

OK MB 9/10/25

C 1 81946

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 13

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Coschetta, Mike WELL SITE ADDRESS 3309 Stapleton Dr. TOWN Glenwood SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entries: Granite 300-455, Fracture 455-456, Granite 456-465. Note: Drilled well deeper 300' to 465'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS NO. OF POUNDS DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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...

DRILLERS LIC. NO. 1 M 3 D 2 2 4

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)

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1 2, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (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)

LATITUDE 3 9.278143 LONGITUDE 7 7.027166 (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. 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.

B 1 78880 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER
 589109 please type 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 06/25/25
 8 MM DD YY 13
 15 Last Name Owner First Name 34
 Caschetta Mike
 36 Street or RFD 55
 3309 Stapleton DR.
 57 Town 70 State 72 Zip 76
 Glenwood, Md 21738

LOCATION OF WELL
 8 COUNTY 21
 Howard
 23 SUBDIVISION 42
 Warfield Estates
 SECTION 44 46 LOT 48 50
 25
 52 NEAREST TOWN 71
 Glenwood

DRILLER INFORMATION
 Driller's Name 76 License No. 81
 Andrew Houseman M S D 224
 Firm Name
 Eagles Well Drilling, LLC
 Address
 P.O. Box 202 Woodbine Md 21797
 Signature 6-12-25
 Date

SOURCES OF DRILLING WATER
 1. Well water
 2.
 3.
 11 STREET ADDRESS 30
 3309 Stapleton DR.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 150 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: 14 PARCEL 134

WELL INFORMATION
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

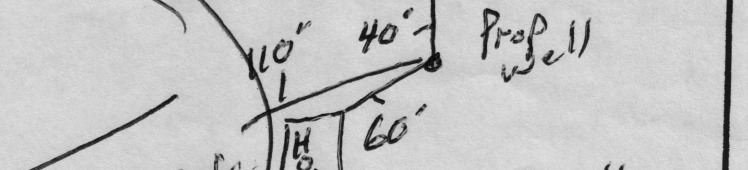
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

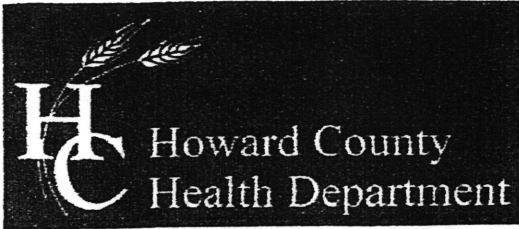
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRIVE POINT
 other



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER G
 PERMIT No. 70 71 72 73 74 75 76 77 78 79



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:

Warfield Estates
Subdivision/Property Name

25
Lot #

3309 Stapleton DR,
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 staked the well June 11, 2025. If you need him to meet on site please call.

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

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

MEMORANDUM

October 8, 2025

Mike Caschetta
3309 Stapleton Rd
Glenwood, MD 21738

RE: **Well Sampling**
3309 Stapleton Rd
Glenwood, MD 21738
Well Permit # HO-73-0245

Dear Mr. Caschetta:

Your existing well has been deepened to 465' and is in use. 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,



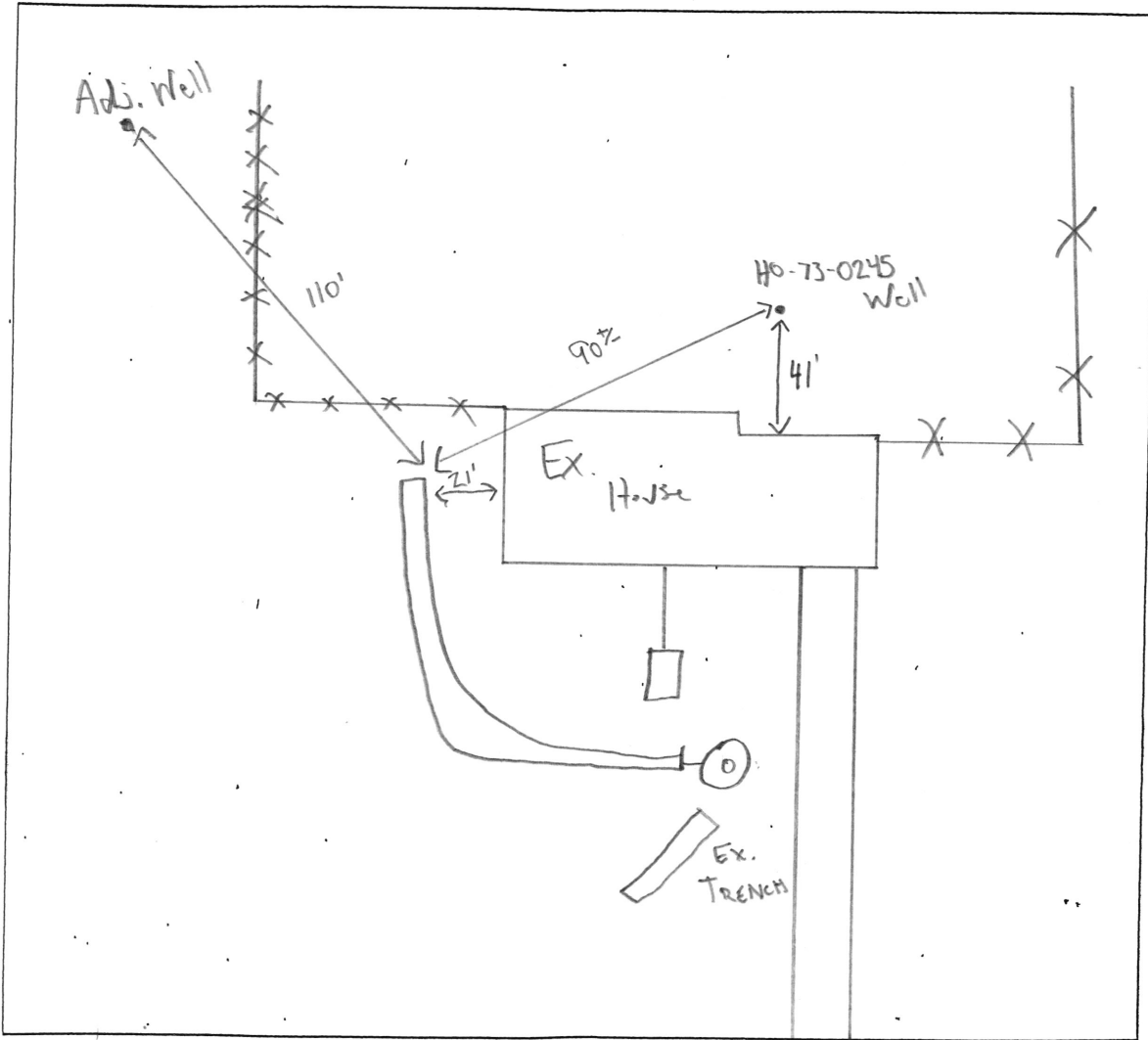
Matthew Burns
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

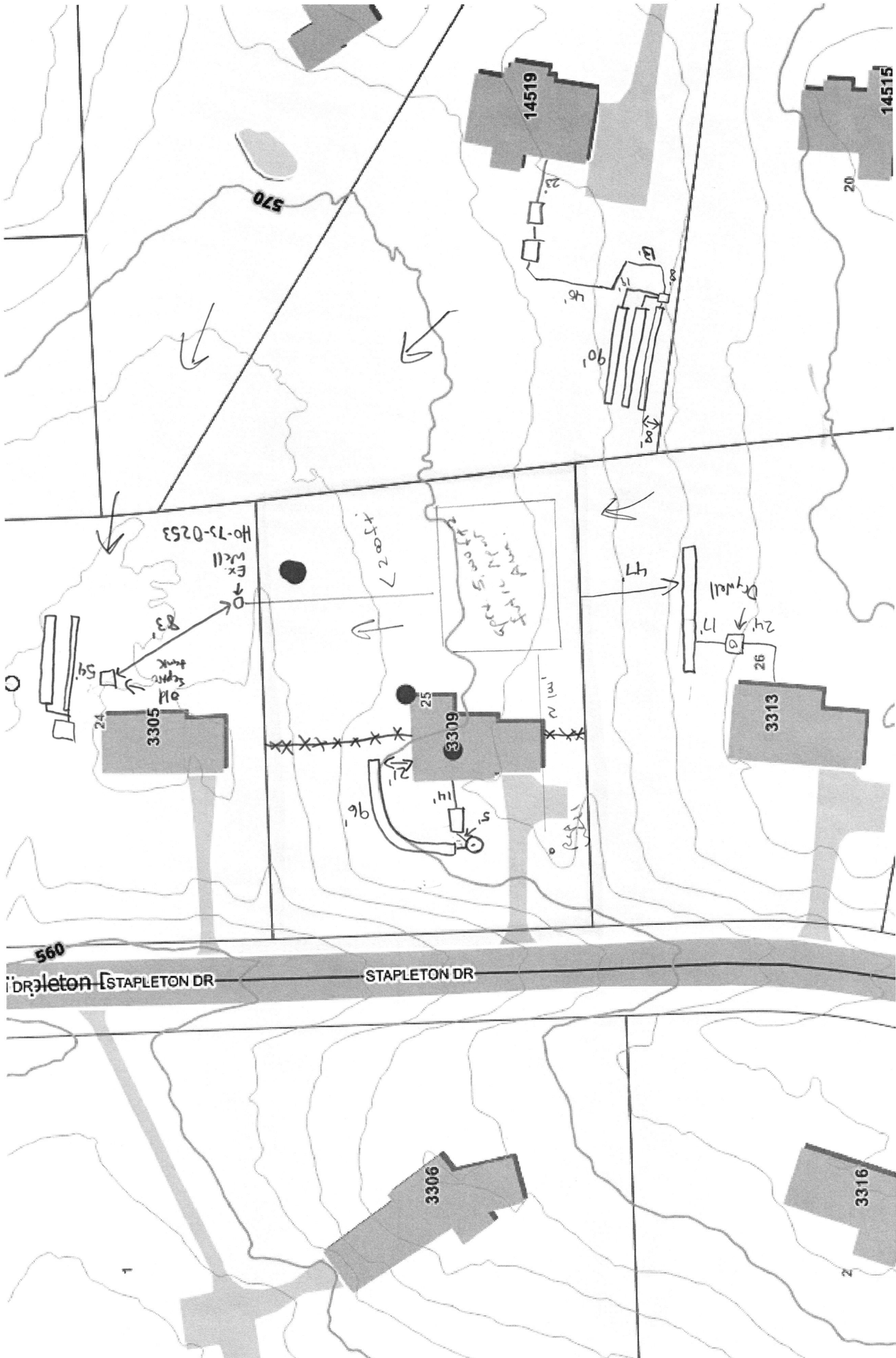
OWNER: Mike Caschetta PHONE #: _____
ADDRESS: 3309 Stapleton Rd CONTRACTOR: Fogle's
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: 7/3/25 Met with driller and homeowner on site Proposed drill location is <100' from
current septic system and will limit the future septic reserve area. Two options are to drill
to the front right of the property by the driveway, or re-work well (MB)
8/11/25 Driller re-working well. MB

DATE: _____ INSPECTOR: M. Burns




Replacement well - 3309 Stapleton Rd

From Burns, Matthew <mburns@howardcountymd.gov>

Date Fri 7/25/2025 12:23 PM

To mcas429@gmail.com <mcas429@gmail.com>

Cc Theresa Miller <theresa@foglesinc.com>; Wolf, Kevin <KWolf@howardcountymd.gov>; Williams, Jeffrey <jewilliams@howardcountymd.gov>; Page, Shepsura <spage@howardcountymd.gov>

 1 attachment (195 KB)

Memo 3309 Stapleton Rd 7-25-25.pdf;

Good afternoon Mr. Caschetta,

Please review the attached memo regarding your replacement well.

After reviewing your well and septic systems and the neighboring well and septic systems, MDE and the Health Dept. has determined that the best possible location for your replacement well would be in the front right corner of your property near your driveway. This location will be beneficial to your reserve area for future septic systems and help preserve the integrity of neighboring wells and septic systems. This proposed location is less than 100' from your septic system. COMAR states that a well should be 100' away from any septic system components. Per 24.04.04 (D), we can deviate from the 100' setback. To prevent any adverse effects from the proximity of your replacement well to the septic system, a special condition will be in place for the well drilling. The well driller will either be required to put 50' of steel casing in, or drill 10' into competent bedrock, whichever comes first.

In order for this replacement well location to be approved, we will need a signed statement from you describing the need for deviation and that you confirm the basis for the deviation.

I also left you a voicemail explaining the status of your replacement well. Please feel free to call me back with any questions/concerns.

Thank you,

Matt Burns, EH Specialist
Well & Septic Program | Howard County Health Department
8930 Stanford Blvd., Columbia, MD 21045
410-313-2643 (Office) | 410-313-2648 (Fax)
www.hchealth.org
mburns@howardcountymd.gov



<https://x.com/HoCoHealth>

facebook.com/HoCoHealth

instagram.com/hocohealth

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-25-01866
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 3309 STAPLETON DR, Glenwood, 21738

Receipt No.	12943					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	014854	\$160.00	06/25/2025	SMARTIN		

Owner Info.:
SINES VINCENT S
3309 STAPLETON DR
GLENWOOD, MD 21738

Work Description:



HOWARD COUNTY HEALTH DEPARTMENT

89109

CODES

DATE
6/25/25

WS

CASH

CHECK

NO.
04834

Received From

Fodes Well Drilling, LLC

For

Well Perm. App - 33095 Stapleton Dr

One hundred sixty

160 Dollars

\$ 160.00

Received By

[Signature]