

SEQUENCE NO. (MDE USE ONLY)
C1 16626
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER A537347

ST/CO USE ONLY DATE Received MM DD YY 08 23 13
 DATE WELL COMPLETED MM DD YY 8-22-12
 Depth of Well 250' (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2346

OWNER JST Builders
 WELL SITE ADDRESS 6538 Haviland Mill Rd TOWN Chicksville
 SUBDIVISION Julius Hoover Property SECTION _____ LOT 1

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	
<u>red loamy</u>	<u>0</u>	<u>78</u>	
<u>Gray Limestone</u>	<u>78</u>	<u>250</u>	<input checked="" type="checkbox"/>

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 45 NO. OF POUNDS 7230
 GALLONS OF WATER 270
 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP to 82 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 ST Nominal diameter top (main) casing (nearest inch) 16 1/2 Total depth of main casing (nearest foot) 84

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
C2 DEPTH (nearest ft.)
84 250

NUMBER OF UNSUCCESSFUL WELLS: _____
 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. M S D 009
 DRILLERS SIGNATURE Allen Compton
 LIC. NO. D

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	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
										<u>84</u>										<u>250</u>																																																																															

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 _____

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 06
 PUMPING RATE (gal. per min.) 3
 METHOD USED TO MEASURE PUMPING RATE 1 gal
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 47 ft.
 WHEN PUMPING 110 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 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 29
 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 } LAND SURFACE
 - below } 02 (nearest foot)

LATITUDE 39.113407
 LONGITUDE 76.593702
 (DEFAULT COORD. WGS 84)
 NOTES:

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)
 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 09330

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 538019

STATE PERMIT NUMBER

HO-95-2346 fill in this form completely

Date Received (APA) 09-01-12

OWNER INFORMATION

JST Builders 6030 Daybreak Circle Clarksville MD 21029

B 3 LOCATION OF WELL

Howard County Julius Hoyer Property Clarksville

DRILLER INFORMATION

Allen Compton MS D009 Eagles Well Drilling, LLC P.O. Box 202 Woodbine 21897

B 4

SOURCES OF DRILLING WATER

6538 Haviland Mill Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 0034 BLK: 0019 PARCEL 0383

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A537347 COUNTY NAME STATE SIGNATURE DATE ISSUED 8/10/12 CO SIGNATURE R-R-T EXP. DATE 8/10/13

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary CABLE JETTED AIR-PERCussion REVerse-ROTary Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

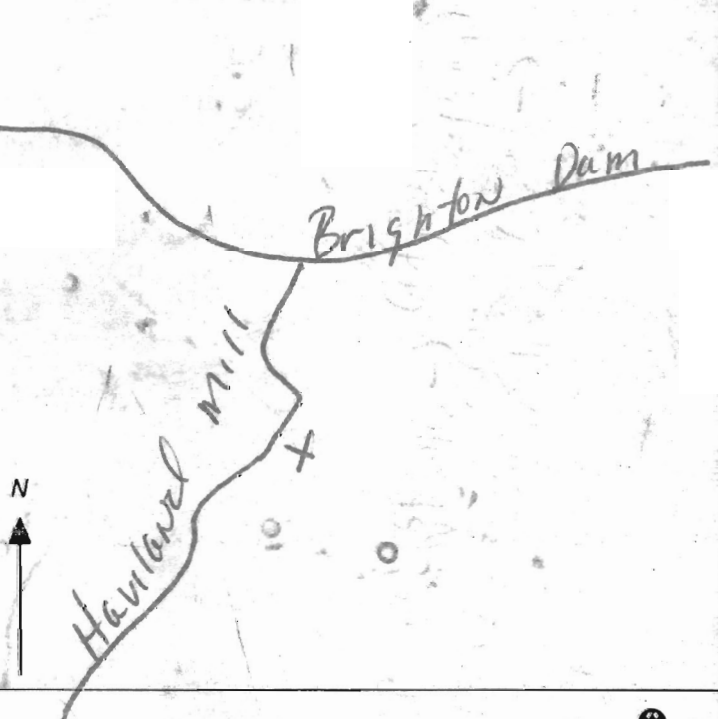
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER PERMIT No. G

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 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: 8-22-12 (month/day/year)

RR OK 8/24/12

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HD-95-2346

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009

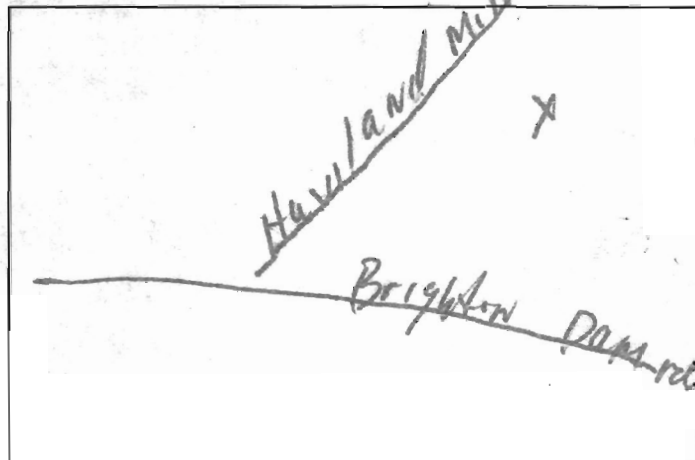
* OWNER'S NAME: JST Builders

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 0034 BLOCK 0019 PARCEL 0383
 SUBDIVISION: Julius Hoover Property
 SECTION: _____ LOT: _____
 STREET ADDRESS: 6538 Haviland Mill RD



LATITUDE 3 9.113407
 LONGITUDE 7 6.593702

Allen Compton

* TYPE OF WELL BEING ABANDONED:

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>110</u>
VOLUME OF MATERIAL USED		
<u>2 yds</u>		

* USE CODE: DOMESTIC

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 110 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO



**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: Gaithland Plumbing Telephone #: 410-975-5307
Address: 1670 W. Old Liberty Rd
Sykesville, MD 21784

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

Name (Print): Joseph Gaithland License# 6352

*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: Ryan Pacheco Telephone #: 410 884 0334
Subdivision: _____ Lot #: 1 Well Tag #: HO
Site Address: 6538 Maryland mill Rd
Clarksville, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>76507</u>	Model#: <u>A-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>20</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: P.V.
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

FVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 1'
Sleeve caulked and sealed properly:

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 5-1-13

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

Date Insp. Requested: _____	Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 16" 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	_____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2346
Site Address: 6538 Haviland Mill Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

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 _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 11/28/2012 Inspector: BB
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6380
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., 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:

Julius Haver Property 1 6533 Haviland Mill RD
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark Engineering
 (professional land surveyor or company employing professional land surveyors)
 on 7-27-12 (date) and does not require a site inspection.

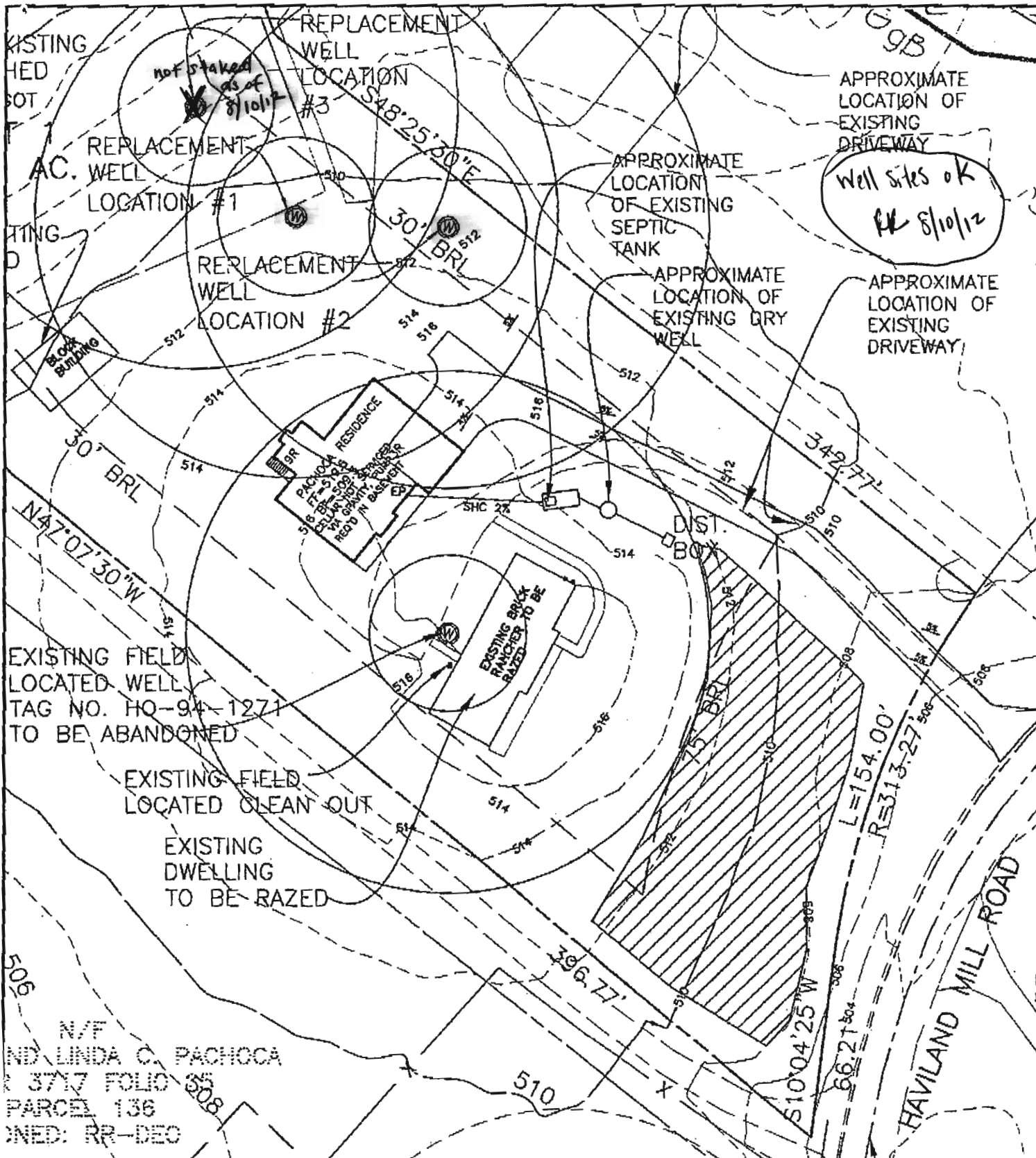
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

2012 AU - 9 PM 3:56

RECEIVED



Well sites OK
 PL 8/10/12

EXISTING FIELD
 LOCATED WELL
 TAG NO. HO-94-1271
 TO BE ABANDONED

EXISTING FIELD
 LOCATED CLEAN OUT

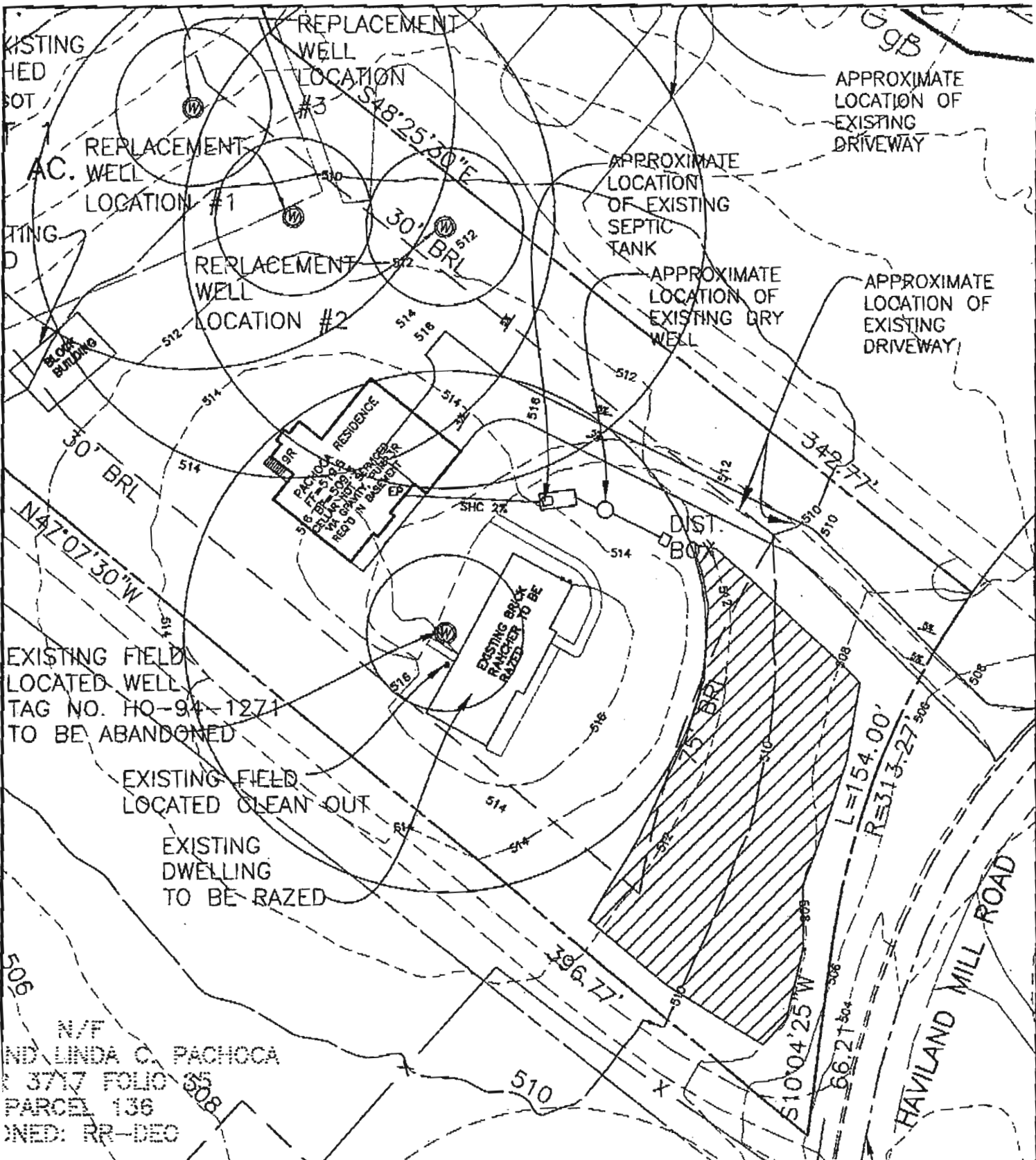
EXISTING
 DWELLING
 TO BE RAZED

N/F
 ND LINDA C. PACHCOCA
 3717 FOLIO 55
 PARCEL 136
 INED: RR-DEC

WELL EXHIBIT JULIUS HOOVER PROPERTY LOT 1

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 7-24-2012

BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.



EXISTING FIELD LOCATED WELL TAG NO. HO-94-1271 TO BE ABANDONED

EXISTING FIELD LOCATED CLEAN OUT

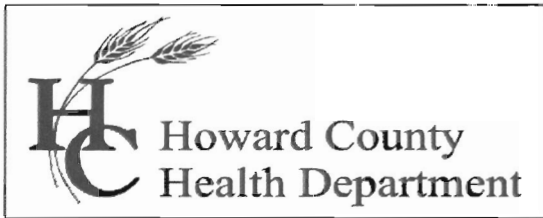
EXISTING DWELLING TO BE RAZED

N/F
 ND LINDA C. PACHCOCA
 3717 FOLIO 208
 PARCEL 136
 NED: RR-DEC

WELL EXHIBIT JULIUS HOOVER PROPERTY LOT 1

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 7-24-2012

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – November 2, 2013

May 2, 2013

Homeowner
6538 Haviland Mill Road
Clarksville, MD 21029

RE: Julius Hoover Property, Lot 1
6538 Haviland Mill Road
Building Permit: B12002270
Well Permit: HO-95-2346

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 **12/11/2012**. Final approval of the well line connection to the dwelling was granted on **11/28/2012**. The well construction was completed on **8/22/2012**. Water samples were collected on **4/17/2013**.

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-95-2346. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	88859	Account #:	6267
Reference:	JST Builders	Company:	JST Builders
Location:	6538 Haviland Mill Road Clarksville, MD 21029	Requested By:	John Startt
Date/ Time Collected:	4/17/2013 1250	Source:	Well Water
Date/Time Rec'd:	4/17/2013 1500	Site:	Utility Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	6.8
		Well #:	HO-95-2346

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2013 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2013 / 0900 / CCH
Nitrate	<1.0	mg/L	10	601	4/17/2013 / 1645 / CCH
Turbidity	7.54	NTU	<10	SM18 2130B	4/17/2013 / 1450 / LLO
Sand	NS	mg/L	5	Visual/Gravimetric	4/17/2013 / 1450 / LLO

John Startt
(410) 984-2785

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B12002270

Date Reported: 4/18/2013

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

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Location:	6538 Haviland Mill Road Clarksville, MD 21029	Requested By:	John Startt
Date/ Time Collected:	4/17/2013 1250	Source:	Well Water
Date/Time Rec'd:	4/17/2013 1500	Site:	Utility Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	6.8
		Well #:	HO-95-2346

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2013 / 0900 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2013 / 0900 / CCH
Nitrate	✓ <1.0	mg/L	10	601	4/17/2013 / 1645 / CCH
Turbidity	✓ 7.54	NTU	<10	SM18 2130B	4/17/2013 / 1450 / LLO
Sand	✓ NS	mg/L	5	Visual/Gravimetric	4/17/2013 / 1450 / LLO

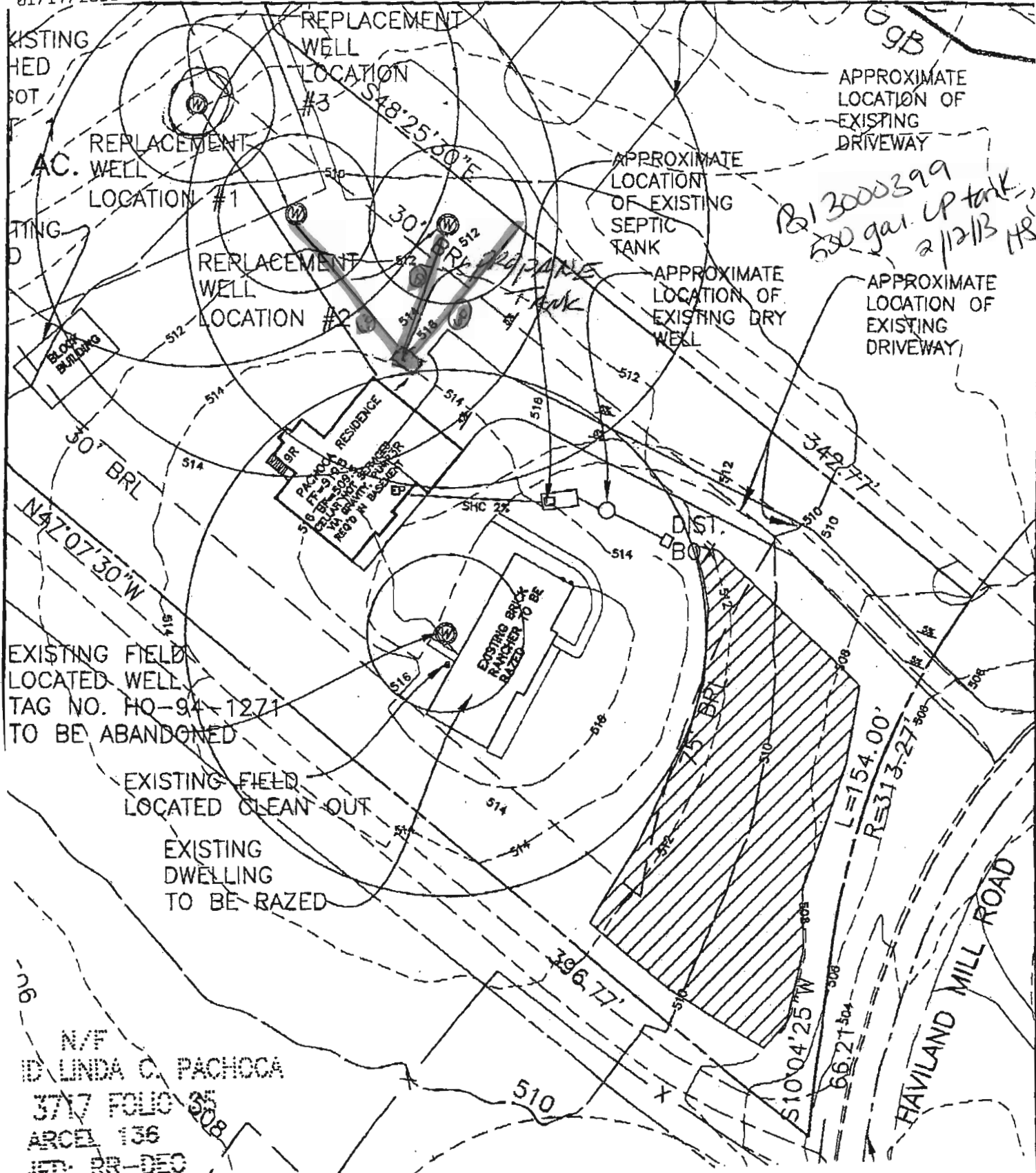
*Results OK
5/2/13 HRS*

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
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- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B12002270

Date Reported: 4/18/2013



*21300399
500 gal. UP tank
2/12/13 HS*

EXISTING FIELD
LOCATED WELL
TAG NO. HO-94-1271
TO BE ABANDONED

EXISTING FIELD
LOCATED CLEAN OUT

EXISTING
DWELLING
TO BE RAZED

WELL EXHIBIT
JULIUS HOOVER PROPERTY
LOT 1

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 7-24-2012

N/V
LINDA C. PACIOCA
3717 FOLIC 85
ARCEL 136
RED: RR-DEC



6540 HAVILAND MILL

June 1, 1989

Craig Williams, Director,
Water & Sewer Program,
Bureau of Environmental Health
3525 Ellicott Mills Dr. Suite H.
Ellicott City, Md. 21043

Dear Mr. Williams,

I am applying to the Maryland Office on Aging under Section 11, Chapter 14-11-07, Article 70B of the Annotated Code of Maryland for a certificate to operate a Senior Assisted Housing Group Home. That facility will be located at 6540 Haviland Mill Road, Clarksville. This property is currently owned by Katherine Hern.

The tax account number is shown as 342570. The property had a new well drilled within the past three years. The property contains 5 bedrooms and the intended occupancy at this time will be five people.

I need a letter of opinion from your office stating that the water and sewer facilities at the above property are sufficient for the number of people stated above.

Please send reply to Linda Pachoca, 7637 Ridge Road, Hanover, Md 21076.

Sincerely

Linda Pachoca

Linda Pachoca

NOT A RECENT WELL
PER PREVIOUS OWNER - KATHY HERN

Seen 8/1/89
C. B. E.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

August 11, 1989

Ms. Linda Pachocha
7637 Ridge Road
Hanover, Maryland 21076

RE: Senior Assisted Group Home
6540 Haviland Mill Road
Clarksville, Maryland

Dear Ms. Pachoca:

This is to advise that this office has no objection to conversion of the above referenced property to a senior assisted group home.

A site inspection conducted August 1, 1989 revealed no visual indication of a current problem with the well or septic system. This review does not constitute a prediction of future operation.

It is recommended that a satisfactory water sample result be obtained prior to final occupancy approval. Should an addition to the current structure be proposed, more formal evaluation of septic capacity would be required.

If you have any questions relative to this matter, please call me at 461-9933.

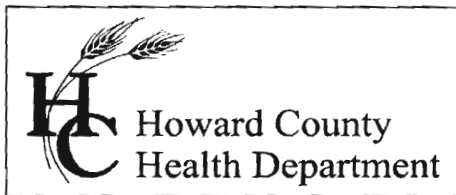
Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Diane Perry, In-Home Services Coordinator
Department of Citizen Services
Office On Aging

File




Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

Sent via email jstartt@jstbuilders.com

TO: John Startt

FROM: Kevin M. Wolf, R.S., R.E.H.S. 
HCHD, Well & Septic Program
Groundwater Mgmt. Sec.

DATE: June 19th, 2012

RE: **6538 Haviland Mill Road**
Clarksville, MD 21029
M. 34, G.19 P. 383- 3.5600 AC
(Demolition of existing house – Rebuild new dwelling)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The existing pit well that served the existing dwelling will be utilized for the new house. The well will need to be brought up to code by a Maryland Licensed Well Driller according to *COMAR 26.04.04 Well Construction*. This includes the installation of a submersible pump with casing securely attached and brought above grade with an approved 2 piece cap. The Plumbing must be disconnected and capped off before demolition. Protective devices should be placed around the well to prevent any damage during demolition. These precautions should remain in place during the demolition process.

The existing septic system must be properly capped off and protected during demolition as it will be utilized for the new house.

If you intend to build a new structure(s) or any other structure(s) on this property in the future, the Approving Authority may require additional percolation testing, relocation of existing well and/or septic components, or submission of required Health Department plans. Please refer to our website for further details www.hchealth.org.

If any problems arise concerning the well and/or septic systems during demolition, please notify this office immediately.

If any wells or septic systems are found during site work, you must notify this office immediately!

KMW
Cc: File