

C 1 56586

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

ST/CO USE ONLY

DATE Received

MM DD YY  
8 18 19

DATE WELL COMPLETED

MM DD YY  
5/24/19

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"HD-18-0059  
28 29 30 31 32 33 34 35 36 37OWNER Pfefferkorn River mill, LLC  
WELL SITE ADDRESS Pfefferkorn Rd first name TOWN West Friendship  
SUBDIVISION River Mill Estates SECTION LOT 3

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearing

Soft Brown 0 80  
Grey Limestone 80 110  
Fracture 110 112 ✓  
Grey Limestone 112 170  
Fracture 170 171 ✓  
Grey Limestone 171 210  
Fracture 210 211 ✓  
Grey Limestone 211 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 45 46 30 NO. OF POUNDS 45 46 3384GALLONS OF WATER 216

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 06 90  
60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING  
diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes no  
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  
WELLI 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 5 D 2 3 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)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3  
8 9PUMPING RATE (gal. per min.) 10  
11 15METHOD USED TO  
MEASURE PUMPING RATE 1000

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.  
17 20WHEN PUMPING 49 ft.  
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine  
27 27 27  
C centrifugal R rotary O other (describe below)  
27 27 27  
J jet S submersible 378 7  
27 27

## 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box  
and enter casing height)+ above } LAND SURFACE  
49 3 (nearest foot)  
- below }  
49 50 51LATITUDE 39.295440  
LONGITUDE 76.992014  
(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  
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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 = 6/14/2017

<b>B 1</b> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">59836</div>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">Ho - 18 - 0059</div> <div style="font-size: 0.8em;">fill in this form completely</div>
<b>OWNER INFORMATION</b> Date Received (APA) <u>04/18/19</u> <div style="display: flex; justify-content: space-between;"> <span>8 MM DD YY 13</span> </div> <div style="display: flex; justify-content: space-between;"> <span>15 Last Name</span> <span>Owner</span> <span>First Name</span> <span>34</span> </div> <div style="display: flex; justify-content: space-between;"> <span>36</span> <span>12668 Frederick Rd</span> <span>Street or RFD</span> <span>55</span> </div> <div style="display: flex; justify-content: space-between;"> <span>57</span> <span>West Friendship, Md 21794</span> <span>Town</span> <span>70</span> <span>State</span> <span>72</span> <span>Zip</span> <span>76</span> </div>		<b>B 3 LOCATION OF WELL</b> <div style="display: flex; justify-content: space-between;"> <span>8 COUNTY</span> <span>21</span> </div> <div style="display: flex; justify-content: space-between;"> <span>23 SUBDIVISION</span> <span>42</span> </div> <div style="display: flex; justify-content: space-between;"> <span>SECTION</span> <span>44</span> <span>46</span> <span>LOT</span> <span>3</span> <span>48</span> <span>50</span> </div> <div style="display: flex; justify-content: space-between;"> <span>52 NEAREST TOWN</span> <span>71</span> </div>	
<b>DRILLER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <span>Driller's Name</span> <span>Allen Compton</span> <span>M S D 005</span> <span>76</span> <span>License No.</span> <span>81</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Firm Name</span> <span>Foakes Well Drilling, LLC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Address</span> <span>P.O. Box 202 Woodbine, Md 21797</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Allen Compton</span> <span>Date</span> <span>4-18-19</span> </div>		<b>B 4 SOURCES OF DRILLING WATER</b> 1. <u>Well water</u> 2. 3.	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		<b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <div style="text-align: center;"> </div> DISTANCE FROM ROAD <u>250</u> FT OR MI <u>BT</u> ENTER FT OR MI <u>38</u> <u>39</u> TAX MAP: <u>0015</u> BLK: <u>0014</u> PARCEL <u>0449</u>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"> <span>COUNTY NAME <u>HOWARD</u></span> <span>COUNTY NO. <u>21</u></span> </div> <div style="display: flex; justify-content: space-between;"> <span>STATE SIGNATURE</span> <span>INSERT S →</span> <span>41</span> </div> <div style="display: flex; justify-content: space-between;"> <span>DATE ISSUED <u>05/01/2019</u></span> <span>CO SIGNATURE</span> <span>EXP. DATE</span> </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="text-align: center;"> </div>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>AIR-ROTary</u> JETTED <u>ROTARY (Hydraulic Rotary)</u> 30 <u>CABLE</u> <u>REVERSE-ROTary</u> <u>DRIVE-POINT</u> 37 other		<b>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>Ho - 18 - 0059</u>			
<b>SPECIAL CONDITIONS</b> NONE			

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.

**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

**Well Permit No. HO-18-0059**

**Location of Property: Pfefferkorn Rd West Friendship, Md 21794**

**Subdivision: Rover Mill Estates Lot: 3**

**Well Driller/Tech: Fogles Well Drilling/ Andrew Houseman MSD224    Owner/Buyer: Pfeifferkorn Rover Mill, LLC**

**Well Depth: 300'      Casing: 90' Steel**

**Distance of measuring point (M.P.) above ground: 3'**

Static water level (S.W.L.) below M.P.: 38'

### High rate pumping –reservoir Drawdown

**Time pump started: 7:45      Pumping rate: 10**

**Total time 45 mins to reach pumping water level 49 ft. below M.P.**

Pump @ \$280'

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

[illegible]



Final  
Scheduled for  
7/14 PM

not 1046

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)243-2640 FAX: (410)313-2648  
313-1771

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: ATMATIC BLDG. LLC Telephone #: 410-840-2583  
Address: 1802 Baltimore Blvd  
Wetland, MD 21157

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

License # and name of individual responsible for the field installation:

Name (Print): LYR SWIECHOW License #: 70788

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Security Development Telephone #: 410-465-4244  
Subdivision: Cloner Meadow Lot #: 3 Well Tag #: HO-18-0059  
Site Address: 3008 Sky Meadow Way  
Wetland, MD 21194

Submersible Pump Data

Make: Grundfos

Model #:

Pump Capacity 7 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 180 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt 11/19

Pitless Adapter

Make: Campbell

Model #:

Depth: 42" (36" min)

NSF 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: ✓

Piping to house

Type: PVC

PSI: 200 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 20"

Sleeve caulked and 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]  
Signature of company representative responsible for installation

7/8/2021  
date

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

Date Insp. Requested: 7/15/21

Date Insp. Approved: 7/15/21 SD

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ 41"

Two piece cap installed and attached to casing securely ✓

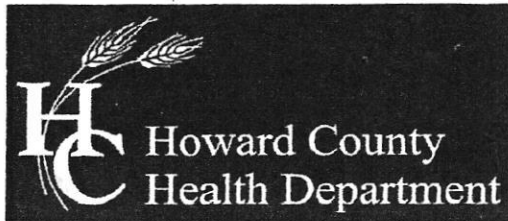
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 39"

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 3" above finished grade ✓ 19" needs well tag

Water supply line sleeved adequately at house connection ✓ 7"

Adequate grout observed below pitless adapter ✓



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://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:

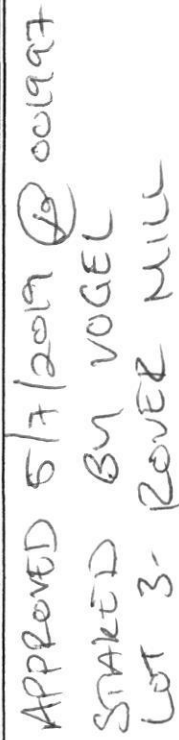
Well Site Location:

Rover Mill Estates      1447      Pfefferkorn Rd  
Subdivision/Property Name      Lot #      Road Name

☒ The well site has been staked by Robert H. Vogel  
(professional land surveyor or company employing professional land surveyors)  
on 4-18-19 (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.



DO NOT REMOVE FROM THE  
DEPARTMENT OF DEFENSE  
PROPERTY

40-18-0059

INFORMATION GIVE NUMBER AND WRITE  
FOR WASHINGTON FIELD  
SECURITY DIVISION 21230

EPA

1. SHOULD ANY FILE REQUESTED FOR INFORMATION BE RETURNED TO THE OFFICE OF ORIGIN?  
2. IF YES, HOW LONG WILL IT TAKE TO RETURN TO THE OFFICE OF ORIGIN?

**INTERIM CERTIFICATE OF POTABILITY****Expiration Date – APRIL 20, 2022**

October 20, 2021

Homeowner  
3008 Skye Meadow Way  
West Friendship, MD 21794**RE: Rover Mill Est., Lot 3  
3008 Skye Meadow Way  
Building Permit: B21000388  
Well Permit: HO-18-0059**

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 **10/7/2021**. Final approval of the well line connection to the dwelling was granted on **7/15/2021**. The well construction was completed on **5/24/2019**. Water samples were collected on **10/6/2021, 10/12/2021, 10/16/2021**.

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-18-0059. 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>



**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

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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 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