

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">63435</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.																																						
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER																																							
ST/CO USE ONLY DATE Received MM DD YY 07 13 2021	DATE WELL COMPLETED MM DD YY 07 01 2021	Depth of Well 400 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 20 - 0106																																						
OWNER WELL SITE ADDRESS SUBDIVISION		TOWN SECTION LOT																																							
<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>Clay</td> <td>0</td> <td>15</td> <td></td> </tr> <tr> <td>Soft brown</td> <td>15</td> <td>42</td> <td></td> </tr> <tr> <td>Greyschist</td> <td>42</td> <td>280</td> <td></td> </tr> <tr> <td>Brown</td> <td>280</td> <td>281</td> <td>✓</td> </tr> <tr> <td>Greyschist</td> <td>281</td> <td>320</td> <td></td> </tr> <tr> <td>Sand Quartz</td> <td>320</td> <td>321</td> <td>✓</td> </tr> <tr> <td>Grey schist</td> <td>321</td> <td>400</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	15		Soft brown	15	42		Greyschist	42	280		Brown	280	281	✓	Greyschist	281	320		Sand Quartz	320	321	✓	Grey schist	321	400		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <span style="float: right;">yes <input checked="" type="checkbox"/> no <input type="checkbox"/></span> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <sup>45 46</sup> 12 NO. OF POUNDS <sup>45 46</sup> 300 GALLONS OF WATER <sup>45 46</sup> 300 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface) <b>CASING RECORD</b> casing types insert appropriate code below <table style="width:100%;"> <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 <input checked="" type="checkbox"/> ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 63 60 61 63 64 66 70 <b>OTHER CASING (if used)</b> diameter inch depth (feet) from to PL 4" 10' 400' E A C H C A S I N G		<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> PLASTIC	<input type="checkbox"/> OTHER
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																						
	FROM	TO																																							
Clay	0	15																																							
Soft brown	15	42																																							
Greyschist	42	280																																							
Brown	280	281	✓																																						
Greyschist	281	320																																							
Sand Quartz	320	321	✓																																						
Grey schist	321	400																																							
<input checked="" type="checkbox"/> STEEL	<input type="checkbox"/> CONCRETE																																								
<input type="checkbox"/> PLASTIC	<input type="checkbox"/> OTHER																																								
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED <span style="float: right;">yes <input checked="" type="checkbox"/> no <input type="checkbox"/></span> 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.		<b>SCREEN RECORD</b> screen type or open hole <span style="float: right;">insert appropriate code below</span> <table style="width:100%;"> <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> DEPTH (nearest ft.) <table style="width:100%;"> <tr> <td>1 8 9 11 15 17 21</td> </tr> <tr> <td>2 23 24 26 30 32 36</td> </tr> <tr> <td>3 38 39 41 45 47 51</td> </tr> <tr> <td>SLOT SIZE 1 2 3</td> </tr> <tr> <td>DIAMETER OF SCREEN (NEAREST INCH) 56 60</td> </tr> <tr> <td>from to</td> </tr> </table> GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		<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	1 8 9 11 15 17 21	2 23 24 26 30 32 36	3 38 39 41 45 47 51	SLOT SIZE 1 2 3	DIAMETER OF SCREEN (NEAREST INCH) 56 60	from to																										
<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																																							
1 8 9 11 15 17 21																																									
2 23 24 26 30 32 36																																									
3 38 39 41 45 47 51																																									
SLOT SIZE 1 2 3																																									
DIAMETER OF SCREEN (NEAREST INCH) 56 60																																									
from to																																									
DRILLERS LIC. NO. 1 M SD 224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.6 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 275 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 500.50 <b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (nearest foot) - below																																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR																																							

LATITUDE 39.285869  
 LONGITUDE 76.980505  
 (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.

B 1 <u>32575</u> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>P569564</u> please type	TAG = DNI STATE PERMIT NUMBER <u>Ho - 20 - 0106</u> 70 fill in this form completely 79
Date Received (APA) <u>6-22-21</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> <u>Anthony Wilder Design Build Inc.</u> 15 Last Name Owner First Name 34 <u>1913 MacArthur Blvd.</u> 36 Street or RFD 55 <u>Cabin John, Md. 20818</u> 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> <u>Howard</u> 8 COUNTY 21 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>West Friendship</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>Andrew Houseman</u> MS D 224 Driller's Name 76 License No. 81 <u>Fokes Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine, Md 21797</u> Address <u>Andrew Houseman 5-13-21</u> Signature Date		B 4 <b>SOURCES OF DRILLING WATER</b> 1. <u>Well water</u> 2. 3. <b>ON WHICH SIDE OF ROAD</b> (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 <u>2000</u> 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>15</u> BLK: <u>22</u> PARCEL <u>23</u>	
B 2 <b>WELL INFORMATION</b> 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		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>06/22/2021</u> <u>06/22/2021</u> 43 MM DD YY 48 CO SIGNATURE 7 EXP. DATE Don: 06/28/2021 DOY: 7/1/21 DOG: 7/1/21	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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		APPROXIMATE DEPTH OF WELL <u>24</u> FEET APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSION 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 6/29/21 bedrock 50' casing 63' 300' @ 2:45 pm some water 6/30/21 no driller on site @ 11 AM 400' @ 3 pm 7/1/21 - yield insp. 400' deep. pump @ 380', 2.6 gpm static @ 22' drop down to 273' Septic Tank Prop House 170' 260' 60' 80' well Box Field 300'	
<b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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) APPROX. PERMIT NUMBER _____ G _____ PERMIT No. <u>Ho - 20 - 0106</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

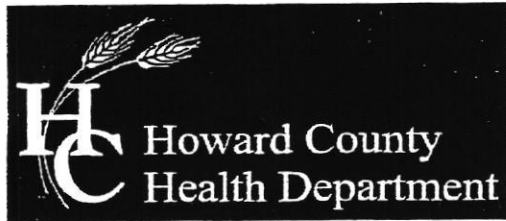
**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**  
**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-20-0106Location of Property: 3125 West Ivory Rd West Friendship, MdWell Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Anthony Wilder Design Build, INCDepth of Well: 400' Casing: 63' of 6" Steel Casing & 390' of 4" PVCDistance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 23'

High rate pumping –reservoir Drawdown

Time pump started: 7:00 Pumping rate: 15Total time 60 Mins to reach pumping water level 275 ft. below M.P.**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)
7:00	23'	4 Seconds		15 gpm
7:15	88'	4 Seconds		15 gpm
7:30	171'	4 Seconds		15 gpm
7:45	252'	5 Seconds		12 gpm
8:00	275'	23 Seconds		2.6 gpm
8:15	275'	23 Seconds		2.6 gpm
8:30	275'	23 Seconds		2.6 gpm
8:45	274'	23 Seconds		2.6 gpm
9:00	274'	23 Seconds		2.6 gpm
9:15	274'	23 Seconds		2.6 gpm
9:30	273'	23 Seconds		2.6 gpm
9:45	273'	23 Seconds		2.6 gpm
10:00	273'	23 Seconds		2.6 gpm
10:15	272'	23 Seconds		2.6 gpm
10:30	272'	23 Seconds		2.6 gpm
10:45	272'	23 Seconds		2.6 gpm
11:00	271'	23 Seconds		2.6 gpm
11:15	271'	23 Seconds		2.6 gpm
11:30	271'	23 Seconds		2.6 gpm
11:45	270'	23 Seconds		2.6 gpm
12:00	270'	23 Seconds		2.6 gpm
12:15	270'	23 Seconds		2.6 gpm
12:30	269'	23 Seconds		2.6 gpm
12:45	269'	23 Seconds		2.6 gpm
1:00	269'	23 Seconds		2.6 gpm
1:15	268'	23 Seconds		2.6 gpm
1:30	268'	23 Seconds		2.6 gpm
1:45	268'	23 Seconds		2.6 gpm
2:00	267'	23 Seconds		2.6 gpm



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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:

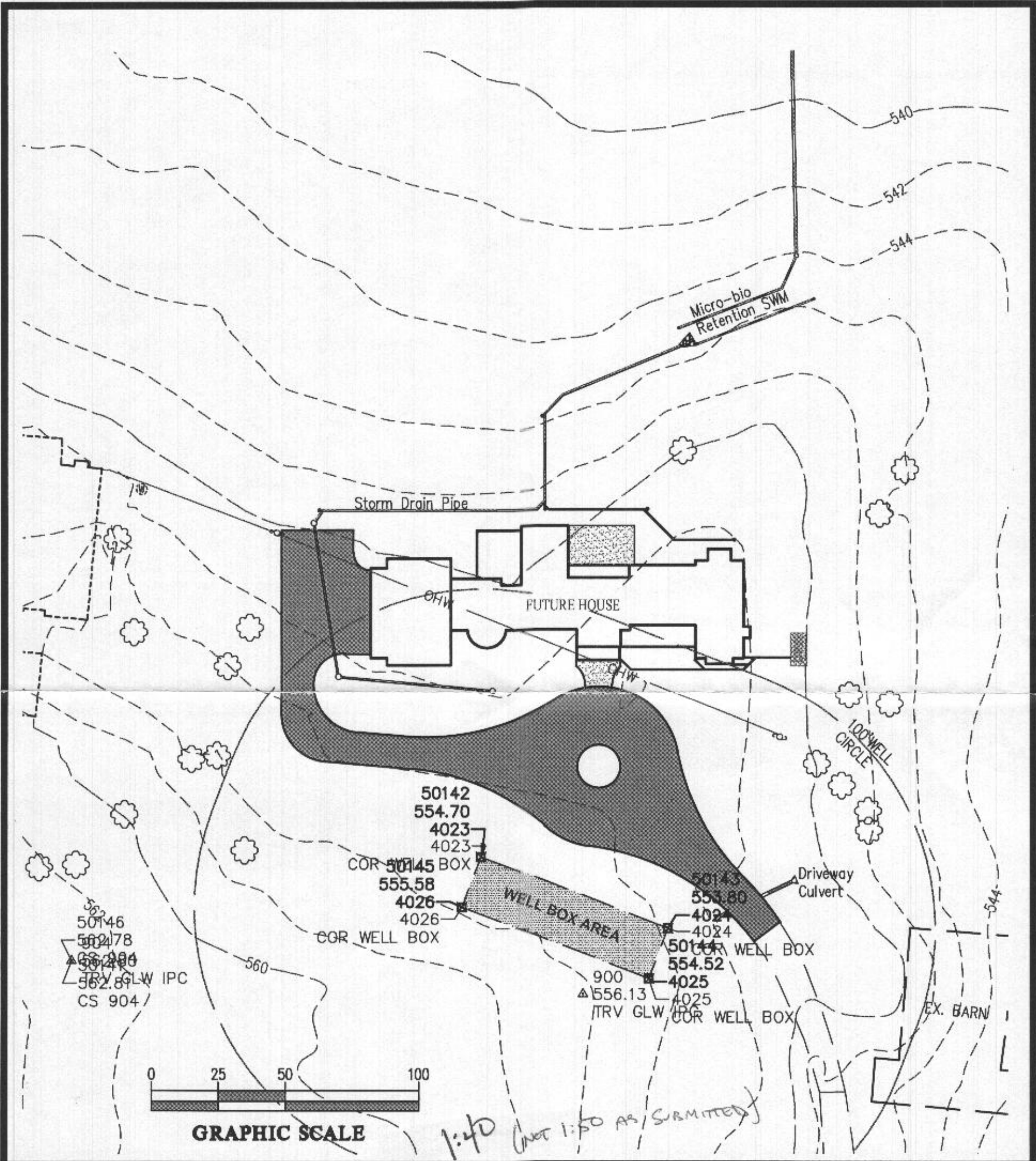
\_\_\_\_\_  
Subdivision/Property Name      Lot #      3125 West Ivory Rd  
Road Name

☒ The well site has been staked by GLW  
(professional land surveyor or company employing professional land surveyors)  
on 5-13-21 (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.





STAKED WELL BOX INFORMATION

WHITNEY PROPERTY

3125 West Ivory Road  
Tax Parcel 0023 (Tax Account No. 295958)



3808 NATIONAL DRIVE | SUITE 250 | BURTONSVILLE, MD 20866 | GLWPA.COM  
PHONE: 301-421-4024 | BALT: 410-880-1820 | DC&VA: 301-989-2524 | FAX: 301-421-4186

DESIGNED BY

DRAWN BY:

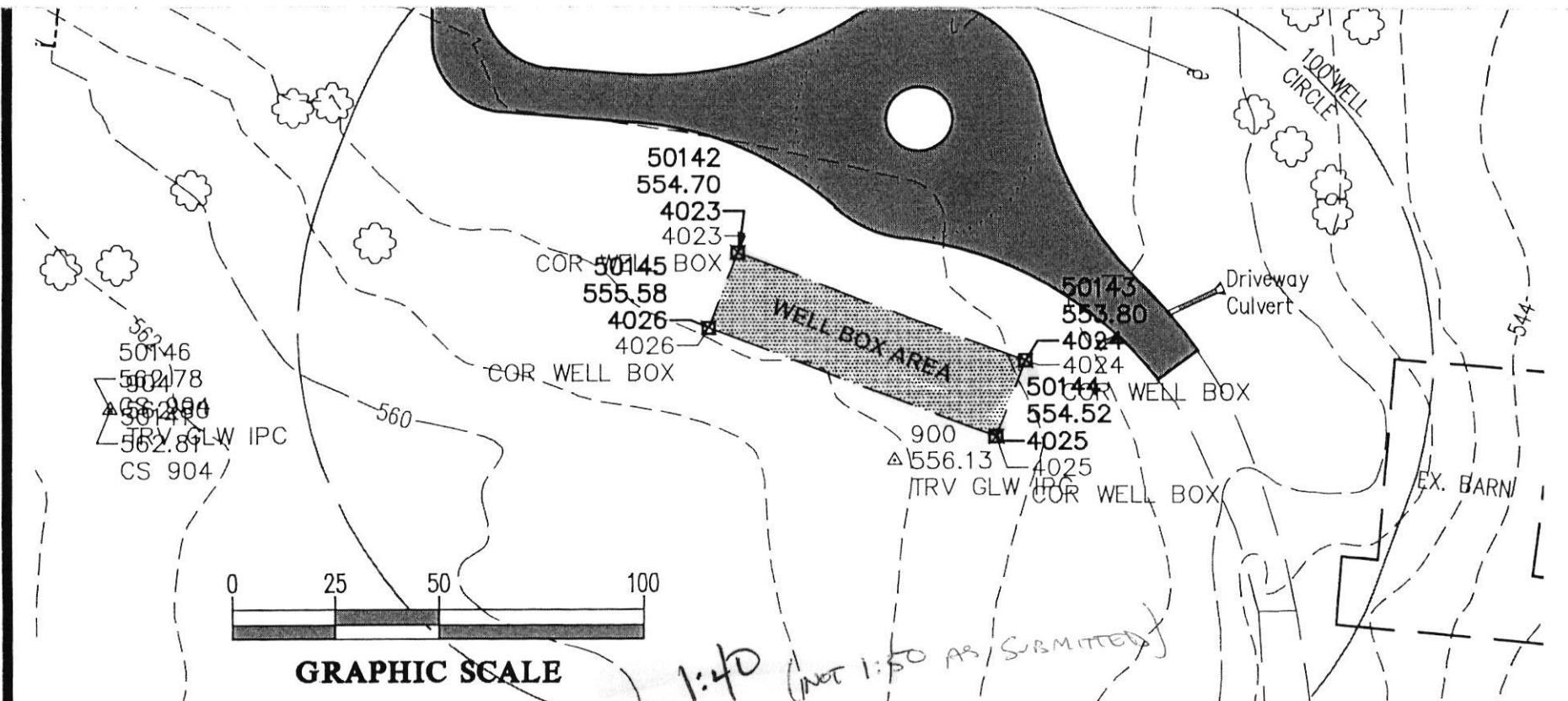
CHECKED BY:

PREPARED FOR :  
ANTHONY WILDER DESIGN-BUILD, INC.  
7913 MacARTHUR BLVD.  
CABIN JOHN, MD 20818

ATTN: GEORGE BOTT  
301-907-0100

G. L. W. No.	20113
ZONING	RC-DEO
TAX MAP/GRID	15-20
DATE	MAY 2021
SCALE	1"=50'
SHEET	2 OF 2

APPROVED 06/22/2021 P001997  
STAKED BY GLW 05/13/2021  
Ho-20-0106  
\* SEE ATT SUPPLEMENT SITE PLAN (CURRENT PC 05/11/2021)



<p>DO NOT REMOVE THIS TAG DEPARTMENT OF THE ENVIRONMENT WELL PERMIT NUMBER</p> <p><b>HO-20-0106</b></p> <p>INFORMATION - GIVE NUMBER AND WRITE 1800 WASHINGTON BLVD BALTIMORE MARYLAND 21230</p>		<p>WHITNEY PROPERTY 3125 West Ivory Road Tax Parcel 0023 (Tax Account No. 295958)</p>	
DESIGNED BY:	PREPARED FOR:	G. L. W. No. 20113	
DRAWN BY:	ANTHONY WILDER DESIGN-BUILD, INC. 7913 MacARTHUR BLVD. CABIN JOHN, MD 20818	ZONING RC-DEO	
CHECKED BY:	ATTN.: GEORGE BOTT 301-907-0100	TAX MAP/GRID 15-20	
		DATE MAY 2021	
		SCALE <del>1"=50'</del>	
		SHEET 2 OF 2	

APPROVED 06/22/2021 P001997  
 STAKED BY GLW 05/13/2021  
 HO-20-0106  
 \*SEE ATT SUPPLEMENT SITE PLAN (CURRENT PC 05/11/2021)



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
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

DATE WELL ABANDONED: 7-13-21 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

\* PERSON ABANDONING WELL: Andrew Houseman

WELL DRILLER'S LICENSE NUMBER: 224

\* OWNER'S NAME: Anthony Wilder Design

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: West Friendship

TAX MAP 15 BLOCK 20 PARCEL 23

SUBDIVISION:

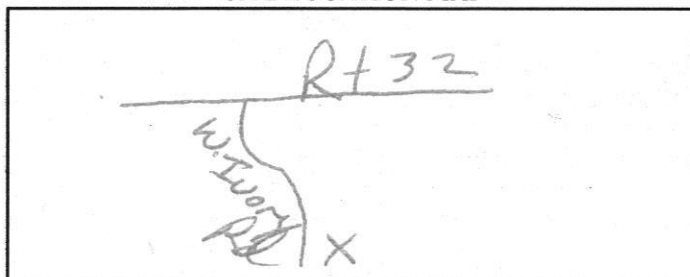
SECTION: LOT:

STREET ADDRESS: 3125 West Ivory Rd

LATITUDE 39.286329

LONGITUDE 76.980914

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	65	0
VOLUME OF MATERIAL USED		
Bentonite 900/lbs		

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☐ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 65 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 LICENSE#

224 MWD / MSD / MGS  
CIRCLE ONE

7-13-21  
DATE

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.

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: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
 Address: 580 Obrecht Rd  
Sixesville, 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): David C Eagle License #: MSD226

\*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 Wilder Design Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0106  
 Site Address: 3125 West Ivory Rd  
West Friendship, MD 21794

### Submersible Pump Data

Make: Goulds  
 Model #: 7H507422

Pump Capacity: 7

Well Yield: 2.6

Depth of well encountered at time of pump installation: 400 (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: Torque arrestors / Cable guards / Other acceptable method used

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

### Pitless Adapter

Make: Campbell  
 Model #: NA

GPM Depth: 36" (36" min)

GPM NSF/WSC approved: YES

### Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

### Piping to house

Type: 1" poly pipe

PSI: 200 (160 psi min)

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

### House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5' minimum from foundation): 10'

Sleeve sealed properly: YES

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: 11/16/2021

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

Date Insp. Requested: 11/17/2021 Date Insp. Approved: 11/17/2021 Inspector: [Signature]

Inspection Data: 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 cap/casing

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

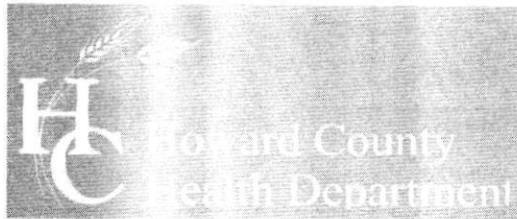
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

4" 11/17/2021 [Signature]  
3.9" 11/17/2021 [Signature]  
23" 11/17/2021 [Signature]

(Revised form 10/24/2018)





## 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

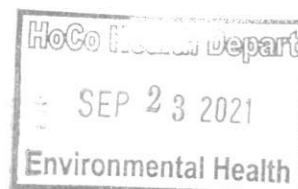
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

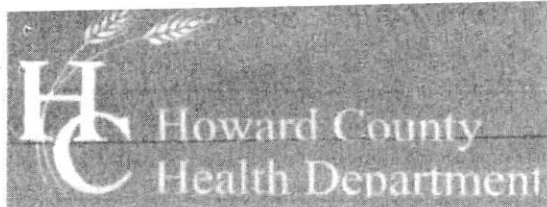
Well Site Location:

Subdivision/Property Name	Lot #	Road Name
		3125 West Ivory Rd
<input checked="" type="checkbox"/> The well site has been staked by <u>GLW</u> (professional land surveyor or company employing professional land surveyors) on <u>09/21/21</u> (date) and does not require a site inspection.		
<input type="checkbox"/> 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.

*Supervised  
well stake  
taken on 10/7/21*





## 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:

Subdivision/Property Name

Lot #

Road Name

3125 West Ivory Rd

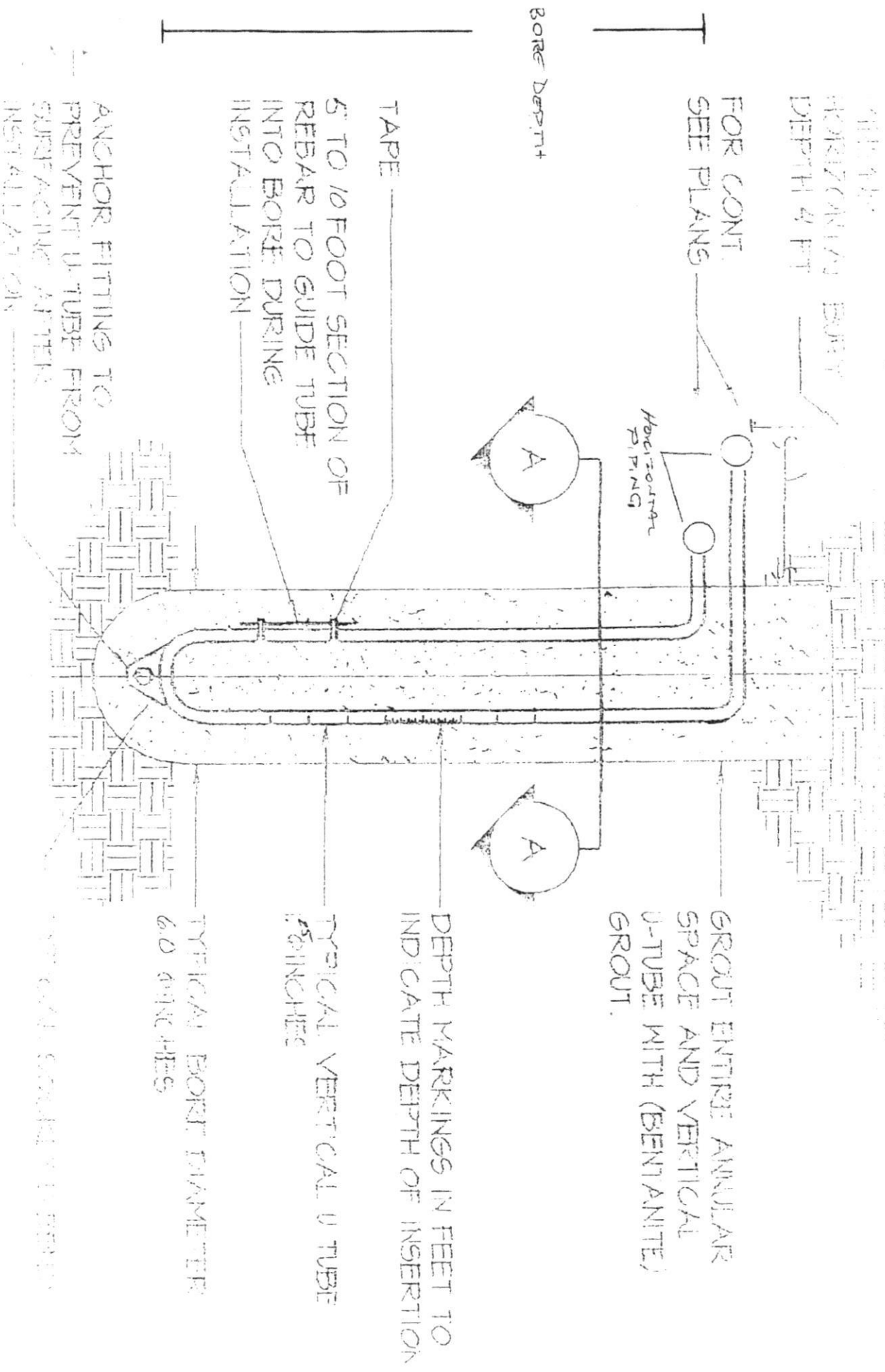
☒ The well site has been staked by GLW  
(professional land surveyor or company employing professional land surveyors)  
on 10/07/21 (date) and does not require a site inspection.

☐ 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.

GRADE

EACH BORE HOLE (TYP.)





---

## **HOWARD COUNTY GROUTING PROCEDURE**

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than  $2.5 \times 10^{-8}$  cm/sec. Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.

**INTERIM CERTIFICATE OF POTABILITY****Expiration Date – JUNE 5, 2023**

December 5, 2022

Homeowner  
3125 W. Ivory Road  
W. Friendship, MD 21794**RE: W. Friendship Est., P. 23  
3125 W. Ivory Road  
Building Permit: B21001870  
Well Permit: HO-20-0106**

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 **11/2/2022**. Final approval of the well line connection to the dwelling was granted on **11/17/2021**. The well construction was completed on **7/1/2021**. Water samples were collected on **10/21/2022**.

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-20-0106. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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

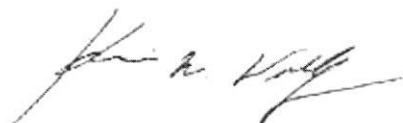
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

---

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the 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 #: 155349 Account #: 1933  
Reference: Karen Whitney Client: Fogle's Well Pump & Treatment  
Location: 3125 Ivory Road Requested By: Dave Fogle  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 10/21/2022 1129 Site: Bathroom Sink  
Date/Time Rec'd: 10/21/2022 1254 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Smith 2896JS Well #: HO-20-0106

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/22/2022 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/22/2022 / 0900 / LLO
Nitrate.	6.73	mg/L	10	EPA 300.0	10/21/2022 / 1608 / MEW
Turbidity	1.07	NTU	<10	SM2130B	10/21/2022 / 1555 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	10/21/2022 / 1555 / MEW

### 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B21001870

Date Reported: 10/24/2022

## FILE INQUIRY NOTES

[illegible]

EX. 1,500 GALLON SEPTIC PUMP TANK  
PER AS-BUILT BY GLW IN 02-2021  
(MH TOPS=544.8)

EXISTING SEPTIC TANK TO BE ABANDONED  
LOCATION OF EX. SEPTIC TANK & CLEANOUT  
PER AS-BUILT BY GLW IN 02-2021 (MH  
TOPS=546.7)

EXISTING WELL TO BE ABANDONED.  
EXISTING WELL SHOWN ON THIS  
N (NO WELL TAG) HAS BEEN FIELD  
ATED BY G.L.W. (PROFESSIONAL LAND  
VEYORS) AND IS ACCURATELY  
WN ON THIS PLAN.

NEW SEPTIC TANK.  
USE THE O.S.D.S. DESIGN PLAN  
APPROVED BY THE HEALTH  
DEPT. FOR THE INSTALLATION OF  
THE SEPTIC SYSTEM.  
THE SCH-40 PVC SEWER PIPE  
BETWEEN THE HOUSE & THE SEPTIC  
TANK SHALL BE SOLVENT WELDED.

PROPOSED BOREHOLES (3 @ 20'  
O.C.) FOR GEOTHERMAL VERTICAL  
CLOSED LOOP SYSTEM

5 LF  
CL 1 RIP RAP

18" Nyloplast NY 1

Well sites ok  
well stakes verified  
Onsite 10/8/21  
*[Signature]*

EX. BGE POLE #295142  
TO BE REMOVED BY BGE  
APPURTENANCES TO BE  
RELOCATED BY BGE.

PREVIOUS HOUSE,  
DEMOLISHED UNDER  
B20004155

12" Nyloplast NY 4

12" Nyloplast NY 3

Ex. 547

Ex. 553

100' WELL  
CIRCLE

APPROX. EDGE OF CULTIVATED FIELD

WHITNEY RESIDENCE  
SLAB=553.0  
PORCHES=552.67

PATIO  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5

PORCH  
=552.5