

B 1 61057 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-21-0104
APPLICATION FOR PERMIT TO DRILL WELL 58556 please type 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 6/21/21
 8 MM DD YY 13
Van Buren Maria
 15 Last Name Owner First Name 34
13010 Simpson Road
 36 Street or RFD 55
Clarksville MD 21029
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
Clarksville
 52 NEAREST TOWN 71

DRILLER INFORMATION
Randall Alexander M D 576
 Driller's Name 76 License No. 81
Alexander's Well Drilling
 Firm Name
1260 W. Main St. P.O. Box 445
 Address Fair Field, PA 17320
Randall Alexander 8/21/21
 Signature Date

B 4 **SOURCES OF DRILLING WATER**
 1. well water 11 STREET ADDRESS 30
 2. 8/21/21
 3. 4 bags
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 200 37
 DISTANCE FROM ROAD FB
 ENTER FT OR MI 38 39
 TAX MAP: 41 BLK: 1 PARCEL 233

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A567308 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 6/11/21 AA 6/11/22
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON 7/30/21 (D) DCA 8/2/21 (D) POY 8/5/21 (D)

APPROXIMATE DEPTH OF WELL 500 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)
 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 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. HO-21-0104
 70 71 72 73 74 75 76 77 78 79

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

Howard 8/21/21
540' @ 10 AM
in line down
to Good
ground
casing
 N ↑

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing the 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.

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.
Radium Sample required @ yield test

Date 8/5/21 WELL YIELD TEST DATA SHEET - HOWARD COUNTY, Reviewed By _____
 Maryland Well Permit No. HO-20-0104 Owner or Applicant MARIA VANSUREN
 Location of Property 12010 SIMPSON RD. CLARKSVILLE MD. 21009
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Depth of Well 600' Height of Measuring Point Above Ground 3'
 Static Water Level Below Measuring Point 38'

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (Chronological)	WATER LEVEL (Below M.P.)	PUMPING RATE (Time to fill <u>1</u> gal. bucket)	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	38	5		12
8:45	75	5		12
9:00	105	5		12
9:15	133	6		10
9:30	195	6		10
9:45	214	23		2.6
10:00	214	23		2.6
10:15	214	23		2.6
10:30	214	23		2.6
10:45	214	23		2.6
11:00	214	23		2.6
11:15	214	23		2.6
11:30	214	23		2.6
11:45	214	23		2.6
12:00	214	23		2.6
12:15	214	23		2.6
12:30	214	23		2.6
12:45	214	23		2.6
1:00	214	23		2.6
1:15	214	23		2.6
1:30	214	23		2.6
1:45	214	23		2.6
2:00	214	23		2.6
2:15	214	23		2.6
2:30	214	23		2.6
2:45	214	23		2.6
3:00	214	23		2.6
3:15	214	23		2.6
3:30	214	23		2.6
3:45	214	23		2.6

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

Randy [Signature]

Signature of Well Driller

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

MEMORANDUM

October 25th, 2021

Van Buren, Maria
12010 Simpson Road
Clarksville, MD 21029

RE: **Well Sampling**
12010 Simpson Road
Clarksville, MD 21029
Well Permit # HO-20-0104

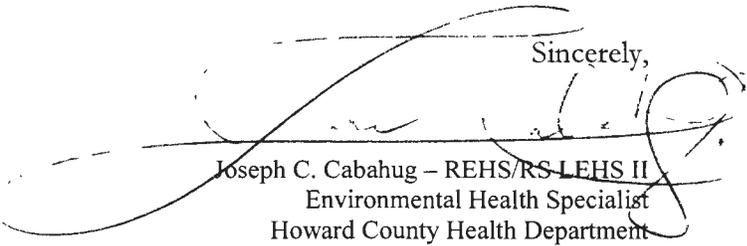
Home Owner:

According to our records, your replacement well has been connected to the dwelling and was not tested for potability. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

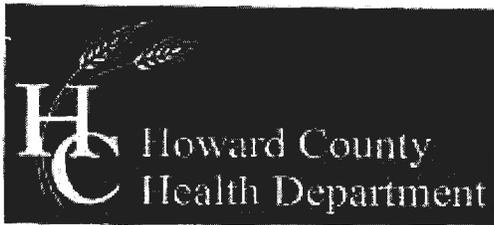
If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File



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/hccohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Marie Van Buren 12.010 Simpson Road
Subdivision/Property Name Road Name

The well site, as shown on the attached well site plan, has been staked by

BPR
(professional land surveyor or company employing professional land surveyors)

on 5/21/21
(date)

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.

SUDBURY COURT
(50' Wide Right-of-Way)

Existing Well
HO-88-0837

100' Well Rdains

GgA
GgB

Tax
Dec
Ast

6/16/21 - well box
ok field verified
well stakes on
6/15/21 AD

Iron Pipe
Found

S 82°17'23"

1500'
WELL BOX

100'

WELL FIELD VERIFICATION

THE EXISTING WELL WAS FIELD LOCATED BY
MICHAEL T. ASHLEY, SURVEYOR, ON
JANUARY 6, 2020

**EXISTING WELL TO BE
ABANDONED PER
HEALTH DEPARTMENT
REGULATIONS**

Existing
Chain-link
Fence

271.55'

Existing Well
No Tag
Number

Existing House
#12010

N 29°50'18" E

100'

PROP. 20.20
DIST. BOX
1500 GAL.
SEPTIC TANK

Iron Pin
& Cap
Found

Iron Pin
& Cap
Found

INITIAL TRENCH #1
INITIAL TRENCH #2
INITIAL TRENCH #3

1ST REPLACEMENT TRENCH #1
1ST REPLACEMENT TRENCH #2
1ST REPLACEMENT TRENCH #3

2ND REPLACEMENT TRENCH #1
2ND REPLACEMENT TRENCH #2
2ND REPLACEMENT TRENCH #3

3RD REPLACEMENT TRENCH #1
3RD REPLACEMENT TRENCH #2
3RD REPLACEMENT TRENCH #3

512

512

510

#12

#13

#14

#15



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-15-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Randall Alexander

* OWNER'S NAME: Maria VanBuren

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP 91 BLOCK 1 PARCEL 233

SUBDIVISION:

SECTION:

STREET ADDRESS: 12010 Simpson Road

LATITUDE 3 9.176100

LONGITUDE 7 6.928195

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 178 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

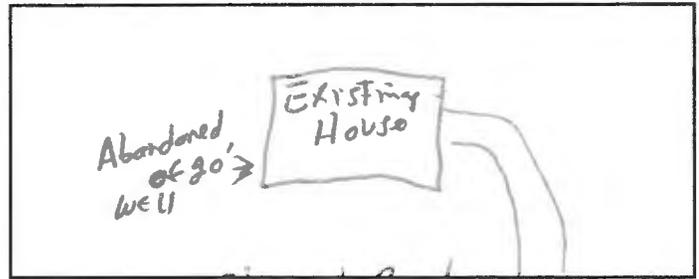
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Randall Alexander LICENSE# 576

Approved
 10/25/2021
 REP. WELL

HO-20-0104

WELL DRILLER'S LICENSE NUMBER: 576
 CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Grout	178'	2'
Ground	2	0
VOLUME OF MATERIAL USED		
<u>15/50 LB Bags</u>		

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CIRCLE ONE MWD / MSD / MGS DATE 9/15/21

SEND REPORT TO:

MIKE DAVIS

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. 100

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13010 Simpson Rd

County: Howard

Sample Source: "

Location: Field Blank
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank
Bottle A HOSTON 4 FB
Bottle B _____

County 13

Plant No.

CHECK (one per Box)

Type
Drinking Water <input checked="" type="checkbox"/>
Landfill <input type="checkbox"/>
Stream <input type="checkbox"/>
Other <input type="checkbox"/>

Service
Community <input type="checkbox"/>
Non-Community <input type="checkbox"/>
Private <input checked="" type="checkbox"/>
Other <input type="checkbox"/>

Point of Collection
Source (Raw) <input checked="" type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

Testing
Emergency <input type="checkbox"/>
Routine <input checked="" type="checkbox"/>
Recheck <input type="checkbox"/>
Special <input type="checkbox"/>

Submitters Code: 4 F

Federal Project:

Collector: Steven Thomas

Telephone No.: 410-313-6287

Date Collected: 8/13/21

Time Collected: 10 a.m. _____ p.m.

Field pH: 6.5

Field Chlorine: NEG

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: FIELD OF YIELD

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	300	FA9000	< 20	8/19/21	CR	8/19/21
<input type="checkbox"/> Gross Beta	4100	300	FA9000	< 40	8/19/21	CR	8/19/21
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 08/10/2021

Received By: L. Reed

Data Release Signature: Steven Thomas

Date: 8/11/21

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH < 2.0?			
Received within holding time?			

HoGo Health Depart
AUG 13 2021
Environmental Health

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 05/17

CUSTOMER COPY I

SAMPLE TESTED AS RECEIVED