

C 1 52466		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)						COUNTY NUMBER																											
ST/CO USE ONLY DATE Received MM DD YY 09 11 17		DATE WELL COMPLETED MM DD YY 07 17 17		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 9/22/17sc HO-17-0039																											
OWNER 21m Street Development		WELL SITE ADDRESS last name Hayland Mill Rd first name		TOWN Clarksburg		SUBDIVISION Mill Creek																											
SECTION		LOT		2																													
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"/>																													
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>				NO. OF BAGS 45 10 NO. OF POUNDS 45 750																													
GALLONS OF WATER 58				DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 28 ft. (enter 0 if from surface)																													
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Soil</td><td>0</td><td>3</td><td></td></tr><tr><td>Red Clay</td><td>3</td><td>11</td><td></td></tr><tr><td>Brown Shale</td><td>11</td><td>26</td><td></td></tr><tr><td>Hard Gray Rock</td><td>26</td><td>300</td><td></td></tr><tr><td></td><td>170</td><td></td><td></td></tr></tbody></table>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soil	0	3		Red Clay	3	11		Brown Shale	11	26		Hard Gray Rock	26	300			170			CASING RECORD			
					DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																									
				FROM		TO																											
				Soil	0	3																											
				Red Clay	3	11																											
Brown Shale	11	26																															
Hard Gray Rock	26	300																															
	170																																
casing types insert appropriate code below				STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/>																													
				PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>																													
MAIN CASING TYPE PL				Nominal diameter top (main) casing (nearest inch) 6																													
				Total depth of main casing (nearest foot) 28																													
				OTHER CASING (if used)																													
EACH CASING				diameter inch depth (feet) from to																													
screen type or open hole				STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/>																													
(insert appropriate code below)				BRONZE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>																													
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 DEPTH (nearest ft.)																													
WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				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																													
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																													
DRILLERS LIC. NO. 1 M D 355				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)																													
LIC. NO. 1 WRO 113				T (E.R.O.S.) W Q																													
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				70 72 74 75 76																													
				TELESCOPE CASING LOG INDICATOR OTHER DATA																													
				C 3 PUMPING TEST																													
				HOURS PUMPED (nearest hour) 6																													
				PUMPING RATE (gal. per min.) 1.71																													
				METHOD USED TO MEASURE PUMPING RATE Submersible																													
				WATER LEVEL (distance from land surface)																													
				BEFORE PUMPING 39 ft.																													
				WHEN PUMPING 163 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 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 LAND SURFACE (nearest foot) 1																													
				- below 49 50 51																													
				LATITUDE 39.18582																													
				LONGITUDE 76.99715																													
				(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.																													

MDE/WMA/PER.071



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:

July 17, 2017

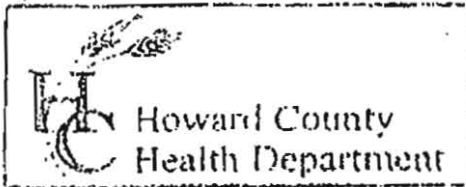
Well Depth:

300 feet

Customer Elm Street Development
Road Haviland Mill Road
City Clarksville
State Maryland

Permit # HO-17-0039
Subdivision Mill Creek
Section
Lot # 2

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	39	4	15.00
9:45 AM	132	7	8.57
10:00 AM	164	35	1.71
10:15 AM	165	35	1.71
10:30 AM	165	35	1.71
10:45 AM	165	35	1.71
11:00 AM	165	35	1.71
11:15 AM	165	35	1.71
11:30 AM	164	35	1.71
11:45 AM	164	35	1.71
12:00 PM	164	35	1.71
12:15 PM	164	35	1.71
12:30 PM	164	35	1.71
12:45 PM	164	35	1.71
1:00 PM	164	35	1.71
1:15 PM	164	35	1.71
1:30 PM	163	35	1.71
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2:15 PM	163	35	1.71
2:30 PM	163	35	1.71
2:45 PM	163	35	1.71
3:00 PM	163	35	1.71
3:15 PM	163	35	1.71
3:30 PM	163	35	1.71
3:45 PM	163	35	1.71
4:00 PM	163	35	1.71
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			



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:

INDIVIDUAL

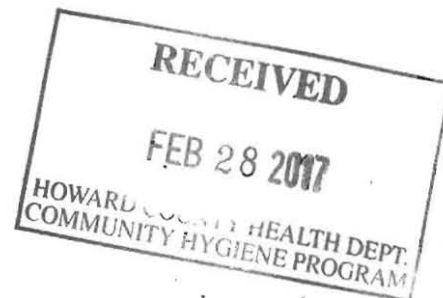
well sites have been staked for mill creek

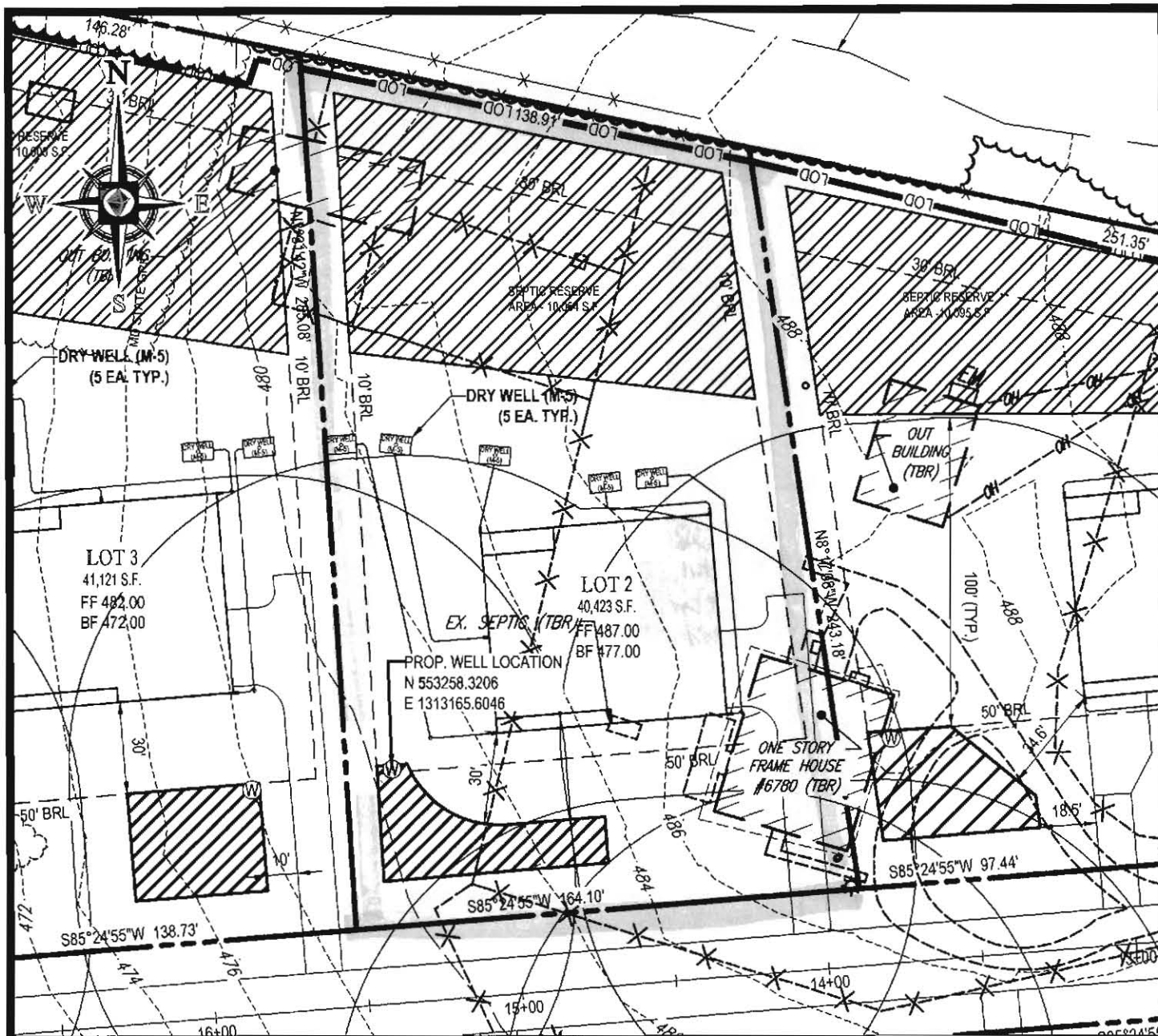
☒ The well site has been staked by Bahler Engineering,
(professional land surveyor or company employing professional land surveyors)
on 2/24/17 (date) and does not require a site inspection.

☐ 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.




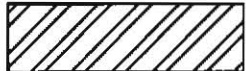
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03





LEGEND

-  PROPERTY LINE
-  BUILDING RESTRICTION LINE
-  PROPOSED WELL BOX / WELL LOCATION
-  SEPTIC RESERVED AREA

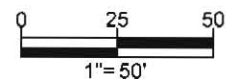
well site OK
(12) 3/2/17

HO-17-0039

RECEIVED

FEB 28 2017

HOWARD COUNTY HEALTH DEPT
COMMUNITY HYGIENE PROGRAM



PROJECT NAME:

MILL CREEK SUBDIVISION
PROPOSED LOTS 1-23 & NONBUILDABLE PRESERVATION PARCEL A - G
 6780 HAVILAND MILL ROAD, CLARKSVILLE, MD

SHEET TITLE:

WELL EXHIBIT - LOT 2

1 OF 1

SCALE
1" = 50'

DATE:
11-01-16

CAD ID.
EX0

PROJECT NUMBER
MD142038



BOHLER
ENGINEERING

22636 DAVIS DRIVE, SUITE 250 STERLING, VA 20164
 PHONE: (703) 709-9500 FAX: (703) 709-9501

**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, Pifess 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: Foxes Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
Sykesville, MD 21784

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

Name (Print): David C. Foyle License #: MSD2226

*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: NVR Telephone #: _____
Subdivision: mill creek Lot #: 2 Well Tag #: HO-17-0039 ✓
Site Address: 13810 mill creek ct
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pifess Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grands</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>THS05422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.71</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</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 cutoff switch is required by NSPC 1990 Section 17.8.4		
Torque wrenches, Cable guards, or other acceptable method used—Must circle one		
Safety rope, if used, attached to Inress rope adapter or other acceptable method inside of well casing: <u>NA</u>		

<u>Pifess to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (150 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 12 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: David C. Foyle date: 10/24/18

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

Date Insp. Requested: 10/24/18 Date Insp. Approved: 10/24/18 Inspector: RR

Inspection Data: Pifess adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grant observed below pifess adapter	<u>✓</u>



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 11, 2019

December 11, 2018

Homeowner
13810 Mill Creek Court
Clarksville, MD 21029

RE: Mill Creek, Lot 2
13810 Mill Creek Court
Building Permit: B18002731
Well Permit: HO-17-0039

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 11/1/2018. Final approval of the well line connection to the dwelling was granted on 10/24/2018. The well construction was completed on 7/17/2017. Water samples were collected on 12/5/2018.

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-17-0039. 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>



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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 Environment's 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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 127119 Account #: 1933
Reference: Mill Creek Lot 2 Company: Fogles Well Pump & Treatment
Location: 13810 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 12/5/2018 1100 Site: Pressure Tank
Date/Time Rec'd: 12/5/2018 1600 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: A. Berchok 1233AB Well #: HO-17-0039

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/6/2018 / 1045 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/6/2018 / 1045 / RER
Nitrate	6.65	mg/L	10	601	12/6/2018 / 0915 / RER
Turbidity	1.02	NTU	<10	SM20 2130B	12/6/2018 / 0945 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/6/2018 / 0945 / RER

OK

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B18002731

Date Reported: 12/6/2018



Bureau of Environmental Health

8930 Stanford Blvd, 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

LOT 2

MEMORANDUM

TO: Barlow Well Drilling

FROM: Ryan Rappaport, L.E.H.S. (RA)
Well and Septic Program

DATE: March 1, 2017

RE: State Water Appropriation and Use Permit for Crawford Property/Mill Creek Subdivision #HO2016G002(01) & Special Conditions

The State Water Appropriation and Use Permit for the Crawford Property/Mill Creek Subdivision has a requirement regarding well spacing and testing:

15. The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with well construction standards.

The lots of the Crawford Property/Mill Creek Subdivision that are less than an acre are lots 2, 3, 12, 13 and 18. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

SPECIAL CONDITIONS

- All drilling, grouting and yields must be called into the Health Department for inspection. Call 410-313-1771 for scheduling.
- Since all 23 lots have the well locations staked and not the lot's well boxes it is required that if during the drilling a dry hole is encountered, the Health Department must be notified immediately before any additional drilling is completed on that particular lot.
- The wells on lots 1, 7, 15 and 19 will require TDS, sodium and chloride water samples during the yield test.
- The wells on lots 20 and 21 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.

Feel free to contact me with any questions at 410-313-1781 or RRappaport@howardcountymd.gov.

Cc: File

FILE INQUIRY NOTES

LOT 2

[illegible]