

C163453

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.

COUNTY  
NUMBER

ST/CO USE ONLY  
DATE Received  
83 29 2021

DATE WELL COMPLETED  
2-4-21

Depth of Well  
400  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-20-0055

OWNER  
WELL SITE ADDRESS  
SUBDIVISION

25 Weller Dr

TOWN  
Mt Airy

SECTION  
2

LOT  
16

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	
Clay	0	8	
Soft brown	8	45	
Greyschist	45	110	
Brown	110	111	
Greyschist	111	365	
Fracture	365	366	
Greyschist	366	400	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 23 NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

ST 66 63

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch

depth (feet)  
from to

EACH CASING

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEEL ST BRASS BR

BRONZE PL PLASTIC PL

OPEN HO HOLE OT OTHER OT

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes Y no N

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.

DRILLERS LIC. NO. M 5 D 224

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

DEPTH (nearest ft.)

HO 63 400

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

(NEAREST INCH)

56 60

from to

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

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO  
MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 57 ft.

WHEN PUMPING 352 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

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 below

LAND SURFACE (nearest foot) 2

LATITUDE 39.353293

LONGITUDE 77.021343

(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	32504	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 567999 please type	STATE PERMIT NUMBER <u>HO-20-0055</u> fill in this form completely
Date Received (ARA) 8 MM DD YY 13 <u>11/30/20</u>		OWNER INFORMATION		
15 Last Name <u>Liberto, Rosa</u>		34 First Name <u>Rosa</u>		
36 Street or RFD <u>16831 Kenyon Rd</u>		55		
57 Town <u>Marriottsville, Md.</u>		76 Zip <u>21104-1422</u>		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <u>Andrew Houseman</u>		8 COUNTY <u>Howard</u>		
Firm Name <u>Fogles Well Drilling, LLC</u>		23 SUBDIVISION <u>Palomares overlook</u>		
Address <u>P.O. Box 202 Woodbine, Md 21797</u>		SECTION <u>2</u> LOT <u>16</u>		
Signature <u>Andrew Houseman</u>		52 NEAREST TOWN <u>MT Airy</u>		
B 2 WELL INFORMATION		B 3 SOURCES OF DRILLING WATER		
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		1. <u>Well water</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		2. _____		
		3. _____		
		STREET ADDRESS: <u>625 Weller Rd</u>		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">             34 700 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39           </div> <div style="text-align: center;">             NORTH N WEST W S EAST E SOUTH S           </div> </div>		
		TAX MAP: <u>0002</u> BLK: <u>0024</u> PARCEL <u>0227</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME <u>Howard</u>		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		COUNTY NO. <u>13</u>		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		STATE SIGNATURE _____ DATE ISSUED <u>11/19/20</u>		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		CO SIGNATURE <u>Rosa Liberto</u>		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		EXP. DATE <u>11/19/21</u>		
<input type="checkbox"/> OPEN LOOP GEOTHERMAL		DON: <u>1/28/21</u> DOY: <u>2/4/21</u> DOG: <u>2/4/21</u>		
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL		PROPOSED LOCATION OF WELL ON LOT		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO-20-0055</u>				
SPECIAL CONDITIONS				

Date: February 4, 2021

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

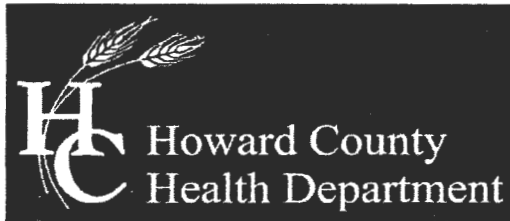

Well Permit No. HQ-20-0055Location of Property: 625 Weller Dr Mt. Airy, Md 21771Subdivision: Patapsco Overlook Section: 2 Lot: #16Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Rose LibertoDepth of Well: 400' Casing: 63' of 6" Steel CasingDistance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 57'

High rate pumping –reservoir Drawdown

Time pump started: 7:40 Pumping rate: 12Total time 65 Mins to reach pumping water level 352 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)
7:40	57'	5 Seconds		12 gpm
8:00	157'	5 Seconds		12 gpm
8:15	237'	6 Seconds		10 gpm
8:30	310'	7 Seconds		8.5 gpm
8:45	352'	40 Seconds		1.5 gpm
9:00	352'	40 Seconds		1.5 gpm
9:15	351'	40 Seconds		1.5 gpm
9:30	351'	40 Seconds		1.5 gpm
9:45	351'	40 Seconds		1.5 gpm
10:00	351'	40 Seconds		1.5 gpm
10:15	351'	40 Seconds		1.5 gpm
10:30	351'	40 Seconds		1.5 gpm
10:45	351'	40 Seconds		1.5 gpm
11:00	351'	40 Seconds		1.5 gpm
11:15	350'	40 Seconds		1.5 gpm
11:30	350'	40 Seconds		1.5 gpm
11:45	350'	40 Seconds		1.5 gpm
12:00	350'	40 Seconds		1.5 gpm
12:15	350'	40 Seconds		1.5 gpm
12:30	350'	40 Seconds		1.5 gpm
12:45	350'	40 Seconds		1.5 gpm
1:00	350'	40 Seconds		1.5 gpm
1:15	349'	40 Seconds		1.5 gpm
1:30	349'	40 Seconds		1.5 gpm
1:45	349'	40 Seconds		1.5 gpm
2:00	349'	40 Seconds		1.5 gpm
2:15	349'	40 Seconds		1.5 gpm
2:30	349'	40 Seconds		1.5 gpm
2:45	349'	40 Seconds		1.5 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](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:

Patterson Overlook      16      625 Weller Rd  
Subdivision/Property Name      Lot #      Road Name

☒ The well site has been staked by Vanmar  
(professional land surveyor or company employing professional land surveyors)  
on September 8, 2020 (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.

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

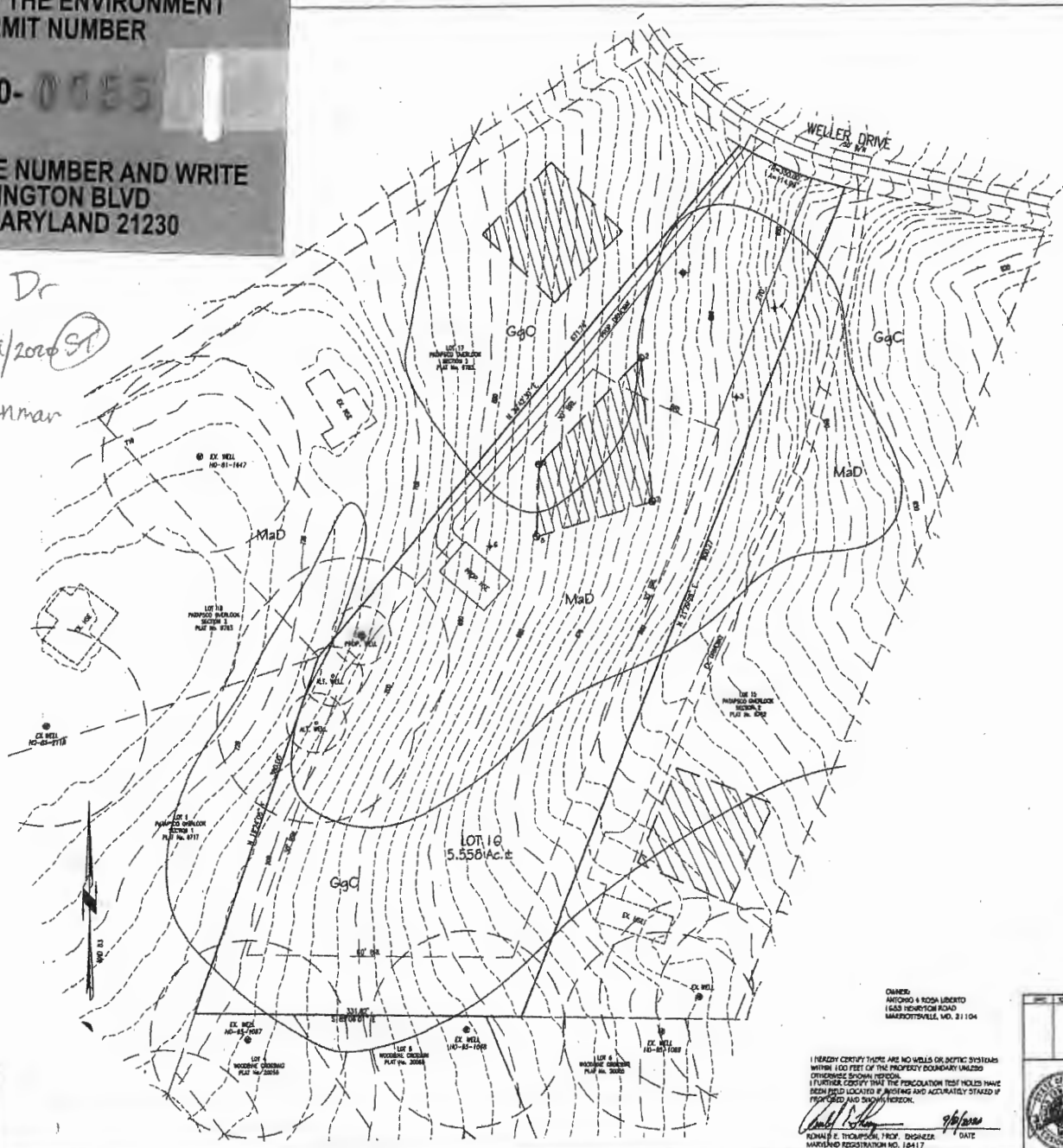
HO-20-0055

INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

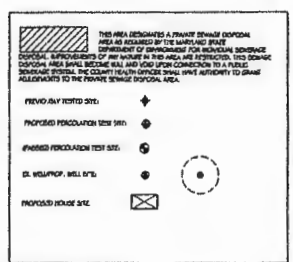
625 Weller Dr

Approved 11/19/2000 ST

Staked by Vanman



- GENERAL NOTES:
1. OWNER: ANTONIO & ROSA LIBERTO  
2. DEED RECORDED: 1-28-1997 PLAT NO. 231  
3. DEED: NOVEMBER 23, 1994  
4. DEED: JUNE 1, 1994  
5. DEED: JUNE 1, 1994  
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100. DEED: JUNE 1, 1994



APPROVED FOR PRIVATE WATER AND PRIVATE  
SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

OWNER:  
ANTONIO & ROSA LIBERTO  
1633 NEWTON ROAD  
MARTINSDALE, MD. 21104

I HEREBY CERTIFY THAT THERE ARE NO WELLS OR SEPTIC SYSTEMS  
WITHIN 100 FEET OF THE PROPERTY BOUNDARY UNLESS  
OTHERWISE SHOWN HEREON.  
I FURTHER CERTIFY THAT THE PERCOLATION TEST HOLES HAVE  
BEEN PROPERLY LOCATED, DEPTHS AND ACCURATELY STAKED IF  
APPLICABLE AND SHOWN HEREON.

DATE: 9/6/2000  
ROBERT E. THOMPSON, P.E., DESIGNER  
MARTINSDALE REGISTRATION NO. 12417

PERCOLATION CERTIFICATION PLAN  
LOT 16 SECTION 2  
PATAPSCO OVERLOOK  
PLAT NO. 6703  
SECTION 2, TOWNSHIP 4 N., RANGE 12 E., DISTRICT 1  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 20'

YANMAR ASSOCIATES, INC.  
Engineers Surveyors Planners  
240 South State Street, Suite 400, Annapolis, MD 21401  
(410) 293-1100 FAX (410) 293-1101  
www.yanmar.com



**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: All Around Plumbing, Inc Telephone #: 301-698-1028  
Address: PO Box 3596  
Frederick, Md 21701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): James B. Madden License# 18121

**\*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: Dejuane & Charlotte Savoy Telephone #: 443-858-2723  
Subdivision: Patapsco Crossing Section 2 Lot #: 16 Well Tag #: HO - 20 - 0055  
Site Address: 625 Weller Dr.  
Mount Airy, MD 21771

**Submersible Pump Data**

Make: Goulds  
Model #: 5GS10422  
Pump Capacity 5 GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 36" (36" min)  
NSF/WSC approved: Y

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: Y

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: Plastic  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

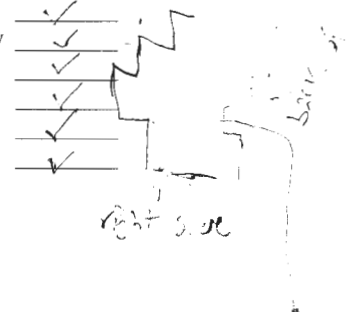
PVC sleeve to undisturbed soil at wall penetration: Y  
Length of sleeve(5' minimum from foundation): Y  
Sleeve sealed properly: Y

**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: Cathy J. Little 02/28/2023  
date

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

Date Insp. Requested: 2/28/2023 Date Insp. Approved: 3/1/23 Inspector: SC  
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 ✓



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JANUARY 26, 2024**

July 26, 2023

Homeowner  
625 Weller Drive  
Mt. Airy, MD 21771

**RE: Patapsco Overlook, Lot 16  
625 Weller Dr.  
Building Permit: B22003835  
Well Permit: HO-20-0055**

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 **3/10/2023**. Final approval of the well line connection to the dwelling was granted on **3/1/2023**. The well construction was completed on **2/4/2021**. Water samples were collected on **7/17/2023**.

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-20-0055. 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>



**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

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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



# HOME LAND

## LABS

1220 East Joppa Road #C505  
Towson, MD 21286  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite 12  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

### Certificate of Analysis

Report Date: 07/20/2023

Client: Well Water Solutions, Inc.

Property Address: 625 Weller Drive BP #: B22003835  
Mount Airy, MD 21771

Report No: 242087

Sample Time: 07/17/2023 13:00

Date & Time Received: 07/18/2023 11:55

Sampled By: John Moseman - 2674JM

Field Preservation: Ice

Sample Point(s): Bacteria-Raw from First Floor Bathroom Sink, Others-Raw from Kitchen Sink

Water Conditioning Appears to be: None

Field Chlorine: 0.00

Field pH: 5.00

Well Type: Not Noted

Well Height: 3

Cap Type: 2-Piece

Casing: Steel

Conduit: PVC

Clarity: Clear

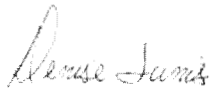
Sand: Absent

Well Tag Number: HO-20-0055

This report is the sole property of Well Water Solutions, Inc.. Any questions about the report MUST be directed to Well Water Solutions, Inc. at (410) 935-7185. Home Land Labs is not at liberty to discuss this report without written consent from Well Water Solutions, Inc..

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert Test	Absent	Pass	Per/100ml	Present	1	E H - 365	07/19/2023
Bacteria-E.coli	Colilert Test	Absent	Pass	Per/100ml	Present	1	E H - 365	07/19/2023
Nitrate + Nitrite as N	EPA 353.2	2.7	Pass	mg/L	10	0.5	M K - 365	07/18/2023
Turbidity	EPA 180.1	1.9	Pass	NTU	10	0.5	M K - 365	07/18/2023

Approved By:



Denise Junis, Lab Director

Chain of Custody Form

# HOME LAND

LABS

242087 Due Date: 01/20/2023  
Client: Well Water

9106 Philadelphia Road, Suite 106  
Rosedale, MD 21237  
(443) 505-8375  
MD Lab # 353

108 Old Solomons Island Road, Suite L2  
Annapolis, MD 21401  
(410) 224-4304  
MD Lab # 106

3430 Rockefeller Court  
Waldorf, MD 20602  
(410) 224-4304  
MD Lab # 139

Client Name:	Well Water Solutions, Inc.
Email Address:	jemosman@wellwatersolutions.net & jbieber@wellwatersolutions.net
Phone Number:	410-935-7185 or 301-674-3137

Property Address:
625 WILLOW DR
MT Airy MD
21771

### Field Collection Information

Sampler Name:	John Moseman	Field pH:	5
Sampler ID #:	2674JM	Field Chlorine (mg/L):	Present / Absent
Date and Time Sampled:	7/17/2023 @ 1:00	Sand:	Present / Absent
Well Tag Number:	# 140-20-0055	Clarity:	Clear / Un-Clear

Well Casing and Cap Condition BP# B 22003835

Height Above Grade:	3	Cap Type:	1 piece / 2 piece	Casing:	Steel / PVC	Conduit:	PVC
Sample Point: Bacteria collected RAW (No Water Treatment) from the first floor Bathroom Sink. All others collected RAW (No Water Treatment) from kitchen sink.				Water Conditioning: None. All samples collected RAW from a tap with No Water Treatment			

### Requested Testing: (Please check all that apply)

- ☒ Potability (Bacteria, Nitrates, pH, Turbidity) & Sand
- ☐ FHA/VA (Bacteria, Nitrates, Nitrites, pH, Turbidity, Lead and Iron)
- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Bacteria            | <input type="checkbox"/> Arsenic    | <input type="checkbox"/> Other: Radium Short Term        |
| <input type="checkbox"/> Lead                | <input type="checkbox"/> Cadmium    | <input type="checkbox"/> Other: Gross Alpha & Gross Beta |
| <input type="checkbox"/> Nitrates            | <input type="checkbox"/> Fluoride   | <input type="checkbox"/> Other: Radium Long Term         |
| <input type="checkbox"/> Iron                | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other: TDS                      |
| <input type="checkbox"/> Gross Alpha         | <input type="checkbox"/> VOC        | <input type="checkbox"/> Other: Chlorides                |
| <input type="checkbox"/> Saltwater Intrusion | <input type="checkbox"/> Hardness   | <input type="checkbox"/> Other: Sodium                   |

\* Note: The only Water Quality testing requested is checked above.  
No additional Water Quality testing was requested.

List rush samples below

\*Refer to table for rush turnaround times and fees\*

### Release Signatures

Released By: John Moseman

Date/Time: 7/17/2023 @ 1:00

Released By: AD

Date/Time: 7/18/23 @ 9:00

Released By: AD

Date/Time: 7/18 11:55

Received in lab by: Elisha K. Taylor

Date/Time: 7/18/23 11:55



# HOWARD COUNTY HEALTH DEPARTMENT

67999

DATE 9/3/20

W5

Received From

Fogleswell William 413 607-4195

PHONE #

For

Well Permit / 625

☐ CASH  
☒ CHECK

Wellage

NO.

013550

One hundred sixty

Dollars

\$ 160.00

Received By

King