

C1 46018 <small>1 2 3 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	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. COUNTY NUMBER <u>XIII</u>
ST/CO USE ONLY DATE Received MM <u>12</u> DD <u>29</u> YY <u>16</u>	DATE WELL COMPLETED MM <u>12</u> DD <u>12</u> YY <u>16</u>	Depth of Well 22 <u>600</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-15-0312</u>
OWNER <u>ESTATE OF PATRICIA L. SHEPPARD</u> WELL SITE ADDRESS <u>TEN OAKS Rd</u> TOWN <u>Dayton</u> SUBDIVISION <u>TEN OAKS FARM</u> SECTION _____ LOT <u>2</u>			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD yes no WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> <input type="checkbox"/> (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>10</u> NO. OF POUNDS <u>500</u> GALLONS OF WATER <u>230</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>78</u> BOTTOM 58 ft. (enter 0 if from surface)	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	CASING RECORD casing types insert appropriate code below <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> ST STEEL </div> <div style="text-align: center;"> <input type="checkbox"/> CO CONCRETE </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> PL PLASTIC </div> <div style="text-align: center;"> <input type="checkbox"/> OT OTHER </div> </div> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>80</u> 60 61 63 64 66 70	
Top Soil 0 2 Brown Shale 2 7 Brown Mica 7 90 ✓ Sand Stone 90 85 Gray Mica 85 100 Brown Mica 100 101 ✓ Gray Mica 101 600		OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to _____ _____	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		SCREEN RECORD screen type or open hole (insert appropriate code below) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> ST STEEL </div> <div style="text-align: center;"> <input type="checkbox"/> BR BRASS </div> <div style="text-align: center;"> <input type="checkbox"/> HO OPEN HOLE </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> PL PLASTIC </div> <div style="text-align: center;"> <input type="checkbox"/> OT OTHER </div> </div>	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> <input type="checkbox"/> 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.		C2 DEPTH (nearest ft.) 1 <u>HO</u> 2 <u>78</u> 3 <u>600</u> 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 _____	
DRILLERS LIC. NO. <u>MD 040</u> <u>George F. Eustenbury</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>ISD038</u> <u>Bruce Thompson</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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	

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 1
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 26 ft.
 WHEN PUMPING 151 ft.
 TYPE OF PUMP USED (for test)
☒ air ☐ piston ☐ turbine
☐ centrifugal ☐ rotary ☐ other (describe below)
☐ jet ☒ submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
☒ above 2 (nearest foot)
☐ below _____
 LAND SURFACE

LATITUDE 39.230925
 LONGITUDE 76.979835
 (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 38345 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 558769-A please type 13248	STATE PERMIT NUMBER H0-15-0312 <small>fill in this form completely</small>
Date Received (APA) 06-28-16 <small>8 MM DD YY 13</small> OWNER INFORMATION ESTATE OF PATRICIA L. SHEPPARD 15 Last Name 34 First Name 5020 TEN OAKS ROAD 36 CLARKSVILLE, MD 21029 <small>Street or RFD</small> 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 Ten Oaks Farm 23 SUBDIVISION 42 2 SECTION 4 DAYTON LOT 48 50 52 NEAREST TOWN 71	
DRILLER INFORMATION George F. Easterday W 040 Driller's Name M D L. Franklin Easterday, Inc. 76 License No. 81 Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 6/23/2016 Signature Date 5		B 4 SOURCES OF DRILLING WATER wells 1. 2. 3. Ten Oaks Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 400 NORTH WEST EAST SOUTH 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 14 PARCEL 140	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 9/14/16 9/14/17 43 MM DD YY 48 CO SIGNATURE EXP. DATE	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		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 Dayton Ten Oaks Rd Morningstar HIGHLAND Rd N	
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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. H0-15-0312 <small>70 71 72 73 74 75 76 77 78 79</small> SPECIAL CONDITIONS Must simultaneously yield lot 1 and 2 <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Page 8:00 of 12/13/16
Date

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 140-15-0312 Election District _____
Location of Property (road) Ten Oaks Road
Subdivision Ten Oaks Farms Lot 2 Block _____ Plat _____ Sec. _____
Well Driller Easterday Owner Shepherd Estate

Depth of Well 600 1 1/2
Distance of Measuring Point (M.P.) above ground 2'
Static Water Level (S.W.L.) below M.P. 26 Ft. Lat: 39.830975
Long: 76.979835

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 gpm
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill _____ gal. bucket	PUMP SET 250' FLY WHEEL READING (if used)	200' & 1' CALCULATED FLOW (gallons per min.)
8:15	150	40 sec		1.5
8:30	150	40 sec		1.5
8:45	150	40 sec		1.5
9:00	151	60 sec		1
9:15	151	60 sec		1
9:30	151	60 sec		1
9:45	150	60 sec		1
10:00	150	60 sec		1
10:15	150	60 sec		1
10:30	150	60 sec		1
10:45	150	60 sec		1
11:00	150	60 sec		1
11:15	151	60 sec		1
11:30	151	60 sec		1
11:45	151	60 sec		1
12:00	151	60 sec		1
12:15	SHUT DOWN	10 min		
12:30	150'	60 sec		1
12:45	150'	60 sec		1
1:00	150'	60 sec		1
1:15	150'	60 sec		1
1:30	150'	60 sec		1
1:45	150'	60 sec		1
2:00	151'	60 sec		1
2:15	151'	60 sec		1
2:30	151'	60 sec		1

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER H0-15-0312 DATE WORK PERFORMED (mm/dd/yyyy) 12/09/2016

WELL SITE ADDRESS TEN OAKS Rd - LOT 2 TEN OAKS FARMS

TAX MAP 28 BLK 14 PARCEL 140 LATITUDE 39-230975 LONGITUDE 76-979835

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 600 FT WATER LEVEL BEFORE FRAC 200 FT YIELD BEFORE FRAC 114 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT

SOURCE OF WATER WSSC

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1 <u>1</u>	<u>100</u>	<u>600</u>	<u>1500</u>	<u>1000</u>
2 <u>2</u>	<u>140</u>	<u>600</u>	<u>1500</u>	<u>800</u>
3 <u>3</u>	<u>180</u>	<u>600</u>	<u>1200</u>	<u>700</u>
4				
5				

4/25/2018
*Hydrofracture water removed from well after completion. @

WATER LEVEL AFTER FRAC 26 FT YIELD AFTER FRAC 1 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

This Notice is provided pursuant to 510-624 of the States Government Article of the Maryland code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE a website and subject to inspection or copying. In whole or in part, by the public and other government agencies. If not protected by Federal or State law.

George F. Easterday MWD 040
DRILLER SIGNATURE LIC #



* emailed 6/23/2022 *

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: R&G WATER SYSTEMS INC Telephone #: 410-239-0700

Address: 1009 S. MAIN STREET
HAMPSTEAD, MD 21074

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): RICKEY L. ROOS, SR. License#: PI-0141

*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: PRAYFEL Telephone #: 410-239-0700

Subdivision: 2 Lot #: HO-15-0312 (S)

Site Address: 5084 TEN OAKS RD.
DAYTON 21036

Submersible Pump Data

Make: GRUNDFOS Make: BOSTART+

Model #: 55015-450 Model#: P-10055

Pump Capacity: 56.2 GPM GPM Depth: 42" (36" min)

Well Yield: 1 G.P.M. GPM NSF/WSC approved: ☒

Depth of well encountered at time of pump installation: (feet)

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

Well Cap and Electric Conduit

Two piece watertight cap: ☒

Screened, vented well cap: ☒

Cap secured to casing: ☒

Conduit min 18" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: PVC

PSI: 200 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒

Length of sleeve (5' minimum from foundation): ☒

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 6/21/22

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

Date Insp. Requested: 6/23/22 Date Insp. Approved: 6/23/22 Inspector: (S)

Inspection Data: 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 ☒

(Revised form 10/24/2018)



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:

- ☒ The well site has been staked by Fisher Collins & Carter
(professional land surveyor or company employing professional land surveyors)
on JUNE 22 2016 (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

LOT 2
Ten OAKS Farm

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 20, 2023

March 20, 2023

Homeowner
5024 Ten Oaks Road
Clarksville, MD 21029

**RE: Ten Oaks Farm, Lot 2
5024 Ten Oaks Road
Building Permit: B21004883
Well Permit: HO-15-0312**

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 **3/17/2023**. Final approval of the well line connection to the dwelling was granted on **6/23/2023**. The well construction was completed on **12/12/2016**. Water samples were collected on **3/2/2023**.

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-15-0312. 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
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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 Environments 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

3020 VENTRIE COURT
MYERSVILLE, MD 21773



(301) 293-3340
INFO@FTLLAB.COM

Certificate of Analysis

Work order: **FXB0748**

Client:
Fredericktowne Labs, Inc
3020 Ventrie Ct
Myersville, MD 21773

Project: 5024 Ten Oaks Road
U&O
Sample Site: Praful Patel
Sample Address: 5024 Ten Oaks Road
Clarksville, MD 21029

Received at lab: 3/2/23 14:26
Reported: 3/3/23 16:08

PWSID:
Treatment: Filter ✓
Collected by: Ronald Demory ID:8072RD
Well Tag: HO-15-0312

Pressure Tank
FXB0748-01 (Water)()

Date Collected: 03/02/23 11:15

Field Results

	Result	Units
Temperature	15.5	deg. C
pH	8.1	
Res. Chlorine	<0.1	mg/L
Chlorine, Total	N/A	mg/L

Microbiology

	Result	Units	MRL	MCL	Date Prepared	Date Analyzed	Analyst	Qual	Method
Bacteria - Total Coliform	<1	cfu/100ml	1	1	3/2/23 15:53	3/3/23 9:59	JD		9223B
Bacteria - E coli	<1	cfu/100ml	1	1	3/2/23 15:53	3/3/23 9:59	JD		9223B

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic

	Result	Units	MRL	MCL	Date Analyzed	Analyst	Qual	Method
Nitrate	✓ 1.06	mg/L	0.20	10	3/2/23 15:14	SH		300.0
Sand	✓ <2.00	mg/L	2.00	5	3/3/23 14:09	JD		0.065mmFilter
Turbidity	✓ 2.02	NTUs	0.10	9.99	3/2/23 15:27	KMW		180.1

Notes and Definitions

Item	Definition
ND	Analyte NOT DETECTED at or above the reporting limit.

Sara E. Randall
Sara E. Randall, President

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158

Chain of Custody

Fredericktowne Labs, Inc
3020 Ventrie Court
Myersville, MD 21773
(301) 293-3340

FXB0748

Client: Fredericktowne Labs, Inc
Project: 5024 Ten Oaks Road
Project Manager: Bradley T. Paradise

Sampling Site: Praful Patel
5024 Ten Oaks Road
Clarksville, MD 21029

Sampling Date: 3/2/2023

Collected by:

[Signature]

FXB0748-01

Source: Pressure Tank	Date	Time	Ph	Cl	Temp
Matrix: Water	3-2-23	11:15	8.1	20.1	15.5
Type:	Composite Begin:				
Containers:					
FXB0748-01-A Plastic - 100ml Na2S2O3					
Bacteria - Colilert 200 18 Hr					
FXB0748-01-B Plastic - 250ml unp					
Nitrate					
Turbidity					
FXB0748-01-C Plastic - 1000ml unp					
Sand					
Field Observations:			Treatment: <i>F. test</i>		

Work Comments:

HCHD U&O

POC Praful 202-577-3743 Call Wednesday with time frame

Praful will be there

Get Well Tag #

HD 15 0312

Iced: ☐ Yes ☐ No

Temp:

5.4

Relinquished By

Date/Time

Received By

Date

Relinquished By

Date/Time

Received By

Date

Relinquished By

Date/Time

Received By

Date

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER 110-15-0312 DATE WORK PERFORMED (mm/dd/yyyy) 12/09/2016

WELL SITE ADDRESS Ten Oaks Rd. LOT 2 Ten Oaks Farms

TAX MAP 28 BLK 14 PARCEL 140 LATITUDE 39-230975 LONGITUDE 76-919835

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 1000 FT WATER LEVEL BEFORE FRAC 200 FT YIELD BEFORE FRAC 1/4 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT

SOURCE OF WATER WSSC

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1 <u>1</u>	<u>100</u>	<u>600</u>	<u>1500</u>	<u>1000</u>
2 <u>2</u>	<u>140</u>	<u>600</u>	<u>1500</u>	<u>800</u>
3 <u>3</u>	<u>180</u>	<u>600</u>	<u>1300</u>	<u>700</u>
4				
5				

WATER LEVEL AFTER FRAC 26 FT YIELD AFTER FRAC 1 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

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Deanna J. Vetterling MD05 040
DRILLER SIGNATURE LIC #

Inspection 7/13/22 AD



Inspection 7/12/22 *PH*



Oswald, Hank

From: Stephen Walker -MDE- <stephen.walker@maryland.gov>
Sent: Monday, November 22, 2021 11:34 AM
To: Oswald, Hank
Subject: Re: Well Completion Report_5026 Ten Oaks Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good afternoon Hank. That file has not been registered in the system.

On Mon, Nov 22, 2021 at 11:26 AM Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Hi Mr. Walkere:

Our office cannot locate our copy of the well completion report for 5026 Ten Oaks Road. The well tag # is HO-15-0312. Do you have a copy with our initials on it?

Thanks,

Hank

Hank Oswald, L.E.H.S.

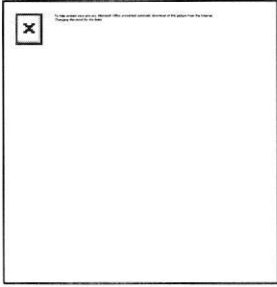
Howard County Health Department

Well & Septic Program

410.313.1786

hoswald@howardcountymd.gov

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**Stephen Walker**

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