

OK
9/18/2025 DUPLICATE

C 1	83725	SEQUENCE NO. (MDE USE ONLY)	(58)	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 8 25 25		Depth of Well 22 305 26 (TO NEAREST FOOT)	
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 8 25 25		PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-25-0019	
OWNER Krause		WELL SITE ADDRESS last name first name 683 Watersville Road		TOWN Mount Airy, MD	
SUBDIVISION		SECTION		LOT	
WELL LOG Not required for driven wells			GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 44 44		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)		
FEET FROM TO			CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> 45 46 45 46		
check if water bearing			NO. OF BAGS 13 NO. OF POUNDS 230 45 46 45 46		
TOP SOIL 0 1			GALLONS OF WATER 312		
Brown clay 1 10			DEPTH OF GROUT SEAL (to nearest foot)		
Brown sand 10 30			from 0 48 TOP 52 ft. to 60 54 BOTTOM 58 ft. (enter 0 if from surface)		
Reddish Brown clay 30 50			CASING RECORD		
Brown Rock 50 60			casing types insert appropriate code below		
Grey Rock 60 305 ✓			STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>		
Water @ 95' 210'			MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)		
			PL 6 60 60 61 63 64 66 70		
			OTHER CASING (if used) diameter inch depth (feet) from to		
			E A C H C A S I N G		
			SCREEN RECORD		
			screen type or open hole insert appropriate code below		
			STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> BRONZE <input type="checkbox"/> HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>		
NUMBER OF UNSUCCESSFUL WELLS: 0			DEPTH (nearest ft.)		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			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		
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			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
DRILLERS LIC. NO. 1 M D 558 Walter Wayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		
LIC. NO. 1 D			70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

C 3		PUMPING TEST
1 2		HOURS PUMPED (nearest hour) 3
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		PUMPING RATE (gal. per min.) 24.0
		METHOD USED TO MEASURE PUMPING RATE Bucket
		WATER LEVEL (distance from land surface)
		BEFORE PUMPING 42 ft.
		WHEN PUMPING 110 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	

LATITUDE 39.352545
LONGITUDE 77.096340
(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.

04-324617

B 1	92253	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 587942 please type	STATE PERMIT NUMBER HO-25-0019 70 fill in this form completely 79
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Date Received (APA) 020325
8 MM DD YY 13

OWNER INFORMATION

15 Last Name: Krawsz, Owner
34 First Name: Louis

36 Street or RFD: 683 Watersville Road
55

57 Town: Mount Airy, 70 State: MD, 72 Zip: 21771, 76

B 3 **LOCATION OF WELL**

8 COUNTY: Howard, 21

23 SUBDIVISION: _____, 42

SECTION 44 46, LOT 48 50

52 NEAREST TOWN: Mount Airy, 71

DRILLER INFORMATION

Driller's Name: Wesley Wolfe, 76 License No.: MD 598, 81

Firm Name: Allied Drilling LLC

Address: PO Box 129 Annapolis Junction MD 20701

Signature: Wesley A Wolfe, Date: 01/31/25

B 4 **SOURCES OF DRILLING WATER**

1. Public
2. 8/17/2025 - Drillers not aware.
3. 8/18/2025 - Driller @ 120' on 211 300. MD wanted to move. Driller to Gordon well (SP)

11 STREET ADDRESS: 683 Watersville Rd, 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50' 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 0002, BLK: _____, PARCEL: 007A

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 10, 8, 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000, 14, 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

8/17/2025 - Received yield test sheet from 211cc rd 21
8/12/25 18.3.05.9
8/11/2025 - Drilled to 305'. Felt pressure @ 92' - (SP)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, 13 COUNTY NO.

STATE SIGNATURE: _____, INSERT S → 41

DATE ISSUED: 7/21/2025, 43 MM DD YY 48, CO SIGNATURE: _____, EXP. DATE: 7/21/2026

Don: 8/11/2025 @ 006, 8/11/2025 DON: 8/18/2025

APPROXIMATE DEPTH OF WELL 400, 24, 28 FEET

APPROXIMATE DIAMETER OF WELL 6, NEAREST INCH

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL

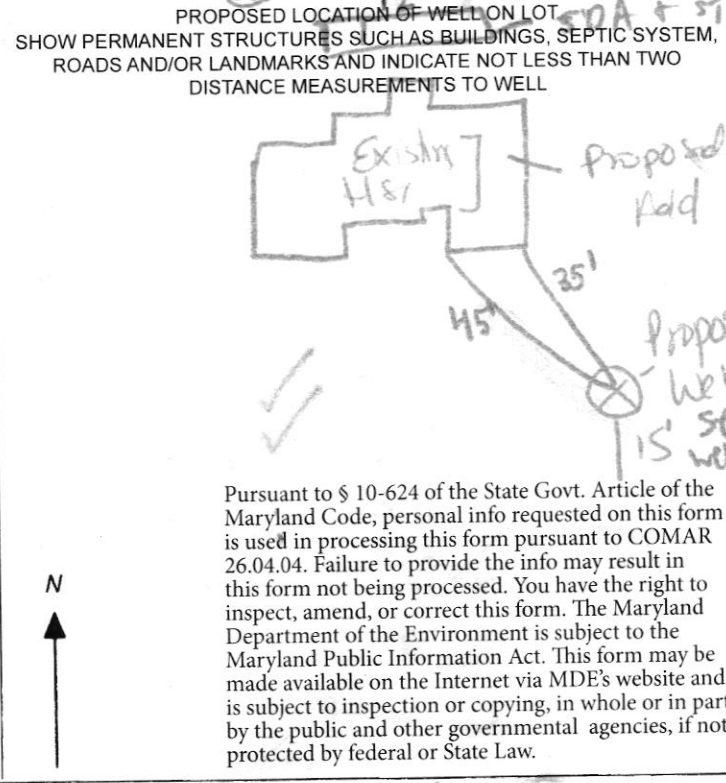
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-25-0019, 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Please Notify office of Drilling, Grout, + Yield
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



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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 / Licensed 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: April Watson Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-25-0019 ✓
Site Address: 683 East Watersville Rd
mt. Airy, MD 21771

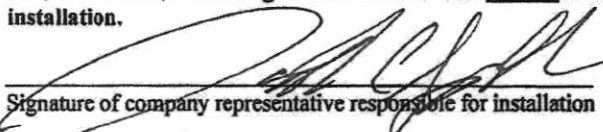
Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>ISS0E07-180</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>20g</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>300</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
Type: 1" poly pipe
PSI: 200 psi (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 6'
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.

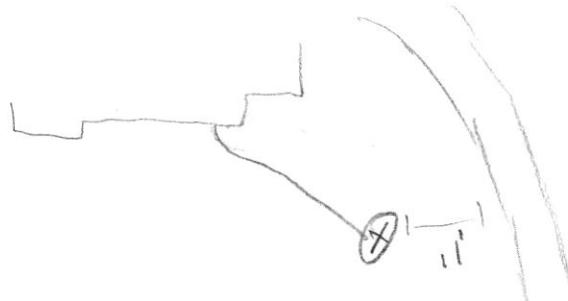
Signature of company representative responsible for installation:  Date: 8/25/2025

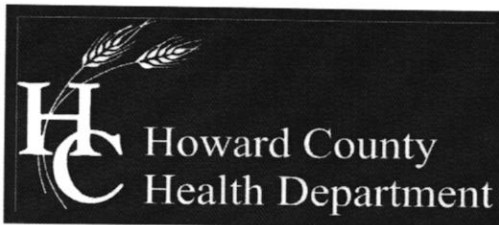
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/25/2025 Date Insp. Approved: 9/19/2025 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	
✓	42"
✓	24"
✓	
✓	5'
✓	
✓	

8/25/2025 - well line partially approved. no inspect for press, electric conduit, + 2-piece cap. one to backfill all work for now due to well collapsing, do that to come back visit. (SP) (25:10) ac. sp





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

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

September 9, 2025

RE: Replacement Well Sampling & Abandonment

Louis Krausz
683 Watersville Road
Mount Airy, MD 21771
Well Permit # HO-25-0019

Dear Louis Krausz,

According to our records, your replacement well was completed 9/9/2025. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. You will also need to test for Gross Alpha and Gross Beta due to well construction in the Baltimore Gneiss Formation.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the old well. Sealing of the well protects the groundwater in your area from contamination and is required per COMAR 26.04.04. The well sealing process must be performed by a licensed well driller. The driller sends an abandonment/sealing report to our office and to the Maryland Department of the Environment upon completion.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shepsura Page'.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Louis Krausz

410-302-3653

683 Watersville Road

Louis Krausz@gmail.com

683 Watersville Rd

- Site Staked?

- Perc Cert?

-

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-25-00262
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 683 WATERSVILLE RD, Mount Airy, 21771

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
11604	34449	\$160.00	02/04/2025	SMARTIN		

Owner Info.: SABIN BARBARA A
683 WATERSVILLE RD
MOUNT AIRY, MD 21771

Work Description: DOMESTIC WELL

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-25-00263
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 683 WATERSVILLE RD, Mount Airy, 21771

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
11605	34449	\$160.00	02/04/2025	SMARTIN		PREVIOUSLY PAID 2/3/25

Owner Info.: SABIN BARBARA A
683 WATERSVILLE RD
MOUNT AIRY, MD 21771

Work Description: GEOTHERMAL WELL