

89950

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD

11-4-21 500 (TO NEAREST FOOT)

H0-20-0136

OWNER Voltz, James + Renee last name (676) Howard Mill Rd TOWN Clarksville, MD SUBDIVISION SECTION LOT Par 7

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Turbine Meter

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 165 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below LAND SURFACE 1 (nearest foot)

LATITUDE 39.18693 LONGITUDE 76.99254 (DEFAULT COORD. WGS 84)

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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

Bm Clay 0 60, Grey Rock (soft) 60 65, Grey Rock 65 500

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 8 NO. OF POUNDS 400

GALLONS OF WATER 200

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 68 ft.

(enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE PL 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: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (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.

DRILLERS LIC. NO. 1 MSD 0281 Michael Kohler DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 0281 Michael Kohler

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

DEPTH (nearest ft.)

HO 68 500

1 23 24 26 30 32 36

2 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 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

Mueller

6909 STOPPED

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 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  
8/17/21

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY  
11-4-21

22 500 26  
(TO NEAREST FOOT)

H6-26-1136  
28 29 30 31 32 33 34 35 36 37

OWNER Voltz first name last name  
WELL SITE ADDRESS 6711 ... TOWN ...  
SUBDIVISION ... 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		check if water bearing
	FROM	TO	
Binary	0	60	
Grey rock (scd)	60	65	
Grey rock	65	500	✓

**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 NO. OF POUNDS 45  
GALLONS OF WATER 20  
DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP ft. to 54 BOTTOM ft.  
(enter 0 if from surface)

**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) 6  
 Total depth of main casing (nearest foot) 68

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole  ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER  
 insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  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.

DRILLERS LIC. NO. 1 M 5D 0281  
DRILLERS SIGNATURE Michael ...  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M 5D 0281

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

**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)  
 from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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) 6  
 PUMPING RATE (gal. per min.) 4  
 METHOD USED TO MEASURE PUMPING RATE ...  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 30 ft.  
 WHEN PUMPING 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

**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) 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  
 - below } (nearest foot)

LATITUDE 39.18693  
LONGITUDE 76.99254  
(DEFAULT COORD. WGS 84)

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C-1 - 89950

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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER WELL SITE ADDRESS TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD yes no

C 3 PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box)

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed)

TYPE OF GROUTING MATERIAL (Circle one)

PUMPING RATE (gal. per min.)

FEET FROM TO check if water bearing

CEMENT BENTONITE CLAY

METHOD USED TO MEASURE PUMPING RATE

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

WATER LEVEL (distance from land surface)

DEPTH OF GROUT SEAL (to nearest foot)

DEPTH OF GROUT SEAL (to nearest foot)

BEFORE PUMPING

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

WHEN PUMPING

DEPTH OF GROUT SEAL (to nearest foot)

MAIN CASING TYPE

TYPE OF PUMP USED (for test)

DEPTH OF GROUT SEAL (to nearest foot)

OTHER CASING (if used)

PUMP INSTALLED

DEPTH OF GROUT SEAL (to nearest foot)

SCREEN RECORD

DRILLER INSTALLED PUMP

DEPTH OF GROUT SEAL (to nearest foot)

DEPTH (nearest ft.)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS:

SCREEN RECORD

TYPE OF PUMP INSTALLED

WELL HYDROFRACTURED

DEPTH (nearest ft.)

PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CIRCLE APPROPRIATE LETTER

DEPTH (nearest ft.)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DEPTH (nearest ft.)

PUMP HORSE POWER

E ELECTRIC LOG OBTAINED

DEPTH (nearest ft.)

PUMP COLUMN LENGTH (nearest ft.)

P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

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.

DEPTH (nearest ft.)

LAND SURFACE (nearest foot)

DRILLERS LIC. NO. 1 M D

DEPTH (nearest ft.)

LATITUDE 3

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DEPTH (nearest ft.)

LONGITUDE 7

LIC. NO. 1 D

DEPTH (nearest ft.)

(DEFAULT COORD. WGS 84)

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

DEPTH (nearest ft.)

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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DEPTH (nearest ft.)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

DEPTH (nearest ft.)

TELESCOPE CASING

DEPTH (nearest ft.)

LOG INDICATOR

DEPTH (nearest ft.)

OTHER DATA

DEPTH (nearest ft.)

LOG INDICATOR

DEPTH (nearest ft.)

OTHER DATA

DEPTH (nearest ft.)

**SEQUENCE NO. (MDE USE ONLY)**  
**STATE OF MARYLAND WELL COMPLETION REPORT**  
 THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER \_\_\_\_\_  
 ST/CO USE ONLY DATE Received MM DD YY \_\_\_\_\_  
 DATE WELL COMPLETED MM DD YY 11-9-21 22 26  
 Depth of Well (TO NEAREST FOOT) \_\_\_\_\_  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" \_\_\_\_\_  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)  
 FILL IN THIS FORM COMPLETELY PLEASE TYPE  
 1 2 3 6  
 8 13 15 20 28 29 30 31 32 33 34 35 36 37

OWNER \_\_\_\_\_  
 WELL SITE ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_ 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 \_\_\_\_\_

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_  
 GALLONS OF WATER \_\_\_\_\_  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE \_\_\_\_\_  
 Nominal diameter top (main) casing (nearest inch)! \_\_\_\_\_  
 Total depth of main casing (nearest foot) \_\_\_\_\_  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_  
 depth (feet) from \_\_\_\_\_ to \_\_\_\_\_  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
**PL** **OT**  
 PLASTIC OTHER  
 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)  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**C 3**  
**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 \_\_\_\_\_ ft.  
 17 20  
 WHEN PUMPING \_\_\_\_\_ ft.  
 22 25  
 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 27  
**J** jet **S** submersible  
 27 27

**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) 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: \_\_\_\_\_  
 WELL HYDROFRACTURED **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.

DRILLERS LIC. NO. 1 M D \_\_\_\_\_

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) \_\_\_\_\_

LIC. NO. 1 \_\_\_\_\_ D \_\_\_\_\_

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

TELESCOPE CASING LOG INDICATOR OTHER DATA  
 70 72 74 75 76

LATITUDE 3 \_\_\_\_\_  
 LONGITUDE 7 \_\_\_\_\_  
 (DEFAULT COORD. WGS 84)

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**B 1** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** STATE PERMIT NUMBER HC - 20 - 0136  
 please type 570172 70 79 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) 01/20/21  
 8 MM DD YY 13  
 15 Last Name Voltz Owner James First Name Ranee 34  
 36 Street or RFD 6761 Haviland Mill Road 55  
 57 Town Clarksville 70 State MD 72 Zip 21029 76

**DRILLER INFORMATION**  
 Driller's Name Brett Sweeney M S D 237 76 License No. 81  
 Firm Name Applied Well Drilling  
 Address PO Box 729 Annapolis Junction MD 20701  
 Signature [Signature] Date 01/24/21

**WELL INFORMATION**  
 APPROX. PUMPING RATE 10 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 1,000 (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

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary)  
 30 CABLE REVerse-ROTary DRive-POINT  
 37 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 HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. 13  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 1/15/21 CO SIGNATURE [Signature] EXP. DATE 11/15/22  
 43 MM DD YY 48

**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

**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 \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HC - 20 - 0136  
 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 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO - 20 - 0136

570172 please type

fill in this form completely

**B 3** LOCATION OF WELL

Howard  
Deer Track Kramer Prop  
Clarksville

**B 4** SOURCES OF DRILLING WATER

Public

6761 Haviland Mill Rd  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD  
ENTER FT OR MI  
TAX MAP 0034 BLK: PARCEL 0129

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000

**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

APPROXIMATE DEPTH OF WELL 400 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

**METHOD OF DRILLING** (circle one)

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

**REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER G  
PERMIT No. HO - 20 - 0136

**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 10/15/21 CO SIGNATURE 10/15/22 EXP. DATE  
DON: 11/3/21 JOS: 11/3/21

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  
House  
H2O @ 360'  
about 3 GPM

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 ↑

05-353947

EMERGENCY/TEMP NO. IF ANY

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY) 15273	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type 570172	STATE PERMIT NUMBER HO - 20 - 0136 <small>fill in this form completely</small>
Date Received (APA) 01/28/21 8 MM DD YY 13		<b>B 3</b> 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	
<b>OWNER INFORMATION</b> 15 Last Name Owner First Name 34 Vultz, James + Renee 36 6761 Haviland Mill Road 55 Clarksville MD 21029 57 Town 70 State 72 Zip 76		<b>B 4</b> SOURCES OF DRILLING WATER 1. Public 2. 3.	
<b>DRILLER INFORMATION</b> 76 Driller's Name License No. 81 Brett Sweeney M S D 237 76 Allied Well Drilling 76 Firm Name 76 10 Box 129 Annapolis Junction MD 20701 76 Address 76 Signature Date 09/24/21		6761 Haviland Mill Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 52 37 DISTANCE FROM ROAD Ft ENTER FT OR MI 38 39 TAX MAP 0034 BLK: PARCEL 0129	
<b>B 2</b> WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 2 10 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> 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	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> O OPEN LOOP GEOTHERMAL <input type="checkbox"/> C 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 11/3/21 400' @ 2pm bedrock 65' casing 68' Well Cas H2O @ 360' about 3 GPM	
APPROXIMATE DEPTH OF WELL 400 FEET 24 28		APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH	
<b>METHOD OF DRILLING</b> (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN 37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRive-POINT other		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) 39 <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROX. PERMIT NUMBER - - - - - G - - - - - PERMIT No. HO - 20 - 0136 70-71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

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# Allied Well Drilling

## Yield Test report

Date Test Performed: 11-4-21  
 Address: 6761 Hawiland Mill Rd  
 Owner: UoH2  
 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 <sup>00</sup>	30		5	12
45	45		5	12
1 <sup>00</sup>	62		5	12
15	78		6	10
30	95		6	10
45	112		6	10
2 <sup>00</sup>	128		6	10
15	145		6	10
30	164		15	4
45	165		15	4
3 <sup>00</sup>	165		15	4
15	165		15	4
30	165		15	4
45	165		15	4
4 <sup>00</sup>	165		15	4
15	165		15	4
30	165		15	4
45	165		15	4
5 <sup>00</sup>	↓		↓	↓
15				
30				
45				
6 <sup>00</sup>	↓		↓	↓
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, it 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](http://www.hchealth.org)  
[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)

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



[twitter.com/HoCoHealth](https://twitter.com/HoCoHealth)



[facebook.com/HoCoHealth](https://facebook.com/HoCoHealth)



[instagram.com/hocohealth](https://instagram.com/hocohealth)

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**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](http://www.hchealth.org)

[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)



[twitter.com/HoCoHealth](https://twitter.com/HoCoHealth)



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## **Wolf, Kevin**

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**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](mailto: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](mailto:Chrisj@REMCON3.com)

On Fri, 2 Sep 2022 12:10:24 -0400, Jim Richmond -MDE- <[jim.richmond@maryland.gov](mailto: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](mailto: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

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

of Maryland, Inc.

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	<b>Present</b>	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	<b>201.3</b>	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	<b>0.5</b>	mg/L	0.1	0.3	EPA Secondary MCL

Notes:

- Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- \* 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.
- 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.
- 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: \_\_\_\_\_



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

**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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

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

of Maryland, Inc.

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	<b>Present</b>	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:

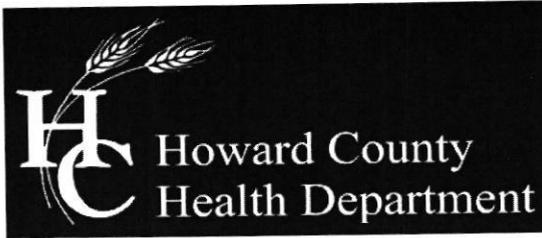
1. Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
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.  
**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: 



**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%

DW-E

PROP. DF

28

30

GARAGE

30 ±

2R

DW-C

PROP. 2  
SEPTI  
PROP. GR

1/8 HB

1/16

4.5%

100'

EXISTING WELL BOX

Well box OK

*[Signature]*

10/15/21

Return to  
Isert for  
MEMO PRIOR  
TO SCAN

H0-20-0136

B

SB

SB

SB

SB

SB

SB

WB

WB

GnB

100' STREAM  
BUFFER

EMERGENCY/TEMP NO. IF ANY

B 1	<b>5330</b>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-0335</b> ✓ <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) **010595**

**HOPKINS** W. B.  
Last Name Owner First Name

**676/HAVILAND** MILE RD  
Street or RFD

**CLARKSVILLE** MD **21029**  
Town State Zip

**DRILLER INFORMATION** MSD/MGD/MWD

**Joseph L. Wayne** **24**  
Driller's Name License No 80

**Joseph L. Wayne WELL DRILLING**  
Firm Name

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

**Joseph L. Wayne** **1/5/95**  
Signature Date

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 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) \_\_\_\_\_

*Not to be filled in by driller (OEP USE ONLY)*

APPROP. PERMIT NUMBER **GAP**

FORCE  WRITE INITIALS IN BOX PERMIT No. **HO-94-0335**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

**LOCATION OF WELL**

**HOWARD** COUNTY

**HOPKINS PROP** SUBDIVISION

SECTION **44** LOT **48**

**HIGHLAND** NEAREST TOWN

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

**NEAR WHAT ROAD** **Haviland Mill Road**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST  EAST

DISTANCE FROM ROAD **169** FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**HOWARD** COUNTY NAME **A#50433** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **2/10/95** Charles Bryan Steaks

CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NORTH GRID **493000** EAST GRID **0801000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

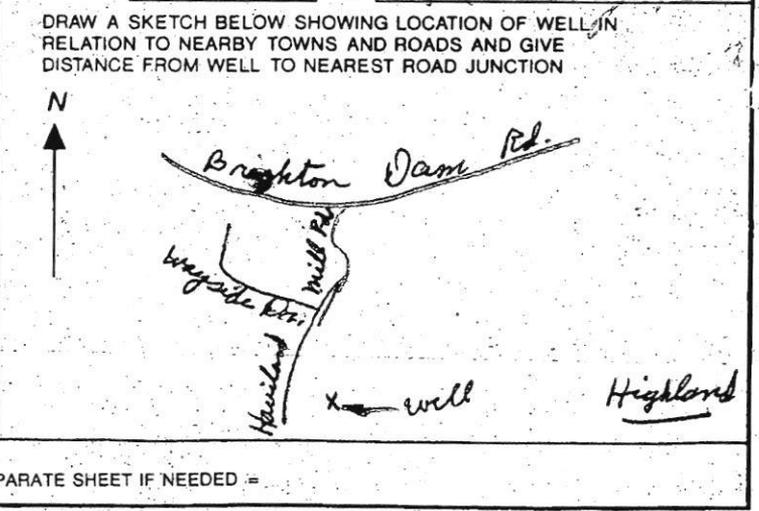
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**808** 1

**496** 3

000 000 (Don't touch)



C1 5981

SEQUENCE NO. (DENY 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)

COUNTY NUMBER A 50433

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 030695

Depth of Well 480 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0335

OWNER HOPKINS W. B. STREET OR RFD 6201 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 BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND and GRAY Micr Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1692

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

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 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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED yes (Y) no (N)

CIRCLE APPROPRIATE LETTER 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 IDENT. NO. 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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) S submersible

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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) 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

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. Schmidt

6766 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

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 042485

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0928

OWNER CUSTOM CONCEPTS STREET OR RFD 6761 HAVILAND MILL RD TOWN HIGHLAND SUBDIVISION TAX MAP 34 PARCEL 139 SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include topsoil, Red shale, brown mica schist, SANDSTONE, brown mica schist, GRAY mica, SANDSTONE, GRAY mica, SANDSTONE, GRAY mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 8, NO. OF POUNDS 800.

CASING RECORD: MAIN Nominal diameter 5 1/2, Total depth 34, CASING TYPE 5 1/2, 6, 3 1/4.

SCREEN RECORD: screen type or open hole, ST STEEL, BR BRASS BRONZE, PL PLASTIC, HO OPEN HOLE, OT OTHER.

OTHER CASING (if used) diameter inch, depth (feet) from to.

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

PUMPING TEST: HOURS PUMPED 5, PUMPING RATE 5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 43, WHEN PUMPING 133, TYPE OF PUMP USED submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED submersible, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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...

DRILLERS IDENT. NO. 41, DRILLERS SIGNATURE K. Dana Easterday, Robert K. Hubner, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60.

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

