

C1 52432

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, Med Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE, Nominal diameter, Total depth of main casing

OTHER CASING (if used) diameter, depth

SCREEN RECORD, screen type or open hole, DEPTH (nearest ft.)

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LATITUDE 39.18539, LONGITUDE 76.99653 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04.

B 1	32980	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 559813-V please type	STATE PERMIT NUMBER HO - 17 - 0120 <small>fill in this form completely</small>
------------	--------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 4/16/18

8 MM DD YY 13

15 Last Name Owner First Name 34
Elm Street Development

36 Street or RFD 55
1555 Beverly Rd, Suite 240

57 Town 70 State 72 Zip 76
McClean, VA 22101

LOCATION OF WELL

B 3

8 COUNTY 21
Howard

23 SUBDIVISION 42
Mill Creek

SECTION 44 46 LOT 48 50
23

52 NEAREST TOWN 71
Clarksville

DRILLER INFORMATION

Driller's Name 76 License No. 81
Michael Barone M 355

Firm Name
Barone Well Drilling

Address
522 Underwood Ln, Bel Air 21014

Signature Date
[Signature] 11-3-16

SOURCES OF DRILLING WATER

B 4

1. Well

11 STREET ADDRESS 30
Haviland Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH

34 500 37 DISTANCE FROM ROAD FT
500

ENTER FT OR MI 38 39
FT

TAX MAP: 39 BLK: 6 PARCEL 0001

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
750

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 555364D 13
COUNTY NAME COUNTY NO.

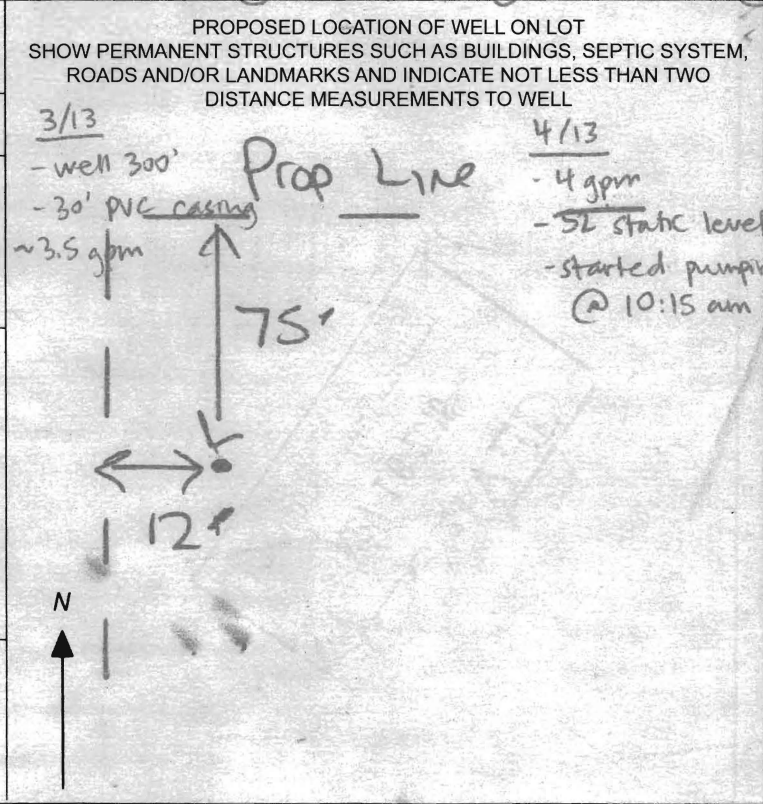
STATE SIGNATURE INSERT S →

DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE
3/16/17 [Signature] 3/16/18

DON: 3/13/17 DOG: 3/16/17 DOY: 4/13/17

APPROXIMATE DEPTH OF WELL 24 28 FEET
300

APPROXIMATE DIAMETER OF WELL NEAREST INCH
6



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

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

39 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 _____ 52

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

APPROP. PERMIT NUMBER HO 2016G002

PERMIT No. HO - 17 - 0120
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS SEE ATTACHED MEMO

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	April 13, 2017		
Well Depth:	300	feet	
Customer	Elm Street Development	Permit #	HO-17-0120
Road	Haviland Mill Road	Subdivision	Mill Creek
City	Clarksville	Section	
State	Maryland	Lot #	23

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	52	4	15.00
10:00 AM	100	8	7.50
10:15 AM	145	15	4.00
10:30 AM	150	20	3.00
10:45 AM	150	20	3.00
11:00 AM	148	20	3.00
11:15 AM	148	20	3.00
11:30 AM	146	20	3.00
11:45 AM	146	20	3.00
12:00 PM	146	20	3.00
12:15 PM	144	20	3.00
12:30 PM	144	20	3.00
12:45 PM	144	20	3.00
1:00 PM	144	20	3.00
1:15 PM	142	20	3.00
1:30 PM	142	20	3.00
1:45 PM	142	20	3.00
2:00 PM	142	20	3.00
2:15 PM	142	20	3.00
2:30 PM	142	20	3.00
2:45 PM	142	20	3.00
3:00 PM	142	20	3.00
3:15 PM	142	20	3.00
3:30 PM	142	20	3.00
3:45 PM	142	20	3.00
4:00 PM	142	20	3.00
4:15 PM	142	20	3.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

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: Fogies Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
 Address: 580 Obrecht 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): David C. Fogle License # MSD226

*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: NUR INC Telephone #: _____
 Subdivision: Mill Creek Lot #: 23 Well Tag #: HO-17-0120 ✓ 06/06/2008
 Site Address: 13805 Mill Creek Ct
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7SB05422</u>	Model #: <u>N/A</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>3</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4
 Torque anastors, 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 N/A

BURIED. NEED REP (D)

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (50 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

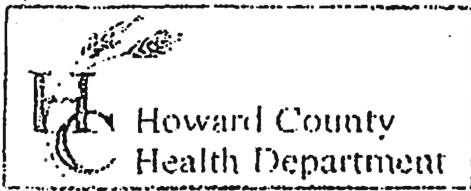
Signature of company representative responsible for installation: David C. Fogle date: 6-5-18

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

Date Insp. Requested: 06/06/2008 Date Insp. Approved: 6/26/18 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	✓	36"	6/6/2008 (D)
Two piece cap installed and attached to casing securely	✓		
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	✓	34"	6/6/2008 (D)
Safety rope not outside of well casing	✓		
Correct well tag attached properly and casing 8" above finished grade	✓	38"	6/6/2008 (D) + 2" w/cap
Water supply line sleeved adequately at house connection	✓	9.5	6/6/2008 (D)
Adequate grout observed below pitless adapter	✓		





Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, 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:

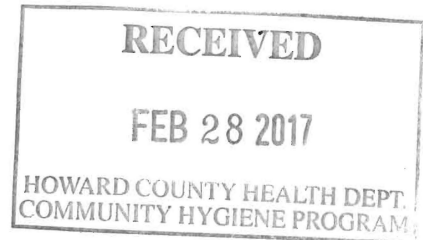
INDIVIDUAL well sites have been staked for Mill Creek

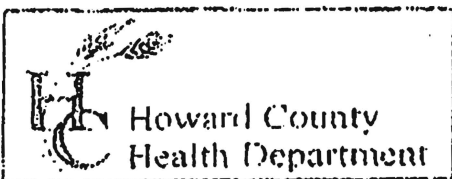
The well site has been staked by Bohler Engineering,
(professional land surveyor or company employing professional land surveyors)
on 2/24/17 (date) and does not require a site inspection.

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 6/10/03





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, 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:

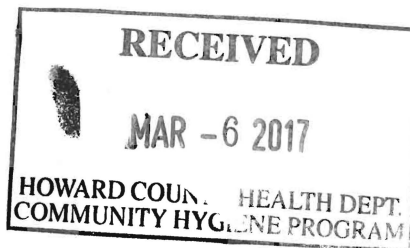
All individual well sites for lots 2-23 of Mill Creek are staked + properly labeled

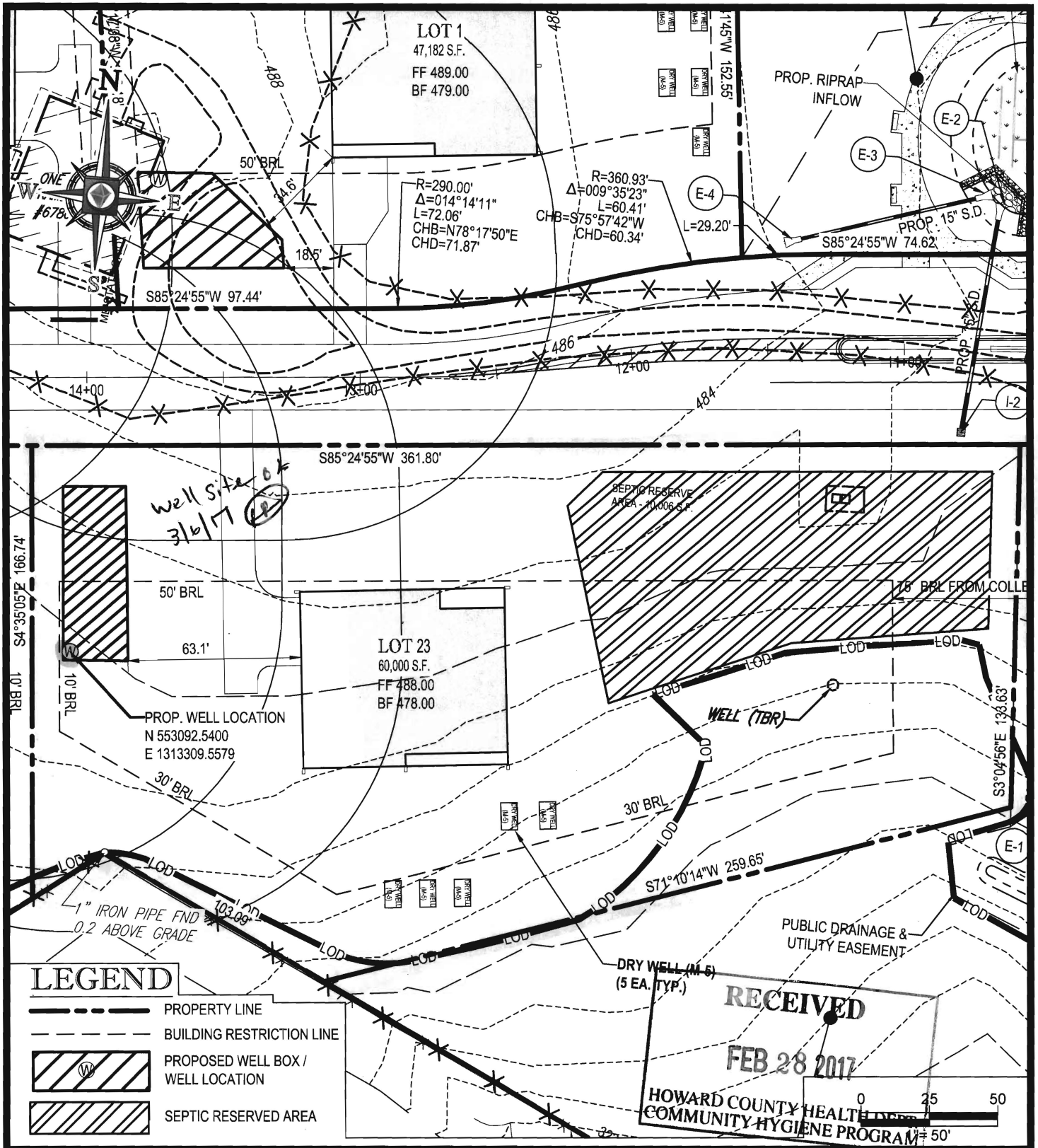
The well site has been staked by Bohler Engineering,
(professional land surveyor or company employing professional land surveyors)
on 3/3/17 (date) and does not require a site inspection.

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 6/10/03





PROJECT NAME: **MILL CREEK SUBDIVISION**
PROPOSED LOTS 1-23 & NONBUILDABLE PRESERVATION PARCEL A - G HO-17-0120
 6780 HAVILAND MILL ROAD, CLARKSVILLE, MD

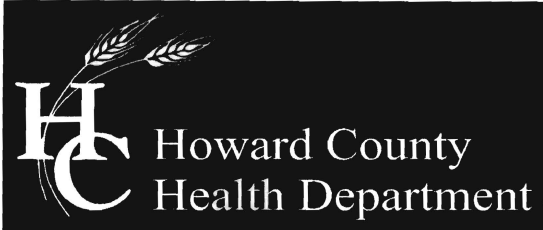
SHEET TITLE:
WELL EXHIBIT - LOT 23
 1 OF 1

SCALE: 1" = 50'	DATE: 11-01-16	CAD ID: EXO	PROJECT NUMBER: MD142038
--------------------	-------------------	----------------	-----------------------------



BOHLER
ENGINEERING™

22636 DAVIS DRIVE, SUITE 250 STERLING, VA 20164
 PHONE: (703) 709-9500 FAX: (703) 709-9501



Bureau of Environmental Health


8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

LOT 23

MEMORANDUM

TO: Barlow Well Drilling

FROM: Ryan Rappaport, L.E.H.S. 
Well and Septic Program

DATE: March 1, 2017

RE: **State Water Appropriation and Use Permit for Crawford Property/Mill Creek Subdivision #HO2016G002(01) & Special Conditions**

The State Water Appropriation and Use Permit for the Crawford Property/Mill Creek Subdivision has a requirement regarding well spacing and testing:

15. The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with well construction standards.

The lots of the Crawford Property/Mill Creek Subdivision that are less than an acre are lots 2, 3, 12, 13 and 18. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

SPECIAL CONDITIONS

- All drilling, grouting and yields must be called into the Health Department for inspection. Call 410-313-1771 for scheduling.
- Since all 23 lots have the well locations staked and not the lot's well boxes it is required that if during the drilling a dry hole is encountered, the Health Department must be notified immediately before any additional drilling is completed on that particular lot.
- The wells on lots 1, 7, 15 and 19 will require TDS, sodium and chloride water samples during the yield test.
- The wells on lots 20 and 21 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.

Feel free to contact me with any questions at 410-313-1781 or RRappaport@howardcountymd.gov.

Cc: File

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

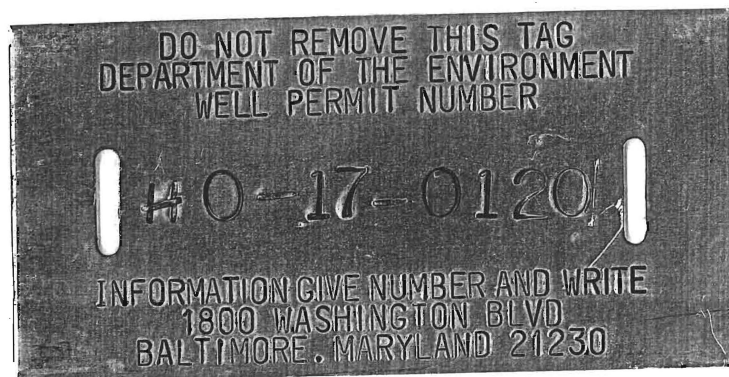
May 25, 2018

Fogle's Well Drilling
PO Box 202
Woodbine, MD 21797

Dear Fogle's,

Attached is a replacement well tag for Mill Creek Lot 23, #HO-17-0120.

Thank you,
Sarah Collins



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 11, 2019

July 11, 2018

Homeowner
13805 Mill Creek Court
Clarksville, MD 21029

RE: Mill Creek, Lot 23
13805 Mill Creek Court
Building Permit: B18000475
Well Permit: HO-17-0120

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/29/2018**. Final approval of the well line connection to the dwelling was granted on **6/26/2018**. The well construction was completed on **4/13/2017**. Water samples were collected on **7/3/2018**.

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-17-0120. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

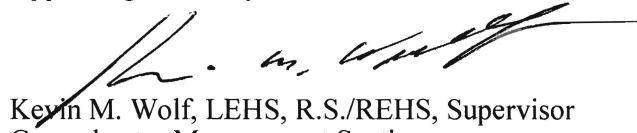


Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

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 #: 123066 Account #: 1933
Reference: Mill Creek Model Lot 23 Company: Fogles Well Pump & Treatment
Location: 13805 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 7/3/2018 1100 Site: Pressure Tank
Date/Time Rec'd: 7/3/2018 1425 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: A. Berchock 1233AB Well #: HO-17-0120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/4/2018 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/4/2018 / 0930 / CCH
Nitrate	4.67	mg/L	10	601	7/3/2018 / 1600 / CRS
Turbidity	3.93	NTU	<10	SM20 2130B	7/3/2018 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/3/2018 / 1630 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 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 and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B18000475

Date Reported: 7/5/2018

Attention:

- All lots must have 100 foot well separation or be simultaneously yield tested.

-See GAP Note

- All wells on lots not in cul-de-sac must have initial well drilled on back edge of well box to maximize the separation from roadside swale.

-See e-mail in well folder in sub file.

Thanks

Dana

11/15/16