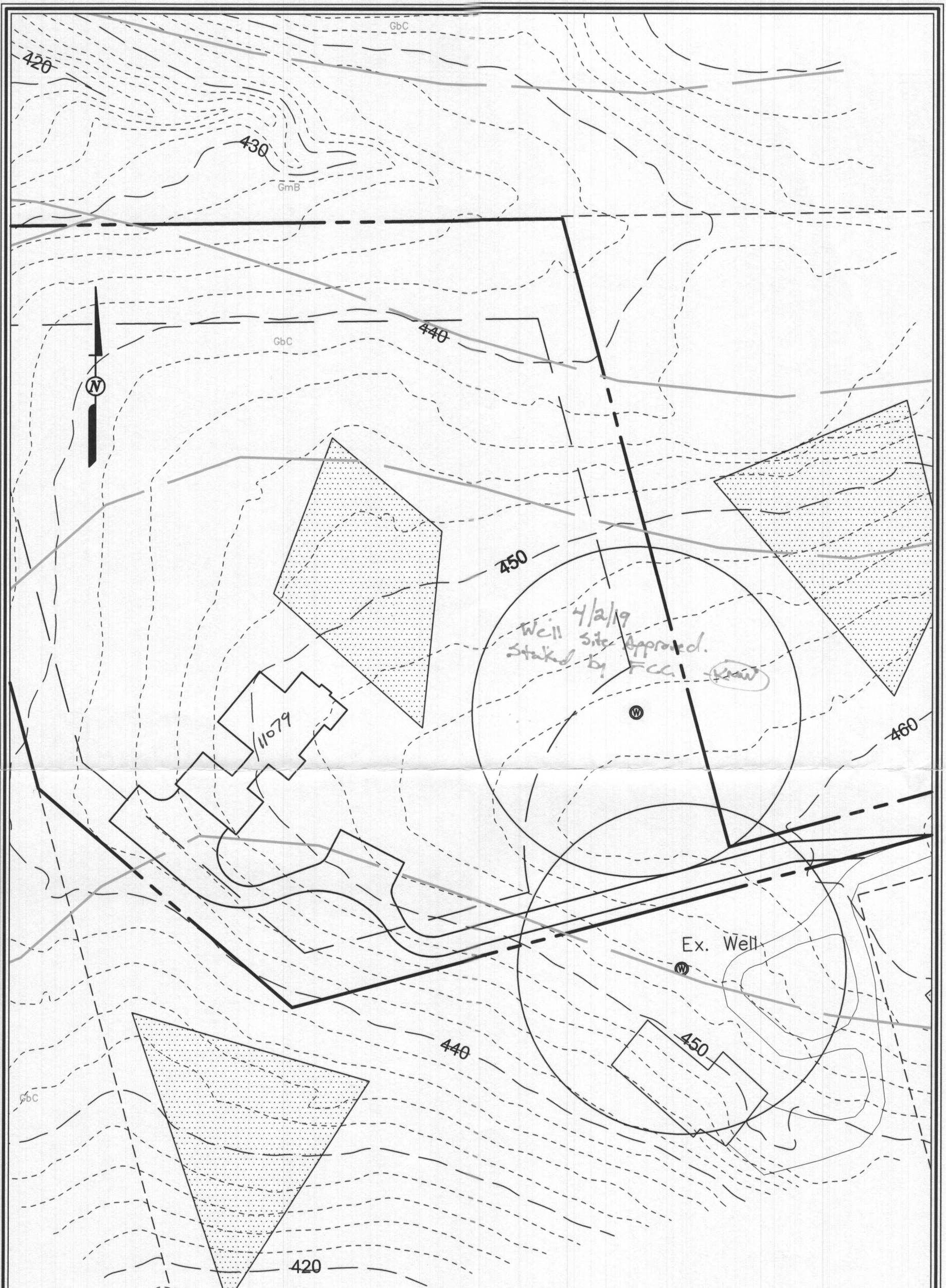
NOTES:

- 1 *Constant Pressure Manifold
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site, Chlorine level also tested in lab

Reason for Test : Real Estate

Date Reported: 3/13/2025

C:\SDSKPROJ\161807 GAITHER FARM\dwg\161807-4Lot 15 Gaither well Exhibit.dwg, Well Exhibit, tony, 1:1



11079

WELL EXHIBIT
GAITHER FARM RO
LOT 15

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

TAX MAP #29 GRID: 10 PARCEL: 1
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=60' DATE: FEBRUARY 7, 2019

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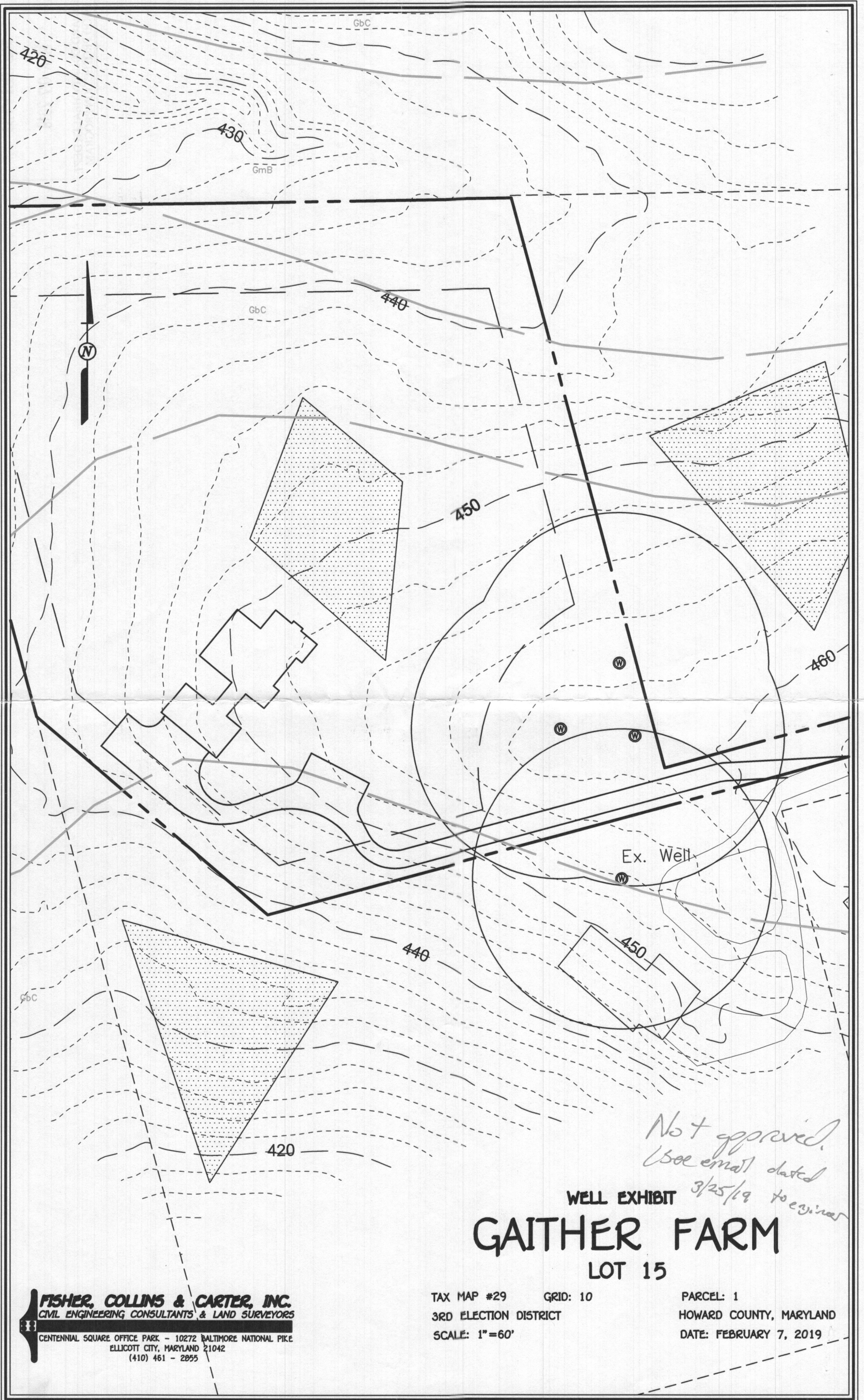
WELL EXHIBIT
GAITHER FARM
 LOT 15

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2055

TAX MAP #29 GRID: 10
 3RD ELECTION DISTRICT
 SCALE: 1"=60'

PARCEL: 1
 HOWARD COUNTY, MARYLAND
 DATE: FEBRUARY 7, 2019

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*Not approved.
Use email dated
3/25/19 to engineer*

WELL EXHIBIT
GAITHER FARM
LOT 15

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
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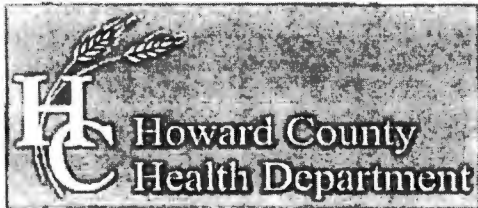


WELL EXHIBIT
GAITHER FARM
 LOT 15

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

TAX MAP #29 GRID: 10
 3RD ELECTION DISTRICT
 SCALE: 1"=60'

PARCEL: 1
 HOWARD COUNTY, MARYLAND
 DATE: FEBRUARY 7, 2019



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/hcohealth

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:

GATHER FARM
Sub vision/Property Name

15
Lot #

GATHER FARM RD
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 3/26/19
(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.