

<b>C1</b> <span style="font-size: 24pt; font-weight: bold;">56584</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> 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 08 19 13	DATE WELL COMPLETED MM DD YY 05 22 19	Depth of Well 22 200 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0054																																																				
OWNER <u>Pfefferkorn Rover mill, LLC</u> WELL SITE ADDRESS <u>Pfefferkorn Rd.</u> TOWN <u>West Friendship</u> SUBDIVISION <u>Rover Mill Estates</u> SECTION _____ LOT <u>1</u>																																																							
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <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>Soft Brown</td><td>0</td><td>42</td><td></td></tr> <tr><td>Void</td><td>42</td><td>50</td><td></td></tr> <tr><td>Grey Limestone</td><td>50</td><td>80</td><td></td></tr> <tr><td>Fracture</td><td>80</td><td>81</td><td>✓</td></tr> <tr><td>Grey Limestone</td><td>81</td><td>135</td><td></td></tr> <tr><td>Fracture</td><td>135</td><td>137</td><td>✓</td></tr> <tr><td>Grey Limestone</td><td>137</td><td>170</td><td></td></tr> <tr><td>Fracture</td><td>170</td><td>171</td><td>✓</td></tr> <tr><td>Grey Limestone</td><td>171</td><td>200</td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soft Brown	0	42		Void	42	50		Grey Limestone	50	80		Fracture	80	81	✓	Grey Limestone	81	135		Fracture	135	137	✓	Grey Limestone	137	170		Fracture	170	171	✓	Grey Limestone	171	200		<b>GROUTING RECORD</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>24</u> NO. OF POUNDS <u>2256</u> GALLONS OF WATER <u>144</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>72</u> ft. (enter 0 if from surface) TOP 48 52 54 58 BOTTOM <b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> STEEL</td> <td><input type="checkbox"/> CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PLASTIC</td> <td><input type="checkbox"/> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>74</u> 60 61 63 64 66 70 <b>OTHER CASING (if used)</b> diameter inch depth (feet) from to E A C H C A S I N G _____ <b>SCREEN RECORD</b> screen type or open hole <input checked="" type="checkbox"/> (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> STEEL</td> <td><input type="checkbox"/> BRASS</td> <td><input type="checkbox"/> OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PLASTIC</td> <td><input type="checkbox"/> BRONZE</td> <td><input type="checkbox"/> OTHER</td> </tr> </table>		<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> BRASS	<input type="checkbox"/> OPEN HOLE	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> BRONZE	<input type="checkbox"/> OTHER
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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.		<b>C2</b> DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</td> <td>_____</td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____ 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		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 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	_____																																																		
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DRILLERS LIC. NO. <u>M 5 D 2 3 4</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> _____ SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) _____		<b>C3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>8.5</u> METHOD USED TO MEASURE PUMPING RATE <u>1000</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>32</u> ft. WHEN PUMPING <u>71</u> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> (describe below) <b>J</b> jet <b>S</b> submersible <b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above <input type="checkbox"/> below LAND SURFACE <u>2</u> (nearest foot) LATITUDE <u>39.294881</u> LONGITUDE <u>76.992154</u> (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 = 06/04/2019

B 1	34426	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO - 18 - 0057</b> <small>fill in this form completely</small>
Date Received (APA) <b>04/18/19</b>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION		B 3 LOCATION OF WELL		
Driller's Name 76 License No. 81		8 COUNTY 21		
Firm Name		23 SUBDIVISION 42		
Address		SECTION 44 46 LOT 48 50		
Signature Date		52 NEAREST TOWN 71		
B 2 WELL INFORMATION		B 4 SOURCES OF DRILLING WATER		
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		1. Well water		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		2.		
		3.		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (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		NORTH WEST EAST SOUTH DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 0005 BLK: 0014 PARCEL 0169		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		COUNTY NAME COUNTY NO.		
STATE SIGNATURE		DATE ISSUED		
CO SIGNATURE		EXP. DATE		
APPROXIMATE DEPTH OF WELL 24 28 FEET		PROPOSED LOCATION OF WELL ON LOT		
APPROXIMATE DIAMETER OF WELL 6 INCH		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
METHOD OF DRILLING (circle one)		BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		LOT 1 LOT 2 200' Deep 40 gpm 74' casing 62' Casing		
<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 <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 DEEPEMED 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-18-0057		
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO-18-0057  
Location of Property: Pfefferkorn Rd West Friendship, Md 21794  
Subdivision: Rover Mill Estates Lot: 1  
Well Driller/Tech: Fogles Andrew Houseman MSD 224 Owner: Pfefferkorn Rover Mill, LLC

Total time 30 Mins to reach pumping water level 71 ft. below M.P.

pump @ 180'

[illegible]



Nov 1866

**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 CONCAR 26.04.04 (and all Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

(Print circle one) ☒ Licensed Plumber    ☐ Licensed Well Driller    ☐ Licensed Well Pump Installer

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

Name (Print): Vik Sweeten 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. Licensees may be subjected to field verification.

Name of Property Owner: SECURITY DEVELOPMENT Telephone #: 410-405-9244

Subdivision: KOYER MILL ESTATES Lot #: 1 Well Tag #: EO-18-0059

Site Address: 13700 ROVER MOUNT ROAD.

### Submergence Pumps Data

Make: Gould's

Model #: \_\_\_\_\_

Pump Capacity 7 GPM

Well Yield: 8.5 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 17.3.4

Tongue arrestors or Cable guards are required - Must circle one

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

### Pinning to boards

Type: CON

PSI: 200 (160 psi media)

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

## House Connection

PVC cleared 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 of company representative responsible for installation

plate

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

Date Insp. Requested: 04/05/2022

Date Insp. Approved: 04/05/2022

**Inspection Data:** Pitless chamber and water supply line at least 36" below grade

Two piece cup installed and attached to casing securely

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

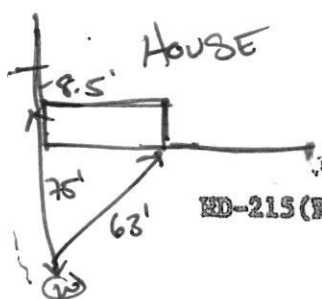
**Safety rope installed inside of well casing**

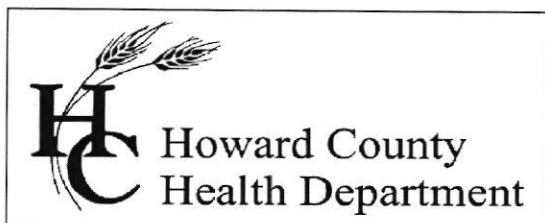
Correct well tag attached properly and curing 8" above finished grade.

Water supply line sleeved adequately at house connection

Adequate grout observed below nitless adapter

✓ 48" 04/05/2022 ✓  
✓ 41" 04/05/2022 ✓  
✓ 24" 04/05/2022 ✓





## 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

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

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 15<sup>th</sup>, 2023**

August 15<sup>th</sup>, 2022

Sones, Taylor Clark; Dashiell, Brittany  
3130 Foster Ave  
Baltimore, MD 21224

**RE: Rover Mill Estates RSB Par B, Lot 1  
13700 Rover Mill Road  
Building Permit: B21004669  
Well Permit: HO-18-0054**

*Pos 08/15/2022*

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 **July 19<sup>th</sup>, 2022**. Final approval of the well line connection to the dwelling was granted on **April 5<sup>th</sup>, 2022**. The well construction was completed on **May 22<sup>nd</sup>, 2019**. Water samples were collected on **August 5<sup>th</sup>, 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-18-0059. 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:

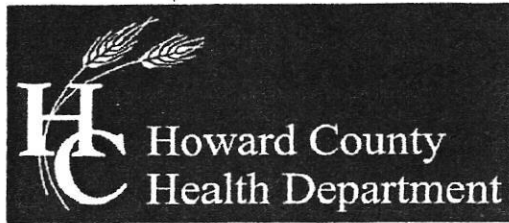
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Joseph Cabahug REHS/RS LEHS II  
Environmental Sanitarian  
Well & Septic Program

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

APPROVED 05/07/2019 (E) 001997  
STAKED BY VOGEL  
LOT 1 - ROVER MILL



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[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.



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 153762 Account #: 1045  
Reference: CBI Homes Rover Mill Estates Lot Client: Atlantic Blue Water Services  
Location: 13700 Rover Mill Road Requested By: Mark Mather  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 8/5/2022 1115 Site: Kitchen  
Date/Time Rec'd: 8/5/2022 1459 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: M. Mather 0258MM Well #: HO-18-0059

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/6/2022 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/6/2022 / 1030 / CRS
Nitrate.	5.40	mg/L	10	EPA 300.0	8/5/2022 / 2202 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/5/2022 / 1540 / TSD
Turbidity	7.58	NTU	<10	SM2130B	8/5/2022 / 1600 / TSD

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B21004669

Date Reported: 8/8/2022