

C1 | 6696 (MDE USE ONLY)

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 13 A59207

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
15 15

DATE WELL COMPLETED
MM DD YY
11 16 05
Depth of Well
22 160 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-95-0113
28 29 30 31 32 33 34 35 36 37

OWNER Trinity Builders
STREET OR RFD 2330 River Drive TOWN LISBON
SUBDIVISION The Church of St. Mary's SECTION LOT 10

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	
Top Soil	0	2	
Brown Slak	2	20	
Brown Slak	20	30	
Blue Slak	30	35	
Brown Slak	35	70	
Dark Slak	70	90	
Brown Slak	90	95	
Blue Slak	95	160	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 12 NO. OF POUNDS 45

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 100 BOTTOM 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 6 35

60 61 63 64 66 70

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** HOLE
PL PLASTIC **OT** OTHER

C 2 DEPTH (nearest ft.)

1 110 33 160

E A C H S C R E E N

8 9 11 15 17 21
23 24 26 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-24 BOX 68

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

T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 78 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.
WHEN PUMPING 54 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** screw

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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

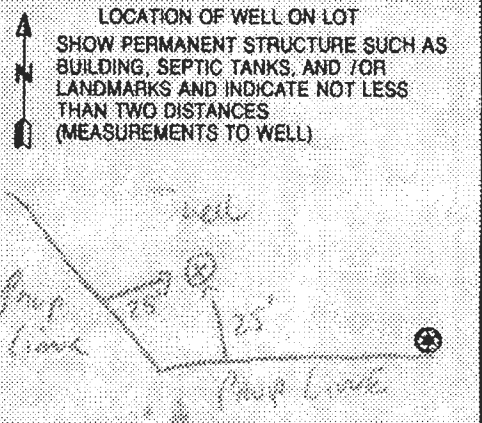
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above **-** below

LAND SURFACE 2 (nearest foot)



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. 1 M D

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 8958

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO -95 -0113 fill in this form completely

523239

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

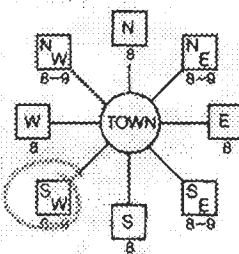
9 COUNTY 21
23 SUBDIVISION 42
SECTION 24 46 LOT 10 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 M 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81
Firm Name
Address
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 34 220 37 ENTER FT OR MI 38 39

TAX MAP 7 BLK PARCEL 133

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 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
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED CO SIGNATURE EXP DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
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
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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

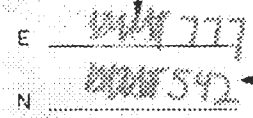
APPROX. PERMIT NUMBER

PERMIT No. HO - 95 - 0113

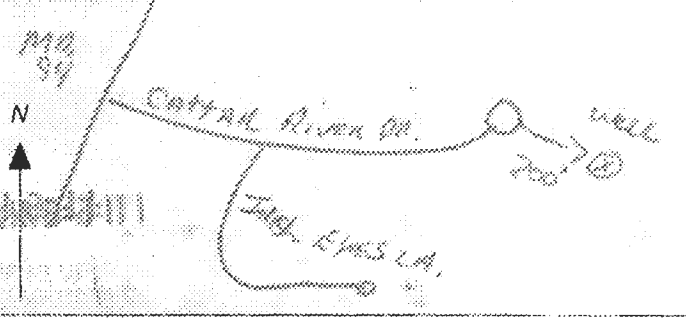
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

**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: D.L. Klipp Plumbing LLC Telephone #: (240) 357-8557
Address: 8659 Iron Springs Rd.
Fisherick, MD 21722

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID L. KLIPP License #: 7244

*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: ARON GOODMAN Telephone #: 240-246-4561
Subdivision: CHASE AT STONEY CREEK Lot #: 10 Well Tag #: EO 95-0113
Site Address: 16315 CATTAIL CREEK
WOODBINE, MD 21797

Submittable Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Whisper</u>	Make: <u>Camco</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>59505422C</u>	Model #: <u>PA 800 LP</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque wrenches, 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>		

Pipes to house	House Connection
Type: <u>BLACK WEL PIPE</u>	PVC sleeve to undisturbed soil at well penetration: <u>YES</u>
PSI: <u>200 (100 psi min)</u>	Length of sleeves (minimum from foundation): <u>5'</u>
Depth of supply line: <u>48"</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: 7-18-23

For Health Department Use Only — Not to be completed by installer

Date Insp. Requested: 7/21/23 Date Insp. Approved: 7/21/23 Inspector: [Signature]

Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	45"
	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"/>	40"
	Safety rope not outside of well casing	<input checked="" type="checkbox"/>	
	Correct well tag attached properly and casing 5" above finished grade	<input checked="" type="checkbox"/>	to be 110
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	sleeved under garage
	Adequate gravel observed below pitless adapter	<input checked="" type="checkbox"/>	

7/21/2023 -

Check during / septic install to make sure well tag 8" above grad. (8)

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

INTERIM CERTIFICATE OF POTABILITY
[PERMANENT DEVIATION FOR NITRATES]

Expiration Date – August 2, 2024

February 2, 2024

Homeowner
16315 Cattail River Drive
Woodbine, MD 21797

RE: The Chase @ Stoney Brook
16315 Cattail River Drive
Building Permit: B23001642
Well Permit: HO-95-0113

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 **1/23/2024**. Final approval of the well line connection to the dwelling was granted on **7/21/2023**. The well construction was completed on **11/18/2005**. Water samples were collected on **12/11/2023, 1/29/2024**.

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.

The untreated water sample collected on **12/11/2023** indicated a nitrate level of **13.1 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **1/29/2024** and indicated a nitrate level of **0.35 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**



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

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-95-0113. 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 quality 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>

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 Environment 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 white background.

Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

3020 VENTURE COURT
MYERSVILLE, MD 21773



13011 223 3349
INFO@FTL LAB.COM

Certificate of Analysis

Work order: **FXL0261**

Client:
C.E. Rensberger & Family
1 S. Main Street
Woodsboro, MD 21798

Project: 16315 Cattail River Drive
HCHD U&O

Sample Site: Goodman
Sample Address: 16315 Cattail River Drive
Woodbine, MD 21797

Received at lab: 12/11/23 13:30
Temp: 1.00 deg. C
Reported: 12/15/23 8:07

PWSID:
Treatment: Filter
Collected by: David Hiller, ID: 2176DH
Well Tag: HO-95-0113

Pressure Tank
FXL0261-01 (Drinking Water)(Grab)

Date Collected: 12/11/23 12:38

Field Results	Result	Units
Temperature	13.9	deg. C
pH	5.95	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

Microbiology	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
Bacteria - Total Coliform	43	MPN/100 mL	1	1	12/11/23 14:19	12/12/23 11:25	JD		9223B
Bacteria - E coli	<1	MPN/100 mL	1	1	12/11/23 14:19	12/12/23 11:25	JD		9223B

Bacteriological analysis of this sample indicates the water is unsafe for human consumption. Analysis was performed according to the 23rd edition of Standard Methods

Inorganic	Result	Units	MRL	MCL	Date Analyzed	Analyst	Qual	Method
Nitrate	13.1	mg/L	1.00		12/13/23 19:47	MW		300.0
Sand	<2.00	mg/L	2.00	5	12/12/23 12:24	JD		0.065mmFilter
Turbidity	3.42	NTUs	0.10	9.99	12/11/23 14:02	NM		180.1

Notes and Definitions

Item	Definition
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Sara E. Randall
Sara E. Randall, President

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
West Virginia Cert. 415 MDOT WBE Cert. No.: 91-158

Chain of Custody

Fredericktowne Labs, Inc
3020 Ventrice Court
Myersville, MD 21773
(301) 293-3340

FXL0261

Client: C.E. Rensberger & Family
Project: 16315 Cattail River Drive
Project Manager: Fredericktown Labs

Sampling Site: Goodman
16315 Cattail River Drive
Woodbine, MD 21797

Sampling Date: 12/11/2023

Collected by: D. Hiller

FXL0261-01					
Source: Pressure Tank	Date	Time	Ph	Cl	Temp
Matrix: Drinking Water Type: Grab	Sampled: 12/11/23	1230	5.95	<0.1	13.9°
Composite Begin:					
Containers:					
FXL0261-01-A Plastic - 100ml Na2S2O3 Bacteria - Colilert 200 18 Hr					
FXL0261-01-B Plastic - 250ml unsp Nitrate Nitrogen Turbidity					
FXL0261-01-C Plastic - 1000ml unsp Sand					
Field Observations:			Treatment:		
			Filter		

Work Comments:

HCHD U&O

POC Jeremy 301-473-6162

Call with time frame

LB on front door- 1958

Well tag - ~~H0~~ - 95-0113

Icons: Yes No **Temp:** 1

[Signature] 12/11/23 1330

Relinquished By _____ Date/Time _____

Relinquished By _____ Date/Time _____

Relinquished By _____ Date/Time _____

[Signature] 12/11/23 1330

Received By _____ Date _____

Received By _____ Date _____

Received By _____ Date _____

Certificate of Analysis

Work order: **FYA0641**

Client:
C.E. Rensberger & Family
1 S. Main Street
Woodsboro, MD 21798

Project: 16315 Cattail River Drive
2nd Sample
Sample Site: Goodman
Sample Address: 16315 Cattail River Drive
Woodbine, MD 21797

Received at lab: 1/29/24 11:50
Temp: 1.00 deg. C
Reported: 1/31/24 9:55

PWSID:
Treatment: RO/UV Light
Collected by: Evan Evans, ID: 2349EE
Well Tag: HO-95-0113

R O System

FYA0641-01 (Drinking Water)(Grab)

Date Collected: 01/29/24 08:56

Field Results

	Result	Units
Temperature	18.1	deg. C
pH	7.8	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

Microbiology

	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
Bacteria - Total Coliform	<1	MPN/100 mL	1	1	1/29/24 13:11	1/30/24 8:00	JD		9223B
Bacteria - E coli	<1	MPN/100 mL	1	1	1/29/24 13:11	1/30/24 8:00	JD		9223B

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 23rd edition of Standard Methods

Inorganic

	Result	Units	MRL	MCL	Date Analyzed	Analyst	Qual	Method
Nitrate	0.35	mg/L	0.20	10	1/29/24 15:06	MW		300.0

Notes and Definitions

Item	Definition
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Sara E. Randall
Sara E. Randall, President

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Chain of Custody

Fredericktowne Labs, Inc
3020 Ventrie Court
Myersville, MD 21773
(301) 293-3340

FYA0641

Client: C.E. Rensberger & Family
Project: 16315 Cattail River Drive
Project Manager: Fredericktown Labs
Sampling Date: 1/29/2024
Collected by: _____

Sampling Site: Goodman
16315 Cattail River Drive
Woodbine, MD 21797

FYA0641-01					
Source: R O System	Date	Time	Ph	Cl	Temp
Matrix: Drinking Water Type: Grab	Sampled: 1-29-24	8:50	7.8	<0.1	18.1
Composite Begin: _____					
Containers:					
FYA0641-01-A Plastic - 100ml Na2S2O3 Bacteria - Colilert 200 18 Hr					
FYA0641-01-B Plastic - 250ml unp Nitrate					
Field Observations:			Treatment:		
			No UV Light		

Work Comments:

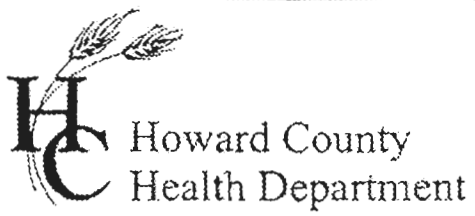
HCHD U&O
POC Jeremy 301-473-6162
Call with time frame
LB on front door- 1958
Well tag

Iced: Yes No Temp: 1

1150

Emily Evans 1-29-24 1150
Relinquished By _____ Date/Time _____
Relinquished By _____ Date/Time _____
Relinquished By _____ Date/Time _____

Laura Zeigler 1-29-24
Received By _____ Date _____
Received By _____ Date _____
Received By _____ Date _____



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

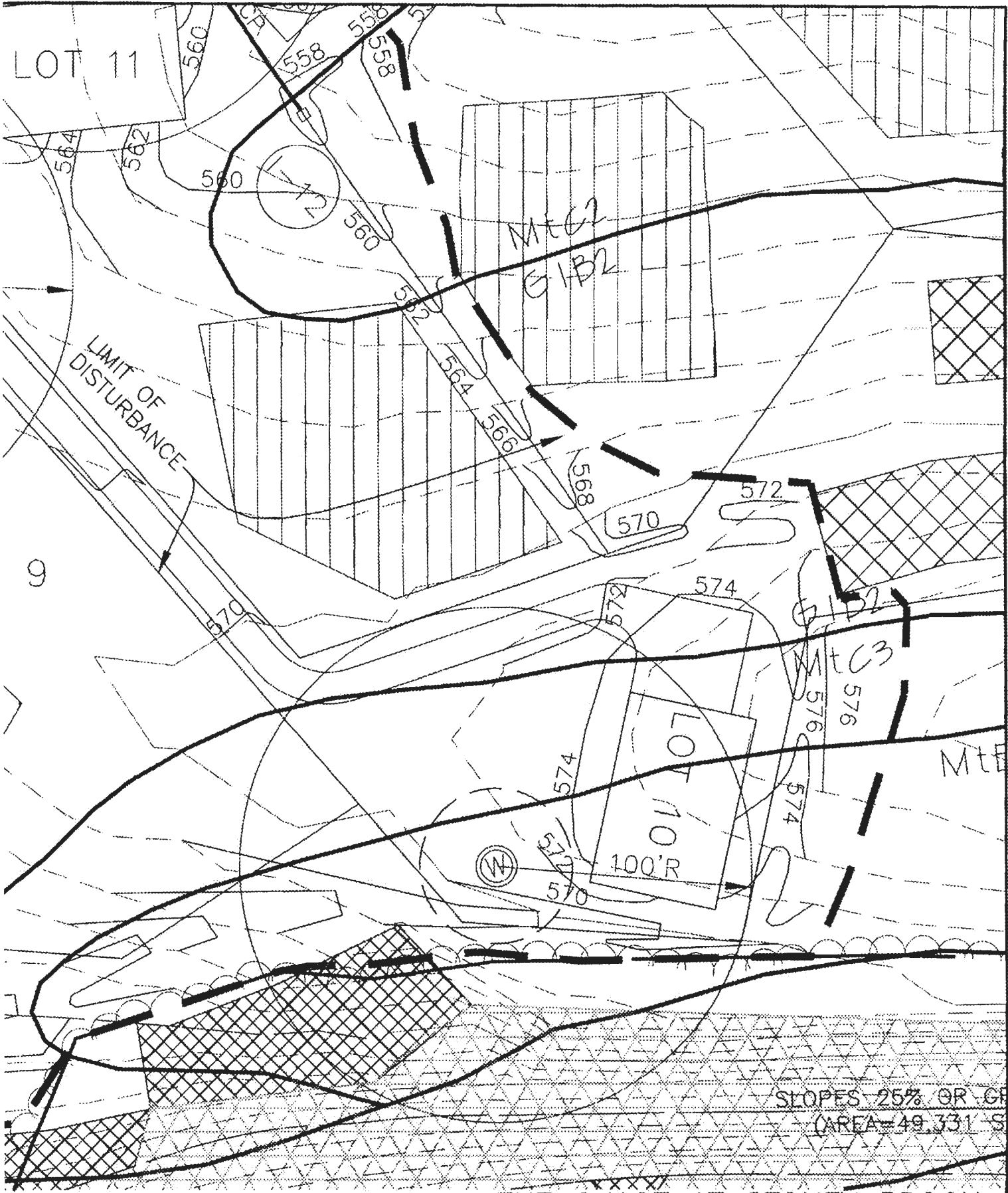
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by DELLHMARK Engineering Inc on Aug 12 2005 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



SLOPES 25% OR GREATER
 (AREA = 49,331 S.F.)

BENCHMARK

THE CHASE AT STONEY BROOK

LOT 10

ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 8/2/05