

**C1** 31811 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 X III

ST/CO USE ONLY DATE RECEIVED 08 22 22 DATE WELL COMPLETED 08 24 2022 APPROVED [Signature] Depth of Well 400 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 20-0215

OWNER Snyder WELL SITE ADDRESS 1420 LONG CORNER RD TOWN MT AIRY 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	
Top soil	0	3	
BROWN Shell	4	48	
GRAY SLATE	49	400	
Water BEARING			110

**GROUTING RECORD** yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY  BC

CEMENT NO. OF BAGS 15 NO. OF POUNDS 1440

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft.

**CASING RECORD**

caseing types insert appropriate code below

STEEL  CONCRETE  PLASTIC  OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch!) 6 3/4 Total depth of main casing (nearest foot) 60

**OTHER CASING (if used)**

diameter inch	depth (feet) from	to
_____	_____	_____
_____	_____	_____

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

STEEL  BRASS  OPEN HOLE  PLASTIC  OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

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. M 5D 143

DRILLERS SIGNATURE [Signature]

LIC. NO. D

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	
23	24	26	30	32	36	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 \_\_\_\_\_

**C3** PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.2

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 250 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 (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 } LAND SURFACE

- below } 2 (nearest foot)

LATITUDE 39.336260

LONGITUDE 77.154590

(DEFAULT COORD. WGS 84)

NOTES:

1420 LONG CORNER

30' New Well

30' PROP. LINE

B 1 28080

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-20-0215

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Snider, Mark, 4901 Hampton Ln, Bethesda MD 20814

B 3

LOCATION OF WELL

Howard, Subdivision, Mt Airy, Nearest Town

DRILLER INFORMATION

Perry Harley, Harley Drilling + Hydro Frac, 30 Box 160 Walkersville, MD

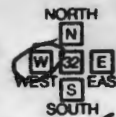
B 4

SOURCES OF DRILLING WATER

- 1. Domestic Well

1420 Long Corner, Street Address

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25, Distance from Road

ENTER ET OR MI

TAX MAP: 6, BLK: 10, PARCEL 25

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

3

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

600

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Open Loop Geothermal, Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, County Name, State Signature, Date Issued 07/19/2022, Exp. Date 07/19/2023

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted & Driven, Air-Rotary, Air-PerCussion (circled), Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-Point

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- Not to replace existing well (circled), Replace abandoned well, Replace well for standby, Deepen 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)

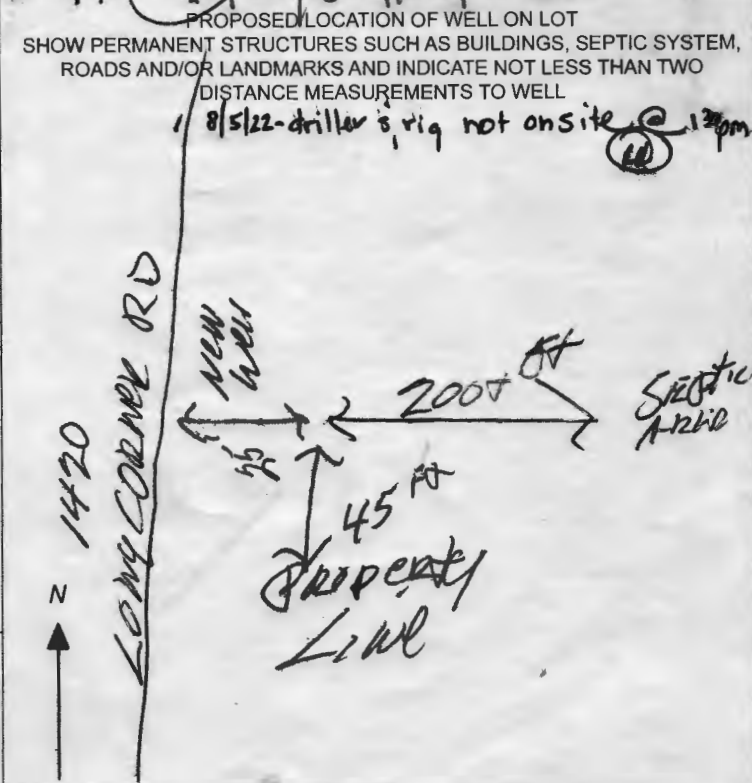
APPROP. PERMIT NUMBER

PERMIT No. HO-20-0215

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

CALL IN ALL INSP DRILL + GRout



**FIELD DATA SHEET**  
**HYDROGEOLOGIC AREA (3) WELL YIELD TEST**

Maryland Well Permit No. HO-20-0215 Owner or Applicant MARK SMYDEL

Location of Property (road) 1420 LONG CORNER RD MT AIRY

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller PERRY HARLEY MSD #143

Depth of Well 400  
 Distance of Measuring Point (M.P.) above ground 2ft  
 Static Water Level (S.W.L.) below M.P. 37ft

I. High Rate Pumping -- reservoir drawdown AM  
 Time pump started 7:30 Pumping rate 15 gpm  
 Total time 30 min to reach pumping water level 250ft. below M.P.

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

TIME (CHRON.)	WATER LEVEL Below M.P.:	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:00	250 ft	55 sec		1 2/10 gpm
8:15	250 "	55 "		1 2/10
8:30	250 "	55 "		1 2/10
8:45	250 "	55 "		1 2/10
9:00	250 "	55 "		1 2/10
9:15	250 "	55 "		1 2/10
9:30	250 "	55 "		1 2/10
9:45	250 "	55 "		1 2/10
10:00	250 "	55 "		1 2/10
10:15	250 "	55 "		1 2/10
10:30	250 "	55 "		1 2/10
10:45	250 "	55 "		1 2/10
11:00	250 "	55 "		1 2/10
11:15	250 "	55 "		1 2/10
11:30	250 "	55 "		1 2/10
11:45	250 "	55 "		1 2/10
12:00	250 "	55 "		1 2/10
12:15	250 "	55 "		1 2/10
12:30	250 "	55 "		1 2/10
12:45	250 "	55 "		1 2/10
1:00	250 "	55 "		1 2/10
1:15	250 "	55 "		1 2/10
1:30	250 "	55 "		1 2/10
1:45	250 "	55 "		1 2/10
2:00	250 "	55 "		1 2/10

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: Barlow Well Drilling Telephone #: 410-838-6910  
Address: 522 Underwood Lane  
Belt Air, MD 21014

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer   
License # and name of individual responsible for the field installation:

Name (Print): Michael Isom License# MSD162

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: KEYSTONE HOMES Telephone #: 724-771-1422 JARD  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: EO-20-0160  
Site Address: 1420 LONG CORNER RD 0213  
WHT A.R.Y MD 21661

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>BIT</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7CS10422</u>	Model #: <u>0100</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1.2</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>700</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**  
Type: 1" Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 36 (36" min)

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 6 Feet  
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

1/27/2023

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

Date Insp. Requested: 2/1/2023 Date Insp. Approved: 3/1/2023  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

Send Report To:

Susan Thomas

State of Maryland  
MDH - Laboratories Administration

Division of Environmental Sciences

**TRACE METALS LABORATORY**

1770 Ashland Avenue  
Baltimore, Maryland 21205



**E2201085101**

Rec'd: 06/17/2022

Metals - HOST0160NA

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

**LABORATORY ANALYSIS REQUEST**

Do not write above this line

**Please Print**

Sample ID No: HOST0160NA Site Name: 1420 Long Corner Rd County: Howard

Sample Source: 1420 Long Corner Rd, Mt. Airy Collector: Susan Thomas  
Street Town or City Name

Date Collected: 6/16/2022 Time Collected: 1 a.m.  p.m. Phone #: 410-313-6287

Sample Preserved By:  Field  ESRL  WMRL  Central Lab

Preservative Used:  HNO<sub>3</sub> 2 mL pH: could not read pH: < 2  
(field use only) (lab use only) 06-17-22

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
Data Category:  Community  Stream  Distribution (Treated)  Solid  
Code   Non-Community  Sediment  Other \_\_\_\_\_  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other \_\_\_\_\_

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: collected at middle of yield

\*Place a  by the element(s) requested for testing

<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
<input checked="" type="checkbox"/>	Sodium (Na)	<u>plum</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

HoCo Health Depart  
JUN 28 2022  
Environmental Health

Lab Supervisor: \_\_\_\_\_ Date Reported: 6/16/2022

•Phone: (443) 681 - 4596 •Fax: (443) 681 - 4507



State of Maryland  
 Department of Health  
 LABORATORIES ADMINISTRATION  
 1770 Ashland Avenue  
 Baltimore, MD 21205  
 Robert Myers, Ph.D., Director



Division of Environmental Sciences  
 TRACE METALS LABORATORY  
**Certificate of Analysis**

**FINAL REPORT**

HOWARD CO ENVIRONMENTAL HLTH  
 8930 STANFORD BLVD  
 COLUMBIA, MD 21045

Field ID: HOST0160NA

Submitted By: Thomas

Date Collected: 06/16/2022

Information in this section was not generated by the laboratory

Lab No: E2201085101  
 Date Received: 06/17/2022

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Sodium (Na)	EPA 200.7	1.0	20.0	21.2	0.22483	ppm	06/23/2022

Approved by: *Wendy L. Tieszen*

Approval date: 06/27/2022

Samples are tested as received. Results relate only to the items tested.

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-4596 and arrange for return or destruction.

Contact information for Questions: Telephone: (443) 681-3853 Fax: (443) 681-4507

1420 LONG CORNER ROAD  
HO-20-0215  
APPROVED 07/19/2022  
SMITH BY SUPERVISOR

JOHN C. NAGENGAST  
ELLEN D. NAGENGAST  
L. 12478 F. 247

EX. WELL  
HO73-3774

EX. BLDG

T.B.R. TO PROVIDE  
20' FROM SEPTIC AREA

EX. WELL PIT  
SEAL WELL & ABANDON

EX. GARAGE

EX. SEPTIC  
TANK

239.80

2.0%

296.34

PROP. WELL  
DRILLING AREA

EX. SEPTIC  
TANK  
T.B.R.

NOTE:  
EXISTING DRIVE  
BE REMOVED W  
CONSTRUCTION

ALT. WELL

EX. HSE  
#1432

EX. FOUNDATION  
#1420

EX. ASPHALT DRIVEWAY

EX. WELL  
HO94-3382

ALT. WELL

ABANDONED  
WELL

PROP. WELL

EX. ASPHALT DRIVEWAY

EX. OH UTILITIES

5 23°28'20" W

102.25'

EX. ASPHALT

LONG CORNER ROAD

100'

100'

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
HO-20-0215

INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

Send Report To:

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

State of Maryland  
 MDH-Laboratories Administration  
 Division of Environmental Sciences  
 INORGANICS ANALYTICAL LABORATORY  
 1770 Ashland Avenue  
 Baltimore, Maryland 21205  
**WATER ANALYSIS**

  
**E2201084901**  
 Rec'd: 06/17/2022  
 Inorganic - HOST0160CLTDS

**SAMPLE ID**

Bottle Number: HOST0160CLTDS Name: 1420 Long Corner County: Howard County Code: 113

Address: 1420 Long Corner Rd, Mt. Airy Data Category Code: 4/F

Collected: Date 6/16/22 Time 1 PM Collector & Phone: Susan Thomas 410-313-6287 Submitter Code: 4/F

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community <input type="checkbox"/>	Source (raw water) Distribution (treated) MCL <input checked="" type="checkbox"/>	Emergency Routine Recheck Special <input type="checkbox"/>	Federal Project <input type="checkbox"/>
Landfill <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Other <input type="checkbox"/>		

**FIELD**

Plant No. [ ] [ ] [ ] [ ] Sampling Station [ ] [ ] [ ] [ ] Preservation: Iced  Acid  Type of Acid [ ] [ ] [ ] [ ]

pH [ ] [ ] [ ] Chlorine: Free [ ] [ ] Total [ ] [ ] Specific Conductance [ ] [ ] [ ] [ ]

Notes to Lab/Remarks: could not read collected at middle of yield

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Conductance*, Spec.		
	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
	<u>* NO ICE IN COOLER! TEMPERATURE BLANK TEMP. = 14°C. THIS SAMPLE SHOULD BE IN THE COOLER SURROUNDED BY AN ICE/WATER SLURRY TO MAINTAIN A TEMP OF 4°C.</u>		

Howard County Health Department  
 JUL 01 2022

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested [ ] [ ]

Section Chief \_\_\_\_\_

\*Samples are tested as received.

Date Reported \_\_\_\_\_





State of Maryland  
 Department of Health  
 LABORATORIES ADMINISTRATION

1770 Ashland Avenue  
 Baltimore, MD 21205  
 Robert Myers, Ph.D., Director



Division of Environmental Sciences  
 INORGANIC CHEMISTRY LABORATORY

**Certificate of Analysis**

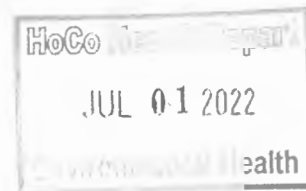
**FINAL REPORT**

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045	Field ID: HOST0160CLTDS Submitted By: S. Thomas Date Collected: 06/16/2022
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Information in this section was not generated by the laboratory

Lab No: E2201084901  
 Date Received: 06/17/2022

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	10		23		mg/L	06/21/2022
Total Dissolved Solids	SM 2540C	2		221		mg/L	06/23/2022



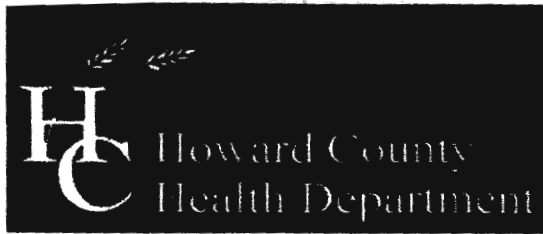
Approved by: *Lane Phillips* Approval date: 06/28/2022

Samples are tested as received. Results relate only to the items tested.

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 150.1, EPA 350.1, EPA 353.2, EPA 375.2, SM 4500-Cl E, SM 4500-CN F, SM 4500-F C

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Contact information for Questions: Telephone: 443-681-3855 Fax: (443) 681-4507



**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: Snider Property

1420 LONG CORNER ROAD, Mt Airy

Subdivision/Property Name

Lot #

Road Name

The well site has been staked by KCI Technologies  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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.

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

\*\*\*\*\*  
 WATER WELL HYDROFRACTURE REPORT  
 \*\*\*\*\*

WELL TAG NUMBER HO-20-0215 DATE WORK PERFORMED (mm/dd/yyyy) 8-4-2022

WELL SITE ADDRESS 1420 LONG CORNER RD WFAIRY, MD

TAX MAP \_\_\_\_\_ BLK \_\_\_\_\_ PARCEL \_\_\_\_\_ LATITUDE 3 9336260 LONGITUDE 7 7.154590

CASING DEPTH 60 FT CASING TYPE (circle) ST OR (PVD) DIAMETER 6 7/8

WELL DEPTH 400 FT WATER LEVEL BEFORE FRAC 91 FT YIELD BEFORE FRAC 1/2 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 85 FT

SOURCE OF WATER POTABLE

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1 <u>1</u>	<u>85 FT</u>	<u>SAME</u>	<u>800</u>	<u>2000 GAL</u>
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 37 FT YIELD AFTER FRAC 1 2/10 GPM

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

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

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

[Signature]  
 DRILLER SIGNATURE

MSD 143  
 LIC #



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 – November 17, 2023**

May 17, 2023

Mark Snider  
4901 Hampden Lane #306  
Bethesda, MD 20814

**RE: Snider Property, Lot 1  
1420 Long Corner Road  
Building Permit: B21004966  
Well Permit: HO-20-0215**

Dear Mr. Snider:

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 5/17/2023. Final approval of the well line connection to the dwelling was granted on 3/3/2023. The well construction was completed on 8/14/2022. Water samples were collected on 4/21/2023, 4/28/2023.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-20-0215. 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

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

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

Approving Authority,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# HOME LAND

L A B S

1220 East Joppa Road #C505  
Towson, MD 21286  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite 12  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

## Certificate of Analysis

Report Date: 04/25/2023

Client: Barlow Well Drilling  
Property Address: 1420 Long Corner Road  
Mt. Airy, MD 21771  
Report No: 237804  
Sample Time: 04/21/2023 08:30  
Date & Time Received: 04/21/2023 14:42  
Sampled By: Steve Duklewski 3091SD  
Field Preservation: Ice  
Sample Point(s): PSi Tank  
Water Conditioning Appears to be: None

Field Chlorine: 0.00  
Field pH: Not Noted  
Well Type: Drilled  
Well Height: 12"  
Cap Type: 2 Pieve PVC  
Casing: PVC  
Conduit: PVC  
Clarity: Clear  
Sand: None Observed  
Well Tag Number: HO-20-0160

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

### Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colisure Test	Absent	Pass	Per/100ml	Present	1	M K - 365	04/23/2023
Bacteria-E.coli	Colisure Test	Absent	Pass	Per/100ml	Present	1	M K - 365	04/23/2023
Nitrate + Nitrite as N	EPA 353.2	1.3	Pass	mg/L	10	0.5	M K - 365	04/21/2023
Turbidity	EPA 180.1	22.1	Fail	NTU	10	0.5	M K - 365	04/21/2023

### Secondary Contaminants

Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
pH	EPA 150.1	7.5	None	pH Units	-	1	L S - 365	04/21/2023

### Contaminants

Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Sand	SM 2540F	Not Detected	NA	ml/L/hr	-	0.5	L S - 365	04/21/2023

# HOME LAND LABS

1220 East Joppa Road #C505  
Towson, MD 21286  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2  
Annapolis, MD 21401  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 106

3430 Rockefeller Court  
Waldorf, MD 20602  
Phone 443.505.8375  
lab@homelandhealthyhomes.com  
State Certified Water Quality Lab 139

## Certificate of Analysis

Report Date: 04/30/2023

Client: Barlow Well Drilling  
Property Address: 1420 Long Corner Road  
Mt. Airy, MD 21771  
Report No: 238141  
Sample Time: 04/28/2023 13:30  
Date & Time Received: 04/28/2023 15:03  
Sampled By: Steve Duklewski 3091SD  
Field Preservation: Ice  
Sample Point(s): PSi Tank  
Water Conditioning Appears to be: None

Field Chlorine: Not Noted  
Field pH: Not Noted  
Well Type: Drilled  
Well Height: 12"  
Cap Type: 2 Piece PVC  
Casing: PVC  
Conduit: PVC  
Clarity: Clear  
Sand: None Observed  
Well Tag Number: HO-20-0160

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	2.1	Pass	NTU	10.0	0.5	DJ - 365	04/29/2023

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Approved By: Denise Junis

Denise Junis, Lab Director



Is the sample for a public water system?  Yes  No

# HOME LAND LABS

237804 Due Date: 04/25/2023  
Client: Barlow Wel

Phone: (443) 505-8375 Email: [lab@homelandhealthyhomes.com](mailto:lab@homelandhealthyhomes.com)

1220 E Joppa Rd. Ste C505 Towson, MD 21286 MD Lab # 365  
 108 Old Solomons Island Road, Ste L2 Annapolis, MD 21401 MD Lab # 106  
 3430 Rockefeller Court Waldorf, MD 20602 MD Lab # 139  
 2216 Commerce Road, Ste 2A Forest Hill, MD 21050

Client Name: <u>Michael Barlow Well Drilling</u>	Property Address:
Email Address: <u>misom@mbwd.us</u>	<u>1420 Long Corner Rd</u>
Phone Number: <u>(410) 838-6910</u>	<u>Mt. Airy, MD 21771</u>

**Field Collection Information**

Sampler Name: <u>Steve Duklewski</u>	Field pH: <u>N/A</u>
Sampler ID #: <u>309150</u>	Field Chlorine (mg/L): <u>∅</u>
Date Sampled: <u>4-21-23</u>	Time Sampled: <u>8:30am</u>
Well Tag Number: <u>H0-20-0160</u>	Clarity: <u>∅</u>

**Well Casing and Cap Condition**

Well Type:  Drilled  Well Pit  Below Grade  Artesian  Hand Dug  N/A  Other: \_\_\_\_\_

Height Above Grade: <u>12"</u>	Cap Type: <u>PK 2 piece</u>	Casing: <u>PK</u>	Conduit: <u>PK</u>
Sample Point: <u>PSI Tank</u>	Water Conditioning: <u>N/A</u>		

**Requested Testing: (Please check all that apply)**

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- Bacteria
- Lead
- Nitrate + Nitrite
- Iron
- Turbidity
- Chlorides
- Hardness
- Arsenic
- Cadmium
- Gross Alpha
- Total Dissolved Solids
- Copper
- VOCs
- Other: PH
- Other: Sand

List rush samples below  
\*Refer to table for rush turnaround times and fees\*

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**Release Signatures**

Released By: [Signature] Date/Time: 4-21-23 2:40  
 Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Released By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received in lab by: [Signature] Date/Time: 4.21.23 2:40p



\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 7-29-2022 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

UNKNOWN

\* PERMIT NUMBER OF REPLACEMENT WELL:

170-20-0215

\* PERSON ABANDONING WELL: PERRY HARLEY

WELL DRILLER'S LICENSE NUMBER: 143

\* OWNER'S NAME: MARK SNYDER

CIRCLE: MWD ~~MSD~~ MGD

\* WELL LOCATION: HOWARD

SITE LOCATION MAP

COUNTY: HOWARD

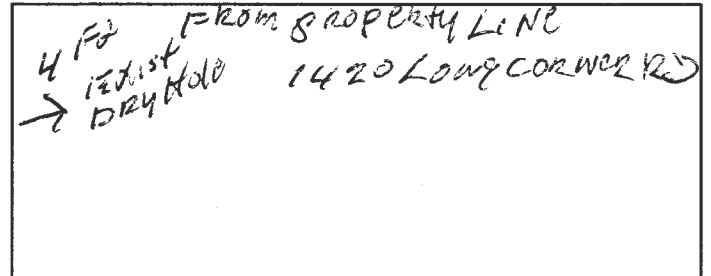
NEAREST TOWN: Mt Airy

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

STREET ADDRESS: 1420 LONG CORNER RD



LATITUDE 3 7.336260

LONGITUDE 7 7.154590

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Drill Cuttings + Cement	900	10 Feet From Surface

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

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

VOLUME OF MATERIAL USED

11 BOGUS PORTLAND

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 1/4" INCHES IN DIAMETER

DEPTH OF WELL: 900 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Perry Harley LICENSE# 143

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.

MWD / ~~MSD~~ MGS 143 7-29-22  
 CIRCLE ONE DATE

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 9/14/2022 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO-20-0215

\* PERSON ABANDONING WELL: Michael Isom

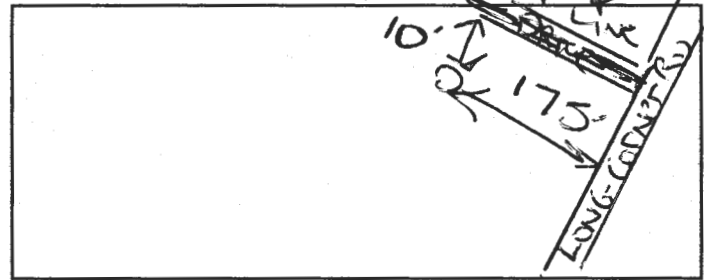
WELL DRILLER'S LICENSE NUMBER: 162

\* OWNER'S NAME: MARK SNIDER

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
COUNTY: HOWARD  
NEAREST TOWN: MT AIRY  
TAX MAP 6 BLOCK 10 PARCEL 25  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 1420 LONG CORNER ROAD

SITE LOCATION MAP



LATITUDE 39.33647

LONGITUDE 77.15443

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite CLAY	70	Pit Floor *
Headplug		
* well located in a 6 foot Deep Block Pit		
VOLUME OF MATERIAL USED		
600 lbs Bentonite		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED                       JETTED  
 BORED                          HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC                       MUNICIPAL/PUBLIC  
 IRRIGATION                     INDUSTRIAL  
 TEST/OBSERVATION           GEOTHERMAL

\* TYPE OF CASING:  
 STEEL                               PLASTIC  
 CONCRETE                        OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 4 INCHES IN DIAMETER

DEPTH OF WELL: 70 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN 162 LICENSE#

MWD / MSD / MGD  
CIRCLE ONE

9/14/2022 DATE

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\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 7-29-2022 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

UNKNOWN  
140-20-0215

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Perry Harley

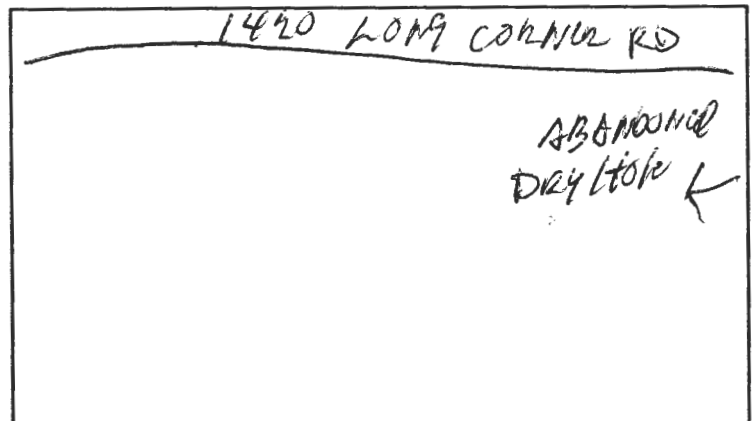
WELL DRILLERS LICENSE NUMBER: 143

CIRCLE: MWD (MSD) /MGD

\* OWNER'S NAME: MARK Syder

SITE LOCATION MAP

\* WELL LOCATION: HOWARD  
 COUNTY: \_\_\_\_\_  
 NEAREST TOWN: MT AIRY  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 1420 LONG CORNER



LATITUDE - 39.336260

LONGITUDE 77.154590

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

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

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 1/4" INCHES IN DIAMETER

\* DEPTH OF WELL: 900 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>DRILL CUTTING + CEMENT</u>	<u>900</u>	<u>11 Feet FROM SURFACE</u>

VOLUME OF MATERIAL USED

10 BAGS PORTLAND

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
Perry Harley

LICENSE # 143

MWD (MSD) /MGD  
 CIRCLE ONE

DATE 7-29-22



**MICHAEL BARLOW WELL DRILLING  
522 UNDERWOOD LANE  
BEL AIR, MD 21014  
410-838-6910**

Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046  
Attn: Kevin Wolf

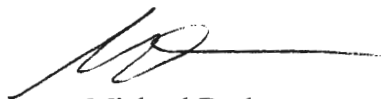
August 16, 2022

Re: 1420 Long Corner Road – HO-20-0160

I am writing you today to follow up a site visit made by our employees today at 1420 Long Corner Road. The purpose of that visit was to fill the three unsuccessful holes we drilled on the site so that we could close out our permit and submit the completion reports to your office. Each of the three attempts we made on the lot had been cased and grouted, but we had been waiting on instructions from the owner before sealing them.

We had been informed by the builder that Perry Harley had drilled a fourth location on that site and was able to produce a successful well after hydrofracture. It was noted by our crew that a well with tag number HO-20-0215 had been drilled in between our first and third attempts. It was also noted that our three attempts appeared to have been sealed prior to our arrival, presumably by Mr. Harley while he was on site. Our first attempt had been sealed to the surface and the casing cut off at grade. The second and third attempts appeared to have been filled to within 10 feet of the ground surface with both casings remaining above grade. As it appeared that the wells had been filled, our men cut the casings off below grade and filled in the remaining 10 feet of each of those with drill cuttings to the surface and marked each location with a stake.

I have enclosed three completion reports documenting our work on the site but since we cannot confirm the manner in which they were sealed nor were we advised of any intention by anyone to do so, have noted that they were sealed by others. Any reports your office will require outlining how they were sealed should be requested from whoever was responsible, as that would be their responsibility.



Michael Barlow  
MWD355