

C 1 55762 SEQUENCE NO. (MDE USE ONLY)

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  
 01 23 19

DATE WELL COMPLETED  
 MM DD YY  
 08 20 19

Depth of Well  
 300  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HO-18-0038

**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 XIII

OWNER ELM STREET DEVELOPMENT

WELL SITE ADDRESS last name GREEN BRIDGE ROAD first name \_\_\_\_\_ TOWN DAYTON

SUBDIVISION SIMPSON/DENAVLT SECTION \_\_\_\_\_ LOT 14

**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	
TAN MICACEOUS GROUND	0	30	
GRAY MICACEOUS SCHIST	30	133	
SOFT SCHIST	133	135	X
GRAY MICACEOUS SCHIST	135	255	
SOFT SCHIST	255	258	X
GRAY SCHIST	258	300	

**GROUTING RECORD**

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

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

NO. OF BAGS 8 NO. OF POUNDS 400

GALLONS OF WATER 160

DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 57 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 ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

**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** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M D 576

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)

**C 2**

DEPTH (nearest ft.)

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
															Ho															57															300														

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN 6 (NEAREST INCH)

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 \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3  
 RIG AIR IS G.P.M. 8

PUMPING RATE (gal. per min.) 10 GPM

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 17 ft.  
 WHEN PUMPING 60 ft.

TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) 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 3 (nearest foot)

LATITUDE 39.200857  
 LONGITUDE 77.025321  
 (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.

TAG: 9/23/2017

B 1	SEQUENCE NO. (MDE USE ONLY) <b>54024</b>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 50475T please type	STATE PERMIT NUMBER <b>HO-18-0038</b> 70 fill in this form completely 79
	1 2 3 6		

Date Received (APA) **030517**

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Owner First Name 34  
**ELM STREET DEVELOPMENT**

36 Street or RFD 55  
**5704 DORSEY HALL ROAD**

57 Town 70 State 72 Zip 76  
**ELLCOTT CITY MO 21042**

B 3 LOCATION OF WELL

8 COUNTY 21  
**HOWARD**

23 SUBDIVISION 42  
**SIMPSON/DENAULT**

SECTION 44 46 LOT 48 50  
**14**

52 NEAREST TOWN 71  
**DAYTON**

**DRILLER INFORMATION**

Driller's Name 76 License No. 81  
**RANDALL L. ALEXANDER M WD 576**

Firm Name  
**ALEXANDERS WELL DRILLING**

Address  
**126W MAIN ST. P.O. BOX 443 FAIRFIELD, PA 17320**

Signature Date  
**Randall L. Alexander 2-12-19**

B 4 SOURCES OF DRILLING WATER

1. **WELL WATER**

2. " "

3. " "

STREET ADDRESS 30  
**GREEN BRIDGE RD.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX 1200 34 1000 37

DISTANCE FROM ROAD FT. 38 39  
**1000**

TAX MAP: **27** BLK: \_\_\_\_\_ PARCEL **24-36-98**  
**111-112**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
**5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20  
**400**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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. **21**

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **04/24/2017** 43 MM DD YY 48

CO SIGNATURE \_\_\_\_\_ EXP. DATE **04/24/2019**

APPROXIMATE DEPTH OF WELL **500** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

**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 DEEPEINED 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

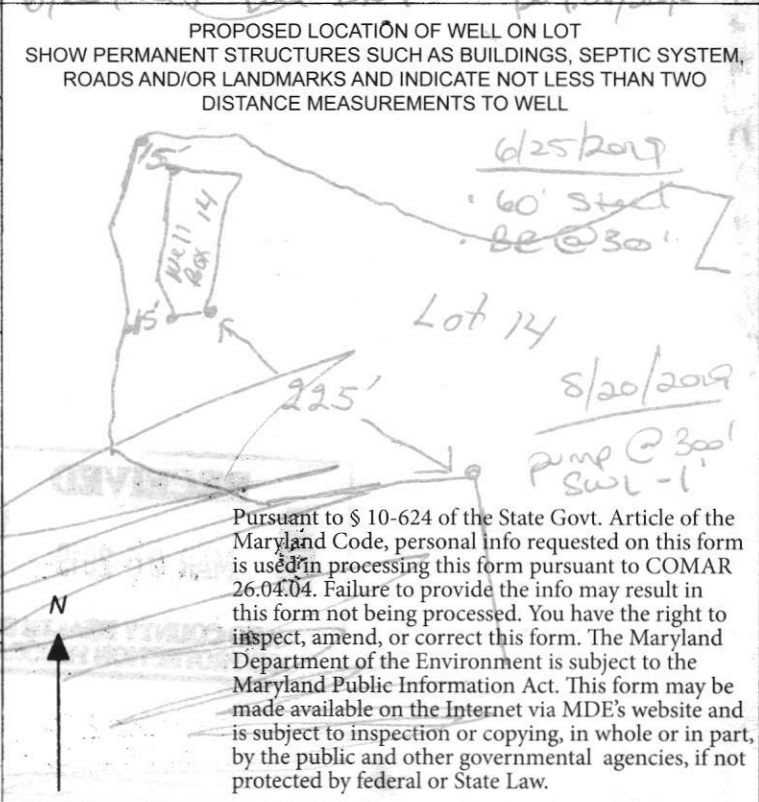
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER **HO 2017G001**

PERMIT No. **HO-18-0038**  
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **SEE ATTACHED MEMO**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 1535  
 Address: JPO Box 63  
Woodbine, MD 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): Dan C Foale 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: Toll Brothers Telephone #: \_\_\_\_\_  
 Subdivision: Willow Creek Lot #: 14 Well Tag #: HO-18-0038 (S)  
 Site Address: 653 Mare Ct  
Dorton, MD 21036

Submersible Pump Data  
 Make: SANAFOS  
 Model #: ISS0201160  
 Pump Capacity: 15  
 Well Yield: 10

Pitless Adapter  
 Make: Campbell +  
 Model #: NA  
 GPM Depth: 36" (36" min)  
 GPM NSF/WSC approved:

Well Cap and Electric Conduit  
 Two piece watertight cap:   
 Screened, vented well cap:   
 Cap secured to casing:   
 Conduit min 1 1/2" B.G.:   
 Conduit secured to well cap:

Depth of well encountered at time of pump installation: 300 (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 wrenches / Cable guards / Other acceptable method used  
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house  
 Type: 1" poly pipe  
 PSL: 200 (160 psi min)  
 Depth of supply line: 36" (36" min)

House Connection  
 FVC sleeve to undisturbed soil at wall penetration:   
 Length of sleeve (5' minimum from foundation):   
 Sleeve sealed properly:

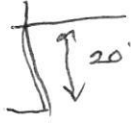
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 5/19/2022

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

Date Insp. Requested: 5/19/22 Date Insp. Approved: 5/19/22 Inspector: [Signature]  
 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 1 1/2" 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

39"  
 needs a test cap  
28"  
  
40"  
  
10'



(Revised form 10/24/2018)

\* water flowing out of cap. Call for relay when artesian cap is added

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – January 15, 2023

July 15, 2022

Homeowner  
6513 Mare Court  
Dayton, MD 21036

**RE: Willowshire, Lot 14**  
**6513 Mare Court**  
**Building Permit: B21003937**  
**Well Permit: HO-18-0038**

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 **7/7/2022**. Final approval of the well line connection to the dwelling was granted on **7/15/2022**. The well construction was completed on **8/20/2019**. Water samples were collected on **6/30/2022**.

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-18-0038. 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,



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 #: 152955 Account #: 1933  
Reference: Willow Creek Lot 14 Client: Fogle's Well Pump & Treatment  
Location: 6513 Mare Court Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 6/30/2022 0730 Site: Pressure Tank  
Date/Time Rec'd: 6/30/2022 1350 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.5  
Collected By: J. Evans 0309JE Well #: HO-18-0038

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/1/2022 / 0845 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/1/2022 / 0845 / CRS
Nitrate.	<0.40	mg/L	10	EPA 300.0	6/30/2022 / 1636 / TSD
Turbidity	<0.30	NTU	<10	SM2130B	6/30/2022 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/30/2022 / 1510 / TSD

### NOTES:

- 1 Revised report per Client's request to show corrected street name 7/7/22 LO
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

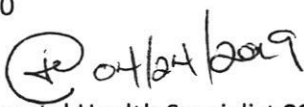
**Reason for Test :** Use & Occupancy  
**Building Permit # :** B21003937

Date Reported: 7/7/2022

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

**MEMORANDUM**

**TO: Alexander's Well Drilling**  
**Attn: Randall Alexander MWD 00576**  
126 W Main Street  
P.O. Box 443  
Fairfield, PA 17320

**FROM: Joseph Cabahug**   
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

**RE: Simpson and Denault Well Permit Special Conditions**

**DATE: 04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

**Note 15(d)** Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

**Page 3, Section 15:** The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

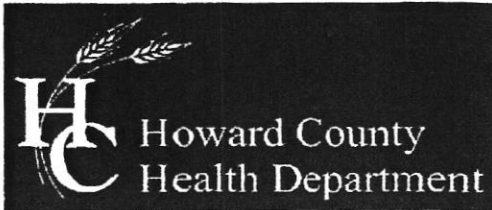
Maura J. Rossman, M.D., Health Officer

Lots that are less than one acre are shown below.

MINIMUM LOT SIZE CHART				
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA	
1	54,825		54825	
2	59,641		59641	
3	55,018		55018	
4	41,925		41925	
5	40,840		40840	
6	55,788		55788	
7	55,833		55833	
8	45,774		45774	
9	42,992		42992	
10	44,020		44020	
11	42,068		42068	
12	40,362		40362	
13	41,330		41330	
14	56,648	6700	49948	
15	40,459		40459	
16	49,871		49871	
17	40,003		40003	
18	40,443		40443	
19	40,461		40461	
20	40,461		40461	
21	40,218		40218	
22	54,686		54686	
23	55,798		55798	
24	44,052	1375	42677	
25	41,612	2906	38706	
26	48,488	5322	43166	
27	46,396		46396	
28	40,768		40768	
29	44,270		44270	
30	44,589		44589	
31	46,366		46366	
32	49,299		49299	
33	47,918		47918	
34	52,931		52931	
35	54,827	2518	52309	
36	44,800	3617	41183	
37	55,035	4441	50595	
38	33,223	2913	30310	
39	31,227		31227	
40	35,865		35865	
41	40,100		40100	
42	34,182		34182	
43	41,390		41390	
44	41,360		41360	
45	45,097		45097	
<b>TOTAL AREA</b>	<b>2,043,259</b>	<b>AC.</b>	<b>46.91</b>	<b>S.F.</b>

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File



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:

*2 Sides*  
 Lot #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, PARCEL 'C', 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

Well Site Location:

SIMPSON / DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

The well site has been staked by SHANABERGER & LANE  
 (professional land surveyor or company employing professional land surveyors)  
 on 1/9/19 (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.

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



