

C1 56541		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT 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 8/1/19/18		DATE WELL COMPLETED MM/DD/YY 10/12/18		Depth of Well 22 200 26 (TO NEAREST FOOT)		
				PERMIT NO. FROM "PERMIT TO DRILL WELL" OK HA-17-0356 12/3/18 SC		
OWNER Dimitroco Paul		WELL SITE ADDRESS Underwood RD		TOWN Sykesville		
SUBDIVISION Willow Brooke		SECTION		LOT 2		
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 40 NO. OF POUNDS 3760 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft. (enter 0 if from surface)		C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.4 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 32 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		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 06 60 (60)				
DESCRIPTION (Use additional sheets if needed)		OTHER CASING (if used) diameter inch depth (feet) from to				
BROWN SHALE 0 35						
Grey L/S 35 65						
Fracture 65 67						
Grey L/S 67 90						
Fracture 90 92						
Grey L/S 92 200						
NUMBER OF UNSUCCESSFUL WELLS: 0		C2 DEPTH (nearest ft.) 1 2 E 1 60 200 A 8 9 11 15 17 21 C 23 24 26 30 32 36 H 38 39 41 45 47 51 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 - below } 2 (nearest foot)		
WELL HYDROFRACTURED yes no Y N		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				
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		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		LATITUDE 39.318106 LONGITUDE 76.975381 (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.		
DRILLERS LIC. NO. 1 M SD 224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				

B 1		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER	
59756			5103994		HO-17-0356 fill in this form completely	
Date Received (ARA) 08/30/18 8 MM DD YY 13			B 3 LOCATION OF WELL			
OWNER INFORMATION			8 COUNTY Howard 21			
15 Last Name Dimarco Paul Owner First Name 34			23 SUBDIVISION Willow Brooke 42			
36 Street or RFD 1751 Underwood Rd 55			SECTION 44 46 LOT 2 48 50			
57 Town Sykesville 70 State 72 Zip 76			52 NEAREST TOWN Sykesville 71			
DRILLER INFORMATION			B 4 SOURCES OF DRILLING WATER			
76 Driller's Name Allen Compton MS D 009 81 License No.			1 Well Water			
Firm Name Eagles Well Drilling, LLC			2			
Address P.O. Box 202 Woodbine Md 21797			3			
Signature Allen Compton Date 8-7-18			ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
B 2 WELL INFORMATION			11 STREET ADDRESS 30			
1 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12			NORTH			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20			WEST EAST			
USE FOR WATER (CIRCLE APPROPRIATE BOX)			34 800 37			
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION			DISTANCE FROM ROAD ENTER FT OR MI 38 39			
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)			TAX MAP: 9 BLK: 21 PARCEL 238			
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
<input type="radio"/> PUBLIC WATER SUPPLY WELL			COUNTY NAME Howard COUNTY NO. 23			
<input type="radio"/> TEST, OBSERVATION, MONITORING			STATE SIGNATURE [Signature] INSERT S → 41			
<input type="radio"/> OPEN LOOP GEOTHERMAL			DATE ISSUED 09/15/18 43 MM DD YY 48			
<input type="radio"/> CLOSED LOOP GEOTHERMAL			CO SIGNATURE [Signature] EXP. DATE			
APPROXIMATE DEPTH OF WELL 24 300 28 FEET			PROPOSED LOCATION OF WELL ON LOT			
APPROXIMATE DIAMETER OF WELL 6 NEAREST 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)			10/12			
BORED (or Augered) JETTED Jetted & DRIVEN			-40 bags cement			
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)			need to top			
37 CABLE REVERSE-ROTARY Drive-POINT			off			
other			-31' static			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)			-32' m.p.			
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL			-10 gpm			
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED			-60' static			
<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			-200 deep			
<input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL			10/16/2018			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 - - - - - 52			GPS well			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			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.			
APPROX. PERMIT NUMBER - - - - - G - - - - -						
PERMIT No. 70 11-17-0356 74 75 76 77 78 79						
SPECIAL CONDITIONS						
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED						

Date: October 12, 2018

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-17-0356

Location of Property: Underwood Rd Sykesville, Md 21784

Subdivision: Willow Brooke **Lot:** 2

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner: Paul Dimarco

Depth of Well: 200'

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 31'

High rate pumping –reservoir Drawdown

Time pump started: 6:45 **Pumping rate:** 10

Total time 15 mins to reach pumping water level 32 ft. below M.P.

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

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

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: Allied Well Drilling Telephone #: 202-226-8370
Address: P.O. Box 124
Annapolis Junction MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Amy Capelle License# 5WD413

*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: Wilson, Tyanna Telephone #: 202-226-8370
Subdivision: 0004 Lot #: 2 Well Tag #: HO-17-0356
Site Address: 1743 Woodward Rd
Sterling MD

Submersible Pump Data

Make: Franklin
Model #: 1HP
Pump Capacity 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Panthers
Model #: HA-250
Depth: ✓ (36" min)
NSF/WSC approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 280 (feet)

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

Type: HDPE
PSI: 200 (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): ✓
Sleeve 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

1/25/23

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

Date Insp. Requested: 1/25/23 Date Insp. Approved: 2/1/2023 Inspector: S
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 ✓

Back of House
W

get well

diagram into
the house

Put in Accel
wrong 1/25 Failed
2/2 passed. ~~SP~~

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: Allied Well Drilling Telephone #: 301-776-8370
Address: PO Box 129
Annapolis Junction MD 20701

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

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

Name (Print): Andy Capelle License#: JW0413

***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: Tyanna Wilson Telephone #: _____
Subdivision: Willow Brooke Lot #: 2 Well Tag #: HO - 17-0356 ✓
Site Address: 1743 Underwood Road
Sykesville MD 21784

Submersible Pump Data

Make: Fisher 1HP

Model #: _____

Pump Capacity 10 GPM

Well Yield: 10

Depth of well encountered at time of pump installation: 185 (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

Pitless Adapter

Make: Savage

Model#: 2045H

GPM Depth: _____ (36" min)

GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: _____

Conduit secured to well cap: _____

Piping to house

Type: HDPPE

PSI: ✓ (160 psi min)

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____

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

Sleeve 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 09-09-22

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

Date Insp. Requested: 9/12/22 Date Insp. Approved: _____ Inspector: RR

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 _____

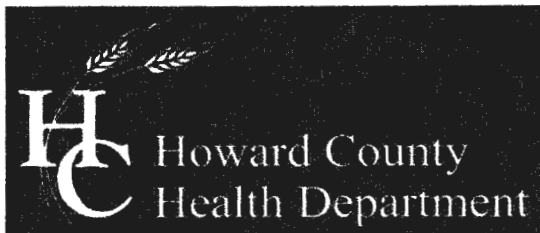
Correct well tag attached properly and casing 8" above finished grade _____

Water supply line sleeved adequately at house connection _____

Adequate grout observed below pitless adapter _____

cap loose
conduit loose

(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:

LOT 4 9/14/2018 (D)

Willow Brooke
Subdivision/Property Name

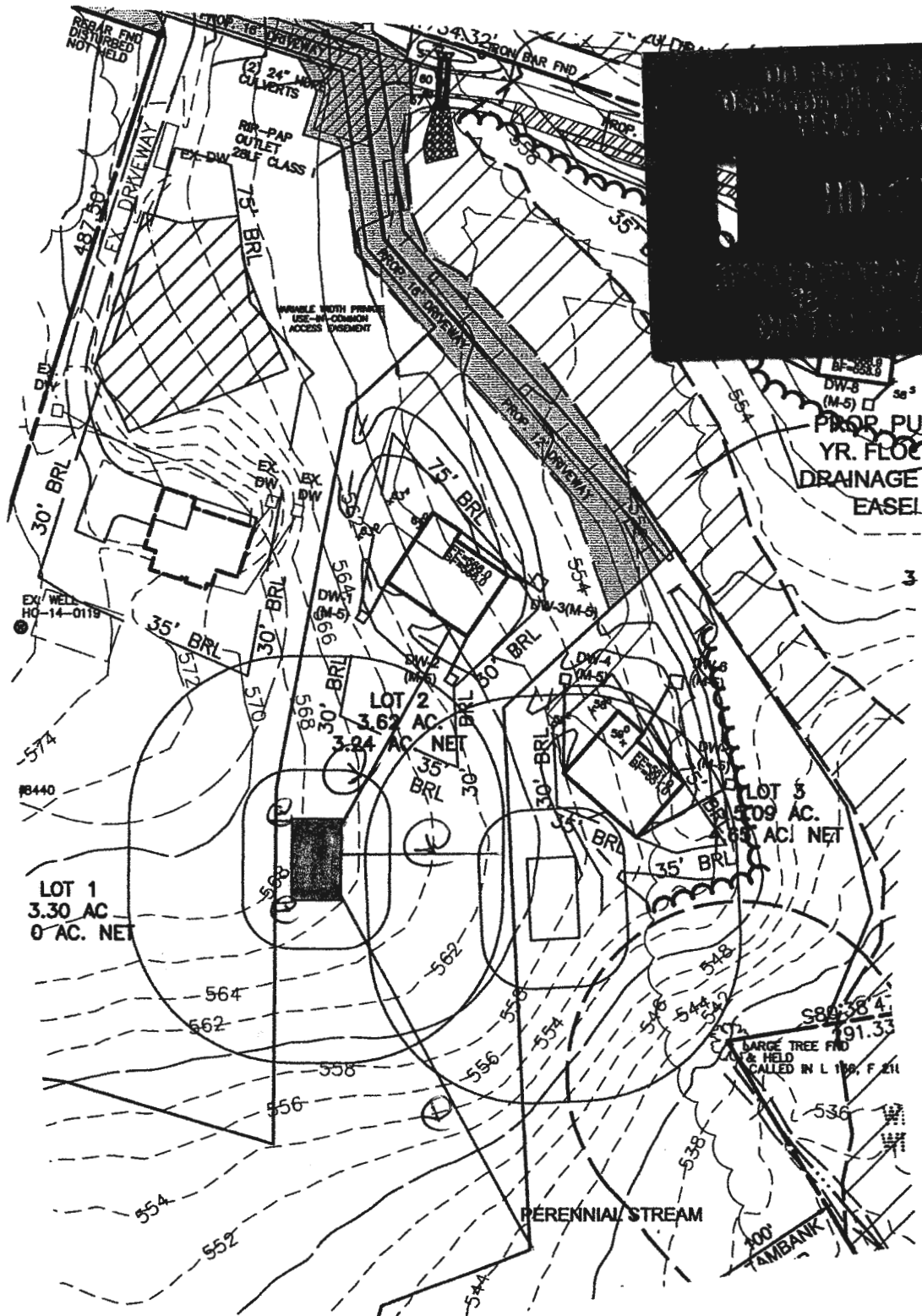
2-3-4
Lot #

Underwood Rd
Road Name

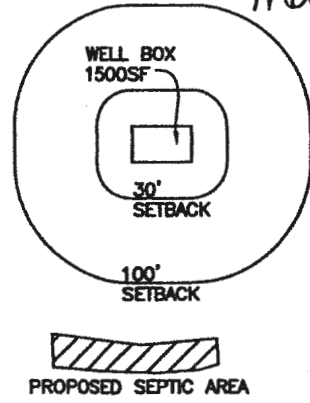
☒ The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on September 10, 2018 (date) and does not require a site inspection.

☐ 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.



APPROVED
09/17/2018 @ 001997
STAKED BY Bench
Mark



<div data-bbox="56 1787 397 1895" data-label="Image"></div> <div data-bbox="32 1895 454 1935" data-label="Text"><p>180 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLEWOOD CITY, MARYLAND 21043 (P) 410-485-0105 (F) 410-485-0844 WWW.BE2-ENGINEERING.COM</p></div>	<div data-bbox="462 1747 901 1975" data-label="Text"><p>OWNER/DEVELOPER PAUL S. DI MARCO 1751 S. UNDERWOOD ROAD SYKESVILLE, MD 21784 443-668-0100 TAX MAP 9 AND 15, GRID 21, PARCEL 328 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p></div>	PROJECT: WILLOW BROOKE LOT 2	
		TITLE: WELL PLAN	
		DATE: AUGUST 2018 PROJECT NO. 2661	
		DRAFT: JCO	F-18-065

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 6, 2023

April 6, 2023

Homeowner
1743 Underwood Road
Sykesville, MD 21784

RE: Willow Brooke, Lot 2
1743 Underwood Road
Building Permit: B22003490
Well Permit: HO-17-0356

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 **3/20/2022**. Final approval of the well line connection to the dwelling was granted on **2/2/2023**. The well construction was completed on **10/12/2018**. Water samples were collected on **3/22/2023**.

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-17-0356. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

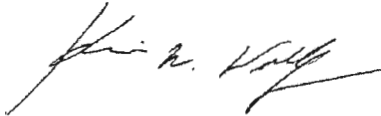
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 Environment's 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.

1113 Old Laneview Rd. Westminster, MD (410) 848-1014 (410) 376-4551

REPORT OF ANALYSIS

Laboratory ID #:	158089	Account #:	1045
Reference:	Caruso Homes	Client:	Atlantic Blue Water Services
Location:	1743 Underwood Road	Requested By:	Mark Mather
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	3/22/2023 1130	Site:	Bathroom Sink
Date/Time Rec'd:	3/22/2023 1518	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.0
Collected By:	E. Van Allen 1560EV	Well #:	HO-17-0356

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	/ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/23/2023 / 1000 / MEW
Bacteria, E. coli, MPN	/ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/23/2023 / 1000 / MEW
Nitrate.	/ <0.40	mg/L	10	EPA 300.0	3/22/2023 / 1546 / MEW
Turbidity	/ 0.87	NTU	<10	SM2130B	3/22/2023 / 1640 / MEW
Sand	/ ND	mg/L	5	Visual/Gravimetric	3/22/2023 / 1620 / MEW
Iron	0.38	mg/L	0.3*	Hach 8146	3/23/2023 / 0940 / MEW

OK
Kerry

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B21004040

Date Reported: 3/23/2023

MD State Certification # 133



HOWARD COUNTY HEALTH DEPARTMENT

63994

DATE 8/30/16

W5

Received From

Foxes Well Drilling

PHONE # 443 604 4115

☐ CASH
☒ CHECK

For

Well Permit x 3 Unbonded Bond

NO.

012536

Four hundred eighty

Dollars

\$

400.00

Received By

[Signature]