

89950

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS 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 TYPECOUNTY
NUMBER

ST/CO USE ONLY

DATE Received

11/16/21

DATE WELL COMPLETED

11-4-21

Depth of Well

500

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-20-0136

OWNER Voltz, James + ReneeWELL SITE ADDRESS (676) Highland Mill RdTOWN Clarksville, MDSUBDIVISION SECTION LOT Par 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingBm Clay
Grey Rock
(soft)
Grey Rock0 60
60 65
65 500 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
☒ ☐
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒NO. OF BAGS 8 NO. OF POUNDS 400GALLONS OF WATER 200

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 68 ft.

(enter 0 if from surface)

TOP 52 BOTTOM 58

Casing types insert appropriate code below

STEEL ☒ CONCRETE ☒PLASTIC ☒ OTHER ☒

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

60 61 63 64 66 68 70

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole

insert appropriate code below

STEEL ☒ BRASS ☒ OPEN HOLE ☒BRONZE ☒ PLASTIC ☒ OTHER ☒

SCREEN RECORD

C 2 DEPTH (nearest ft.)

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 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)

8 9

PUMPING RATE (gal. per min.)

4 15

METHOD USED TO MEASURE PUMPING RATE

Twin Buckle

WATER LEVEL (distance from land surface)

BEFORE PUMPING

30 17 20 ft.

WHEN PUMPING

165 22 25 ft.

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine☒ centrifugal ☐ rotary ☐ other (describe below)☐ jet ☐ submersible

6909 STAPLES

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

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

☐ below

1 (nearest foot)

LATITUDE 39.18693

LONGITUDE 76.99254

(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.

DRILLERS LIC. NO. 1 M S D 0281

Michael Kohler

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 0281

Michael Kohler

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

MDE/WMA/PER.071

ORIGINAL

C1 99950		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM/ DD/ YY 8/ 1/ 21		DATE WELL COMPLETED MM/ DD/ YY 11/ 4/ 21		Depth of Well 22 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-21-1136	
OWNER <u>VCH2</u>		TOWN <u>Chesapeake</u>		SECTION <u>11</u>		LOT <u>117</u>	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS 45 46 NO. OF POUNDS 45 46 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 8 9 PUMPING RATE (gal. per min.) 4 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. 17 20 WHEN PUMPING 25 ft. 22 25 TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine 27 27 27 <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) 27 27 27 <input type="checkbox"/> J jet <input type="checkbox"/> S submersible 27 27			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO 60 61 63 64 66 70		check if water bearing		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 8 9 PUMPING RATE (gal. per min.) 4 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. 17 20 WHEN PUMPING 25 ft. 22 25 TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine 27 27 27 <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) 27 27 27 <input type="checkbox"/> J jet <input type="checkbox"/> S submersible 27 27	
Casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 68		OTHER CASING (if used) diameter inch depth (feet) from to		SCREEN RECORD screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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) 29 IN BOX 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) <input checked="" type="checkbox"/> + above LAND SURFACE <input type="checkbox"/> - below (nearest foot) 50 51	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N		C 2 1 2 DEPTH (nearest ft.) 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		LATITUDE 39. 18673 LONGITUDE 76. 99254 (DEFAULT COORD. WGS 84)	
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 SD 0281 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M SD 0281		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.	
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			

C-1 - 02950		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 11-4-21 22 26 (TO NEAREST FOOT)		Depth of Well 26		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
OWNER WELL SITE ADDRESS SUBDIVISION		TOWN		SECTION		LOT	

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 Y N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 NO. OF POUNDS 45 46 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)			C 3 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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		
DESCRIPTION (Use additional sheets if needed)			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) 60 61 63 64 66 70			PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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) 29 IN BOX 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 49 50 51		
NUMBER OF UNSUCCESSFUL WELLS:			C 2 DEPTH (nearest ft.) 1 2 8 9 11 15 17 21 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			LATITUDE 3 LONGITUDE 7 (DEFAULT COORD. WGS 84)		
WELL HYDROFRACTURED yes no 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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			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.		
DRILLERS LIC. NO. 1 M D DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D			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			SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		

C-1		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY		DATE WELL COMPLETED MM DD YY		Depth of Well 22 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13		15 20				28 29 30 31 32 33 34 35 36 37	
OWNER		last name		first name		TOWN	
WELL SITE ADDRESS						LOT	
SUBDIVISION		SECTION		LOT			
WELL LOG Not required for driven wells		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 45 46 45 46 NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 J jet S submersible 27 27			
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DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		SCREEN RECORD screen type or open hole insert appropriate code below S T B R H O STEEL BRASS OPEN PLASTIC BRONZE HOLE OTHER C 2 1 2 DEPTH (nearest ft.) E A C H S R C 3 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		LATITUDE 3 LONGITUDE 7 (DEFAULT COORD. WGS 84)	
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DRILLERS LIC. NO. 1 M D		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			
LIC. NO. 1 D		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

B 1		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER 40 - 20 - 0136 70 fill in this form completely 79
Date Received (APA)		OWNER INFORMATION		B 3 LOCATION OF WELL	
8 MM DD YY 13		15 Last Name <u>James</u> Owner First Name <u>Renee</u> 34 36 <u>6761 Haviland Mill Road</u> 55 57 <u>Clarksville MD 21029</u> 76		8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Deer Track Kromer Prop</u> 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>Clarksville</u> 71	
DRILLER INFORMATION		B 4 SOURCES OF DRILLING WATER		11 <u>6761 Haviland Mill Rd</u> 30 STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST S EAST SOUTH 34 <u>52</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>38</u> 39 TAX MAP: <u>0034</u> BLK: <u> </u> PARCEL: <u>0029</u>	
Driller's Name <u>Broth Sweeney</u> 76 License No. <u>MS D 237</u> 81 Firm Name <u>Alfred Well Drilling</u> Address <u>PO Box 129 Annapolis Junction MD 20701</u> Signature <u>[Signature]</u> Date <u>09/24/21</u>		1. <u>Public</u> 2. 3.			
B 2 WELL INFORMATION		USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>10</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>1,000</u> 20		<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>11/15/21</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>11/15/22</u>	
APPROXIMATE DEPTH OF WELL <u>400</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		METHOD OF DRILLING (circle one)		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 <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>	
BORED (or Augered) <u> </u> JETTED <u> </u> Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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)		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.		N ↑	
APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40 - 20 - 0136</u> 70 71 72 73 74 75 76 77 78 79					
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED					

05-353947

EMERGENCY/TEMP NO. IF ANY

B 1 75298 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 570172	STATE PERMIT NUMBER HO - 20 - 0136 fill in this form completely
OWNER INFORMATION Date Received (APA) 09/28/21 8 MM DD YY 13 15 Last Name First Name Voltz James + Renee 36 6761 Haviland Mill Road Clarksville MD 21029 57 Town 70 State 72 Zip 76		LOCATION OF WELL Howard 8 COUNTY 21 Deer Track Kramer Prop 23 SUBDIVISION 42 SECTION 44 46 LOT Par 2 48 50 Clarksville 52 NEAREST TOWN 71	
DRILLER INFORMATION Brett Sweeney MS D 237 Driller's Name 76 License No. 81 Allied Well Drilling Firm Name PO Box 129 Annapolis Junction MD 20701 Address Signature Date 09/24/21		SOURCES OF DRILLING WATER 1. Public 2. 3.	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 10 1 2 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000 14 20		6761 Haviland Mill Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 52 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP 0034 BLK: PARCEL 0129	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 10/15/21 43 MM DD YY 48 CO SIGNATURE 10/15/22 EXP. DATE	
APPROXIMATE DEPTH OF WELL 400 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 11/3/21 400' @ 2pm bedrock 65' casing 68' Well Box H2O @ 360' about 3 GPM	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 20 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 - 20 - 0136 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

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05-353947

B 1		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER 40 - 20 - 0136 fill in this form completely	
1 2 3 6		Date Received (APA)		B 3		LOCATION OF WELL
8 MM DD YY 13		OWNER INFORMATION		8 COUNTY		21
15 Last Name		Owner First Name		23 SUBDIVISION		42
36 Street or RFD		55		SECTION		LOT
57 Town		70 State 72 Zip 76		44 46		48 50
DRILLER INFORMATION		B 4		SOURCES OF DRILLING WATER		52 NEAREST TOWN
Driller's Name		M S D 237		1. Public		71
Firm Name		Allied Well Drilling		2.		
Address		10 Box 129 Annapolis Junction MD 20701		3.		
Signature		Date		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
B 2		WELL INFORMATION		11 STREET ADDRESS		30
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		34 52 37		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 1,000 20		DISTANCE FROM ROAD		38 39
USE FOR WATER (CIRCLE APPROPRIATE BOX)		22		ENTER FT OR MI		41
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		TAX MAP		BLK: PARCEL
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING		<input type="radio"/> PUBLIC WATER SUPPLY WELL		0034		0129
<input type="radio"/> TEST, OBSERVATION, MONITORING		<input type="radio"/> OPEN LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input type="radio"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL		COUNTY NAME		COUNTY NO.
400		24 28 FEET		Howard		13
APPROXIMATE DIAMETER OF WELL		6		STATE SIGNATURE		INSERT S
METHOD OF DRILLING (circle one)		JETTED		DATE ISSUED		41
BORED (or Augered)		Jettied & DRIVEN		10/15/21		
AIR-ROTary		AIR-PERCussion		CO SIGNATURE		EXP. DATE
CABLE		ROTARY (Hydraulic Rotary)		11/3/21		11/3/21
other		Drive-POINT		PROPOSED LOCATION OF WELL ON LOT		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		THIS WELL WILL NOT REPLACE AN EXISTING WELL		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
<input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		11/3/21		
<input type="radio"/> 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)		APPROX. PERMIT NUMBER		G		
PERMIT No.		40 - 20 - 0136		70 - 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		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.		

Allied Well Drilling

Yield Test report

Date Test Performed: 11-4-21
 Address: 6761 Hawiland Mill Rd
 Owner: Udit
 Well Depth: 500

Permit Number: H10-20-0136
 Subdivision:
 Election District:
 Static Water Lvl: 30

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to Fill 1 Gallon bucket	Calculated Flow-Gallons Per Minute
12 ⁰⁰	30		5	12
45	45		5	12
1 ⁰⁰	62		5	12
15	78		6	10
30	95		6	10
45	112		6	10
2 ⁰⁰	128		6	10
15	145		6	10
30	164		15	4
45	165		15	4
3 ⁰⁰	165		15	4
15	165		15	4
30	165		15	4
45	165		15	4
4 ⁰⁰	165		15	4
15	165		15	4
30	165		15	4
45	165		15	4
5 ⁰⁰				
15				
30				
45				
6 ⁰⁰				
15				
30				

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, December 15, 2022 1:01 PM
To: jesse Price
Cc: 'kalyn@muellerhomes.com'
Subject: RE: Well issue

Per our conversation, please include the following:

- ~~1.~~ Letter from the homeowner concerning the outstanding turbidity Issue. Please include an understanding that ~~the Health Department is waiting for a passing turbidity sample. Also note that if the test comes back elevated, if must be delineated for excessive iron or manganese in the water that may be a causing factor of the high turbidity. If this is case, then an iron removal device should be installed, post treated samples would then need to be collected to confirm the treatment is working effectively.~~
- ~~2.~~ Today the Health Department will issue a "temporary" Interim Certificate of Potability (ICOP) for your lot. This ICOP is not the final version and will be good for 30 days.
3. Please forward me all VOC testing that occurred on this lot.

Let me know if you have any issues moving forward. I will get the temp ICOP over later today.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org
kwolf@howardcountymd.gov

** 1, 2 → Builder was able to
get turbidity sample
which passed.
Still waiting on #3*



twitter.com/HoCoHealth



facebook.com/HoCoHealth



instagram.com/hocohealth

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under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: jesse Price <jesse@muellerhomes.com>
Sent: Wednesday, December 7, 2022 1:49 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: Re: Well issue

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

Hi Kevin,

We have passed our bacteria test but the water remains cloudy. We have been running the water for several days trying to make the water clean up but so far that hasn't happened yet. I will continue to run water out of the well in hopes it will eventually clean up but I wanted to know from your end if having a cloudy water sample will prevent me from obtaining a U/O. I will attach the last water test results below.

Thank you,

Jesse Price
Mueller Homes, Inc.
410-627-4690

On Tue, Dec 6, 2022 at 12:47 PM Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

Hi Jesse,

I got your vm. Can you give me a brief explanation of what exactly is going on? I have to leave the office for today but ill try to get back to you tomorrow. Also, if you have any of the water tests please forward them.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS

Groundwater Mgmt. Sec. Supervisor

Well & Septic Program

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-2645 (Office)

410-313-2648 (Fax)

www.hchealth.org

kwolf@howardcountymd.gov



twitter.com/HoCoHealth



facebook.com/HoCoHealth



instagram.com/hocohealth

CONFIDENTIALITY NOTICE

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Wolf, Kevin

From: Cook, Kathleen
Sent: Tuesday, September 6, 2022 8:49 AM
To: chrisj@remcon3.com; jim.richmond@maryland.gov
Cc: Wolf, Kevin
Subject: RE: 6761 Haviland Mill Road, Clarksville

Good Morning,

I have copied our Well & Septic supervisor above (Kevin Wolf), that VOC testing will be required with ICOP testing for this property when the well is connected. Thank you,

Kathleen Cook, LEHS
Sanitarian Supervisor, Community Hygiene Program
Howard County Health Department
8930 Stanford Blvd
Columbia, MD 21045
410-313-2774 desk/ 410-313-2648 fax
kcook@howardcountymd.gov

From: chrisj@remcon3.com <chrisj@remcon3.com>
Sent: Friday, September 2, 2022 1:01 PM
To: jim.richmond@maryland.gov; Cook, Kathleen <kcook@howardcountymd.gov>
Cc: chrisj@remcon3.com
Subject: Re: 6761 Haviland Mill Road, Clarksville

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

We have scheduled to do this when the well is finally hooked up. Is that satisfactory, it is still a few months out.

CHris

--

PLEASE CONFIRM RECEIPT OF THIS EMAIL

Christian Jubok
REMCON3, LLC
P.O. Box 249
Eldersburg, MD 21784
Cell 410-925-4478
Off 410-781-0002
Fax 410-549-0400
Chrisj@REMCON3.com

On Fri, 2 Sep 2022 12:10:24 -0400, Jim Richmond -MDE- <jim.richmond@maryland.gov> wrote:

Hi Kathleen,

I was on-site at this residential property for the removal of a 2,000-gallon #2 heating oil underground storage tank. In my report (attached) I requested the supply well to be sampled for full suite VOCs using EPA Method 524.2, and for diesel-range organics using EPA Method 8015. I have attached a picture of the well tag- I don't think the well has been connected to the new house, so they may not have conducted any sampling for the certificate of potability. I have copied Chris Jubok-consultant for the tank removal activities

--

Jim Richmond

Southern Region Supervisor, Oil Control Program

Land and Materials Administration

Maryland Department of the Environment

1800 Washington Boulevard, Ste. 620

Baltimore, Maryland 21230

Jim.Richmond@maryland.gov

410-537-3337 (office)

443-506-5314 (Mobile)

[Website](#) | [Facebook](#) | [Twitter](#)

[Click here](#) to complete a three question customer experience survey.

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street, #20
Sykesville, Md 21784

Reporting Date: 11/14/2022
Report #: M11030

Submitted Sample Address: 6761 Haviland Mill Road
Clarksville, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 11/9/2022 03:18 PM
Sample Type: Drinking Water
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.9
Well Tag #: HO-20-0136

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	201.3	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	0.5	mg/L	0.1	0.3	EPA Secondary MCL


Notes:

1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Mueller Homes
7520 Main Street #20
Sykesville, Md 21784
Attn: Jesse Price

Reporting Date: 12/23/2022
Report #: M11159

Submitted Sample Address: 6761 Haviland Mill Road
Clarksville, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 12/19/2022 11:35 AM
Sample Type: Drinking Water
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well Tag #: HO-20-0136

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Turbidity	2.5	NTU	0.5	< 10 NTU*	MD Well Reg.
Manganese	ND	mg/L	0.0010	0.05	EPA Secondary MCL
Iron	ND	mg/L	0.1	0.3	EPA Secondary MCL

Notes:

1. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
2. Samples received and examined within EPA's recommended holding times.
3. MCL - Maximum Contaminant Level
4. ND - Not Detected.
5. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
6. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: _____

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 5, 2023

January 5, 2023

Homeowner
6761 Haviland Mill Road
Clarksville, MD 21029

RE: Deer Track, P. 2
6761 Haviland Mill Road
Building Permit: B21001401
Well Permit: HO-20-0136

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 **11/17/2022**. Final approval of the well line connection to the dwelling was granted on **7/28/2022**. The well construction was completed on **11/4/2021**. Water samples were collected on **11/9/2022, 11/28/2022, 11/30/2022, 12/19/2022**.

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-20-0136. 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,

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

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street #20
Sykesville, Md 21784

Reporting Date: 12/2/2022
Report #: M11106

Submitted Sample Address: 6761 Haviland Mill Road
Clarksville, Md
Submitted Sample Source: Holding Tank
Date / Time Collected: 11/30/2022 11:26 AM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Cloudy when drawn pH: 8.2
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Well Tag #: HO-20-0136

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliforms	<1	MPN/100 ml	1	<1	EPA Primary MCL
E. Coli	<1	MPN/100 ml	1	<1	EPA Primary MCL

Notes:

1. Bacteriological analysis of this sample indicates this water is ☐ safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL – Maximum Contaminant Level
5. ND – Not Detected.
6. MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non-enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:



Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street #20
Sykesville, Md 21784
Attn: Jesse

Reporting Date: 11/29/2022
Report #: M11079

Submitted Sample Address: 6761 Haviland Mill Road
Clarksville, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 11/28/2022 03:27 PM
Sample Type: Drinking Water
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 8.1
Well Tag #: HO-20-0136

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Present	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL


Notes:

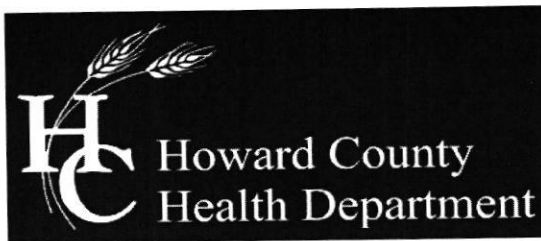
1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
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Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



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:

Deer Track Kramer
Property

Parcel 2

Haviland Mill Rd

Subdivision/Property Name

Lot #

Road Name

☒ The well site has been staked by Sil Engineering
(professional land surveyor or company employing professional land surveyors)
on 10/7 (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.

MaB

PARCEL 2
37.1100 ACRES

1/32 HB

PROP. 2" FORCE MAIN

END 4" PIPE
SLEEVE
STA 2+51.87

1/16 HB

B-3

4.0%

PROP. DF

DW-E

30 2

30

GARAGE

Return to
Lepp for
MEMO PRIOR
TO SCAN

EXISTING WELL BOX

Well box OK

10/15/21

100'

H0-20-0136

SB

SB

SB

SB

SB

SB

GnB

100' STREAM
BUFFER

PROP. 2
SEPTI
PROP. GR

1/8 HB

1/16

DW-C

B-1

EMERGENCY/TEMP NO. IF ANY

B 1 5330		SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H0-94-0335 ✓ <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"><div style="width:45%;">Date Received (APA) 010595 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small></div><div style="width:55%; text-align: center;">OWNER INFORMATION <div style="display: flex; justify-content: space-between;"><div style="width:45%;">HOPKINS <small>Last Name</small></div><div style="width:10%;">W. B. <small>Owner First Name</small></div><div style="width:45%;">6761 HAVILAND MILK RD <small>Street or RFD</small></div></div><div style="display: flex; justify-content: space-between;"><div style="width:45%;">CLARKSVILLE <small>Town</small></div><div style="width:10%;">MD21029 <small>State Zip</small></div><div style="width:45%;"></div></div></div></div> <div style="width:55%; text-align: center;">LOCATION OF WELL <div style="display: flex; justify-content: space-between;"><div style="width:45%;">HOWARD <small>8 COUNTY</small></div><div style="width:10%;"></div><div style="width:45%;">HOPKINS PROP <small>23 SUBDIVISION</small></div></div><div style="display: flex; justify-content: space-between;"><div style="width:45%;">HIGHLAND <small>52 NEAREST TOWN</small></div><div style="width:10%;"></div><div style="width:45%;">4 MI <small>MILES FROM TOWN (enter 0 if in town)</small></div></div></div>					

DRILLER INFORMATION

Joseph L. Mayne
Driller's Name

24
77 License No

Joseph L. Mayne WELL DRILLING
Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771
Address

1/5/95
Date

WELL INFORMATION

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

500
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

LOCATION OF WELL

HOWARD
8 COUNTY

HOPKINS PROP
23 SUBDIVISION

HIGHLAND
52 NEAREST TOWN

4 MI
MILES FROM TOWN (enter 0 if in town)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD
COUNTY NAME

A#50433
COUNTY NO.

021095
DATE ISSUED

Charles Bryan Steaks
CO SIGNATURE

493000
NORTH GRID

0801000
EAST GRID

APPROX. PERMIT NUMBER
GAP

FORCE
C WRITE INITIALS IN BOX

H0-94-0335
PERMIT No.

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

APPROX. PERMIT NUMBER
GAP

FORCE
C WRITE INITIALS IN BOX

H0-94-0335
PERMIT No.

C1 5981

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 50433ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

030695

22 480 26
(TO NEAREST FOOT)28 29 30 31 32 33 34 35 36 37
H0-94-0335OWNER HOPKINS W. B.
STREET OR RFD 6261 last name HAVILAND MELL ROAD first name TOWN HIGHLAND
SUBDIVISION HOPKINS PROPERTY SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed) FEET Check
if water
bearing

DESCRIPTION (Use additional sheets if needed)	FEET	Check if water bearing
	FROM TO	
SAND	0 59	
GRAY Micr Rock	59 480	✓

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 49 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

S+ 6 63

OTHER CASING (if used)
diameter inch depth (feet) from toscreen type or open hole insert appropriate code below
ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.WELL HYDROFRACTURED yes no
Y NCIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELLI 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 24

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)C2
DEPTH (nearest ft.)
1 2 3 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
H0 61 480
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from toGRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATORC3
PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 42
WHEN PUMPING 320
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersiblePUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE
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
- below
LAND SURFACE 2 (nearest foot)LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)See attached
Well location

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Custom Concepts, Inc.
(Name) Per James R. Schmitt

6746 Haviland Mill Rd.
(Address)

HO-81-0928
(OEP Well Permit Number)

3/18/85
(Date)

C1	9582	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	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)			COUNTY NUMBER	A 34881

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
	042485	22 300 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" HO-81-0928
OWNER	CUSTOM CONCEPTS		
STREET OR RFD	last name 6761 HAVILAND MILL RD TOWN HIGHLAND		
SUBDIVISION	TAX MAP 34 PARCEL 139 SECTION LOT		

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 FROM TO	Check if water bearing
topsoil	0 1	
Red shale	1 18	
brown mica schist	18 28	
SANDSTONE	28 45	
brown mica schist	45 58	
GRAY mica	58 62	
SANDSTONE	62 78	
GRAY mica	78 160	
SANDSTONE	160 163	
GRAY mica	163 300	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS 8	NO. OF POUNDS 800
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 48 TOP 52 ft. to 32 54 BOTTOM 58 ft. (enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
ST CO STEEL CONCRETE PL OT PLASTIC OTHER	
MAIN - Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	
5+ 6 34 60 61 63 64 66 67 70	
OTHER CASING (if used)	
diameter depth (feet) inch from to	
EACH CASING	
screen type or open hole	
insert appropriate code below	
ST BR HO STEEL BRASS OPEN PL BRONZE HOLE PLASTIC OTHER	

C 3	PUMPING TEST
1 2	HOURS PUMPED (nearest hour)
	8 9
	PUMPING RATE (gal. per min. to nearest gal.)
	5 11 15
	METHOD USED TO MEASURE PUMPING RATE
	Bucket
	WATER LEVEL (distance from land surface)
	BEFORE PUMPING
	43 17 20
	WHEN PUMPING
	133 22 25
	TYPE OF PUMP USED (for test)
	A air P piston T turbine
	C centrifugal R rotary O other (describe below)
	J jet S submersible

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 10.17.13 "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 IDENT. NO. 41	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
Robert K. Huber	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2	DEPTH (nearest ft.)
1 2	40 32 300
1 8 9 11 15 17 21	
2 23 24 26 30 32 36	
3 38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.) WQ	
70 72 74 75 76	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:	
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 49	
below 49	
LAND SURFACE (nearest foot)	
50 51	
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Haviland mill Rd	
100'	
G well	
R 200'	

HEALTH