

DRILLER: COMPLETE THIS FORM AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FIFTH COPY.

<b>C1</b> 57887	SEQUENCE NO. (MDE USE ONLY) 8/20 - 8/21	<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	
ST/CO USE ONLY DATE Received MM DD YY 08 23 24	DATE WELL COMPLETED MM DD YY 08 23 24	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 22 - 0139 28 29 30 31 32 33 34 35 36 37
OWNER <u>RUSHE DAVID SR</u> last name first name		TOWN <u>MT AIR</u>	
WELL SITE ADDRESS <u>1400 SHAFFERSVILLE RD</u>		SECTION <u>EDWARD E QUAY</u> LOT <u>2</u>	

**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	
Topsoil	0	2	
Brown slate	2	95	
Grey slate	95	112	
Brown slate	112	117	3/
White limestone	117	165	
Grey slate	165	240	
White limestone	240	270	
Grey slate	270	400	

I installed 4" liner casing + screen

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 150

GALLONS OF WATER 390

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 94 ft.  
(enter 0 if from surface)

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**CASING RECORD**

casing types insert appropriate code below

STEEL  CONCRETE  
 PLASTIC  OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 100

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

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**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

STEEL  BRASS  OPEN HOLE  
 PLASTIC  OTHER

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 39 ft.

WHEN PUMPING 184 ft.

TYPE OF PUMP USED (for test)

air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

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

**C 2**

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
<u>HO - 98</u>																				
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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
from \_\_\_\_\_ to \_\_\_\_\_

**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) \_\_\_\_\_ 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  
 below } 2 (nearest foot)

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. 1 MWD 603

Darren E. Wilson  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AVD 091

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_ 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) \_\_\_\_\_ W Q \_\_\_\_\_

LATITUDE 3 9.334881

LONGITUDE 7 7.133567

(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.

008 V9/24AB

**B 1** 37832 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER  
**APPLICATION FOR PERMIT TO DRILL WELL** please type **HO - 22 - 0139**  
 1 2 3 6 14063 5810742 **fill in this form completely** 70 79

**OWNER INFORMATION**  
 Date Received (APA) 8/20/24  
 8 MM DD YY 13  
 15 Last Name **RUSHE** Owner **DAVID, SR** First Name **DAVID** 34  
 36 Street or RFD **941 SPERRY WAY** 55  
 57 Town **SYKESVILLE MD** 70 State **MD** 72 Zip **21784** 76

**B 3** **LOCATION OF WELL**  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **Edward E. Dwyer** 42  
 SECTION **44** 46 LOT **2** 48 50  
 52 NEAREST TOWN **MT AIRY** 71

**DRILLER INFORMATION**  
 76 Driller's Name **DARREN E. WILSON** M License No. **D603** 81  
 Firm Name **EASTERN WELL DRILLING**  
 Address **9265 BR. CH RD. MT AIRY MD 21771**  
 Signature **Darren E. Wilson** Date **7-3-24**

**B 4** **SOURCES OF DRILLING WATER**  
 11 **1400 Shaffersville Rd** STREET ADDRESS 30  
 1. **Wells**  
 2.  
 3. **8/20/24-Drill 30' to 30'**  
 down then his equipment  
 tripped down. will be a  
 few hours till he can  
 begin drilling again. will  
 call in the next time  
 Russ M/S/SP  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 **400** 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: **0006** BLK: **0012** PARCEL **257**

**B 2** **WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE **5**  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED **500**  
 (GAL. PER DAY) 14 20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **HOWARD** COUNTY NO. **13**  
 STATE SIGNATURE **[Signature]** INSERT S → 41  
 DATE ISSUED **07 23 24** CO SIGNATURE **[Signature]** EXP. DATE **7/25/25**  
 43 MM DD YY 48 DON: **8/29/2024** DOG: **8/23/2024** DOY: **8/23/24**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL  
 22 Driller is currently 300' down. Hit bedrock at 95'. Going at 100' per hour. to drill down to 400'. Current yielding 3gpm (MB)

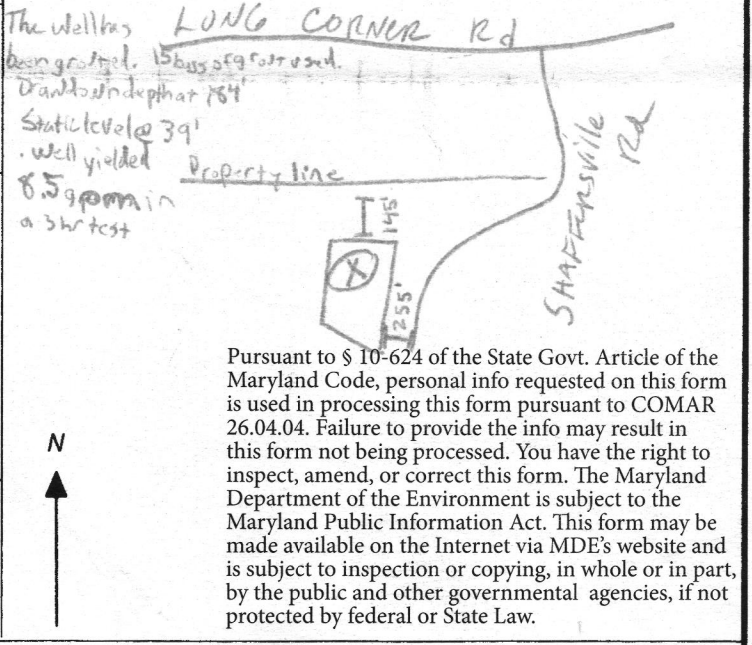
APPROXIMATE DEPTH OF WELL **400** FEET  
 24 28

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  
**8/23/2024**  
 The well has **LONG CORNER Rd**  
 been installed. 15' above ground level.  
 Drank down to that 15'  
 Static level @ 39'  
 well yielded **Property line**  
**8.5 gpm in a 3hr test**  
 SHAFFERSVILLE Rd

**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 \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 39 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 - 22 - 0139**  
 70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS** Please notify office of drilling, gravel and yield  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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

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: Eastday-Wilson Water Service Telephone #: 301-831-7057  
 Address: 9365 Brown Church Rd  
Mt Airy md 21771

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

License # and name of individual responsible for the field installation:  
 Name (Print): Dallen Wilson License# MDW 6003

\*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: David Rushe Telephone #: 301-440-7510  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-22-0139  
 Site Address: 1400 Shaffersville Rd  
Mt. Airy md 21771

**Submersible Pump Data**

Make: Grundfos  
 Model #: 10 SQE15-330  
 Pump Capacity: 10  
 Well Yield: 8.5 gpm  
 Depth of well encountered at time of pump installation: 390 (feet)

**Pitless Adapter**

Make: Boshart +  
 Model#: SP-ATPCSM 125  
 GPM Depth: 481 (36" min)  
 GPM NSF/WSC approved: YES

**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:

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

**Piping to house**

Type: PE  
 PSI: 250 (160 psi min)  
 Depth of supply line: 3 1/2 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES  
 Length of sleeve (5' minimum from foundation): 5ft  
 Sleeve sealed properly: YES

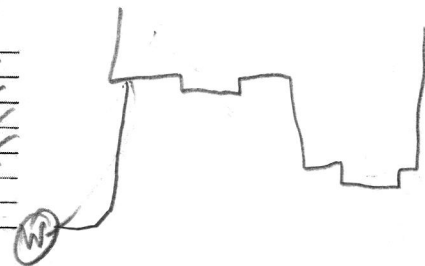
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Dallen E Wilson  
 Signature of company representative responsible for installation

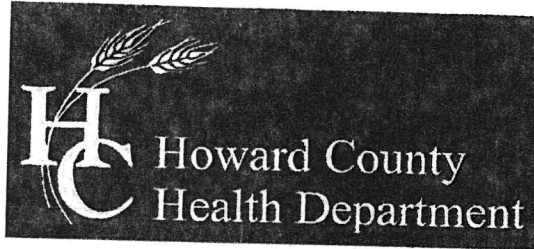
9-6-25  
 date

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

Date Insp. Requested: 9/16/2025 Date Insp. Approved: 9/16/2025 Inspector: SP  
 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



(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  
 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:

Edward E. Dany                      2                      1400 Shaffersville Rd  
 Subdivision/Property Name      Lot #                      Road Name

- The well site has been staked by Surveyor  
 (professional land surveyor or company employing professional land surveyors)  
 on JULY 2 2024 (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.





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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 20, 2026

March 20, 2026

David Rushe (Homeowner)  
1400 Shafersville Road  
Marriottsville, MD 21104

**RE: E Day Subdivision, Lot 2  
1400 Shafersville Road  
Building Permit: B25001430  
Well Permit: HO-22-0139**

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 **9/15/2025**. Final approval of the well line connection to the dwelling was granted on **9/16/2025**. The well construction was completed on **8/23/2024**. Water samples were collected on **12/23/2025, 1/9/2026, 1/16/2026, 3/16/2026**.

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-22-0139. 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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

**Certificate of Analysis**

Work order: **FZL0643**

**Client:**  
Easterday-Wilson Water Service LLC  
9265 Brown Church Road  
Mt. Airy, MD 21771

**Project:** Drinking Water  
1400 Shaffersville Road  
**Sample Site:** David Rushe  
**Sample Address:** 1400 Shaffersville Road  
Mt. Airy, MD 21771

**Received at lab:** 12/23/25 13:00  
**Temp:** 7.7 deg. C  
**Reported:** 1/20/26 15:14

PWSID:  
Treatment: N/A  
Collected by: Frank Easterday, ID: 1982FE  
Well Tag: HO-22-0139

Revised: Revised 1/20/26- Well Tag added -

**1st Floor Master Bathtub**  
FZL0643-01 (Drinking Water)(Grab)

Date Collected: 12/23/25 07:50

**Field Results**

	Result	Units
Temperature	N/A	deg. C
pH	N/A	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

**Microbiology**

	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
<b>Bacteria - Total Coliform</b>	<b>13.7</b>	MPN/100 mL	1	1	12/23/25 14:15	12/24/25 14:28	NM		SM9223-B
Bacteria - E coli	<1	MPN/100 mL	1	1	12/23/25 14:15	12/24/25 14:28	NM		SM9223-B

**Bacteriological analysis of this sample indicates the water is unsafe for human consumption. Analysis was performed according to the 24th edition of Standard Methods**

**Inorganic**

	Result	Units	MRL	MCL	Date Analyzed	Analyst	Qual	Method
Nitrate	2.39	mg/L	0.20	10	12/23/25 17:01	NM		EPA 300.0

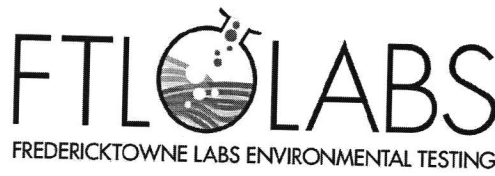
**Notes and Definitions**

Item	Definition
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*Sara E. Randall*  
Sara E. Randall, President

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
Maryland Cert. No. 116 Virginia Cert. No. 00444  
West Virginia Cert. 415 MDOT WBE Cert. No.: 91-158

3020 VENTRIE COURT  
MYERSVILLE, MD 21773



(301) 293-3340  
INFO@FTLLAB.COM

### Certificate of Analysis

Work order: **FAA0301**

**Client:**  
Easterday-Wilson Water Service LLC  
9265 Brown Church Road  
Mt. Airy, MD 21771

**Project:** Drinking Water  
1400 Shafersville Rd  
**Sample Site:** David Ruske  
**Sample Address:** 1400 Shafersville Rd  
Mt Airy, MD 21771

**Received at lab:** 1/9/26 8:45  
**Temp:** 11.3 deg. C  
**Reported:** 1/20/26 16:08

PWSID:  
Treatment: No Treatment Devices  
Collected by: Frank Easterday, ID: 1982FE  
Well Tag: HO-22-0139

Revised: 1/20/2026 Well tag added -

**1st Floor Master Bath Tub**  
FAA0301-01 (Drinking Water)(Grab)

Date Collected: 01/09/26 08:00

**Field Results**

	Result	Units
Temperature	N/A	deg. C
pH	N/A	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

**Microbiology**

	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
Bacteria - Total Coliform	1	MPN/100 mL	1	1	1/9/26 15:04	1/10/26 11:15	JR		SM9223-B
Bacteria - E coli	<1	MPN/100 mL	1	1	1/9/26 15:04	1/10/26 11:15	JR		SM9223-B

**Bacteriological analysis of this sample indicates the water is unsafe for human consumption. Analysis was performed according to the 24th edition of Standard Methods**

### Notes and Definitions

Item	Definition
------	------------

*Sara E. Randall*  
Sara E. Randall, President

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Maryland Cert. No. 116 Virginia Cert. No. 00444  
West Virginia Cert. 415 MDOT WBE Cert. No.: 91-158





### Certificate of Analysis

Work order: **FAA0473**

**Client:**  
Easterday-Wilson Water Service LLC  
9265 Brown Church Road  
Mt. Airy, MD 21771

**Project:** Drinking Water  
1400 Shaffersville Rd  
**Sample Site** David Rushe  
**Sample Address:** 1400 Shaffersville Rd  
Mt Airy, MD 21771

**Received at lab:** 1/16/26 10:13  
**Temp:** 9.6 deg. C  
**Reported:** 1/20/26 11:35

PWSID:  
Treatment: UV light  
Collected by: Frank Easterday, ID: 1982FE  
Well Tag: HO-22-0139

Revised: 1.20.26 - Well tag added & address corrected

#### Master Bath Tub

FAA0473-01 (Drinking Water)(Grab)

Date Collected: 01/16/26 09:00

#### Field Results

	Result	Units
Temperature	N/A	deg. C
pH	N/A	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

#### Microbiology

	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
Bacteria - Total Coliform	<1	MPN/100 mL	1	1	1/16/26 16:20	1/17/26 10:39	JR		SM9223-B
Bacteria - E coli	<1	MPN/100 mL	1	1	1/16/26 16:20	1/17/26 10:39	JR		SM9223-B

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 24th edition of Standard Methods

#### Notes and Definitions

**Item**      **Definition**

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*Sara E. Randall*  
Sara E. Randall, President



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 179846 Account #: 1933  
Reference: David Rushe Client: Fogle's Well Pump & Treatment  
Location: 1400 Shaffersville Road Requested By: Dave Fogle  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 3/16/2026 1300 Site: Pressure Tank  
Date/Time Rec'd: 3/16/2026 1402 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Evans 0309JE Well #: HO-22-0139

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/17/2026 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/17/2026 / 0900 / KDR

### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B25001430

Date Reported: 3/17/2026

## Burns, Matthew

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**From:** Burns, Matthew  
**Sent:** Wednesday, July 24, 2024 8:23 AM  
**To:** Sara Easterday; John Jackson; dwrushe10@gmail.com; Frank Manalansan II  
**Cc:** Page, Shepsura; Wolf, Kevin  
**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

Good morning Sara,

The well tag and paperwork will be mailed out to your attention today.

Kind regards,

Matt Burns, EH Specialist  
Well & Septic Program | Howard County Health Department  
8930 Stanford Blvd., Columbia, MD 21045  
410-313-2643 (Office) | 410-313-2648 (Fax)  
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**From:** Sara Easterday <saraeasterday@verizon.net>  
**Sent:** Wednesday, July 24, 2024 7:34 AM  
**To:** John Jackson <j.jackson@fcc-eng.com>; dwrushe10@gmail.com; Frank Manalansan II <frankm@fcc-eng.com>; Burns, Matthew <mburns@howardcountymd.gov>  
**Cc:** Page, Shepsura <spage@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>  
**Subject:** Re: 1400 Shaffersville Road - Well permit exhibit drawing

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

Good morning Matt,

Just put it in the mail.

Have a great day!

Sara

Sara V Easterday  
Administrative Assistant  
L. F. Easterday Well Drilling  
9265 Brown Church Road  
Mt. Airy, Md. 21771  
301-829-1640  
301-829-2667-fax

[Saraeasterday@verizon.net](mailto:Saraeasterday@verizon.net)

On Tuesday, July 23, 2024 at 09:36:30 AM EDT, Burns, Matthew <[mburns@howardcountymd.gov](mailto:mburns@howardcountymd.gov)> wrote:

Hi all,

I was on site yesterday and confirmed that the mapped well box matched the stake layout. I'm releasing the permit now.

Sara- how do you prefer to pick up the well tag? Do you want us to send it in the mail? Or come by the office to pick it up?

Matt Burns, EH Specialist

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**From:** Burns, Matthew

**Sent:** Monday, July 22, 2024 8:27 AM

**To:** John Jackson <[j.jackson@fcc-eng.com](mailto:j.jackson@fcc-eng.com)>; [dwrushe10@gmail.com](mailto:dwrushe10@gmail.com); Frank Manalansan II <[frankm@fcc-eng.com](mailto:frankm@fcc-eng.com)>

**Cc:** Page, Shepsura <[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)>; Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>

**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

Received, thank you John. We'll be out for an inspection of the site today.

Matt Burns, EH Specialist

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## Burns, Matthew

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**From:** John Jackson <j.jackson@fcc-eng.com>  
**Sent:** Wednesday, July 17, 2024 3:20 PM  
**To:** Burns, Matthew; Sara Easterday  
**Cc:** Page, Shepsura; Wolf, Kevin; dwrushe10@gmail.com  
**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

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

Matt,  
I appreciate your efforts and follow up.

Thank you  
John

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**From:** Burns, Matthew <mburns@howardcountymd.gov>  
**Sent:** Wednesday, July 17, 2024 3:18 PM  
**To:** John Jackson <j.jackson@fcc-eng.com>; Sara Easterday <saraeasterday@verizon.net>  
**Cc:** Page, Shepsura <spage@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>  
**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

Hi John,

I was able to get out to this site today. I located three of the four well box stakes and confirmed that the well site within the well box was also staked. I was unable to locate the stake for the corner that is opposite of the well site (for reference see attached area circled in red on the WELL LOCATION doc). We are okay to issue the permit with only 3 of the 4 stakes accounted for as long as the driller is okay with proceeding with the staked well site. If the driller is not ok with drilling, the well box will need to be re-staked before we issue the permit.

Sara- I have not received a response from you regarding the Proposed Location of Well drawing. Can you please provide two distance measurements from the proposed well site to property lines or landmarks? Once I have this info I can fill it in on the Application Permit for you if you'd like.

Kind regards,

Matt Burns, EH Specialist  
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**From:** Burns, Matthew  
**Sent:** Wednesday, July 17, 2024 9:45 AM  
**To:** John Jackson <[j.jackson@fcc-eng.com](mailto:j.jackson@fcc-eng.com)>  
**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

Good morning John,

With the submittal yesterday of the updated well exhibit document, we will be on site to inspect within 10 business days. We will be on site no later than 7/30. I hope to be out there by the end of this week.

Kind regards,

Matt

---

**From:** John Jackson <[j.jackson@fcc-eng.com](mailto:j.jackson@fcc-eng.com)>  
**Sent:** Wednesday, July 17, 2024 8:16 AM  
**To:** Burns, Matthew <[mburns@howardcountymd.gov](mailto:mburns@howardcountymd.gov)>  
**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

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Matt,

I would like to update the client on when this visit might take place and how long the turn around time will be. I am new to this process and whatever information you have would be helpful.

Thank you  
John

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**From:** Burns, Matthew <[mburns@howardcountymd.gov](mailto:mburns@howardcountymd.gov)>  
**Sent:** Tuesday, July 16, 2024 3:25 PM  
**To:** John Jackson <[j.jackson@fcc-eng.com](mailto:j.jackson@fcc-eng.com)>; Page, Shepsura <[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)>; Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>; [saraeasterday@verizon.net](mailto:saraeasterday@verizon.net)  
**Cc:** Frank Manalansan II <[frankm@fcc-eng.com](mailto:frankm@fcc-eng.com)>; [dwrushe10@gmail.com](mailto:dwrushe10@gmail.com)  
**Subject:** RE: 1400 Shaffersville Road - Well permit exhibit drawing

Thank you John, the well exhibit drawing has been received. Will be out for a site visit soon.

Matt Burns, EH Specialist  
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**From:** John Jackson <[j.jackson@fcc-eng.com](mailto:j.jackson@fcc-eng.com)>

**Sent:** Tuesday, July 16, 2024 12:39 PM

**To:** Burns, Matthew <[mburns@howardcountymd.gov](mailto:mburns@howardcountymd.gov)>; Page, Shepsura <[spage@howardcountymd.gov](mailto:spage@howardcountymd.gov)>; Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>; [saraeasterday@verizon.net](mailto:saraeasterday@verizon.net)

**Cc:** Frank Manalansan II <[frankm@fcc-eng.com](mailto:frankm@fcc-eng.com)>; [dwrushe10@gmail.com](mailto:dwrushe10@gmail.com)

**Subject:** 1400 Shaffersville Road - Well permit exhibit drawing

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

Matt,

Please find attached the Well permit exhibit drawing for 1400 Shaffersville Road. Let me know if you need anything else at this time.

John Jackson

**Project Manager**

**Fisher, Collins and Carter, Inc.**

*10272 Baltimore National Pike*

*Ellicott City, MD 21042*

*410-461-2855*