

C 1	75673	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received MM DD YY 07 21 25		DATE WELL COMPLETED MM DD YY 07 28 25		PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-25-0013
OWNER KIM PHILIP		Depth of Well 22 600 26 (TO NEAREST FOOT)		COUNTY NUMBER 13
WELL SITE ADDRESS 3602 TEN OAKS RD		TOWN CLARKSVILLE MD 21029		
SUBDIVISION		SECTION		LOT
WELL LOG Not required for driven wells		GROUTING RECORD yes no <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44		C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		PUMPING TEST
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		HOURS PUMPED (nearest hour) 6 8 9
FEET FROM TO		NO. OF BAGS 45 46 10 NO. OF POUNDS 45 46 50 x 60		PUMPING RATE (gal. per min.) 2 11 15
Red Soil 0 20		GALLONS OF WATER 240		METHOD USED TO MEASURE PUMPING RATE BUCKET
Soil 20 50		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)
Soft Shale 50 55		CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		BEFORE PUMPING 32 ft. 17 20
Gray Rock 55 180				WHEN PUMPING 125 ft. 22 25
Black Rock 180 240		MAIN CASING TYPE PL 6 1/4 60 60 61 63 64 66 70		TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
Gray Rock 240 300		OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		TYPE OF PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
Black Rock 300 360				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
Gray Rock 360 500		SCREEN RECORD screen type or open hole insert appropriate code below <input type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
Black Rock 500 560				CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
Gray Rock 560 600		PUMP HORSE POWER 37 41		
water 200 220 X 320 340 X 520 540 X		PUMP COLUMN LENGTH (nearest ft.) 43 47		
NUMBER OF UNSUCCESSFUL WELLS: 0		DEPTH (nearest ft.)		CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot) 49 50 51
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		C 2		LATITUDE 39.217040
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		E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 R 38 39 41 45 47 51 E SLOT SIZE 1 2 3		LONGITUDE 76.966215 (DEFAULT COORD. WGS 84)
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.		DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		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.
DRILLERS LIC. NO. 1 M SD 174		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
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)				

B 1	86998	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-25-0013 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 10/25/25

8 MM DD YY 13

15 Last Name PHILIP Owner First Name KIM 34

36 Street or RFD 5602 TEN OAKS RD 55

57 Town CLARKSVILLE 70 State MD 72 Zip 21029 76

B 3 LOCATION OF WELL

Howard 8 COUNTY 21

23 SUBDIVISION _____ 42

SECTION Clarksville 44 46 LOT _____ 48 50

52 NEAREST TOWN _____ 71

DRILLER INFORMATION

Driller's Name Jason S. Kwiatkowski M S D 174 76 License No. 81

Firm Name Atwater Drilling LLC

Address 2465 Birdsville Rd, Davidsonville, MD 21035

Signature _____ Date 6/25/25

B 4 SOURCES OF DRILLING WATER

1. Private well 11 STREET ADDRESS 5602 Ten Oaks Rd 30

2. 7/2/2025 -

3. MWD MSD 174

MSD Driller @

200' Rock @

55' x 60' of

C.B. H.S. No. Well

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 102 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 102 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

1 2

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 7/31/2025 - 600' v.s. 1 gpm. Driller wants to possibly drill different well loc, approved 2 different locations.

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 COUNTY NO. 13

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED 6/27/2025 43 MM DD YY 48

CO SIGNATURE _____ EXP. DATE 6/27/2026

Don: 7/2/2025 Day: 7/31/2025

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT 114'

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

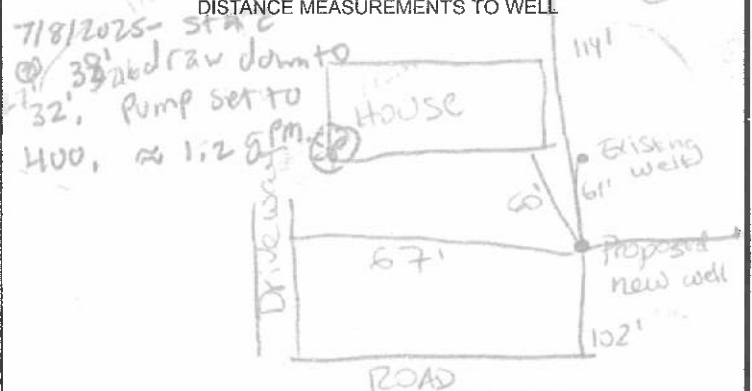
METHOD OF DRILLING (circle one)

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 NIA

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.

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-25-0013 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Please Notify Office of Drilling, Grant, & Yield

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

AT WATER DRILLING YIELD TEST REPORT

DATE YIELD TEST :	07/08/2025	TAG: HO-25-0013	CASING: 60' 6-1/4" PVC
ADDRESS:	5602 TEN OAKS RD, CLARKSVILLE MD 21029	COUNTY PERMIT: 13	GPM: 2.0
OWNER:	PHILIP KIM	WELL PUMP: 1HP 7 GALL	PUMP SET: 380'
WELL DEPTH:	600'	STATIC WATER LEVEL: 32'	HOURS PUMPING: 6 HOURS

TIME	WATER LEVEL	PSI	EXISTING PUMP	PUMPING RATE SECONDS TO FILL 1 GAL OR 5 GAL BUCKET CIRCLE	CALCULATED FLOW GALLONS PER MINUTE
09:00	32'		0	25 sec	12 gpm
09:15	40'		0	30 sec	10 gpm
09:30	60'		0	33 sec	9.09 gpm
09:45	85'		0	41 sec	7.31 gpm
10:00	95'		0	43 sec	6.97 gpm
10:15	130'		0	48 sec	6.25 gpm
10:30	155'		0	52 sec	5.76 gpm
10:45	185'		0	56 sec	5.36 gpm
11:00	200'		0	60 sec	5 gpm
11:15	250'		0	1.10 min	4.54 gpm
11:30	280'		0	1.18 min	4.23 gpm
11:45	300'		0	1.52 min	3.28 gpm
12:00	360'		0	1.60 min	3.12 gpm
12:15	370'		0	2.30 min	2.17 gpm
12:30	380'		0	2.50 min	2 gpm
12:45	380'		0	2.50 min	2 gpm
01:00	380'		0	2.50 min	2 gpm
01:15	380'		0	2.50 min	2 gpm
01:30	380'		0	2.50 min	2 gpm
01:45	380'		0	2.50 min	2 gpm
02:00	380'		0	2.50 min	2 gpm
02:15	380'		0	2.50 min	2 gpm
02:30	380'		0	2.50 min	2 gpm
02:45	380'		0	2.50 min	2 gpm
03:00	380'		0	2.50 min	2 gpm

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: Steve Kim Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-25-0013 ✓
Site Address: 5602 Ten Oaks Rd
Clarksville, MD 21029

Submersible Pump Data

Make: Goulds
Model #: SHS10422C
Pump Capacity 5
Well Yield: 1

Pitless Adapter

Make: Campbell
Model#: N/A
GPM Depth: 36" (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: 600 (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. 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: [Signature]

Date: 7/23/2025

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

Date Insp. Requested: 7/23/2025 Date Insp. Approved: 7/24/2025 Inspector: SP

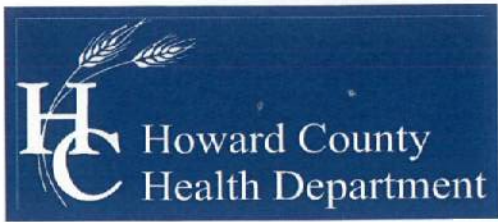
7/23/2025 - Inspection Data:
Well tag not attached, record out to driller to attach tag. SP

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
✓ 48"
✓
✓ 36"
✓
✓
✓ 5'
✓

7/24/2025 -
Received picture from attached driller of tag attached to casing. SP

(Revised form 10/24/2018)



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

July 23, 2025

TO: Kim Philip
5602 Ten Oaks Rd
Clarksville MD 21029

RE: **Well Sampling- Replacement Well**
Kim Philip
5602 Ten Oaks Rd,
Clarksville, MD 21029
Well Permit # HO-25-0013

Dear Kim Philip,

According to our records, your replacement well was connected 7/23/2025. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced 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.

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,

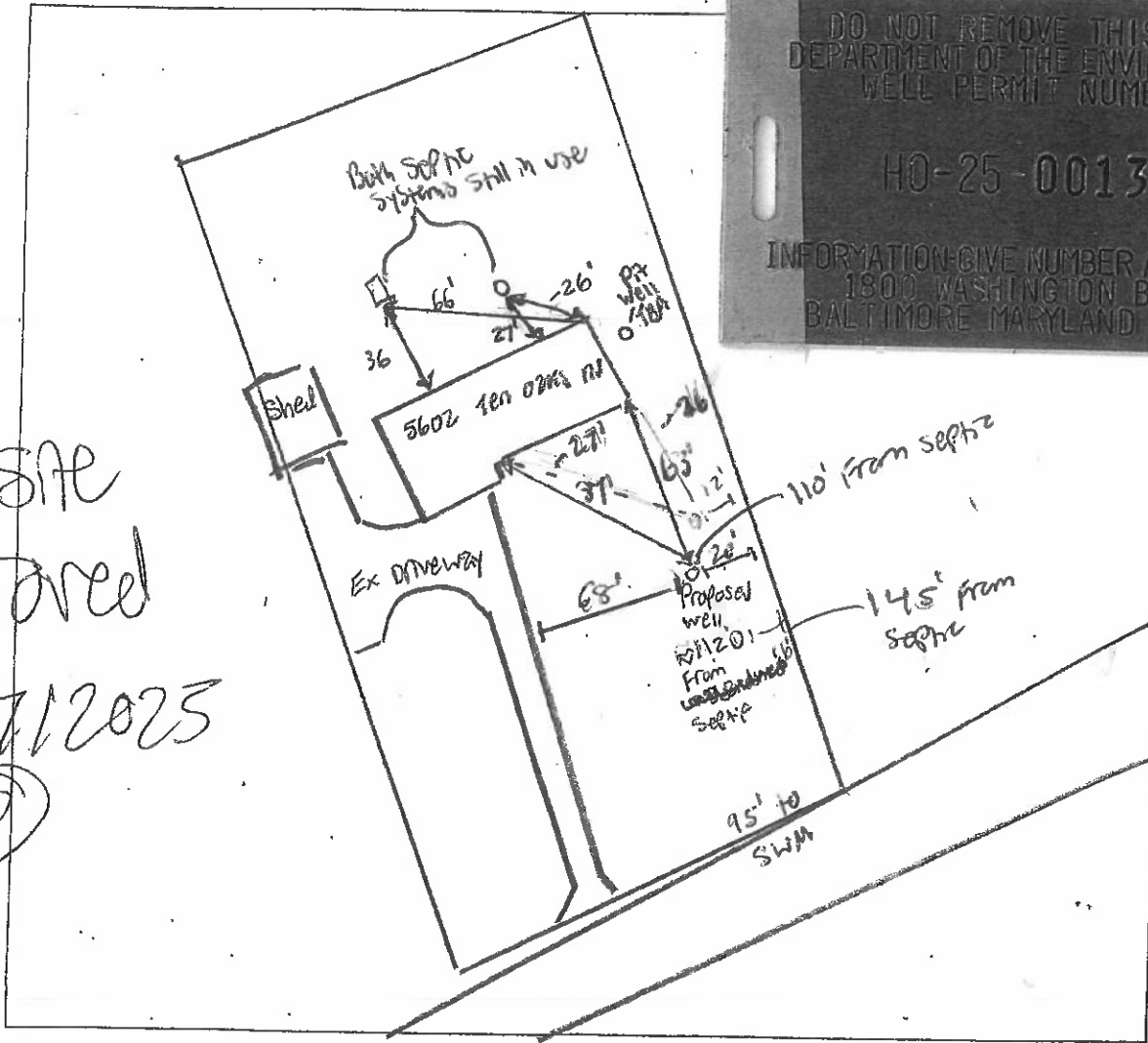
A handwritten signature in black ink, appearing to read 'Shepsura Page', is written over a light blue horizontal line.

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

SITE INSPECTION SHEET

OWNER: Kim Philip PHONE #: 443-710-7260
ADDRESS: 5602 Ten Oaks Rd CONTRACTOR: Atwater Drilling, LLC
WELL TAG #: HO-25-0013
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: Emergency Replacement Well

LOCATION DIAGRAM



* Highlighted
Loc only well
that was
drilled SP

Well site
Approved
6/27/2025
SP

COMMENTS: original well has dried out, pit well ~ 90' deep w/ casing installed recently. H/O currently has water softener installed inside home, well is >10' from PL & >100' from septic @ backyard & further away from neighboring septic.

OK to release permit to well driller. SP

DATE: 6/26/2025

INSPECTOR: S. Page

