

7930

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A43974

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

062896

320

40-94-0820

OWNER War Field Robert STREET OR RD Daisy Rd TOWN Woodbine SUBDIVISION QUARRY ON CATTAL SECTION LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entries: Brown Shale 0-59, Blue Rock 59-320.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (15), BENTONITE CLAY (BC), NO. OF BAGS (15), NO. OF POUNDS (1410), DEPTH OF GROUT SEAL (0-45 ft).

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (63 ft).

OTHER CASING (if used)

Grid for OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (ST), BRASS BRONZE (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

TYPE: MWD/MSD/MGD 24 DRILLERS LIC. NO. Joseph C. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

C 2 DEPTH (nearest ft.)

Grid for DEPTH (nearest ft.) with handwritten values: 40, 61, 320.

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

C 3

PUMPING TEST

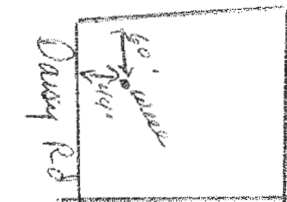
HOURS PUMPED (3), PUMPING RATE (6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (40 ft. before, 21.5 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), 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 (+ above, - below), 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)







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: Classic Homes Telephone #: 410-795-1535  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-0820 ✓  
 Site Address: 2515 Daisy Rd  
Woodbine, MD 21797

**Submersible Pump Data**

Make: Grodos  
 Model #: 1550E10-220  
 Pump Capacity: 15  
 Well Yield: 6

**Pitless Adapter**

Make: Campbell  
 Model#: N/A  
 GPM Depth: 36" (36" min)  
 GPM NSF/WSC approved: yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 320 (feet)  
 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

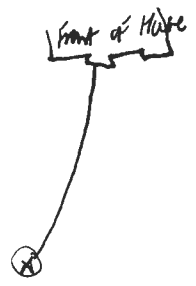
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 2/19/25

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

Date Insp. Requested: 2/19/2025 Date Insp. Approved: 2/19/2025 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

SP  
 ✓ 36"  
 ✓ 36"  
 ✓ 9"  
 ✓  
 ✓



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 9, 2026**

July 9, 2025

Homeowner  
2515 Daisy Road  
Woodbine, MD 21797

**RE: Weikel Property, Lot 2**  
**2515 Daisy Road**  
**Building Permit: B24001985**  
**Well Permit: HO-94-0820**

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 **4/10/2025**. Final approval of the well line connection to the dwelling was granted on **2/19/2025**. The well construction was completed on **6/28/1996**. Water samples were collected on **6/9/2025 and 6/16/2025**.

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-94-0820. 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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**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 Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Hank Oswald, LEHS  
Well & Septic Program

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

## Oswald Jr, Woodin

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**From:** Oswald Jr, Woodin  
**Sent:** Wednesday, July 9, 2025 11:32 AM  
**To:** Cole, Colleen; Hall, Stephanie; Hill, Amanda; Hill, Chad; Huskins, Thomas; Logan-Roussell, Lisa; Schmidt, Heather; Tracey, Megan; Danny Williams  
**Cc:** Wolf, Kevin; Martin, Sharhonda  
**Subject:** ICOP Letter\_2515 Daisy Road  
**Attachments:** ICOP\_2515 Daisy Road\_250709\_111729.pdf; Fact Sheet OSDS 3-10-2017.pdf

Hi All,

Attached, please find the ICOP letter for 2515 Daisy Road, as well as the OSDS fact sheet. Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Bureau of Environmental Health  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
(410) 313 - 1786  
[www.hchealth.org](http://www.hchealth.org)

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# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 174108 Account #: 1933  
Reference: Weikel Property Client: Fogle's Well Pump & Treatment  
Location: 2515 Daisy Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/16/2025 1130 Site: Kitchen Sink  
Date/Time Rec'd: 6/16/2025 1548 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: J. Evans 0309JE Well #: HO-94-0820

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/17/2025 / 1030 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/17/2025 / 1030 / KDR

### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 24001985

Date Reported: 6/17/2025

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 173878 Account #: 1933  
Reference: Classic Homes Client: Fogle's Well Pump & Treatment  
Location: 2515 Daisy Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/9/2025 0930 Site: Kitchen Sink  
Date/Time Rec'd: 6/9/2025 1053 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Evans 0309JE Well #: HO-94-0820

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	6/10/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/10/2025 / 0900 / KDR
Nitrate.	2.71	mg/L (as N)	10	EPA 300.0	6/9/2025 / 1456 / KDR
Turbidity	1.29	NTU	<10	SM2130B	6/10/2025 / 0810 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	6/10/2025 / 0820 / 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 24001985

Date Reported: 6/10/2025