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B 1	SEQUENCE NO.	STATE OF	MARYLAND	STATE PE	RMIT NUMBER
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	ejved (APA)	201101	B 3 .	LOCATION OF WELL	
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15 Cas	Name Owner	First Name 34	Oodeo	Viccortes	
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36	Street or RF0	55	SECTION L	LOT	
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DRILL	ER INFORMATION	. / - 221/)	
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5-/	foll flees	- 1-14-29			WEST S EAST
B 2	WELL INFORMATION	Date		DISTANCE	FROM ROAD
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(GAL. PER	R DAY) 14	20			9
in Comment	USE FOR WATER (CIRCLE AF	•		O BE FILLED IN BY I TH DEPARTMENT AP	
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	IRRIGATIÓN)		COUNTY NAME STATE		COUNTY NO.
22	INDUSTRIAL, COMMERCIAL, DEWATER	ING	SIGNATURE		INSERT S
	PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING	4	DATE ISSUED		0/21/21
	OPEN LOOP GEOTHERMAL		43 MM DD YY 48	CO SIGNATURE	EXP. DATE
C	CLOSED LOOP GEOTHERMAL		DANI Plusper	san alah	o alahaz
			10.10.110/20200	11006: 11018	and Mixtors
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other	,,		9/16/20 1	1	1 12
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05 - A3	A STANDBY-CONTACT LOCAL APPROV R POLICY ON STANDBY WELLS	ING AUTHORITY	Pu	rsuant to \$ 10-624 of the	State Govt. Article of the fo requested on this form
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PERMIT I	NUMBER OF WELL TO BE REPLACED O	DR DEEPENED 52	N 26.	04.04. Failure to provide s form not being process	the info may result in
			ins	pect, amend, or correct t	his form. The Maryland
Not	to be filled in by driller (MDE OR C	COUNTY USE ONLY)	De Ma	partment of the Environ	ment is subject to the on Act. This form may be
APPROP	PERMIT NUMBER	G	ma	de available on the Inter	net via MDE's website and
	110	20 0-0-	is s by	subject to inspection or c the public and other gov	opying, in whole or in part ernmental agencies, if not
	PERMIT No. 170 70 71	$\frac{-20-0037}{7273747576777879}$	pro	otected by federal or State	Law.
SPECIA	L CONDITIONS Radium, Chlo	ride sodium & TOS:	water samples nea	vived@ yield.	test and a
	ROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-	existing well	on the property h	nust be sealed ?	abandoned.
			,		

FOGLE'S WELL DRILLING, LLC P.O. Box 202 Woodbine, Md 21797 443-609-4195 FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-20-0037

Location of Property: 12257 Woodspurge Ct Ellicott City, Md 21042

Subdivision: Ogden Property Sec: 2 Lot: 12

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer: Mike & Jenine Ogden

Depth of Well: 300' Casing: 42' of 6" Steel Casing

Distance of measuring point (M.P.) above ground: 2'
Static water level (S.W.L.) below M.P.: 35'

High rate pumping -reservoir Drawdown

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER	CALCULATED FLOW
minute intervals)	Below M.P.	Time to fill 1	READING	(gallons per
		gallon bucket	(if used)	minute)
7:00	35'	4 Seconds		15 gpm
7:15	96'	4 Seconds		15 gpm
7:30	147'	10 Seconds		6 gpm
7:45	147'	10 Seconds		6 gpm
8:00	147'	10 Seconds		6 gpm
8:15	147'	11 Seconds		5.5 gpm
8:30	147'	11 Seconds		5.5 gpm
8:45	147'	11 Seconds		5.5 gpm
9:00	146'	11 Seconds		5.5 gpm
9:15	143'	11 Seconds		5.5 gpm
9:30	142'	11 Seconds		5.5 gpm
9:45	141'	11 Seconds		5.5 gpm
10:00	140'	11 Seconds		5.5 gpm
10:15	139'	11 Seconds		5.5 gpm
10:30	138'	11 Seconds		5.5 gpm
The state of the s				

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: Fools with Amproprior Telephone #: 410795 5070

Address: 410705 41070 777707

Address: Solventra
Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print):
*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: NIVE OGOEV Telephone #:
Name of Property Owner: MY () GOEV Telephone #: Subdivision: Lot #: Well Tag #: HO - ZO- 003 7 57
Site Address: 12.7.5.7 WOODS DIVIGIOUS LOT#: Well Tag#: HO - 20-100.5
Flicatory MO 71007
ETT COFF CITY COUNTY
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: (\(\frac{1}{1}\)\) Make: (\(\frac{1}{1}\)\) + Two plece watertight cap: \(\frac{1}{1}\)\)
Model #: 74505422 Model#: NP Screened, vented well cap:
Pump Capacity GPM Depth: (36" min) Cap secured to casing: (
Well Yield: 5 GPM NSF/WSC approved: \(\sqrt{S} \) Conduit min 18" B.G.: \(\sqrt{S} \)
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:
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
Piping to house House Connection
Type: 11 pand p. 00 PVC sleeve to undisturbed soil at wall penetration: \(\lambda \)
PSI: 70(160 psi min) Length of sleeve(5' minimum from foundation):
Depth of supply line: 30" (36" min) Sleeve sealed properly: 405
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 <u>cannot</u> be accomplished, contact this office for approval prior to
installation.
123/2020 9/23/2020
Signature of company representative responsible for installation date
Signature of company representative responsible for instantation date
For Health Department Use Only – Not to be completed by Installer
Date Insp. Requested: 9/23/2010 Date Insp. Approved: 7/23/2010 Inspector:
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Blec. 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
Correct well tag attached properly and casing 8" above finished grade

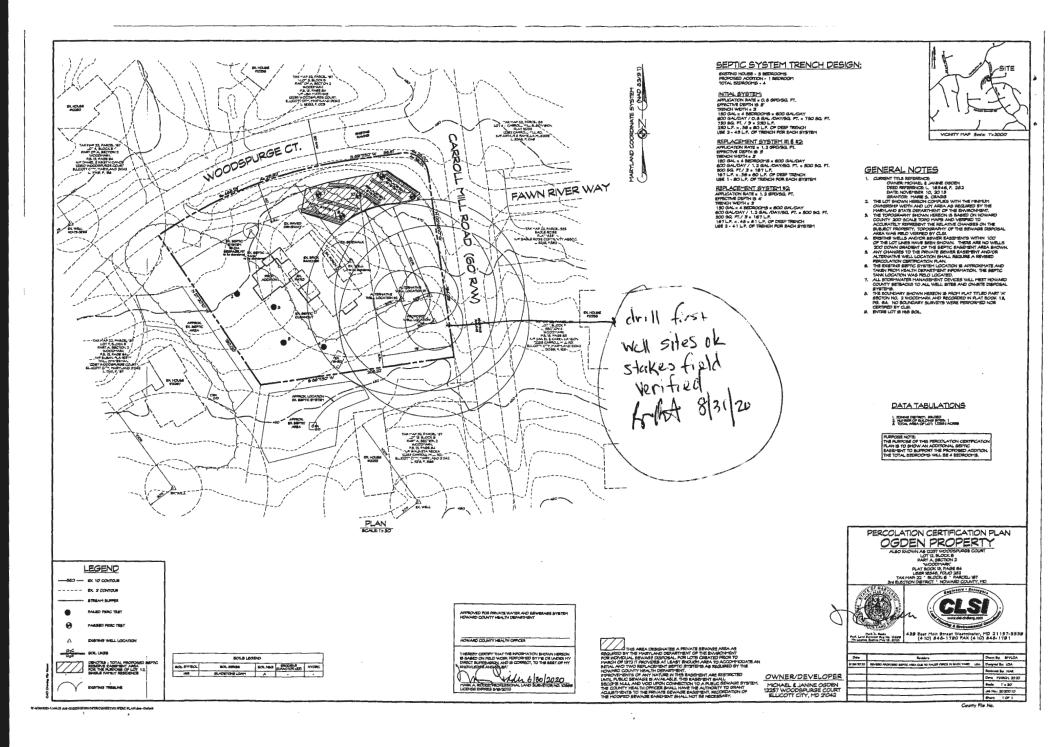
(Revised form 10/24/2018)

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

WATER WELLABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO: COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if a WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION) WELL PRO	NRY(DV)
DATE WELLABANDONED: 9-24-20	month/day/year)
* PERMIT NUMBER OF ABANDONED WELL (if any)	
* PERMIT NUMBER OF REPLACEMENT WELL:	10-20 -0037
* PRSON ABANDONING WELL: andrew Houseman	WELL DRILLER'S LICENSE NUMBER:
* OWNER'S NAME: MILE & SENDE	CIRCLE: MWD / MSD / MGD
* WELL LOCATION: COUNTY: NEAREST TOWN: Elicott City TAX MAP 22 BLOCK PARCHL /67 SUBDIVISION: Oder Ports SECTION: STREET ADDRESS: 12252 (Loodsource Ct	Carroll Mill Rd
LATITUDE 39.22226	
LONGITUDE 7 6 . 9 3 9 6 4 0	LOG OF SEALING MATERIAL
A CONTRACTOR OF THE PARTY OF TH	* MATERIAL FEET FROM TO
* TYPE OF WELL BEING ABANDONED: DRILLED BORED OTHER (specify)	Butante 25 0
* USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION GEOTHERMAL	larihi - 1
	VOLUME OF MATERIAL USED
* TYPE OF CASING:PLASTIC	1 Bentante 1500/165
CONCRETE OTHER (specify) SIZE OF CASING: INCHES IN DIAMETER DEPTH OF WEILS FEET DEEP WAS ANY CASING REMOVED? YES NO If yes, length removed, in feet:	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.
WAS CASING RIPPED OR PERFORATED? YES NO.	274 MWD+MSD MGS 9-2E-70
SIGNATURE-MASTER WELL DKILLER OR SUPERVISING SANITARIAN LICENSE	CIRCLE ONE DATE
COUNT	Y





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

Facebook: www.facebook.com/hocoheaith Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

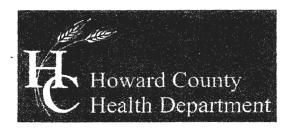
Well Site Location:

Oden Property Name	12 Lot#	12257 Wood Spurge Ct Road Name
The well site has been stake (professional land surveyor or comp	d by <u>Pu</u>	hand Kurlyg professional land surveyors
on Quaupt 272	020 (da	te) 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 4/22/14



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

Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

Subdivision/Property Name

Lot # Road Name

The well site has been staked by C5T

(professional land surveyor or company employing professional land surveyors)

on 31413, 2020 (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.

8/20/20- F/V completed)
Stakes not in place

Revised 4/22/14

Send Report To: Howard County Health Department Bureau of Environmental Health 8930 Stanford Blvd.

plumbia, Maryland 21045

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

WATER ANALYSIS

E21000790001

E21000790001 Received: 09/21/2020

Inorganic

HOJCOO37TD

	and the same of th		
	nber HOJCOC37-TD Name		County Hourse Code 13
M P Add	ress 17757 WOODSPURCE CO	WRIT	Data Category Code
CHI	ected: Date 09/18/2-20 Time /USC ECK (one per box) Community Non-community	Source (raw water)	Abatus 2097 Code Library Emergency
I Lan Stree Oth	eam Private	Distribution (treate MCL	Emergency Routine Recheck Special Project
I E pH	ant No. Sampling Station Chlorine: Free Otes to Lab/Remarks:	O Total O	reservation: Iced Acid Acid Specific Conductance
CHECK TESTS	TESTS	Error Code	RESULTS
-	Alkalinity (Total)		
0	Ammonia - N		
	Chloride		
7-	Conductance*, Spec.		
V	Dissolved Solids (Total)		allow.
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate	Andre St. 91	
	Total Solids		
	Turbidity*		
-	Other:		C. P
*			007 06 2003
			•

Results reported in Units, all o	thers in milligrams per liter (ppm)	*Samples are tested as received
Number of		Date
Cests Requested	Section Chief	Reported
	SUBMITTER'S COPY	



State of Maryland Department of Health Laboratories Administration Division of Environmental Sciences INORGANICS ANALYTICAL LABORATORY 1770 Ashland Avenue, Baltimore, Maryland 21205 Robert Myers, Ph.D., Director



HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045

Certificate of Analysis

Lab Project NoE21000790 Date Coll. 09/18/2020 Date Received: 09/21/2020 Submitted By: Cabahug

Field ID: HOJCOO37TD

Lab No.: E21000790001

 Analyte
 Method
 Result
 Units
 Date Analyzed

 Chloride
 SM 4500-Cl E
 121
 mg/L
 09/25/2020

 Total Dissolved Solids
 SM 2540C
 347
 mg/L
 09/24/2020

Comments:

Approved by:

Cyrtla Stores

Approval date: 10/01/2020

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

Send Report To:

930 Stanford Blvd.

Columbia, Maryland 21045

Howard County Health Department

Bureau of Environmental Health

State of Maryland DHMH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue Baltimore, Maryland 21205 Lab No. Date Received

E21000792001 Received: 09/21/2020

Metals

HOJC0037NA

ABORATORY ANALYSIS REQUEST

Do not write above this line

				Please Print			, ,	
amp	le ID No: Hoxx	37NA Si	te Na	ame: OGDE)		County:	Lowar:
amp	le Source: 1225	F Was	78	PURCE CONSE	4	Coll	ector: CABA	HUG Name
ate (Collected: 07/1	8/2020	Tim	ne Collected: 1080	a.m. / p.m.	Pho	one #: H10-31	3 20+3
amp	le Preserved By:	☐ Field Preservative	e Use	ed: E HNO ₃	D. mL	WMR pl	H: 6.0	Central La
amp	le Type:	Drinkin	g Wa	ter	ill - G-Sc	ource	(Raw Water)	Liqu
ode	44	□ Non-Co □ Private	mmu	unity	nent O	ther_	The second secon	
pecif	fy Programe 🗆 S	DWA 🗆 1	NPD	ES CWA RC	RA 🗆 Cor	istin	er Products	Other
	· · · · · · · · · · · · · · · · · · ·	ation:		l Metals □ T	otal Metals 7	rcli		solved Metal preparation require
ema	rks:	T T		T			(field	preparation require
	rks:			Element	Cotal Metals	rcli	(field	
ema	Element Antimony (Sb)	T T		Element Aluminum (Al)			Element Uranium (U)	preparation require
ema	Element Antimony (Sb) Arsenic (As)	T T		Element Aluminum (Al) Calcium (Ca)			Element Uranium (U) Vanadium (V)	preparation require
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co)			Element Uranium (U)	Lab Use
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu)			Element Uranium (U) Vanadium (V)	preparation require
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe)			Element Uranium (U) Vanadium (V)	Lab Use
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu)	Lab Use		Element Uranium (U) Vanadium (V)	Lab Use
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe)	Lab Use		Element Uranium (U) Vanadium (V)	Lab Use
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb)	Lab Use		Element Uranium (U) Vanadium (V)	Lab Use
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg)	Lab Use		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb) Magnesium (Mg)	Lab Use		Element Uranium (U) Vanadium (V)	Lab Use
ema	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni)	T T		Element Aluminum (Al) Calcium (Ca) Cobalt (Co) Copper (Cu) Iron (Fe) Lead (Pb) Magnesium (Mg) Manganese (Mn)	Lab Use		Element Uranium (U) Vanadium (V)	Lab Use

•Phone: (443) 681 – 4596 •Fax: (443) 681 – 4507



State of Maryland Department of Health Laboratories Administration Division of Environmental Sciences TRACE METALS LABORATORY 1770 Ashland Avenue, Baltimore, Maryland 21205 Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045

Lab Project No: E21000792 Date Coll.: 09/18/2020 Date Received: 09/21/2020 Submitted By: Cabahug

Field ID: HOJC0037NA Lab No.: E21000792001

Method Element Result Units Date Analyzed

EPA 200.7 Sodium 39.60 ppm 09/23/2020

Comments:

Approved by: Www.ska- Luckeun

Approval date: 09/28/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

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	HOWARD COUNTY HEALTH DEPARTMENT	67907
Received From	O'Ces WW CU CUUT PHONE #	WS 3609-414
☐ CASH	For Well Councit 12251	Lww.
CHECK NO.24X()	SPUS	
\$ 160	UU Received By	Dollars