

C1 56581

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY

22 300 26 (TO NEAREST FOOT)

OK 4/10/19 sc

HO-18-012

OWNER: Brawning Chuck; WELL SITE ADDRESS: Woodbine Rd; TOWN: Woodbine; SUBDIVISION: ; SECTION: ; LOT: 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Soft brown, Grey Limestone, Fracture, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES (Y) NO (N)

DEPTH (nearest ft.) table with columns 1-21 and values 90, 300.

CIRCLE APPROPRIATE LETTER: 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...

DRILLERS LIC. NO. 1 M SD 224; DRILLERS SIGNATURE; LIC. NO. 1 D

SLOT SIZE 1 2 3; DIAMETER OF SCREEN (NEAREST INCH) 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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LATITUDE 39.327680; LONGITUDE 72.096852 (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...

TAG: 3/18/19

B 1 SEQUENCE NO. (MDE USE ONLY) **59794** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **HO-18-0012**
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) **03/04/19**
8 MM DD YY 13
Browning, Chuck
15 Last Name Owner First Name 34
2308 Woodbine Rd
36 Street or RFD 55
Woodbine, Md 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
 SUBDIVISION **Woodbine**
23 42
 SECTION **44** LOT **48**
44 46 48 50
 NEAREST TOWN **Woodbine**
52 71

DRILLER INFORMATION
Andrew Houseman **MS D 224**
Driller's Name 76 License No. 81
Fogles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine, Md 21797
Address
 Signature **Andrew P. Houseman** Date _____
Signature Date

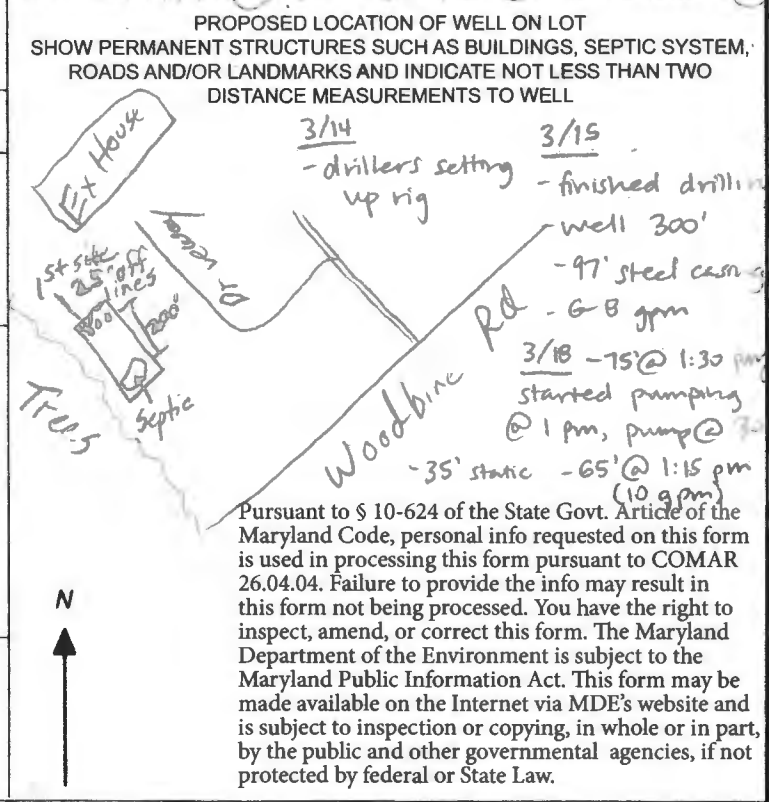
B 4 SOURCES OF DRILLING WATER
 1. **WELL WATER**
 2. _____
 3. _____
Woodbine Rd
11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **4**
34 37
 ENTER FT OR MI **M**
38 39
 TAX MAP: **7** BLK: **15** PARCEL **508**

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **(13)**
COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → **41**
DATE ISSUED
3/5/19 **S.L. Gill** **3/5/20**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 3/14/19 DOG: 3/18/19 DOY: 3/18/19

APPROXIMATE DEPTH OF WELL **300** FEET
24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH



METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 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)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-18-0012**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Dun-Rite Plumbing and Heating Telephone #: 501 696 8852
Address: 6415 Green Valley Rd.
New Market, MD 21774

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Duane Browning License# 73637

***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: Charles Browning III Telephone #: (301) 252-6865
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0012 ✓
Site Address: 1872 Woodbine Rd.
Woodbine, MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>105RE10-290</u>	Model #: <u>P-100-55</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>10</u> GPM	Depth: <u>44"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>40"</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 <u>inside of well casing</u> <u>NO ROPE</u>		

Piping to house	House Connection
Type: <u>RIS</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>20 FT.</u>
Depth of supply line: <u>48"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

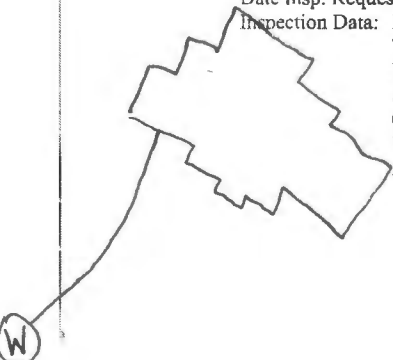
Signature of company representative responsible for installation: [Signature] date: 8/15/23

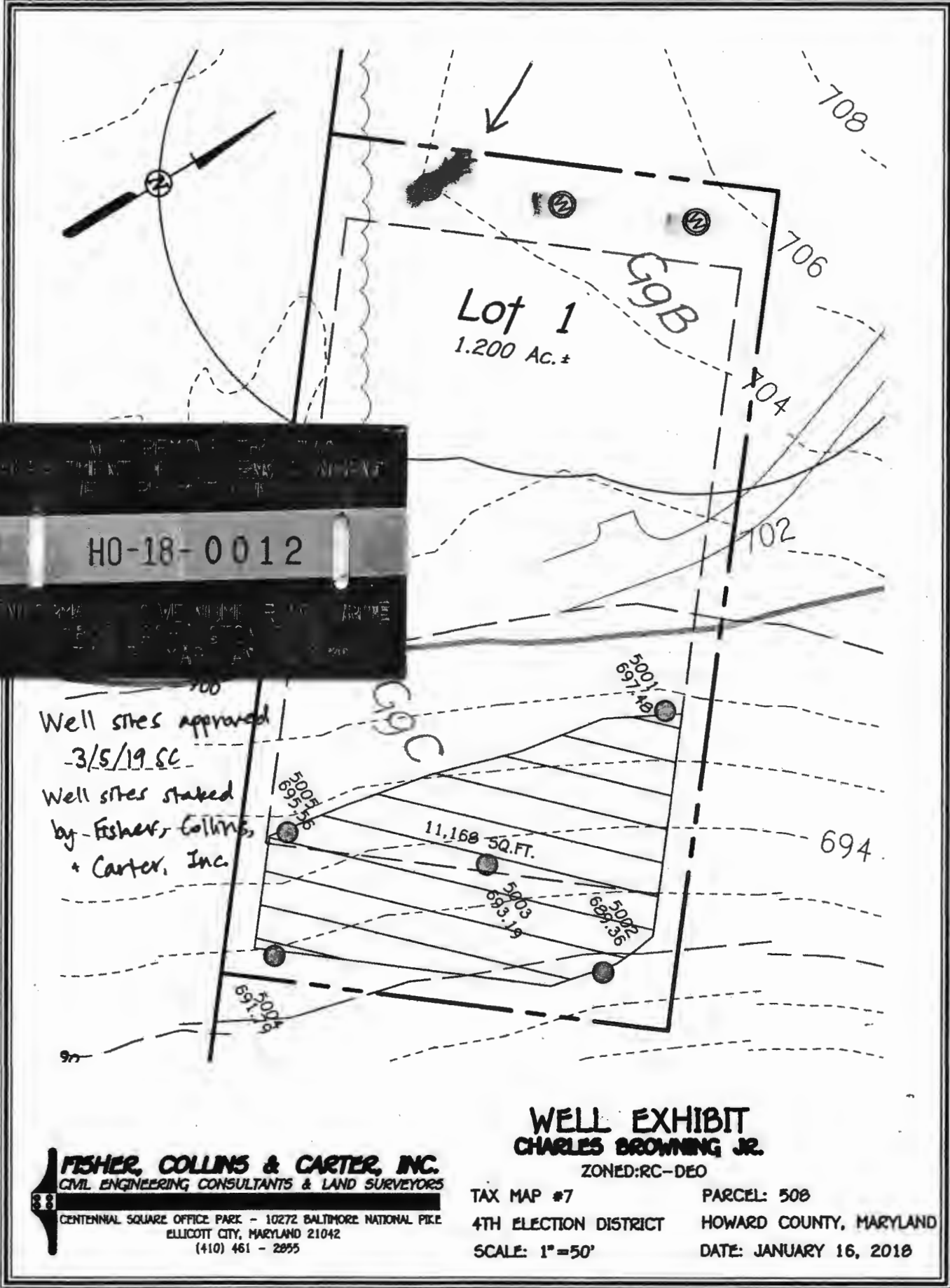
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 8/16/23 Date Insp. Approved: 8/18/23 Inspector: RB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

36" not observed near pitless and 20' out towards house
↓
Corrected 8/18/23
OK to backfill (AL)





HO-18-0012

Well sites approved
3/5/19 SC

Well sites staked
by Fisher, Collins,
& Carter, Inc.

WELL EXHIBIT
CHARLES BROWNING JR.

ZONED: RC-DEO

TAX MAP #7

PARCEL: 508

4TH ELECTION DISTRICT

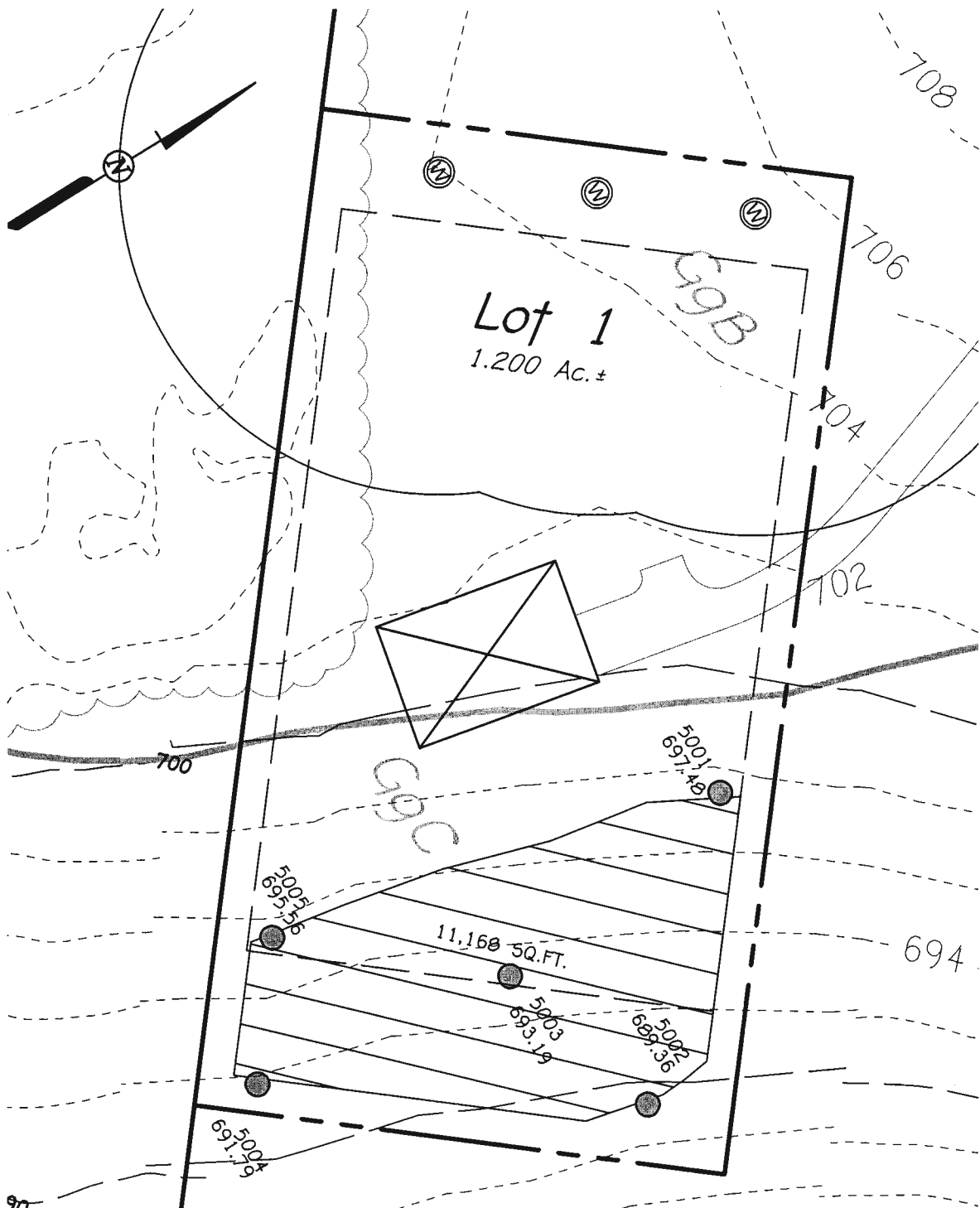
HOWARD COUNTY, MARYLAND

SCALE: 1"=50'

DATE: JANUARY 16, 2018

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



**WELL EXHIBIT
CHARLES BROWNING JR.**

ZONED: RC-DEO

TAX MAP #7

PARCEL: 508

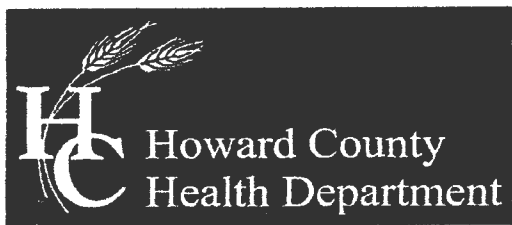
4TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=50'

DATE: JANUARY 16, 2018

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



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:

_____ 1 Woodbine Rd
 Subdivision/Property Name Lot # Road Name

The well site has been staked by Fisher Collins & Carter, Inc.
 (professional land surveyor or company employing professional land surveyors)
 on January 15, 2019 (date) and does not require a site inspection.

* He wants to drill the site I have marked on Plans as 1st.

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.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 15, 2025

August 15, 2024

Homeowner
1872 Woodbine Road
Woodbine, MD 21797

RE: Browning Property, Lot 1
1872 Woodbine Road
Building Permit: B21003238
Well Permit: HO-18-0012

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 **8/3/2023**. Final approval of the well line connection to the dwelling was granted on **8/18/2023**. The well construction was completed on **3/18/2019**. Water samples were collected on **5/23/2024, 6/19/2024**.

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-18-0012. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

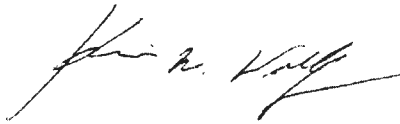
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 166485 Account #: 41907
Reference: Chuck Browning Client: CASH ACCOUNT
Location: 1872 Woodbine Road Requested By: Chuck Browning
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 5/23/2024 1226 Site: Pressure Tank
Date/Time Rec'd: 5/23/2024 1440 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Yeager 0819JY Well #: HO-18-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/24/2024 / 1020 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/24/2024 / 1020 / KDR
Nitrate.	3.89	mg/L (as N)	10	EPA 300.0	5/23/2024 / 2150 / KDR
Turbidity	3.26	NTU	<10	SM2130B	5/24/2024 / 1115 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	5/24/2024 / 1000 / KDR

NOTES:

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

Reason for Test : Use & Occupancy
Building Permit # : B21003238

Date Reported: 5/24/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 166996 Account #: 41907
Reference: Chuck Browning Client: CASH ACCOUNT
Location: 1872 Woodbine Road Requested By: Chuck Browning
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/19/2024 1130 Site: Pressure Tank
Date/Time Rec'd: 6/19/2024 1555 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Yeager 0819JY Well #: HO-18-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/20/2024 / 1015 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/20/2024 / 1015 / 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 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B21003238

Date Reported: 6/20/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 167097 Account #: 41907
Reference: Chuck Browning Client: CASH ACCOUNT
Location: 1872 Woodbine Road Requested By: Chuck Browning
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/26/2024 1149 Site: Pressure Tank
Date/Time Rec'd: 6/26/2024 1454 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: R. Ott 0266RO Well #: HO-18-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/27/2024 / 0905 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/27/2024 / 0905 / 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 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : CCHD/Certificate of Potability

Building Permit # : B21003238

Date Reported: 6/27/2024

Collins, Sarah

From: Collins, Sarah
Sent: Thursday, April 11, 2019 8:35 AM
To: Carrie Condon
Cc: 'chuckzepp@gmail.com'
Subject: FW: 1874 Woodbine Road existing house well
Attachments: Photo Apr 10, 11 49 27 AM.JPG

(This email cc's to a correct email address for Chuck Zepp.)

From: Collins, Sarah
Sent: Thursday, April 11, 2019 8:20 AM
To: Carrie Condon <Carrie@foglesinc.com>
Cc: chuckzepp@mrisc.com
Subject: 1874 Woodbine Road existing house well

Hi Carrie,

Yesterday I saw that the well at the existing house at 1874 Woodbine Road has a loose 1-piece cap and the conduit is detached. I told the homeowner that the well needs a 2-piece cap and she said that Fogle's is scheduled to top off grout on the new well and could maybe fix the existing well at that time.

We will need to see the fixes on the existing well before we can issue the All Wells Drilled letter for the subdivision of the property. Please let us know when the well has been repaired.

Thanks,
Sarah

Sarah Collins, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
410-313-6287
SCollins@howardcountymd.gov

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Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, February 14, 2019 10:50 AM
To: 'Tony Fertitta'
Cc: Theresa Miller <Theresa@foglesinc.com> (Theresa@foglesinc.com)
Subject: 1874 Woodbine Road - Well permit - Browning property

Tony,
I spoke with Hank who is reviewing the PC for this lot. See his correspondence below. The well permit is on hold until the PC gets signed. There is comments in there about the min house size. Make sure this gets reflected after the changes have been made from the PC. Please resubmit a revised well exhibit.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

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From: Oswald, Hank
Sent: Monday, January 28, 2019 11:27 AM
To: 'Tony Fertitta' <tonyf@fcc-eng.com>
Subject: Perc Cert_Browning Property

Hi Tony:

You're showing a smaller house foot print on the revised per cert plan for the Browning Property. If the lot can only accommodate a smaller house box (less than 55 x 70), then the following note will need to be added to the plan:

Note: