

C1 52427 SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
05 31 17

Depth of Well
22 585 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
OK
7/28/17 SC
HO-17-0110
28 29 30 31 32 33 34 35 36 37

OWNER Elm Street Development
WELL SITE ADDRESS last name HAYLAND M-11 R0 first name TOWN CLARKSVILLE
SUBDIVISION Mill Creek SECTION LOT 13

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	
Soil	0	5	
Brown Shale	5	20	
TAN Rock	20	32	
MED GRAY Rock	32	450	
HARD Green Rock	450	470	
RED GRAY Rock	470	585	
		430	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 900
GALLONS OF WATER 600
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 35 ft.
48 TOP 52 ft. to 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 60 61 63 64 66 70
6 35

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED 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. 1 M 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. WRD 113

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
HO 35 585

23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60

from to

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6
2.0

PUMPING RATE (gal. per min.) 11 15
Submersible

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
WHEN PUMPING 137 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. 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)
 - below }

LATITUDE 39.18395
LONGITUDE 77.00092
(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.

B 1 32970

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 559843-L

STATE PERMIT NUMBER

HO - 17 - 0110 fill in this form completely

Date Received (APA) 1/1/16

OWNER INFORMATION

ELM STREET DEVELOPMENT 1355 BEVERLY RD, SUITE 240 McCLEAN VA 22101

LOCATION OF WELL

HOWARD MILL CREEK CLARKSVILLE

DRILLER INFORMATION

MICHAEL BARLOW MW D 355 BARLOW WELL DRILLING 512 UNDERWOOD LANE 21014

SOURCES OF DRILLING WATER

Well

HAVILAND MILL RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1450 FT DISTANCE FROM ROAD

TAX MAP: 39 BLK: 6 PARCEL 001

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
OPEN LOOP GEOTHERMAL
CLOSED LOOP GEOTHERMAL

HOWARD A546326-L 13

STATE SIGNATURE DATE ISSUED 3/2/17 CO SIGNATURE EXP. DATE 3/2/17

DON: 3/29/17 DOG: 3/29/17 DOY: 5/31/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

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
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 DEEPEMED AN EXISTING WELL

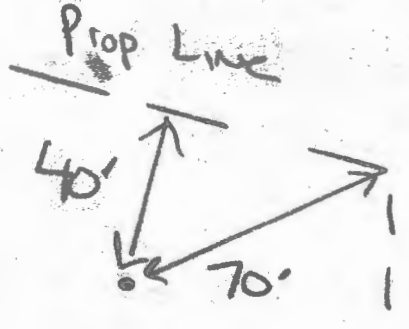
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER H02016G002 PERMIT No. H0 - 17 - 0110

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

3/29/17: 35' of casing 580' deep 5 gpm



SPECIAL CONDITIONS

SEE ATTACHED MEMO



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	May 31, 2017		
Well Depth:	585	feet	
Customer	Elm Street Development	Permit #	HO-17-0110
Road	Haviland Mill Road	Subdivision	Mill Creek
City	Clarksville	Section	
State	Maryland	Lot #	13

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	40	4	15.00
10:15 AM	139	30	2.00
10:30 AM	139	30	2.00
10:45 AM	139	30	2.00
11:00 AM	139	30	2.00
11:15 AM	139	30	2.00
11:30 AM	138	30	2.00
11:45 AM	138	30	2.00
12:00 PM	138	30	2.00
12:15 PM	137	30	2.00
12:30 PM	137	30	2.00
12:45 PM	137	30	2.00
1:00 PM	137	30	2.00
1:15 PM	137	30	2.00
1:30 PM	137	30	2.00
1:45 PM	137	30	2.00
2:00 PM	137	30	2.00
2:15 PM	137	30	2.00
2:30 PM	137	30	2.00
2:45 PM	137	30	2.00
3:00 PM	137	30	2.00
3:15 PM	137	30	2.00
3:30 PM	137	30	2.00
3:45 PM	137	30	2.00
4:00 PM	137	30	2.00
4:15 PM	137	30	2.00
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.			

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)513-1771 FAX: (410)513-2648**

Information Form for the Installation of the Well Pump, Pileless 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: Good's Well Pump & Water Treatment, LLC Telephone: 410 745 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. 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: NVP Telephone: _____
Subdivision: Mill Creek Lot # 13 Well Tag # HO-17-0110 (ST)
Site Address: 13876 Mill Creek Ct.
Clarksville, MD 21029

<u>Seamless Pump Date</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Good's</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model: <u>SWS10422</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>2</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>585</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 IT.2.4
Temperature sensors, 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: NA

<u>Pipe in 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> (60 psi min)	Length of sleeve (minimum 5m from foundation): <u>10'</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 6 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. Fogle date: 11/7/19

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



Date Insp Requested: <u>11/7/19</u>	Date Insp Approved: <u>11/7/19</u>	Inspector: <u>(ST)</u>
Inspection Date: <u>Pileless adapter, watertight & water supply line at least 36" below grade</u>	<input checked="" type="checkbox"/>	<u>45"</u>
<u>Two piece cap installed and attached to casing securely</u>	<input checked="" type="checkbox"/>	
<u>Elec. conduit extends at least 1' below grade/attached to cap properly</u>	<input checked="" type="checkbox"/>	<u>41"</u>
<u>Safety rope not outside of well cap/casing</u>	<input checked="" type="checkbox"/>	
<u>Correct well tag attached properly and casing 8" above finished grade</u>	<input checked="" type="checkbox"/>	<u>18"</u>
<u>Water supply line sleeved adequately at house connection</u>	<input checked="" type="checkbox"/>	
<u>Adequate grout observed below pileless adapter</u>	<input checked="" type="checkbox"/>	

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 30, 2020

January 30, 2020

Homeowner
13876 Mill Creek Court
Clarksville, MD 21029

RE: Mill Creek, Lot13
13876 Mill Creek Court
Building Permit: B19002637
Well Permit: HO-17-0110

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 **11/19/2019**. Final approval of the well line connection to the dwelling was granted on **11/7/2019**. The well construction was completed on **5/31/2017**. Water samples were collected on **1/3/2020, 1/20/2020, 1/27/2020**.

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-17-0110. 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>



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

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,

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

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 #: 134940 Account #: 1933
 Reference: Mill Creek Lot 13 Company: Fogles Well Pump & Treatment
 Location: 13876 Mill Creek Court Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 1/3/2020 1030 Site: Kitchen Sink
 Date/Time Rec'd: 1/3/2020 1445 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.7
 Collected By: B. Wilkerson 9315BW Well #: HO-17-0110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	42.9	MPN/ 100 ml	<1.0	SM20 9223B	1/4/2020 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/4/2020 / 0900 / CCH
Nitrate	2.42	mg/L	10	601	1/3/2020 / 1600 / RER
Turbidity	14.6	NTU	<10	SM20 2130B	1/3/2020 / 1645 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	1/3/2020 / 1645 / RER
Iron	0.14	mg/L	0.3*	FR, 45 (126)	1/3/2020 / 1640 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19002637

Date Reported: 1/6/2020

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 #: 135204 Account #: 1933
Reference: Mill Creek Lot 13 Company: Fogles Well Pump & Treatment
Location: 13876 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 1/20/2020 1205 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/20/2020 1345 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-17-0110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/21/2020 / 0800 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/21/2020 / 0800 / RER
Turbidity	1.33	NTU	<10	SM20 2130B	1/21/2020 / 0950 / CRS

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19002637

Date Reported: 1/21/2020

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 #: 135331 Account #: 1933
Reference: Mill Creek Lot 13 Company: Fogles Well Pump & Treatment
Location: 13876 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 1/27/2020 1000 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/27/2020 1323 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: B. Wilkerson 9315BW Well #: HO-17-0110

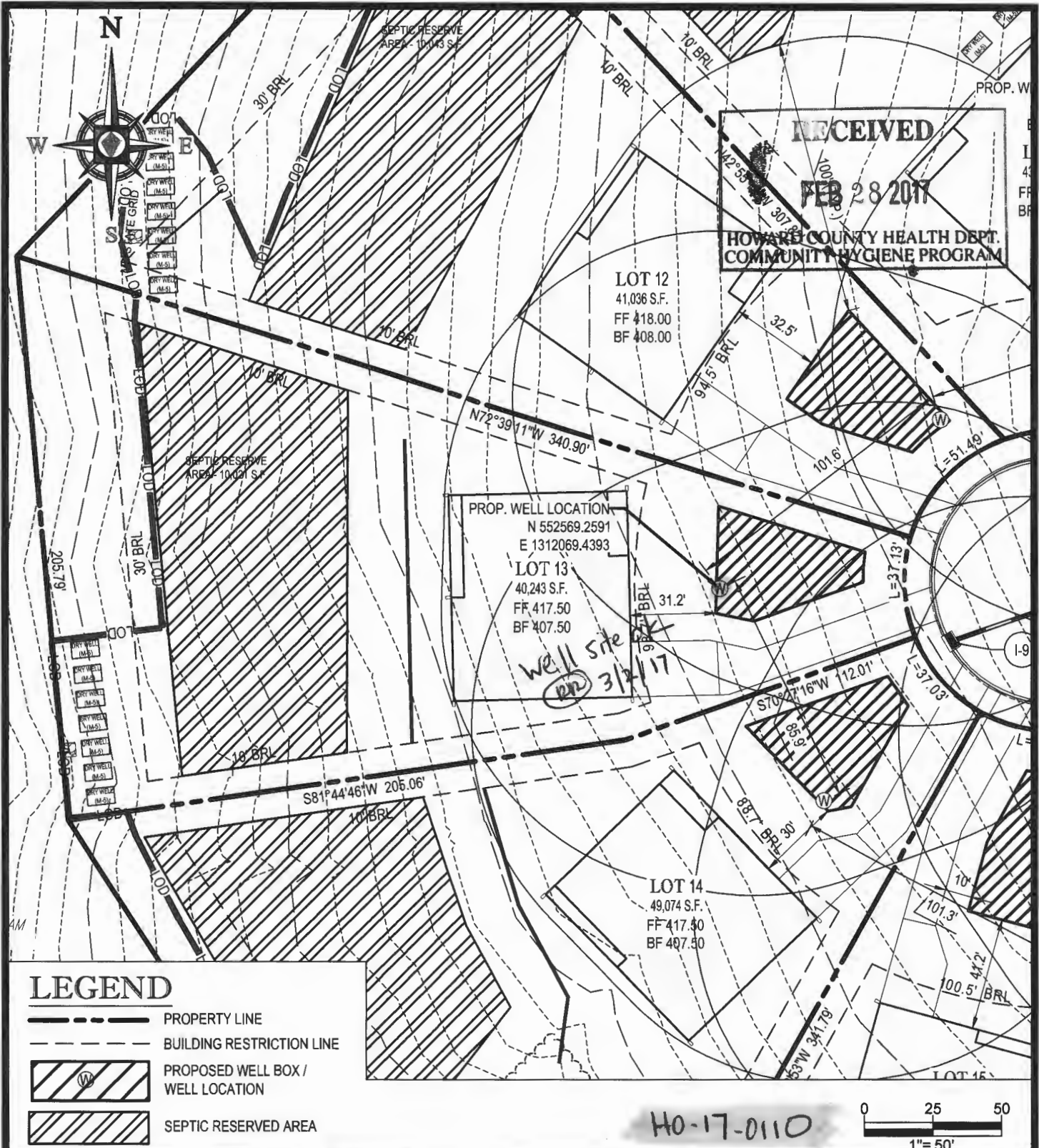
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/28/2020 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/28/2020 / 0900 / RER

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 19002637

Date Reported: 1/28/2020



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

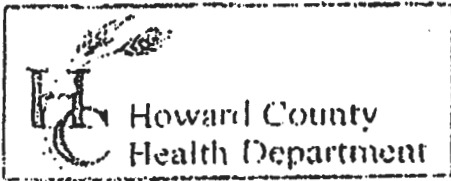
SHEET TITLE:
WELL EXHIBIT - LOT 13
 1 OF 1

SCALE: 1" = 50'	DATE: 11-01-16	CAD ID: EX0	PROJECT NUMBER: MD142038
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BOHLER
ENGINEERING

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



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:

All individual well sites for lots 2-23 of Mill Creek are staked + properly labeled

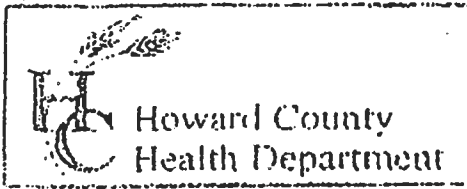
The well site has been staked by Bohler Engineering,
(professional land surveyor or company employing professional land surveyors)
on 3/3/17 (date) and does not require a site inspection.

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

RECEIVED
MAR -6 2017
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM



Howard County
Health Department

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

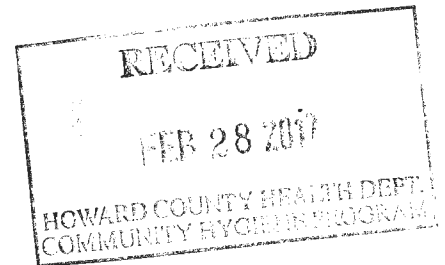
well sites have been staked for Mill Creek

The well site has been staked by Bohler 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





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 13

MEMORANDUM

TO: Barlow Well Drilling

FROM: Ryan Rappaport, L.E.H.S. 
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

