

C 1 6972

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 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Francisco Moscoso WELL SITE ADDRESS 11866 Scappsville Road TOWN FULTON

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Brown Mica, Grey Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

diagram of casing with diameter and depth fields

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 MWD 603 DRILLERS SIGNATURE Darren Wilson

LIC. NO. 1 ISD 0288

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

Table with columns: ACHCASHING, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.154492 LONGITUDE 76.924837 (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.

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <u>89507</u>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 590286 please type	STATE PERMIT NUMBER <u>HO - 25 - 0067</u> <small>fill in this form completely</small>
------------	---	--	---

**OWNER INFORMATION**

Date Received (APA) 11-25-23

8 MM DD YY 13

15 Last Name Owner First Name 34  
MOSCOLO, FRANCISCO

36 Street or RFD 55  
12045 Scaggsville Rd

57 Town 70 State 72 Zip 76  
FULTON, MD 20159

**LOCATION OF WELL**

Howard

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

FULTON

52 NEAREST TOWN 71

**DRILLER INFORMATION**

Driller's Name DARREN WILSON MWD License No. 603

Firm Name EASTERDAY - Wilson

Address 9265 BR CH RD MT AIRY MD

Signature Darrene Wilson Date 11-26-23

**SOURCES OF DRILLING WATER**

1. Wells

2. 12/3/2025 - Driller onsite - set 99 of casing rock @ 95' At 100' depth.

11 STREET ADDRESS 30  
11866 Scaggsville Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 100 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 41 BLK:     PARCEL 0102

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 12/14/2025 - W per fracture @ 160' + 270' drilled to 280' Driller stated 60 gpm, water not found in or using sediment bag, but stay in property boundary.

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 County COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 11/26/2023 CO SIGNATURE [Signature] EXP. DATE 11/28/2026

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 400 FEET

24 28

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)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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)**

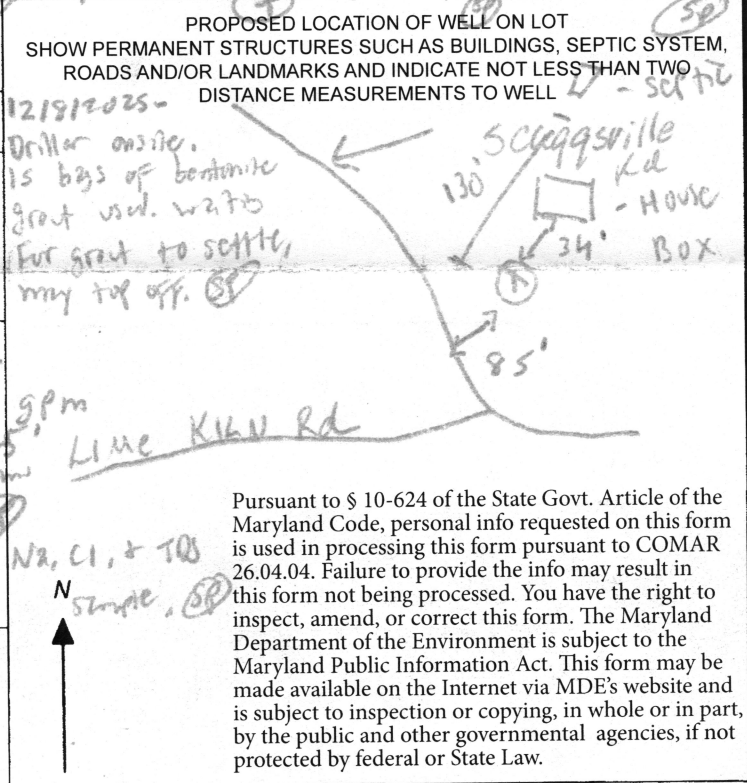
APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO - 25 - 0067

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS** Please Notify 95' of drilling, Grant, + yield

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



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.





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

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: Eastday-Wilson Water Services Telephone #: 301-831-7057  
 Address: 9205 Brown Church Rd  
mt Airy md 21771

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

Name (Print): Darren E Wilson License# \_\_\_\_\_

\*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: Francis Mason Telephone #: 240-491-8955  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-25-0067  
 Site Address: 11866 Sycamoreville Rd  
Fulton md

**Submersible Pump Data**

Make: Straflet  
 Model #: 10ERD0154  
 Pump Capacity: 10  
 Well Yield: 60

**Pitless Adapter**

Make: Boshart  
 Model#: P-100-30  
 GPM Depth: 3 1/2 (36" min)  
 GPM NSF/WSC approved: YES

**Well Cap and Electric Conduit**

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

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

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 YES

**Piping to house**

Type: PE  
 PSI: 150 (160 psi min)  
 Depth of supply line: 3 1/2 (36" min)

**House Connection**

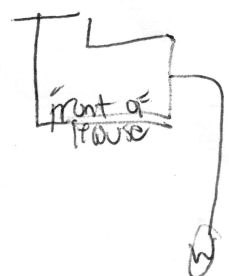
PVC sleeve to undisturbed soil at wall penetration: YES  
 Length of sleeve (5' minimum from foundation): 5 ft  
 Sleeve sealed properly: YES

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.

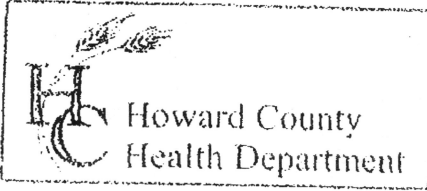
Darren Wilson 1-3-2026  
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/9/2026 Date Insp. Approved: 1/9/2027 Inspector: SP  
 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 ✓



(Revised form 10/24/2018)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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:

- The well site has been staked by DRILLER \*  
(professional land surveyor or company employing professional land surveyors)  
on 11-10-25 (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.

11866 Scaggsville Rd

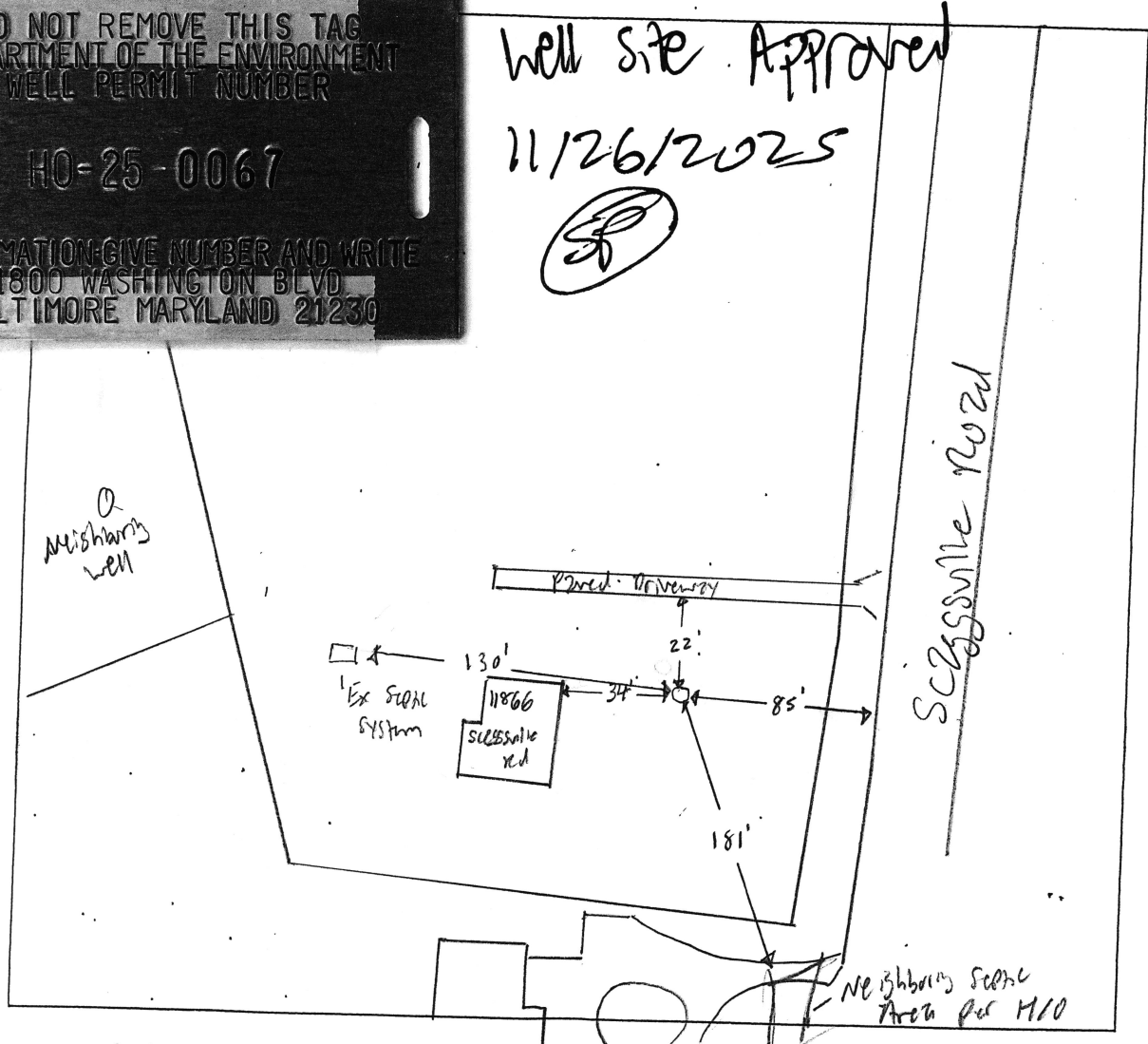
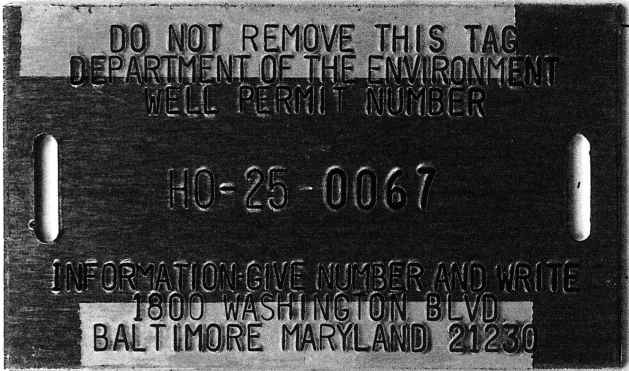
Revised 6/10/03

*Need to meet on site -  
Arrangements have been made with  
Kevin for 11/25/25 @ 10:30*

SITE INSPECTION SHEET

OWNER: Francisco Moscoso PHONE #: Chao2781@icloud.com  
ADDRESS: 11866 Scaggsville Road CONTRACTOR: Easterday Well Drilling  
Fulton MD 20759 WELL TAG #: H0-22-0067  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13  
PROPOSAL: Site visit w/ Driller & Homeowner to confirm rep. well location

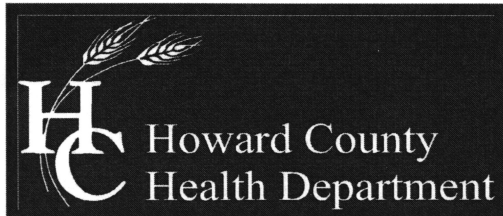
LOCATION DIAGRAM



Well Site Approved  
11/26/2025  
SP

COMMENTS: Driller & Homeowner onsite. Well location staked. Confirmed location 181' from neighboring septic @ 11890 Scaggsville Rd; 85' from road/Dr, 22' from DW, 34' from house, & 130 from septic. Existing well is 20' deep pit well w/ no water. Easterday to connect well line. SP

DATE: 11/25/2025 INSPECTOR: S. P. ZGC  
12/3/2025 - Confirmed w/ H10 that no building permits for additions / upgrades can be done for prop. well. is ~~not~~ for his son who will make it.  
confirmed w/ driller that well is not stand-by, but does not have contract to abandon old well. 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](http://www.hchealth.org)

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

January 9, 2026

RE: **Replacement Well Sampling & Abandonment**

Francisco Moscoso  
11866 Scaggsville Road  
Fulton MD 20759  
Well Permit # HO-25-0067

Dear Francisco Moscoso,

According to our records, your replacement well was connected 1/9/2026. 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.

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', written in a cursive style.

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

