

<b>C 1</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <b>13</b>
ST/CO USE ONLY DATE Received MM DD YY <b>07-21-2025</b>	DATE WELL COMPLETED MM DD YY <b>07-21-2025</b>	Depth of Well 22 <b>350</b> 26 <b>919</b> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO-25-0005</b>
OWNER <u>Colson Castle</u>		TOWN <u>Sykesville</u>	
WELL SITE ADDRESS <u>1122 Taylor Park Rd</u>		SECTION <u>          </u> LOT <u>19</u>	
SUBDIVISION <u>River Park Estates</u>			

<b>WELL LOG</b> Not required for driven wells	<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>C 3</b>
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC	<b>PUMPING TEST</b>
DESCRIPTION (Use additional sheets if needed)	NO. OF BAGS <sup>45</sup> <b>22</b> NO. OF POUNDS <sup>45</sup> <b>1100</b>	HOURS PUMPED (nearest hour) <b>6</b>
FEET FROM TO check if water bearing	GALLONS OF WATER <b>550</b>	PUMPING RATE (gal. per min.) <b>3.5</b>
<b>Red chert</b> 0 95	DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>10</b> ft.	METHOD USED TO MEASURE PUMPING RATE <b>1 gal</b>
<b>Gray Granite</b> 95 110	(enter 0 if from surface)	WATER LEVEL (distance from land surface)
<b>Sand</b> 110 111 ✓	<b>CASING RECORD</b>	BEFORE PUMPING <b>19</b> ft.
<b>Gray Granite</b> 111 310	cases types insert appropriate code below <input checked="" type="checkbox"/> ST <input type="checkbox"/> CO STEEL CONCRETE	WHEN PUMPING <b>250</b> ft.
<b>Quartz</b> 310 311 ✓	<input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER	TYPE OF PUMP USED (for test)
<b>Gray Granite</b> 311 350	MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <b>06</b> Total depth of main casing (nearest foot) <b>100</b>	<input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine
	OTHER CASING (if used) diameter depth (feet) <b>ST</b> <b>10</b> <b>0</b> <b>29</b>	<input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)
	screen type or open hole (insert appropriate code below) <input type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO STEEL BRASS OPEN HOLE	<input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
	<input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER	<b>PUMP INSTALLED</b>
	<b>C 2</b> DEPTH (nearest ft.)	DRILLER INSTALLED PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>	WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <b>29</b>
<b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	<b>CIRCLE APPROPRIATE LETTER</b>	CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>31</b> <b>35</b>
<b>E</b> ELECTRIC LOG OBTAINED	<b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL	PUMP HORSE POWER <b>37</b> <b>41</b>
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.		PUMP COLUMN LENGTH (nearest ft.) <b>43</b> <b>47</b>
DRILLERS LIC. NO. <b>MSD224</b>	DRILLERS SIGNATURE <u>[Signature]</u>	CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above } LAND SURFACE <b>2</b> (nearest foot) <input type="checkbox"/> below }
LIC. NO. <b>D</b>	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <b>68</b>	LATITUDE <b>39.339313</b> LONGITUDE <b>76.949053</b> (DEFAULT COORD. WGS 84)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	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.
TELESCOPE CASING	LOG INDICATOR	

**B 1** 7597A SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6 551069 please type Ho - 25 - 0005  
 70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (ARA) 05/20/25  
 8 MM DD YY 13  
 15 Last Name Colson Owner First Name Carla  
 36 Street or RFD 6614 W Lake Ridge Rd  
 57 Town New Market Md 21774 State 70 Zip 76

**B 3 LOCATION OF WELL**  
 8 COUNTY Howard  
 23 SUBDIVISION River Park Estates  
 SECTION 44 46 LOT 19  
 52 NEAREST TOWN Sykesville 71

**DRILLER INFORMATION**  
 Driller's Name Andrew Houseman M S D License No. 2224  
 Firm Name Fogles Well Drilling, LLC  
 Address P.O. Box 202 Woodbine, Md 21797  
 Signature Andrew Houseman Date 5-14-25

**B 4 SOURCES OF DRILLING WATER**  
 1. Well water  
 2. 7/16/2025  
 3. And onsite w helper. Drilled to 70', having trouble keeping hole open, started @ 35'.  
 11 STREET ADDRESS 1128 Taylor Park Rd 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH [ ] WEST [ ] EAST [ ] SOUTH [X]  
 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 9 BLK: 11 PARCEL 111

**B 2 WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 8 500<sup>12</sup>  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 7/17/2025  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL  
 (containing to drill. And onsite w helper. Set 100' of casing. H<sub>2</sub>O @ 115' w 1 spm. continuing to drill.)

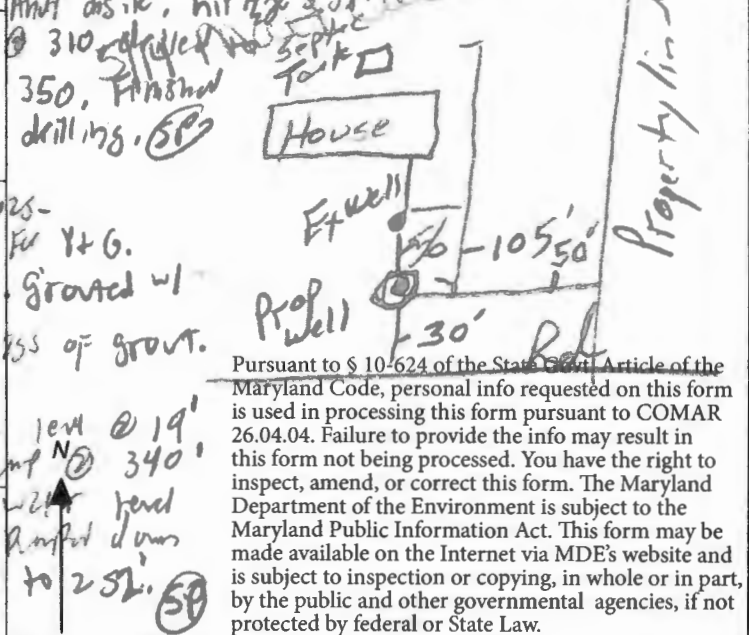
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. 13  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 05/30/2025 8 for the 05/30/2026  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 DON: 7/16/2025 DOG: 7/21/2025 DOY: 7/21/2025

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**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.  
 7/18/2025. And onsite, hit top 3 spm @ 310' depth. 350' finished drilling. (SP)  
 House  
 Property line  
 Et well 156-105'  
 Prop well 1-30'

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) AIR-ROTARY  
 JETTED AIR-PERCussion  
 Jetted & DRIVEN 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 DEEPEM AN EXISTING WELL  
 39 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 - 25 - 0005  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS** Please Notify office of Drilling, Grout, & Yield  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: Carla Colson Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-25-0005  
 Site Address: 1128 Taylor Park Rd  
Sixesville, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>74507422</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>7</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>3.5</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>350</u> (feet)		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 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.

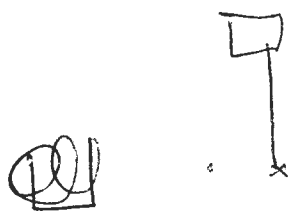
Signature of company representative responsible for installation: [Signature] Date: 7/22/25

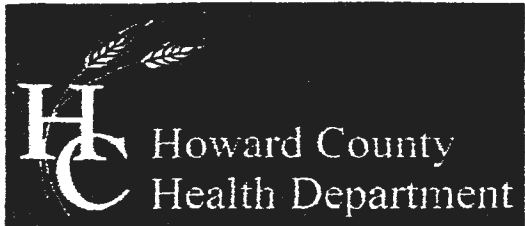
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 7/22/25 Date Insp. Approved: 7/2/25 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

MG  
 ✓ 46"  
 ✓ 32"  
 ✓ 26"  
 N/A - tied into existing line  
 s-c  
 P2000  
 (MG)

(Revised form 10/24/2018)





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:

River Park Estates      19      1128 Taylor Park Rd  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

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.

*Andy stated the proposed well site.  
Please call when you are ready to meet on site*

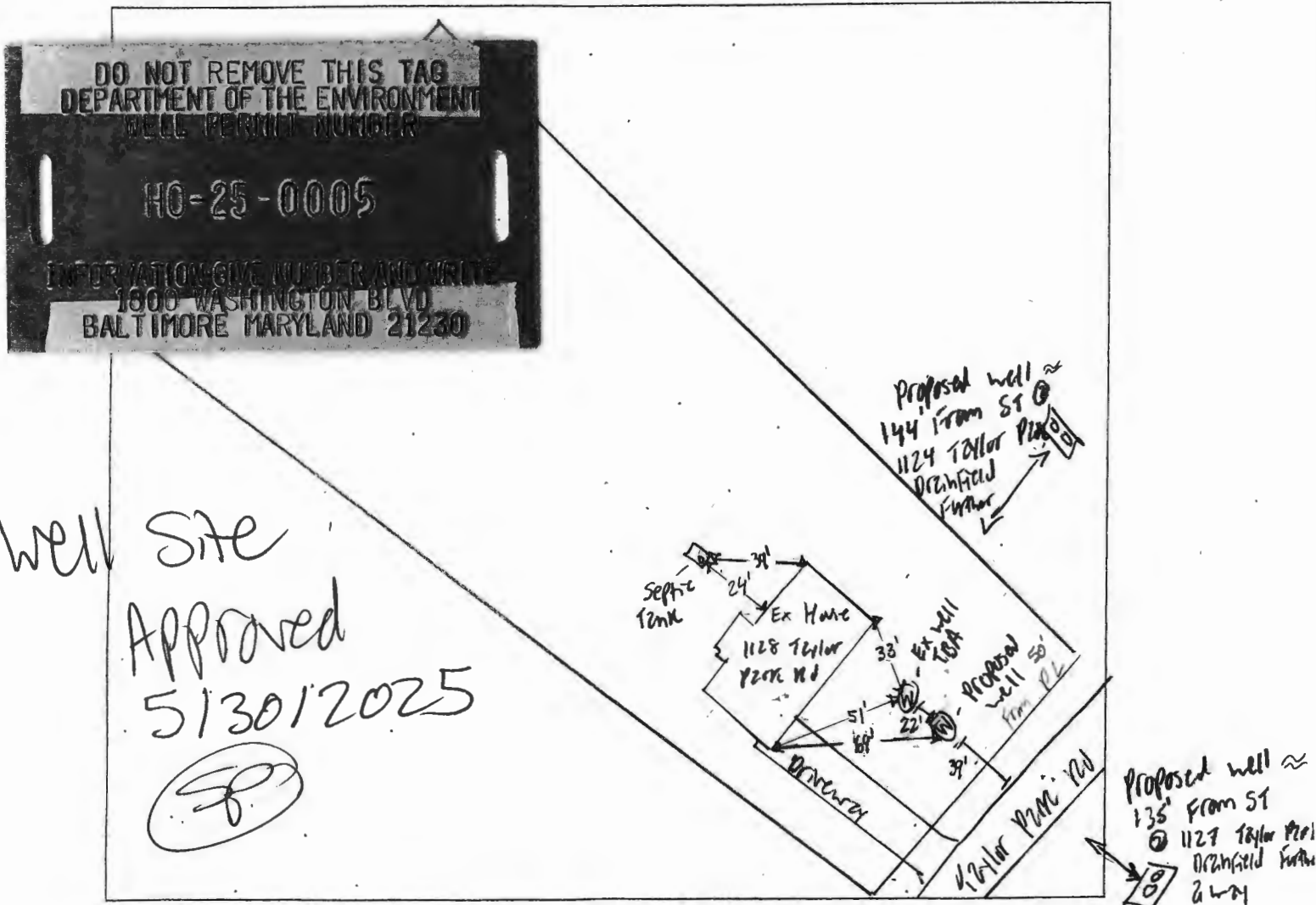
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

*443-609-4195  
Fogles*

SITE INSPECTION SHEET

OWNER: Carla Colson PHONE #: \_\_\_\_\_  
ADDRESS: 1128 Taylor Park Rd CONTRACTOR: Eagle's Well Drilling  
Sylmarville MD 21784 WELL TAG #: HO-25-0005  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13  
PROPOSAL: Rep well for House to be sold

LOCATION DIAGRAM



COMMENTS: 5/29/2025 - Proposed well sited. Well meets 100' setback from septic tank behind house, & neighboring septic tanks/systems.

DATE: 5/29/2025 INSPECTOR: S. Reese

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

APPROVED  
9/19/2025  
(SP)

DATE WELL ABANDONED: 7-23-2025 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

✓ 68-W-260  
✓ 110-25-0005

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* ✓ PERSON ABANDONING WELL: Andrew Hausman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

\* ✓ OWNER'S NAME: Carla Colson

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Sylkesville  
TAX MAP 7 BLOCK 11 PARCEL 111  
SUBDIVISION: River Park Estates  
SECTION: \_\_\_\_\_ LOT: 19  
STREET ADDRESS: 1128 Taylor Park Rd.



\* ✓ LATITUDE 3 9.339316

\* ✓ LONGITUDE 7 6.949133

LOG OF SEALING MATERIAL

\* ✓ TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED  
\_\_\_\_\_ BORED \_\_\_\_\_ HAND DUG  
\_\_\_\_\_ OTHER (specify) \_\_\_\_\_

MATERIAL	FEET	
	FROM	TO
Bentonite	80	0
VOLUME OF MATERIAL USED		
Bentonite 900 lbs		

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
\_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
\_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:  
\_\_\_\_\_ STEEL \_\_\_\_\_ PLASTIC  
\_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 80 FEET DEEP

WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew Hausman LICENSE#

224 MWD / MSD MGS 7-28-25  
CIRCLE ONE DATE

COUNTY

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

**MEMORANDUM**

July 23, 2025

Carla Colson  
6614 W. Lakeridge Rd.  
New Market, MD 21774

RE: **Well Sampling**  
1128 Taylor Park Rd  
Sykesville, MD 21784  
Well Permit # HO-25-0005

Dear Carla Colson:

According to our records, your replacement well has been in use to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.** Otherwise, call Community Hygiene at (410) 313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-2643. Thank you for your attention to these important matters.

Sincerely,



Matthew Burns  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File



7/22/25 Existing well has been disconnected. Contractor tied in the new line to the existing line. (13)

