

C1 1134

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A521569

DATE RECEIVED 12/03/10

DATE WELL COMPLETED 12/9/10 Depth of Well 120

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1936

OWNER Dorsey Builders Inc STREET OR RFD Swainsville Rd TOWN Woodbine SUBDIVISION Hay Meadow Overlook SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale 0-67, Blue Rock 67-120, Dry well 560' backfilled, 560-40 drilling material, 40-0 cement.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 17, NO. OF POUNDS 1598, GALLONS OF WATER 102, DEPTH OF GROUT SEAL 0-65 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth 72.

OTHER CASING (if used): PL, diameter 4, depth 20-120.

SCREEN RECORD: screen type or open hole (insert appropriate code below), options: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.): HO 70, 120.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED 8.9, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 50 ft. BEFORE PUMPING, 72 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO), 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.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Attached well box.

NUMBER OF UNSUCCESSFUL WELLS: 1. WELL HYDROFRACTURED (Y). CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL). DRILLERS LIC. NO. MBD024, DRILLERS SIGNATURE Joseph Mayne, LIC. NO. D. SITE SUPERVISOR responsible for sitework if different from permittee.

B 1 3474

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1936

fill in this form completely

533 2 88 please type

Date Received (APA)

6/11/2010

OWNER INFORMATION

Dorsey Builders Inc, 13090 Old Frederick Rd, Sykesville Md 21784

DRILLER INFORMATION

Joseph L Mayne MS D024, Joseph L Mayne Well Drilling, 5512 Ridge Rd Mt Airy Md 21771

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

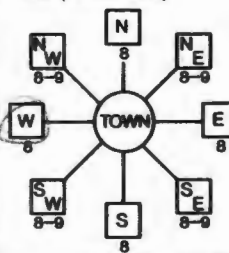
USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

LOCATION OF WELL

Howard County, Hay Meadow Overlook, Woodbine, 0.2 miles from town

Direction of well from town (circle box)



Watermill Rd, 175 feet from road, Tax Map 2 Blk 15 Parcel 18

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A521569, State Signature Brian Baker 6/25/2011, North Grid 554 000, East Grid 772 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 8 INCH, NEAREST TOWN

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCUSSION, Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-POINT

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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G, PERMIT No. HO-95-1936

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7772, N 5504

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



(THIS NUMBER IS TO BE PUNCHED IN COLS. 9-6 ON ALL CARDS) COUNTY NUMBER A 521569

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well 9/10/11 PERMIT NO. FROM "PERMIT TO DRILL WELL" 8 4 2010 22 - 120 26 0.K. 95-1936

OWNER Dorsey Builders Inc STREET OR RFD J Watersville Rd TOWN Woodbine SUBDIVISION Hay Meadow Overlook SECTION LOT

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	
Brown Shale	0	67	
Blue Rock	67	120	

Day well 560 backfilled
560-40 drilling material
40-0 cement

NUMBER OF UNSUCCESSFUL WELLS: 1

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

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 M B D 024
 DRILLERS SIGNATURE Joseph L. May
 LIC. NO. 1 D

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

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 17 NO. OF POUNDS 1548
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 65 ft.

CASING RECORD
 casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 72

OTHER CASING (if used)
 diameter inch from depth (feet) to
 PL 4 20 120

SCREEN RECORD
 screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

C 2 DEPTH (nearest ft.)
 H 0 70 120
 A 8 9 11 15 17 21
 C 23 24 28 30 32 36
 S 36 39 41 45 47 51
 R
 E
 N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from 58 to 60

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 LOG OTHER DATA
 CASING INDICATOR

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 20
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50 ft.
 WHEN PUMPING 92 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 (CIRCLE) (YES or NO) YES
 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 (nearest foot) 2
 (-) below 50 51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 Attached well box

PROP. SEPTIC EASEMENT
10,085 SF



127

126

151.15'

208

AREA TO BE DEDICATED TO
HOWARD COUNTY FOR THE
PURPOSE OF A PUBLIC ROAD
20' EXISTING PAVING
14' - 1/2 OF PAV
MINOR COLLECTOR
HO...

LOT 1
46,673.24 SF

PROP. VARIABLE
WIDTH PRIVATE
USE-IN-COMMON
ACCESS
EASEMENT FOR
LOT 4 & 5.

EX UTILITY
POLES
TO BE
RELOCATED

PROP. SEPTIC EASEMENT
10,122 SF

PROP. ROAD WIDENING 4' PAVING ALONG
FRONTAGE OF THE PROPERTY

WATERSVILLE ROAD
SCENIC ROAD
MINOR COLLECTOR
50' RIGHT-OF-WAY

6/24/2010

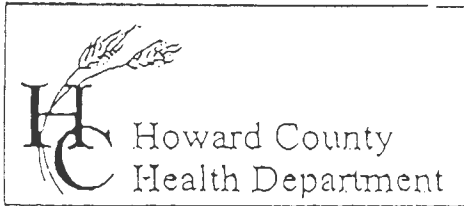
Well Site O.K.

PROPOSED
8'x10'
BUS STOP
STANDING PAD

ARC=335.02'
R=615.00'
TAN=182.61'
DEL=33' 04' 32"
CHORD=S27' 54' 46"W
350.12'

OWNER

ROBERT WALLS
492 E. WATERSVILLE ROAD
MT. AIRY, MARYLAND 2177



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

Hay Meadow Overlook 1, 2, 3, 4, 5, 6, 7 Watersville Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Robert H. Vogel Engineers
 (professional land surveyor or company employing professional land surveyors)
 on 5-2010 (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.

Revised 3/11/05

Dorsey Builders Inc

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 06, 2025

August 06, 2024

Homeowner
540 Watersville Road
Mount Airy, MD 21771

RE: Hay Meadow Overlook, Lot 1
540 Watersville Road
Building Permit: B24000935
Well Permit: HO-95-1936

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/6/2024**. Final approval of the well line connection to the dwelling was granted on **5/15/2024**. The well construction was completed on **8/4/2010**. Water samples were collected on **7/10/2024**.

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-95-1936**. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Tuesday, August 6, 2024 8:32 AM
To: mgsrour@gmail.com; Cole, Colleen; Hall, Stephanie; Hill, Amanda; Hill, Chad; Logan-Roussell, Lisa; Schmidt, Heather; Huskins, Thomas; Tracey, Megan; Dorseycontractorsinc@gmail.com
Cc: Martin, Sharhonda; Wolf, Kevin
Subject: ICOP_540 Watersville Road
Attachments: 540 Watersville Road _ICOP letter (new).pdf

Hi All:

Good morning. Attached, please find the ICOP letter for 540 Watersville Road.

Should you have any questions or concerns, please don't hesitate to contact me.

Regards,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

DISCLAIMER: This e-mail is intended only for the individual to whom it is addressed. It may be used only in accordance with applicable laws. If you are not the intended recipient, you are strictly prohibited from reading, disseminating, distributing, or copying this message. If you received this e-mail by mistake, please notify the sender and destroy this e-mail

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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
 Address: P.O. Box 63
 Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licnsed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Dave C. Fogle 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: m. Gregory Home Building Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1936 ✓
 Site Address: 540 East watersville Rd
mt. Airy, Md 21771

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>KSQEOT180</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>20 gpm</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>120</u> (feet)		Conduit secured to well cap: yes

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 N/A

Piping to house	House Connection
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	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: 5/14/2024

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

Date Insp. Requested: 5/14/24 Date Insp. Approved: 5/15/24 Inspector: _____
 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

SP	
✓	36"
✓	28"
✓	20"
✓	8"
✓	





Water Testing Labs of Maryland

1000 Butterworth Ct.
Thompson Creek Business Park
Stevensville, MD 21666
(410) 643-7711
sales@wtlmd.com

Matthew Srour
6310 Winters Lane
Hanover, Md 21076

Reporting Date: 7/17/2024
Report #: M12565

Submitted Sample Address: 540 Watersville Road
Mt. Airy, Md 21771
Submitted Sample Source: Holding tank
Date / Time Collected: 7/10/2024 12:30 PM
Sample Type: Drinking Water
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 5.7
HO-95-1936

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate + Nitrites as N	8.8	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	ND	NTU	0.5	< 10 NTU*	MD Well Reg.

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- ND – Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5).
- MCL Type –
 - EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
 - EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
 - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

C. Rodgers

C. Rodgers, Laboratory Manager, Microbiology

Oswald Jr, Woodin

From: Wolf, Kevin
Sent: Monday, August 5, 2024 9:49 PM
To: Oswald Jr, Woodin
Subject: Fwd: 540 Watersville rd mount airy ICOP
Attachments: M12565-07-10-24.pdf

From: matt srour <mgsrour@gmail.com>
Sent: Monday, August 5, 2024 8:45:01 PM
To: Martin, Sharhonda <smmartin@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: 540 Watersville rd mount airy ICOP

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

Hi,
Attached are the passing well results that were emailed back on 7/17. The septic start up was completed on Friday 8/2. Can you please issue this ICOP letter? Thank you!

Thanks,
Matt Srour
240-755-7378

----- Forwarded message -----

From: **watertestinglabs.results at WTL** <watertestinglabs.results@wtlmd.com>
Date: Wed, Jul 17, 2024 at 1:45 PM
Subject: Report M12565 attached for Certificate of Potability
To: <smmartin@howardcountymd.gov>
CC: <mgsrour@gmail.com>

To Howard County Department of Health:

See attached report for property 540 Watersville Road in Mt. Airy, MD.

Best Regards,
Christine

--

Customer Service

Water Testing Laboratories of Maryland, Inc.

410-643-7711

THIS MESSAGE IS CONFIDENTIAL. This e-mail message and any attachments are proprietary and confidential information intended only for the use of the recipient(s) named above. If you are not the intended recipient, you may not print, distribute, or copy this message or any attachments. If you have received this communication in error, please notify the sender by return e-mail and delete this message and any attachments from your computer.