

C 1	69125	SEQUENCE NO. (MDE USE ONLY)	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 7-14-22		Depth of Well 22 600 28-142/22 (TO NEAREST FOOT)
		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 20-0232		
OWNER Bernarducci Anthony + Jenny		COUNTY NUMBER		
WELL SITE ADDRESS 7130 Jennings Avenue Rd		TOWN Woodbine		
SUBDIVISION Bernarducci Residence		SECTION LOT		

<p style="text-align:center;">WELL LOG</p> <p style="text-align:center;">Not required for driven wells</p> <p style="text-align:center;">STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>0</td> <td>50</td> <td></td> </tr> <tr> <td>Void</td> <td>50</td> <td>60</td> <td></td> </tr> <tr> <td>Brown</td> <td>60</td> <td>110</td> <td></td> </tr> <tr> <td>Whitish Limestone</td> <td>110</td> <td>115</td> <td></td> </tr> <tr> <td>Grey Limestone</td> <td>115</td> <td>170</td> <td></td> </tr> <tr> <td>Soft white</td> <td>170</td> <td>171</td> <td>✓</td> </tr> <tr> <td>Grey Limestone</td> <td>171</td> <td>600</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	50		Void	50	60		Brown	60	110		Whitish Limestone	110	115		Grey Limestone	115	170		Soft white	170	171	✓	Grey Limestone	171	600		<p style="text-align:center;">GROUTING RECORD</p> <p>WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC</p> <p>NO. OF BAGS 45 46 32 NO. OF POUNDS 45 46 1600</p> <p>GALLONS OF WATER 800</p> <p>DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 134 ft. 48 TOP 52 54 BOTTOM 58</p> <p>(enter 0 if from surface)</p> <p style="text-align:center;">CASING RECORD</p> <p>casing types insert appropriate code below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> <p>MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)</p> <p><input checked="" type="checkbox"/> ST 06 136</p> <p>60 61 63 64 66 70</p> <p style="text-align:center;">OTHER CASING (if used)</p> <p>diameter depth (feet) inch from to</p> <p>E A C H C A S I N G</p> <p>screen type or open hole SCREEN RECORD</p> <p>insert appropriate code below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> BR BRASS</td> <td><input checked="" type="checkbox"/> HO OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> BZ BRONZE</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table>	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> BZ BRONZE	<input type="checkbox"/> OT OTHER	<p style="text-align:center;">C 3</p> <p style="text-align:center;">PUMPING TEST</p> <p>HOURS PUMPED (nearest hour) 8 9</p> <p>PUMPING RATE (gal. per min.) 11 15 6</p> <p>METHOD USED TO MEASURE PUMPING RATE</p> <p>WATER LEVEL (distance from land surface)</p> <p>BEFORE PUMPING 17 20 75 ft.</p> <p>WHEN PUMPING 22 25 600 ft.</p> <p>TYPE OF PUMP USED (for test)</p> <p><input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine</p> <p><input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)</p> <p><input type="checkbox"/> J jet <input type="checkbox"/> S submersible</p> <p style="text-align:center;">PUMP INSTALLED</p> <p>DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.</p> <p>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29</p> <p>CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35</p> <p>PUMP HORSE POWER 37 41</p> <p>PUMP COLUMN LENGTH (nearest ft.) 43 47</p> <p>CASING HEIGHT (circle appropriate box and enter casing height)</p> <p><input checked="" type="checkbox"/> above } LAND SURFACE</p> <p><input type="checkbox"/> below } 2 (nearest foot)</p> <p>49 50 51</p> <p>LATITUDE 39.291205 LONGITUDE 79.103873 (DEFAULT COORD. WGS 84)</p> <p>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 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.</p>
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NUMBER OF UNSUCCESSFUL WELLS: 0	<p style="text-align:center;">C 2</p> <p style="text-align:center;">DEPTH (nearest ft.)</p> <p>HO 136 600</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>E A C H S C R E E N</td> <td>#</td> <td>9</td> <td>11</td> <td>15</td> <td>17</td> <td>21</td> </tr> <tr> <td></td> <td>2</td> <td>23</td> <td>24</td> <td>26</td> <td>30</td> <td>32</td> <td>36</td> </tr> <tr> <td></td> <td>3</td> <td>38</td> <td>39</td> <td>41</td> <td>45</td> <td>47</td> <td>51</td> </tr> </table> <p>SLOT SIZE 1 _____ 2 _____ 3 _____</p> <p>DIAMETER OF SCREEN (NEAREST INCH)</p> <p>56 60</p> <p>from to</p>	E A C H S C R E E N	#	9	11	15	17	21		2	23	24	26	30	32	36		3	38	39	41	45	47	51	<p>WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p style="text-align:center;">CIRCLE APPROPRIATE LETTER</p> <p>A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED</p> <p>E ELECTRIC LOG OBTAINED</p> <p>P TEST WELL CONVERTED TO PRODUCTION WELL</p> <p>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.</p> <p>DRILLERS LIC. NO. 1 M SD 224</p> <p>DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)</p> <p>LIC. NO. 1 D</p> <p>SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)</p>
E A C H S C R E E N	#	9	11	15	17	21																			
	2	23	24	26	30	32	36																		
	3	38	39	41	45	47	51																		

<p>GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68</p> <p>MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)</p> <p>T (E.R.O.S.) W Q</p> <p>70 72 74 75 76</p> <p>TELESCOPE CASING LOG INDICATOR OTHER DATA</p>	
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B 1	SEQUENCE NO. (MDE USE ONLY) 38472	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 572107	STATE PERMIT NUMBER HO-20-0197 HO-20-0232 <i>fill in this form completely</i>
OWNER INFORMATION Date Received (ARA) 01/26/22 8 MM DD YY 13 15 <u>Berarducci Anthony</u> 34 Last Name Owner First Name 36 <u>13904 Ryan Dr</u> 55 Street or RFD 57 <u>Glenely Md 21737</u> 76 Town State Zip		LOCATION OF WELL 8 <u>Howard</u> 21 COUNTY 23 <u>Berarducci Residence</u> 42 SUBDIVISION SECTION <u>44</u> 46 LOT <u>48</u> 50 52 <u>Woodbine</u> 71 NEAREST TOWN	
DRILLER INFORMATION 76 <u>Andrew Housman</u> 81 Driller's Name License No. Firm Name <u>Foggs Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodbine Md 21777</u> Signature <u>[Signature]</u> Date <u>7-18-22</u>		SOURCES OF DRILLING WATER 1. <u>Well water</u> 2. _____ 3. _____ 2130 <u>Jennings Chapel</u> 80 STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 _____ 37 _____ DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>13</u> BLK: <u>21</u> PARCEL <u>109</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>600</u> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> 21 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>9/30/2022</u> 48 MM DD YY 48 <u>[Signature]</u> 41 CO SIGNATURE EXP. DATE	
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 _____		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 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-20-0232</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

105-2 COUNTY 21

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FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

OK
 (Kmw) / JW
 9/22/2022

Well Permit No. _____

Location of Property: 2730 Jennings Chapel Rd Woodbine, Md 21797

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Anthony & Jenny Berarducci

Well Depth: 600' Casing: 136' of 6" Steel Gallons Per Minute: .6

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 53'

High rate pumping –reservoir Drawdown

Time pump started: 8:30 Pumping rate: 15

Total time 60 Mins to reach pumping water level 361 ft. below M.P.

pump @ 500'

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	53'	4 Seconds		15 gpm
8:45	167'	5 Seconds		12 gpm
9:00	275'	8 Seconds		7.5 gpm
9:15	321'	10 Seconds		6 gpm
9:30	361'	1 Min 40 Seconds		.6 gpm
9:45	361'	1 Min 40 Seconds		.6 gpm
10:00	361'	1 Min 40 Seconds		.6 gpm
10:15	361'	1 Min 40 Seconds		.6 gpm
10:30	361'	1 Min 40 Seconds		.6 gpm
10:45	361'	1 Min 40 Seconds		.6 gpm
11:00	361'	1 Min 40 Seconds		.6 gpm
11:15	361'	1 Min 40 Seconds		.6 gpm
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12:45	360'	1 Min 40 Seconds		.6 gpm
1:00	360'	1 Min 40 Seconds		.6 gpm
1:15	359'	1 Min 40 Seconds		.6 gpm
1:30	359'	1 Min 40 Seconds		.6 gpm
1:45	359'	1 Min 40 Seconds		.6 gpm
2:00	359'	1 Min 40 Seconds		.6 gpm
2:15	359'	1 Min 40 Seconds		.6 gpm
2:30	359'	1 Min 40 Seconds		.6 gpm
2:45	359'	1 Min 40 Seconds		.6 gpm
3:00	358'	1 Min 40 Seconds		.6 gpm
3:15	358'	1 Min 40 Seconds		.6 gpm
3:30	358'	1 Min 40 Seconds		.6 gpm

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: TC Plumbing Telephone #: 301 343 8924
Address: 5250 STONE BRIDGE WAY
SYKESVILLE, MD 21784

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Lee Mabe License #: 24737

*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: Anthony & Jerry Berarducci Telephone #: 410-984-0851
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0191
Site Address: 2730 Jennings Chapel Road
Woodbine MD 21797

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity: _____
Well Yield: _____

Pitless Adapter

Make: AMER. GRANBY
Model #: PT800NL
GPM Depth: _____ (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 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: 250 (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: Tongue arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" IPS
PSI: 200 (160 psi max)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 10'
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: 11/10/23

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

Date Insp. Requested: 11/13 Date Insp. Approved: 11/13 Inspector: [Signature]
Inspection Date: _____
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 casing
Casing well cap attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate ground observed below pitless adapter

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 14, 2023

June 14, 2023

Homeowner
2730 Jennings Chapel Road
Woodbine, MD 21797

RE: Savage Property, P. A
2730 Jennings Chapel Road
Building Permit: B22002958
Well Permit: HO-20-0191

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 **2/10/2023**. Final approval of the well line connection to the dwelling was granted on **1/11/2023**. The well construction was completed on **7/14/2022**. Water samples were collected on **6/6/2023**.

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-20-0191. 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>

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 Environments 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 #: 159448 Account #: 7349
Reference: Beraducci Builder Client: Beraducci Builder
Location: 2730 Jennings Chapel Road Requested By: Chris Beraducci
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/6/2023 1255 Site: Pressure Tank
Date/Time Rec'd: 6/6/2023 1430 Treatment: ** *OK*
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Yeager 0819JY Well #: HO-20-0191

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/7/2023 / 0900 / CRS
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/7/2023 / 0900 / CRS
Nitrate.	✓ 4.88	mg/L	10	EPA 300.0	6/6/2023 / 1604 / MEW
Turbidity	✓ 1.11	NTU	<10	SM2130B	6/6/2023 / 1510 / MEW
Sand	✓ ND	mg/L	5	Visual/Gravimetric	6/6/2023 / 1525 / MEW

OK
Kmw

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 ND:None Detected
- 6 **Sample collected prior to Spindown Separator ✓
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B22002958

Date Reported: 6/7/2023

MD State Certification # 133



July 18, 2022

Howard County Health Department
8930 Stanford Dr
Columbia, Md 21045

Re: 2730 Jennings Chapel Rd
Woodbine, Md 21797

To Whom It May Concern:

Fogles Well Drilling drilled a 600' well that is only producing .6gpm that Anthony Berarducci the owner would like to keep for irrigation. Mr. Berarducci understands that he must keep a pump installed in the well and have it hooked to a hydrant in order to keep this well.

Fogle's will also apply for an additional permit so the well tag can be installed on the well.


Andrew Houseman - Driller


Anthony Berarducci - Owner

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, June 1, 2023 10:59 AM
To: Chris Berarducci
Subject: 2730 Jennings Chapel | ICOP

Chris,

I Have your file here for review to issue your Interim Certificate of Potability. However, I do not have the potability water tests. Please forward them to me so I may finalize the ICOP request.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org
kwolf@howardcountymd.gov



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HOWARD COUNTY HEALTH DEPARTMENT

72109

DATE 7/10/02

WS

Received From

Fogles Wood
Dullin

PHONE #

443 609-4195

For

Well Permit 2930

Jennip Chops

CASH
 CHECK

NO 005

829

One hundred sixty

Dollars

\$ 160.00

Received By

Krip



H0-20-0232 - to become an irrigation well - (PR) 1/12/23

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
P 06/16/2022

DATE WELL ABANDONED: 5/26/22 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) NA

* PERMIT NUMBER OF REPLACEMENT WELL: none issued yet

HO - 20 - 0191

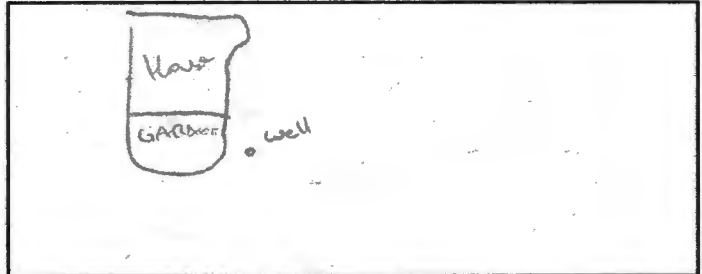
* PERSON ABANDONING WELL: Wesley Wolfe

WELL DRILLER'S LICENSE NUMBER: MWD 598
CIRCLE MWD / MSD / MGD

* OWNER'S NAME: JRNL LLC

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Woodbine
TAX MAP 0013 BLOCK PARCEL 0109
SUBDIVISION: 1003
SECTION: PAR 1
STREET ADDRESS: 2730 Jennings Chapel Rd



LATITUDE 39.291139
LONGITUDE 77.103573

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
Bentonite	120	3
Portland	3	0

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

VOLUME OF MATERIAL USED
Bentonite (28 bags) Portland (1 bag)

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

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: FW FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Wesley A. Way LICENSE# MWD 598
COUNTY _____

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.

MWD / MSD / MGS 5/26/22
CIRCLE ONE DATE

(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 MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 250 26 FROM "PERMIT TO DRILL WELL" Ho 20-0191

OWNER Benarducci, Anthony & Family WELL SITE ADDRESS 2730 Jennings Chapel Rd TOWN Woodbine
 SUBDIVISION Benarducci, Anthony SECTION 2 LOT 1

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	
Soft sand	0	70	
Gray Limestone	70	90	
Sand	90	91	✓
Gray Limestone	91	115	
Sand	115	116	✓
Gray Limestone	116	250	

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 20 NO. OF POUNDS 1000
 GALLONS OF WATER 500
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 82 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch): 06 Total depth of main casing (nearest foot): 84
ST 06 84

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC 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. M 5 D 224
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO.: D

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

C 2 DEPTH (nearest ft.)

84	250
----	-----

E A C H S C R E E N

8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
 from 58 to 60

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
 PUMPING RATE (gal. per min.) 13
 METHOD USED TO MEASURE PUMPING RATE 1992
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 49 ft.
 WHEN PUMPING 80 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 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. 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 2 (nearest foot)

LATITUDE 39.292113
 LONGITUDE 77.103670
 (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: 7/11/22

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-20-0191 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) <u>7/11/22</u> 8 MM DD YY 13 <u>Berarducci Jenny + Anthony</u> 15 Last Name Owner First Name 34 <u>13904 Ryan DR</u> 36 Street or RFD 55 <u>Woodbine Md 21737</u> 57 Town 70 State 72 Zip 76		LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Berarducci Residence</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>Woodbine</u> 52 NEAREST TOWN 71	
DRILLER INFORMATION <u>Andrew Husman M S D 224</u> Driller's Name 76 License No. 81 <u>Logan Well Drilling, LLC</u> Firm Name <u>P.O. Box 302, Woodbine, Md 21797</u> Address <u>Andrew Husman 5-26-22</u> Signature Date		SOURCES OF DRILLING WATER 1. <u>Well water</u> 2. 3. <u>2030 Jenning Chapel Rd</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>13</u> BLK: <u>21</u> PARCEL <u>109</u>	
WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. <u>21</u> STATE SIGNATURE INSERT S → DATE ISSUED <u>06/10/2022</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE <u>06/10/2023</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		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 <p>Diagram details: Well Box is 50' from the house. The house is 80' from the septic tank. The well is 235' from the septic tank. Other measurements include 150' and 170'.</p>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT other _____	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		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.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>HO 20 0191</u> 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <u>Abandoned and seal EX well (ungraded pit)</u>	

RECEIPT

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

Application: WS-WP-22-02498

Application Type: EnvHealth/Well and Septic/Installation/Application

Address: 2930 Jennings Chapel RD,

Receipt No. 4584

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	005829	\$160.00	07/26/2022	JUKING		Well Permit/ 2930 Jennings Chapel Rd

Work Description: Well Permit/ 2930 Jennings Chapel

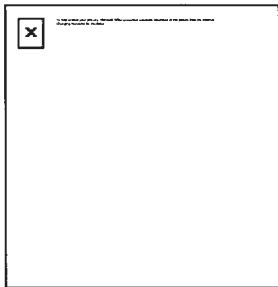
Wolf, Kevin

From: John Boris -MDE- <john.boris@maryland.gov>
Sent: Wednesday, August 17, 2022 9:10 AM
To: Wolf, Kevin
Subject: Re: Well question

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,

Hard to argue that if it's all connected and is producing more than .5 gallon that they couldn't keep it. That meets reg minimum to allow it to be combined with another well. If you're concerned about the yield you could consider running another test. I have not seen that paperwork but it's something to think about. Let me know if you have any other questions.



John A. Boris, Jr., LEHS
Geologist Program Consultant
Water & Science Administration
Maryland Department of the Environment
1800 Washington Boulevard
Baltimore, Maryland 21230
john.boris@maryland.gov
410-537-3678(O)
443-992-6195 (M)
[Website](#) | [Facebook](#) | [Twitter](#)

Click here to complete a three question [customer experience survey](#).

On Wed, Aug 17, 2022 at 8:43 AM Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

John,

It meets all setbacks but wondering about the yield being less than 1gpm. I can't see them doing much watering with such a well.

From: John Boris -MDE- <john.boris@maryland.gov>
Sent: Tuesday, August 16, 2022 12:36 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: Re: Well question

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,

They would have to change the status of the well on the permit. All other regs need to be followed. Which means the well needs to fully functional now or else it will have to be abandoned. Provided it meets all setbacks I can't think of any reason to get rid of it. Let me know if you have any further questions regarding this matter.

John

Sent from my iPhone

On Aug 16, 2022, at 11:00 AM, Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

John,

Can a homeowner convert a potable well to an irrigation well via a separate well permit if the well only produces 6/10ths of a gallon? The original permit was for a new potable well, residential sfd but obviously failed to meet the 1gpm. They have since drilled in another location results were better.

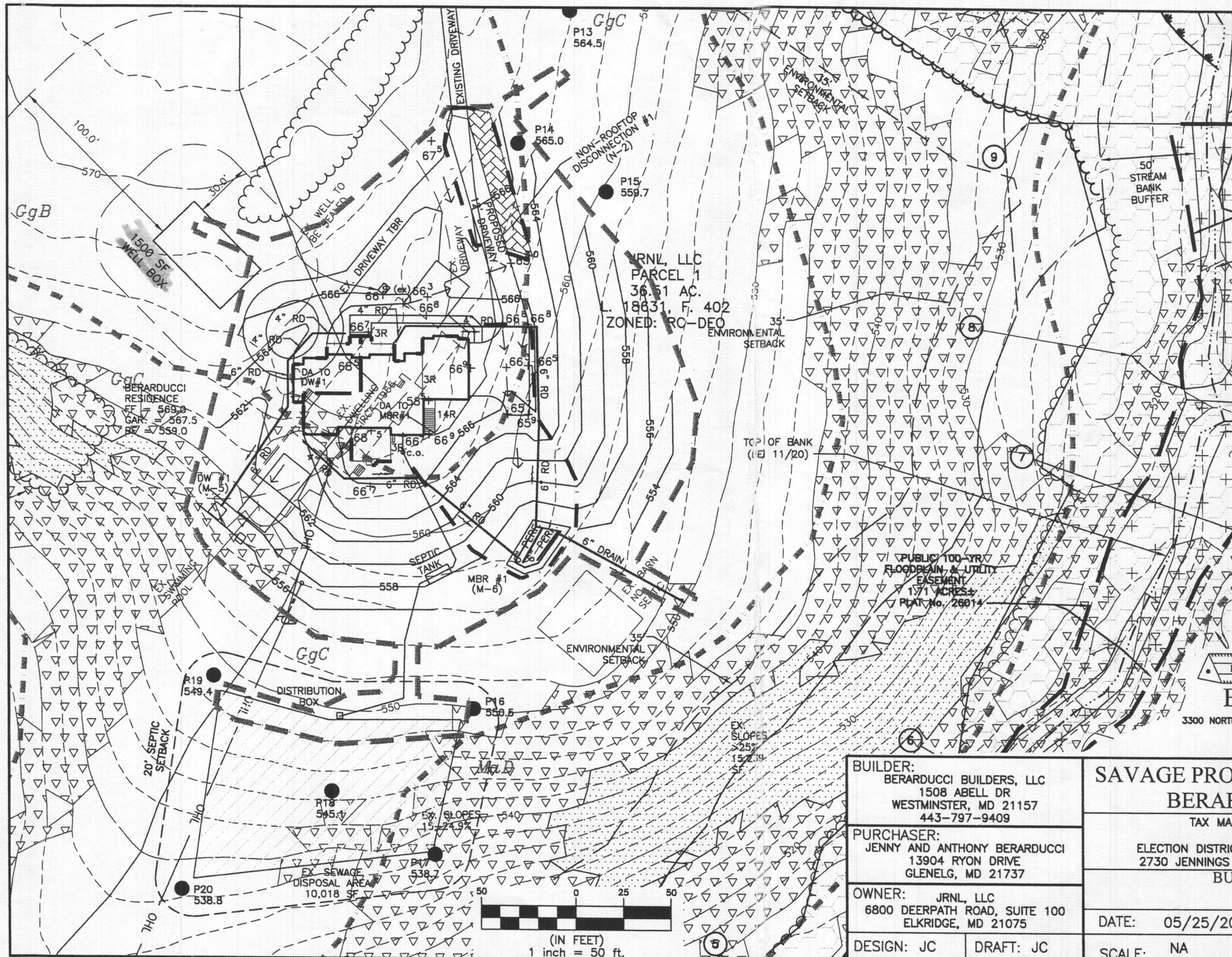
Kevin

CONFIDENTIALITY NOTICE

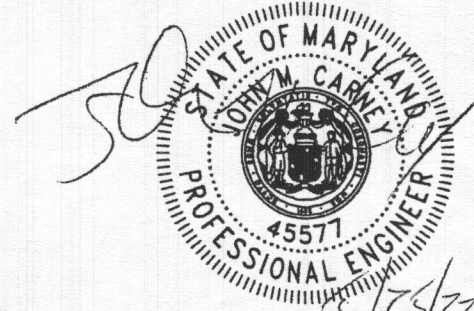
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[Click here](#) to complete a three question customer experience survey.



LEGEND	
	PROPERTY BOUNDARY
	GIS CONTOUR LINES
	SOIL DELINEATION
	EXISTING BUILDINGS
	EXISTING TREELINE
	STREAM
	SEWAGE DISPOSAL AREA
	EXISTING SLOPES >25%
	EXISTING SLOPES 15-24.9%
	PERC TEST - PASS
	PERC TEST - FAIL
	EXISTING FOREST CONSERVATION EASEMENT
	EXISTING 100-YEAR FLOODPLAIN EASEMENT



Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 45577, Expiration Date: 06/08/2024.

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
3300 NORTH RIDGE ROAD ▲ SUITE 140 ▲ ELLICOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644
WWW.BEI-CIVLENGINEERING.COM

BUILDER: BERARDUCCI BUILDERS, LLC 1508 ABELL DR WESTMINSTER, MD 21157 443-797-9409		SAVAGE PROPERTY, PLAT Nos. 26014-17 BERARDUCCI RESIDENCE	
PURCHASER: JENNY AND ANTHONY BERARDUCCI 13904 RYON DRIVE GLENELG, MD 21737		TAX MAP: 13 GRID: 21 PARCEL: 109 ZONED: RC-DEO ELECTION DISTRICT NO. 4 HOWARD COUNTY, MARYLAND 2730 JENNINGS CHAPEL ROAD, WOODBINE, MD 21797	
OWNER: JRNL, LLC 6800 DEERPATH ROAD, SUITE 100 ELKRIDGE, MD 21075		BUILDING PERMIT PLAN SITE PLAN	
DATE: 05/25/2022	BEI PROJECT NO. 3110		
DESIGN: JC	DRAFT: JC	SCALE: NA	SHEET 3 OF 4

