

<b>C 1</b> 56585		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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>XIII</u>	
ST/CO USE ONLY DATE RECEIVED MM DD YY <u>06/18/09</u>		DATE WELL COMPLETED MM DD YY <u>5-23-19</u>		Depth of Well <u>300</u> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-18-0058</u>	
OWNER <u>Pfefferkorn River Mill, LLC</u>		WELL SITE ADDRESS <u>Pfefferkorn Rd</u>		TOWN <u>West Friendship</u>			
SUBDIVISION <u>River Mill Estates</u>		SECTION		LOT <u>2</u>			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>		<b>C 3</b>		<b>PUMPING TEST</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>		HOURS PUMPED (nearest hour) <u>3</u>			
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS <u>40</u> NO. OF POUNDS <u>3760</u>		PUMPING RATE (gal. per min.) <u>10</u>			
FEET FROM TO		GALLONS OF WATER <u>240</u>		METHOD USED TO MEASURE PUMPING RATE <u>192L</u>			
check if water bearing		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>82</u> ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)			
Soft Brown		casing types insert appropriate code below		BEFORE PUMPING <u>33</u> ft.			
Void		<b>ST</b> <b>CO</b> STEEL CONCRETE		WHEN PUMPING <u>67</u> ft.			
Grey Limestone		<b>PL</b> <b>OT</b> PLASTIC OTHER		TYPE OF PUMP USED (for test)			
Fracture		MAIN CASING TYPE		<b>A</b> air <b>P</b> piston <b>T</b> turbine			
Grey Limestone		Nominal diameter top (main) casing (nearest inch) <u>06</u>		<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)			
Fracture		Total depth of main casing (nearest foot) <u>84</u>		<b>J</b> jet <b>S</b> submersible			
Grey Limestone		OTHER CASING (if used)		PUMP INSTALLED			
Fracture		diameter inch depth (feet) from to		DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)			
Grey Limestone		EACH CASING		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.			
Fracture		screen type or open hole		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29			
Grey Limestone		insert appropriate code below		CAPACITY: GALLONS PER MINUTE (to nearest gallon)			
		<b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE		PUMP HORSE POWER			
		<b>PL</b> <b>OT</b> PLASTIC OTHER		PUMP COLUMN LENGTH (nearest ft.)			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C 2</b> DEPTH (nearest ft.)		CASING HEIGHT (circle appropriate box and enter casing height)			
WELL HYDROFRACTURED <b>Y</b> <b>N</b>		1 2 <u>HO</u> <u>84</u> <u>300</u>		<b>+</b> above <b>-</b> below			
CIRCLE APPROPRIATE LETTER		EACH CASING		LAND SURFACE <u>2</u> (nearest foot)			
<b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SLOT SIZE 1 2 3		LATITUDE <u>39.294920</u>			
<b>E</b> ELECTRIC LOG OBTAINED		DIAMETER OF SCREEN (NEAREST INCH)		LONGITUDE <u>76.992100</u>			
<b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		from to		(DEFAULT COORD. WGS 84)			
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		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.			
DRILLERS LIC. NO. <u>M 5 D 224</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
DRILLERS SIGNATURE <u>[Signature]</u>		T (E.R.O.S.) W Q					
LIC. NO. <u>D</u>		70 72 74 75 76					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA					

<b>B 1</b> 59835		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type		STATE PERMIT NUMBER 40-18-0058 fill in this form completely	
<b>OWNER INFORMATION</b> Date Received (APA) 8/18/19 8 MM DD YY 13 Pfeffer Korn River Mill, LLC 15 Last Name Owner First Name 34 12668 Frederick Rd 36 Street or RFD 55 West Friendship Md 21994 57 Town 70 State 72 Zip 76				<b>B 3 LOCATION OF WELL</b> 8 COUNTY 21 Povermill Estates 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 West Friendship 52 NEAREST TOWN 71			
<b>DRILLER INFORMATION</b> Driller's Name Allen Compton M S D 005 76 License No. 81 Firm Name Porges Well Drilling, LLC Address P.O. Box 202 Woodbine Md 21797 Signature Allen Compton Date 4/18/19				<b>B 4 SOURCES OF DRILLING WATER</b> 1. Well water 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 250 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 0015 BLK: 0014 PARCEL 0149			
<b>B 2 WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20				<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			
APPROXIMATE DEPTH OF WELL 300 FEET 24 28				<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME HOWARD COUNTY NO. X111 STATE SIGNATURE INSERT S → 41 DATE ISSUED 05/07/2020 43 MM DD YY 48 CO SIGNATURE EXP. DATE			
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH				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 Pfeiffer Korn Rd P.O. SEWER LOT 2 RIVER MILL RD			
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary Drive-POINT other				<b>REPLACEMENT OR DEEPEINED 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 39 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. 40-18-0058 70 71 72 73 74 75 76 77 78 79				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.			
<b>SPECIAL CONDITIONS</b> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- None				N ↑			





not 1066

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410) 242-2640 FAX: (410) 313-1648  
313-1741**

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

Company Name: ANANTIC BLUE, LLC Telephone #: 410-840-2583  
Address: 1802 BALTIMORE BLVD  
WETTERMINSTER, 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): KIRK SWERNY 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: SPRINTY DEVELOPMENT Telephone #: 410-4105-4244  
Subdivision: RIVER MILL ESTATES Lot #: 2 Well Tag #: HO-18-00588  
Site Address: 3004 SKYE MEADOW WAY  
NEL FRIENDSHIP 21794

**Submersible Pump Data**

Make: Goulds  
Model #: 7CS07422C  
Pump Capacity: 7 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Lampbell  
Model: PA-100NL  
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 1 1/2" E.G.: ☒  
Conduit secured to well cap: ☒

Depth of well encountered at time of pump installation: 110 (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 guides are required - Must circle one

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

**Pipes to house**

Type: PVC  
PSI: 240 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeved to undisturbed soil at well 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

date

4/5/22

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

Date Insp. Requested: 4/20/22

Date Insp. Approved: 4/20/22

Inspection Data: Pitless adapter and 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 installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate gravel observed below pitless adapter

41"  
35"  
22"  
6"

HD-215 (Rev. 8/00)

sleeved under drive

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 25, 2023**

August 25, 2022

Homeowner  
3004 Skye Meadow Way  
West Friendship, MD 21794

**RE: Rover Mill Est., Lot 2**  
**3004 Skye Meadow Way**  
**Building Permit: B21004668**  
**Well Permit: HO-18-0058**

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 **8/12/2022**. Final approval of the well line connection to the dwelling was granted on **4/20/2022**. The well construction was completed on **5/23/2019**. Water samples were collected on **8/19/2022**.

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-18-0058. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

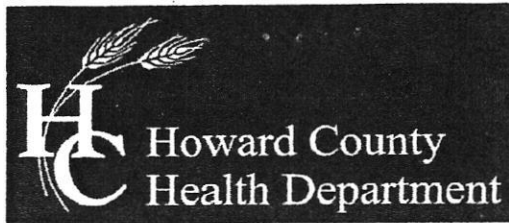
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



## 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.





# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 153995 Account #: 1045  
Reference: Rob Dreischmeier Client: Atlantic Blue Water Services  
Location: 3004 Skye Meadow Way Requested By: Mark Mather  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 8/19/2022 0935 Site: Laundry Tub  
Date/Time Rec'd: 8/19/2022 1036 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: M. Mather 0258MM Well #: HO-18-0058

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/20/2022 / 0920 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/20/2022 / 0920 / LLO
Nitrate.	5.52	mg/L	10	EPA 300.0	8/19/2022 / 1519 / TSD
Turbidity	4.50	NTU	<10	SM2130B	8/19/2022 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/19/2022 / 1605 / 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
- 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 # : B21004668

Date Reported: 8/22/2022