

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name STREET OR RFD TOWN SUBDIVISION 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	121	
Gray Limestone	121	250	
Schist??			

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
NO. OF BAGS 40 NO. OF POUNDS 360
GALLONS OF WATER 240
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 124 ft.

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 06 126

OTHER CASING (if used)
EACH CASING diameter depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO PL OT
STEEL BRASS OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y N

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. M SD 209
DRILLERS SIGNATURE
LIC. NO. 1 D 1

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

C 2 DEPTH (nearest ft.)

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
										HO 126 250																																																																																									

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

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE 5 gal
WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 87 ft.
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (YES or NO) YES NO
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
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 - below LAND SURFACE 01 (nearest foot)

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)
N 39° 20' 774
W 077° 02' 930

B 1 4810

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 535287

STATE PERMIT NUMBER

70 71 72 73 74 75 76 77 78 79 HO-95-2185 fill in this form completely

Date Received (APA) 07/07/11

OWNER INFORMATION

8 MM DD YY 13 Davis Robert T 15 Last Name Owner First Name 34 36 910 Morgan Station Street or RFD 55 57 Woodbine MD 21797 Town 70 State 72 Zip 76

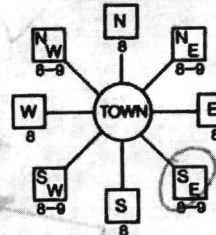
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN Woodbine 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton MS D 009 76 License No. 81 Firm Name Eagles Well Drilling Address 580 Obrecht rd. 21784 Allen Compton 7-7-11 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Morgan Station 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 400 700 WEST SOUTH 34 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 8 BLK: 2 PARCEL 7

B 2 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)

- 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 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 526184 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 7/26/11 41 CO SIGNATURE EXP. DATE 7/26/12 43 MM DD YY 48 NORTH GRID 50 EAST GRID 57

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 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 39 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-95-2185 70 71 72 73 74 75 76 77 78 79

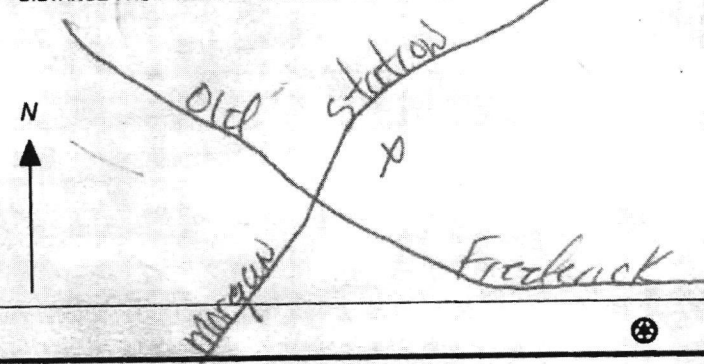
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 000 000 N 540

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # A526184

MD Well Permit #: HO-95-2185

Subdivision Name: Robert H. Davis Property

Section _____ Lot # 2

Street Address: Morgan Station

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 250 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

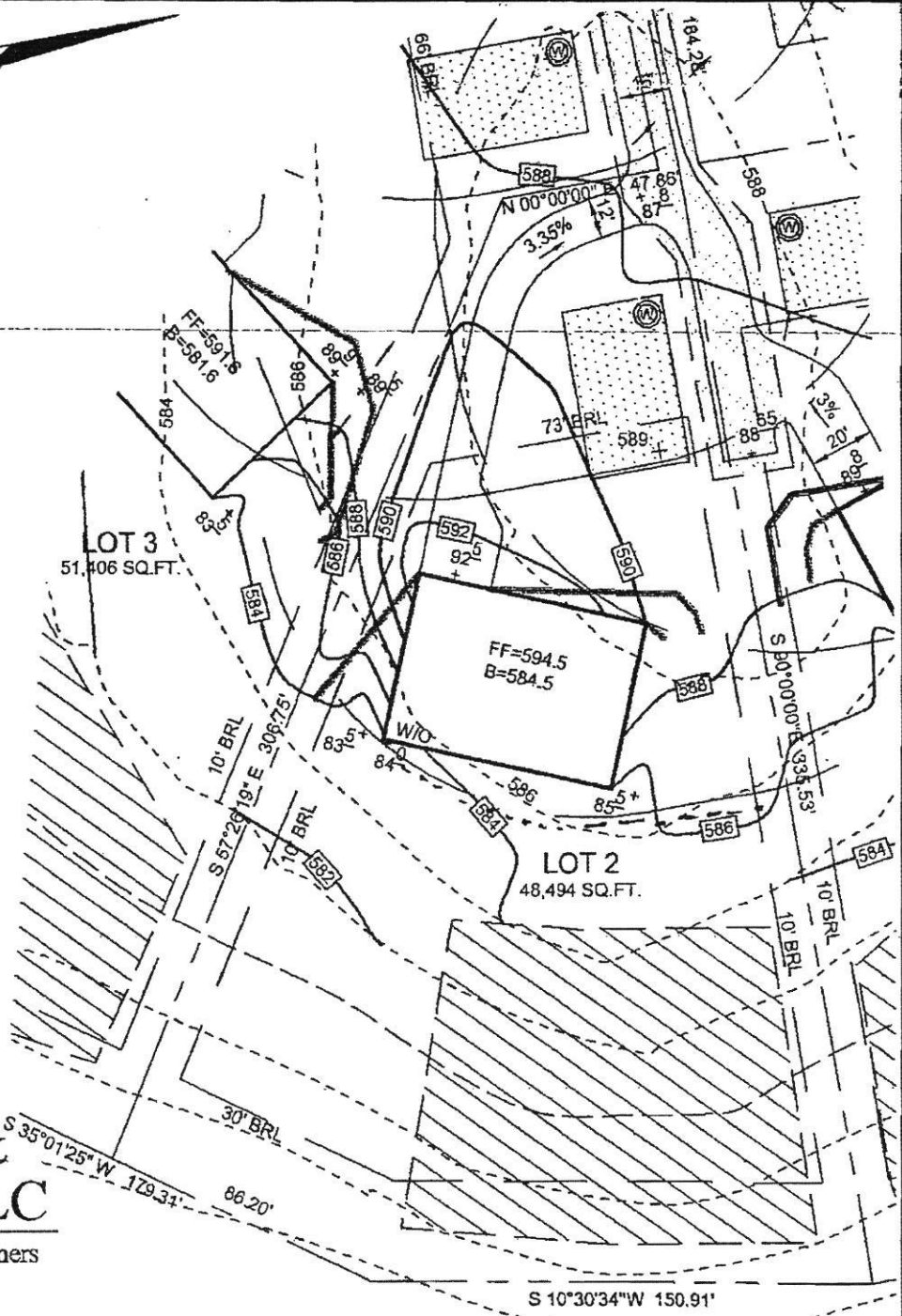
Pump Start Time	Static Water level:	Pumping Rate () Time to fill 1.5 gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
2:00	42 ft.		15 12.5
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	2:00	42 ft.	20 sec 15 GPM
2	2:15	80 ft.	20 15 GPM
3	2:30	87 ft.	20 15 GPM
4	2:45	87 ft.	20 15 GPM
5	3:00	87 ft.	20 15 GPM
6	3:15	87 ft.	20 15 GPM
7	3:30	87 ft.	20 15 GPM
8	3:45	87 ft.	20 15 GPM
9	4:00	87 ft.	20 15 GPM
10	4:15	87 ft.	20 15 GPM
11	4:30	87 ft.	20 15 GPM
12	4:45	87 ft.	20 15 GPM
13	5:00	87 ft.	20 15 GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		+ft.	GPM

NOTES:
N 39° 20 774
W 077 02 930

MARYLAND STATE GRID
NAD 83/91



7/22/11
Well site OK
Staked by
Sill-Adcock
(KW)



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

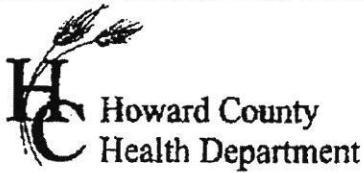
3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: info@saaland.com

DESIGN BY: SJT
DRAWN BY: SJT
CHECKED BY: PS
SCALE: 1"=50'
DATE: JULY 6, 2011
PROJECT #: 07-115
SHEET #: 1 OF 1

ROBERT H. DAVIS PROPERTY, LOT 2 WELL PERMIT PLAN

TAX MAP 8 GRID 2
FOURTH ELECTION DISTRICT

PARCEL 7
HOWARD COUNTY, MARYLAND



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

Peter L. Bielson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Robert H. Davis Property 2 Morgan Station Road
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Sill-Adcock & Associates,
(professional land surveyor or company employing professional land surveyors)
on 07/06/11 (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 3/11/07

**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: ATLANTIC BLUE Telephone #: (410) 840-2583
Address: 1808 BALTIMORE BLVD
WILMINGTON, MD, 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): BRADLEY BECKER License# 6253102
***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: CBI HOMES Telephone #: 410-977-1727
Subdivision: _____ Lot #: M52 Well Tag #: HO-95-2185
Site Address: 857 MORGAN STATION RD.
WOODBINE, MD, 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: <u>Boshart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1556E10-250</u>	Model#: <u>P-800-SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: <input checked="" type="checkbox"/>	

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 inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>poly</u>	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>18'</u>
Depth of supply line: <u>33"</u> (36" min)	Sleeve sealed properly: _____

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: 1/13/26

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

Date Insp. Requested: 1/13/26 Date Insp. Approved: 1/13/26 Inspector: MB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 38" ✓
Two piece cap installed and attached to casing securely ✓ 22"
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 ✓



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 28, 2026

May 28, 2026

Owner
857 Morgan Station Road
Woodbine, MD 21797

RE: Davis Property, Lot 2
857 Morgan Station Road
Building Permit: B25000015
Well Permit: HO-95-2185

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 **1/15/2026**. Final approval of the well line connection to the dwelling was granted on **1/13/2026**. The well construction was completed on **8/20/2011**. Water samples were collected on **5/21/2026 & 5/22/2026**.

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-95-2185. 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,



Shepsura Page, LEHS II
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 #: 181219 Account #: 1428
Reference: CBI Homes LLC Client: CBI Homes LLC
Location: 857 Morgan Station Road Requested By: Pam Walter
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 5/21/2026 0914 Site: Pressure Tank
Date/Time Rec'd: 5/21/2026 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: R. Ott 0266RO Well #: HO-95-2185

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/22/2026 / 1010 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/22/2026 / 1010 / KDR
Nitrate.	5.59	mg/L (as N)	10	EPA 300.0	5/21/2026 / 1658 / KDR
Turbidity	5.46	NTU	<10	SM2130B	5/21/2026 / 1620 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	5/21/2026 / 1625 / 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 # : B25000015

OK
5/28/2026
SF

Date Reported: 5/22/2026