

C1 16900

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER CASASCO JENNIFER
WELL SITE ADDRESS 3265 JENNINGS CHAPEL TOWN WOODBINE MD 21797
SUBDIVISION CASASCO PROD SECTION LOT 3

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. Includes handwritten entries: BROWN SHALE, BLUE ROCK.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N)
TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)
NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6"), Total depth of main casing (100')

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below

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. MSD 043
DRILLERS SIGNATURE (Winnie Harley)
LIC. NO. MSD 043

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, N and rows for depth measurements (100, 255).

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 10
METHOD USED TO MEASURE PUMPING RATE SUB
WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft, WHEN PUMPING 114 ft
TYPE OF PUMP USED (for test) S submersible

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
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)
LAND SURFACE (nearest foot)

LATITUDE 3 9.281468
LONGITUDE 7 7.081341
(DEFAULT COORD. WGS 84)

NOTES:

B 1	SEQUENCE NO. (MDE USE ONLY) 45020	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 558845 please type	STATE PERMIT NUMBER HO - 15 - 0323 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 08/31/16

8 MM DD YY 13

15 Last Name CASASCO Owner PROPR First Name JENNIFER 34

36 Street or RFD 3365 JENNINGS CHAPLE RD 55

57 Town WOODBINE MD 70 State MD 72 Zip 21797 76

B 3 LOCATION OF WELL

8 COUNTY HOWARD 21

23 SUBDIVISION CASASCO PROP 42

SECTION 44 46 LOT 2 48 50

52 NEAREST TOWN LISBON 71

DRILLER INFORMATION

Driller's Name WAYNE HARLEY M License No. SD 043 76 81

Firm Name 4019 BAPTIST RD

Address TANLEYTOWN MD 21787

Signature Wayne Harley Date 9-31-16

B 4 SOURCES OF DRILLING WATER

1. WELL

2.

3.

11 STREET ADDRESS 3365 JENNINGS CHAPLE RD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST EAST
SOUTH

34 DISTANCE FROM ROAD 1200 37 FT

ENTER FT OR MI 38 39

TAX MAP: 20 BLK: 4 PARCEL 33

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 650 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. (13)

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 10/17/16 43 MM DD YY 48

CO SIGNATURE Sub Call EXP. DATE 10/17/17 41

APPROXIMATE DEPTH OF WELL 300' 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 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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

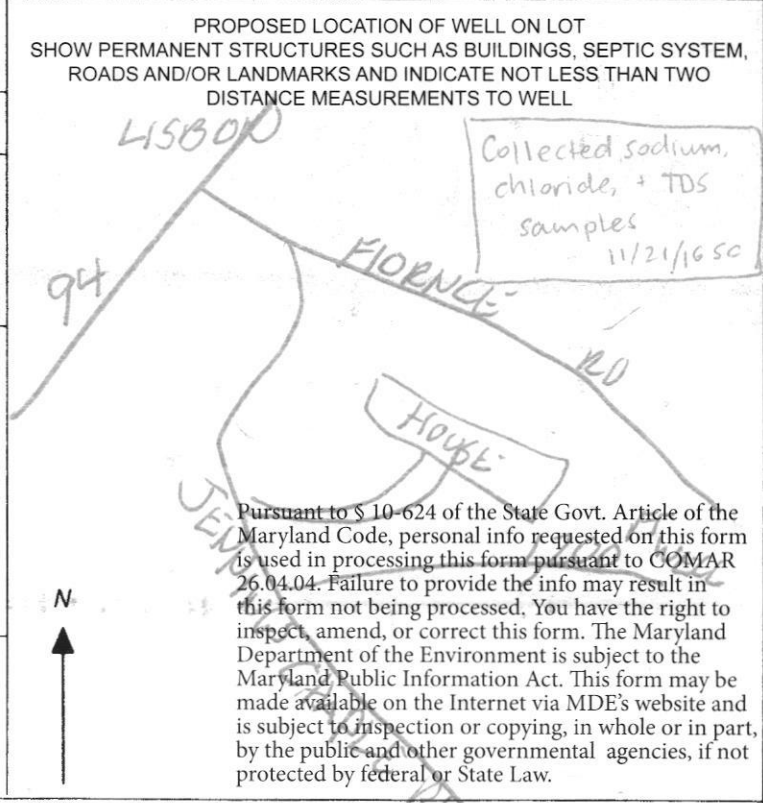
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO - 15 - 0323 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Sodium, chloride, + TDS samples required at yield test.

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: REG WATER SYSTEMS, INC. Telephone #: 410-239-0700
 Address: 1009 SOUTH MAIN STREET
HANPSTEAD MD. 21094

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): RICKEY L. ROOS License# PI 0141

***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: J.M.B HOMES Telephone #: 240-372-3571
 Subdivision: _____ Lot #: _____ Well Tag #: HO - 15 - 0323
 Site Address: 3355 Jennings Chapel
Rd. Woodbine MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Crawdels</u>	Make: <u>Boschart +</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7C30422C</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7 GPM</u>	GPM Depth: <u>212</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10 GPM</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: <u>2105</u> (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 arrestors <u>(Cable guards)</u> 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> <u>NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLYET</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: Rickey L. Roos Sr. date: 4/14/2022

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

Date Insp. Requested: 4/18/22 Date Insp. Approved: 4/18/22 Inspector: (SJ)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	48"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	40"
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	10"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	10"
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	10"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	10"
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MAY 1, 2023

November 1, 2022

Homeowner
3355 Jennings Chapel Road
Woodbine, MD 21797

RE: Square Woods, Lot 3
3355 Jennings Chapel Rd
Building Permit: B21001996
Well Permit: HO-15-0323

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 ~~3/15/2016~~ ^{3/15/2022}. Final approval of the well line connection to the dwelling was granted on **3/15/2022**. The well construction was completed on **4/18/2022**. Water samples were collected on **9/26/2022**.

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-15-0323. 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>

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

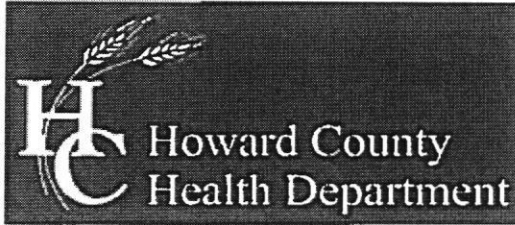
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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



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

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well, please indicate one of the following:

Well Site Location:

CASASCO PROPERTY 3 JENNINGS CHAPEL ROAD
Subdivision/Property Name Lot # Road Name

The well site, as shown on the attached well site plan, has been staked by

FISHER, COLLINS & CARTER INC
(professional land surveyor or company employing professional land surveyors)

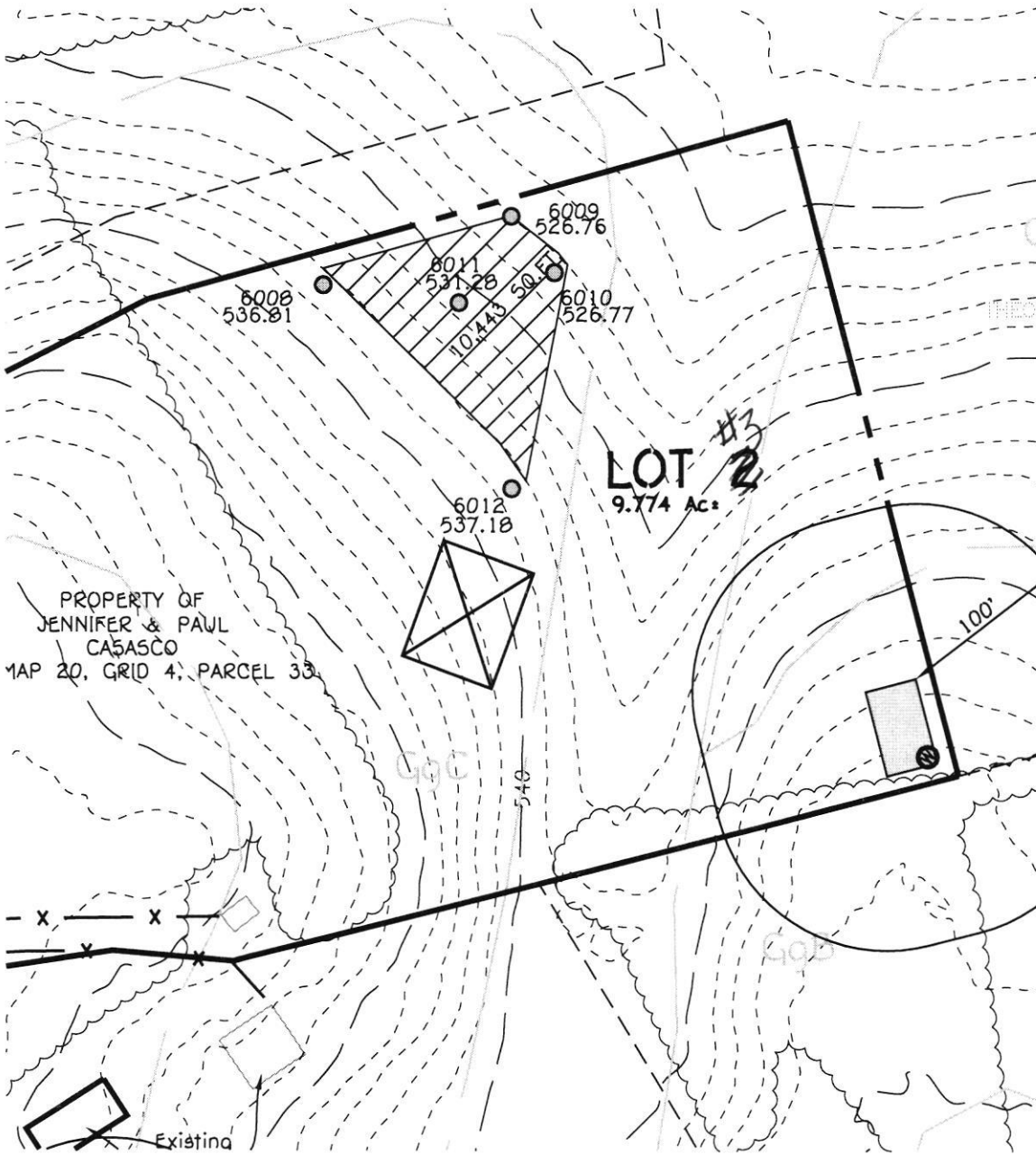
on Oct. 5, 2016
(date)

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.



I:\2006\06026\dwg\06026-Casasco Prop Well Exhibit.dwg, 8/26/2016 11:18:53 AM, 1:1



**WELL EXHIBIT
CASASCO PROPERTY
LOT 2**

TAX MAP #20

ZONED: RC-DEO

PARCELS: 33, 140 & 321

4TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=100'

DATE: AUGUST 26, 2016

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

JMB Homes
5880 Ten Estates Dr.
Woodbine, MD 21797

Report Date: 09/30/2022
Report Number: 220930115806
Use and Occupancy
PERMIT #:

LAB#- E071972-01 SAMPLE ID- 3355 Jennings Chapel Rd WELL # HO 17-0264
LOCATION- Basement Bathroom Sink SAMPLER- S Shelley #2018 SS
DATE SAMPLED- 09/26/2022 TIME SAMPLED- 13:37 CHLORINE- <0.05 mg/L
DATE RECEIVED- 09/26/2022 TIME RECEIVED- 14:44
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS- 2 Piece Secure Cap
No Treatment

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
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Microbiology by Enviro-Chem

Total Coliform	SM 9223B	09/26/22 16:45	VPS	Absent	PASS
E. Coli	SM 9223B	09/26/22 16:45	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	09/26/22 22:32	SES	6.86	mg/L	PASS
pH	SM4500-H+B	09/26/22 13:37	SES	6.1	SU	
Sand	EPA 160.5	09/27/22 15:00	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	09/27/22 16:00	FRD	0.4	NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd
 Columbia, MD 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
TRACE METALS LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No. Date Received


E17002266001
 Received: 11/22/2016
 Metals HO-15-0323

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0323 Site Name: Casasco Property Lot 2 County: Howard

Sample Source: 3365 Jennings Chapel Rd. Woodbine Collector: S. Collins
Street Town or City Name

Date Collected: 11/21/2016 Time Collected: 10:30 a.m. _____ p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: 2

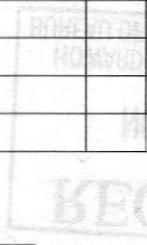
Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Data Category: Community Stream Distribution (Treated) Solid
 Code Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: _____

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>210</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	



Lab Supervisor: _____ Date Reported: ___/___/___

• Phone: (443) 681-3857 • Fax: (443) 681-4507



State of Maryland
 DHMH-Laboratories Administration
 Division of Environmental Chemistry
TRACE METALS LABORATORY
 1770 Ashland Avenue, Baltimore, Maryland 21205
 Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab Project No: E17002266 Date Coll.: 11/21/2016 Date Received 11/22/2016 Submitted By: Collins

Field ID: HO-15-0323
 Lab No.: E17002266001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.82	ppm	11/28/2016

Comments:

Approved by: <u>Yingtao Choi</u>	Approval date: <u>11/29/2016</u>
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**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd
 Columbia, MD 21045

State of Maryland
 DHMH-Laboratories Administration
 Division of Environmental Chemistry
 INORGANICS ANALYTICAL LABORATORY
 1770 Ashland Ave
 Baltimore, Maryland 21205
WATER ANALYSIS


E17002257001
 Received: 11/22/2016
 Inorganic HO-15-0323

SAMPLE ID

Bottle Number HO-15-0323 Name Casasco Property Lot 2 County Howard County Code 13

Location 3365 Jennings Chapel Rd Woodbine Data Category Code 4E

Collected: Date 11/21/16 Time 10:30 am Collector & Phone S. Collins 410-313-6287 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project 5

FIELD

Plant No. Sampling Station Preservation: Iced Acid Type of Acid

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks:

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief

Date Reported



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17002257 Date Coll. 11/21/2016 Date Received 11/22/2016 Submitted By:S. Collins

Field ID: HO-15-0323
Lab No.: E17002257001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	11/28/2016
Total Dissolved Solids	SM 2540C	85	mg/L	11/23/2016

Comments:

Approved by: *Shahin Amini*

Approval date: 11/30/2016

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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