

C1 56592 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER ATL

ST/CO USE ONLY DATE RECEIVED MM DD 06 25 19

DATE WELL COMPLETED MM DD YY 6-25-19

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0062

OWNER Pfefferkorn Rover Mill, LLC WELL SITE ADDRESS Pfefferkorn Rd TOWN West Friendship SUBDIVISION Rover Mill Estates SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for soft brown, grey limestone, fracture, and grey limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 25, NO. OF POUNDS 2350, GALLONS OF WATER 150, DEPTH OF GROUT SEAL 68 ft.

CASING RECORD: MAIN CASING TYPE ST (STEEL), Nominal diameter top (main) casing 06, Total depth of main casing 70.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole HO (OPEN HOLE), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED Y

CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. M SD 324

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns for depth intervals and casing height.

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 3, PUMPING RATE 10 gal. per min., METHOD USED TO MEASURE PUMPING RATE 19 gal, WATER LEVEL 21 ft. BEFORE PUMPING, 33 ft. WHEN PUMPING, TYPE OF PUMP USED S (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT + above LAND SURFACE 2 (nearest foot).

LATITUDE 39.295260 LONGITUDE 76.992429 (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 34425

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-18-0062

fill in this form completely

504845-E please type

Date Received (APA)

04/18/19

OWNER INFORMATION

8 MM DD YY 13
Pfeffer Korn Rover Mill LLC
15 Last Name Owner First Name 34
12668 Frederic Rd
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Rover Mill Estates
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
West Friendship
52 NEAREST TOWN 71

DRILLER INFORMATION

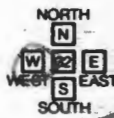
Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodlawn, Md 21797
Address
Allen Compton 4-18-19
Signature Date

B 4 SOURCES OF DRILLING WATER

1. Well water
2.
3.

Pfefferkorn Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 0015 BLK 0014 PARCEL 0169

B 2 WELL INFORMATION

1 2
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)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
STATE SIGNATURE
DATE ISSUED 05/01/2019
CO SIGNATURE
EXP. DATE 05/01/2020

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

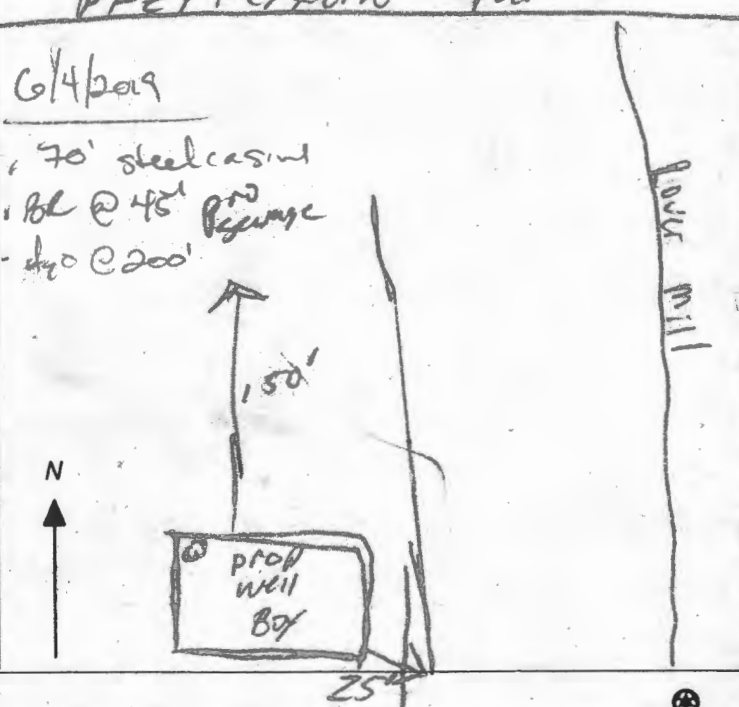
Not to be filled in by driller (MDE OR COUNTY-USE ONLY)

APPROP. PERMIT NUMBER
PERMIT No. HO-18-0062

SPECIAL CONDITIONS

NONE

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



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 27, 2022

July 27, 2021

Homeowner
3005 Skye Meadow Way
West Friendship, MD 21794

RE: Rover Mill Est., Lot 6
3005 Skye Meadow Way
Building Permit: B20002443
Well Permit: HO-18-0062

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 **6/14/2021**. Final approval of the well line connection to the dwelling was granted on **4/8/2021**. The well construction was completed on **6/5/2019**. Water samples were collected on **7/15/2021**.

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-18-0062. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

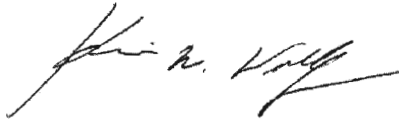
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

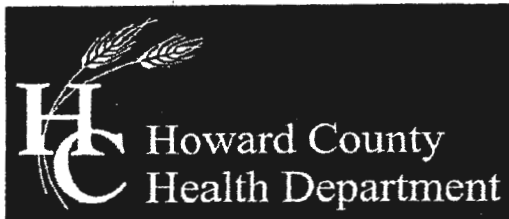
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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:

Rover Hill Estates 1 thru 7 Pfefferkorn Rd
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Robert H. Vogel
(professional land surveyor or company employing professional land surveyors)
on 4-18-19 (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.



HOWARD COUNTY HEALTH DEPARTMENT

WS
64848

DATE 4/15/19

Received From

[Handwritten name]

PHONE #

[Handwritten phone number]

CASH
 CHECK

For

*[Handwritten: 100 Wells
D.C. Pfeiffer-Karo Road]*

NO.

012855

[Handwritten: One thousand one hundred and fifty five Dollars]

Dollars

\$

1100.00

Received By

[Handwritten signature]

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 145854 Account #: 1045
Reference: CBI Lot 6 Client: Atlantic Blue Water Services
Location: 3005 Skye Meadow Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 7/15/2021 1422 Site: Powder Room Sink
Date/Time Rec'd: 7/16/2021 0936 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: K. Sweeney 0280KS Well #: HO-18-0062

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/17/2021 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/17/2021 / 0900 / CCH
Nitrate	2.55	mg/L	10	601	7/16/2021 / 1550 / CRS
Turbidity	4.70	NTU	<10	SM20 2130B	7/16/2021 / 1610 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/16/2021 / 1600 / CRS

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy**Building Permit # :** B20002443Date Reported: 7/19/2021