

C1 40724 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 C.A.S. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED 11/20/17 DATE WELL COMPLETED 08 21 17 Depth of Well 600 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 17-0117

OWNER Elm Street Development WELL SITE ADDRESS HAVILAND M. 1120 TOWN CLARKSVILLE SUBDIVISION Mill Creek SECTION _____ LOT 20

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	
Soil	0	5	
Brown Shale	5	37	
Med Gray Rock	37	600	✓
		380	✓

Well #1 - 300' Deep
Dry - Backfilled
39.18512
76.99860
Drill cuttings from 300 to 25. cement from 25 to 0

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Well **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) GROUT

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 21 NO. OF POUNDS 1515

GALLONS OF WATER 105

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 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) 6 Total depth of main casing (nearest foot) 300

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.4

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.

WHEN PUMPING 162 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

NUMBER OF UNSUCCESSFUL WELLS: 1

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. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRO 113

C2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

HO 50 600

DIAMETER OF SCREEN _____ (NEAREST INCH) _____

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

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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 } _____ (nearest foot)

LATITUDE 39.18512
LONGITUDE 76.99860
(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

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

TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

70 _____ 72 _____ 74 75 78 _____

MDE/WMA/PER.071 COUNTY

B 1 32977

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-17-0117

55843-8 please type

fill in this form completely

Date Received (APA)

7/16/18

OWNER INFORMATION

21m Street Development
1555 Beverly Rd, Suite 410
McClean, VA 22101

B 3

LOCATION OF WELL

Howard
Mill Creek
20
Clarksville

DRILLER INFORMATION

Michael Barlow MWD 3551
Barlow Well Drilling
522 Underwood Ln, Bel Air 21014
11-3-16

B 4

SOURCES OF DRILLING WATER

1. Well

Haviland Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD 800 FT
ENTER FT OR MI

TAX MAP: 39 BLK: de PARCEL 001

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 150 GAL. PER DAY

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

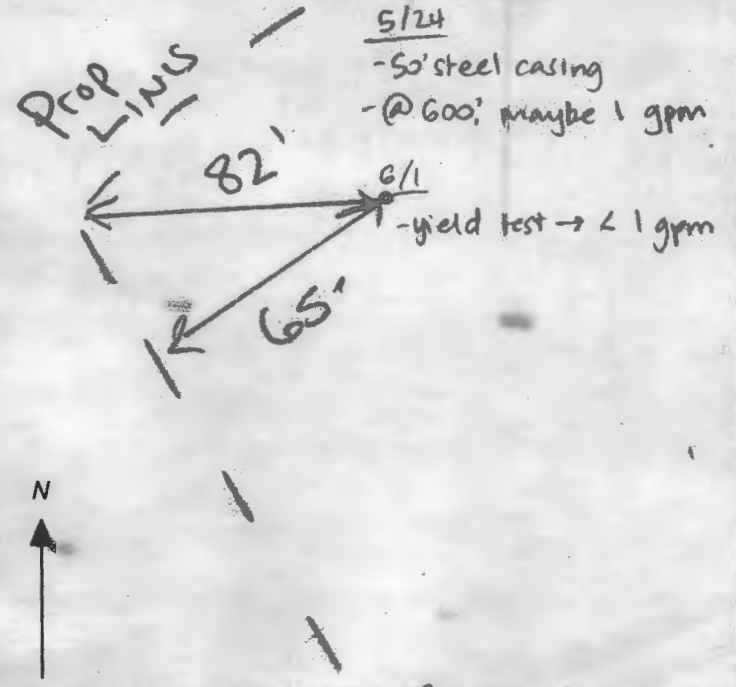
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 555 364-A 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/6/17 CO SIGNATURE 3/6/18 EXP. DATE

DNI
DON: 5/24/17 DOG: 5/26/17 DOY:

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
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
- 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)

APPROP. PERMIT NUMBER HO 2016 0002
PERMIT No. HO-17-0117

SPECIAL CONDITIONS

SEE ATTACHED MEMO Steel casing to soft or 10 ft in to bedrock whichever is deeper



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:	August 19, 2017		
Well Depth:	600	feet	
Customer	Elm Street Development	Permit #	HO-17-0117
Road	Haviland Mill Road	Subdivision	Mill Creek
City	Clarksville	Section	
State	Maryland	Lot #	20

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
7:30 AM	41	4	15.00
7:45 AM	147	6	10.00
8:00 AM	171	60	1.00
8:15 AM	168	60	1.00
8:30 AM	166	54	1.11
8:45 AM	165	54	1.11
9:00 AM	165	54	1.11
9:15 AM	165	54	1.11
9:30 AM	165	54	1.11
9:45 AM	164	54	1.11
10:00 AM	164	54	1.11
10:15 AM	164	54	1.11
10:30 AM	164	54	1.11
10:45 AM	164	54	1.11
11:00 AM	164	54	1.11
11:15 AM	164	54	1.11
11:30 AM	163	54	1.11
11:45 AM	16	54	1.11
12:00 PM	163	54	1.11
12:15 PM	163	54	1.11
12:30 PM	163	54	1.11
12:45 PM	163	54	1.11
1:00 PM	163	54	1.11
1:15 PM	162	54	1.11
1:30 PM	162	54	1.11
1:45 PM	162	54	1.11
2:00 PM	162	54	1.11
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)513-1771 FAX: (410)513-2648

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 2580 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. Foale License #: MSPDZZ6

*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: NVR INC Telephone #: _____
 Subdivision: Mill Creek Lot #: 20 Well Tag #: HO-17-0117
 Site Address: 13835 Mill Creek Ct
Clarksville, MD 21024

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Lampbe II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7HS104ZZ</u>	Model #: <u>NA</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>1.1</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>600</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 17.3.4
 Torque wrenches, Cable guards, or other acceptable method used - Must circle one
 Safety rope, if used, attached to brass rope adaptor or other acceptable method inside of well casing: NA

Piping to house	House Connection
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>

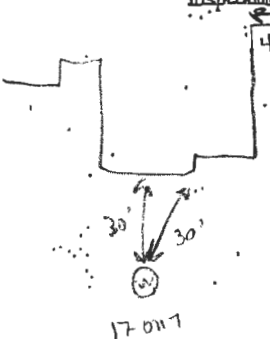
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C. Foale date: 3/18/19

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

Date Insp. Requested: 3/19/19 Date Insp. Approved: 3/19/19 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well casing	<u>✓</u>
Correct well tag attached properly and casing 5" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate ground observed below pitless adapter	<u>OK</u> → casing added



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 05, 2019

June 5, 2019

Homeowner
13835 Mill Creek Court
Clarksville, MD 21029

RE: Mill Creek, Lot 20
13835 Mill Creek Court
Building Permit: B18004108
Well Permit: HO-17-0117

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 **5/22/2019**. Final approval of the well line connection to the dwelling was granted on **3/19/2019**. The well construction was completed on **8/21/2017**. Water samples were collected on **5/8/2019, 5/28/2019**.

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-17-0117. 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

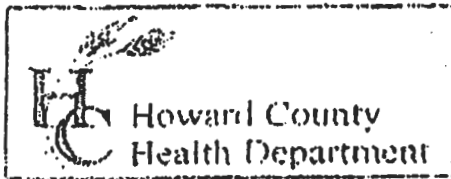
Maura J. Rossman, M.D., Health Officer

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



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:

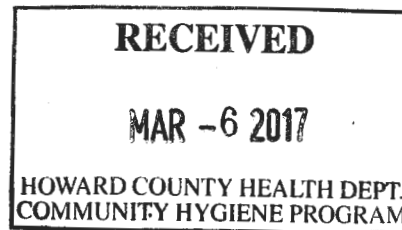
All individual well sites for lots 2-23 of Mill Creek are staked + properly labeled

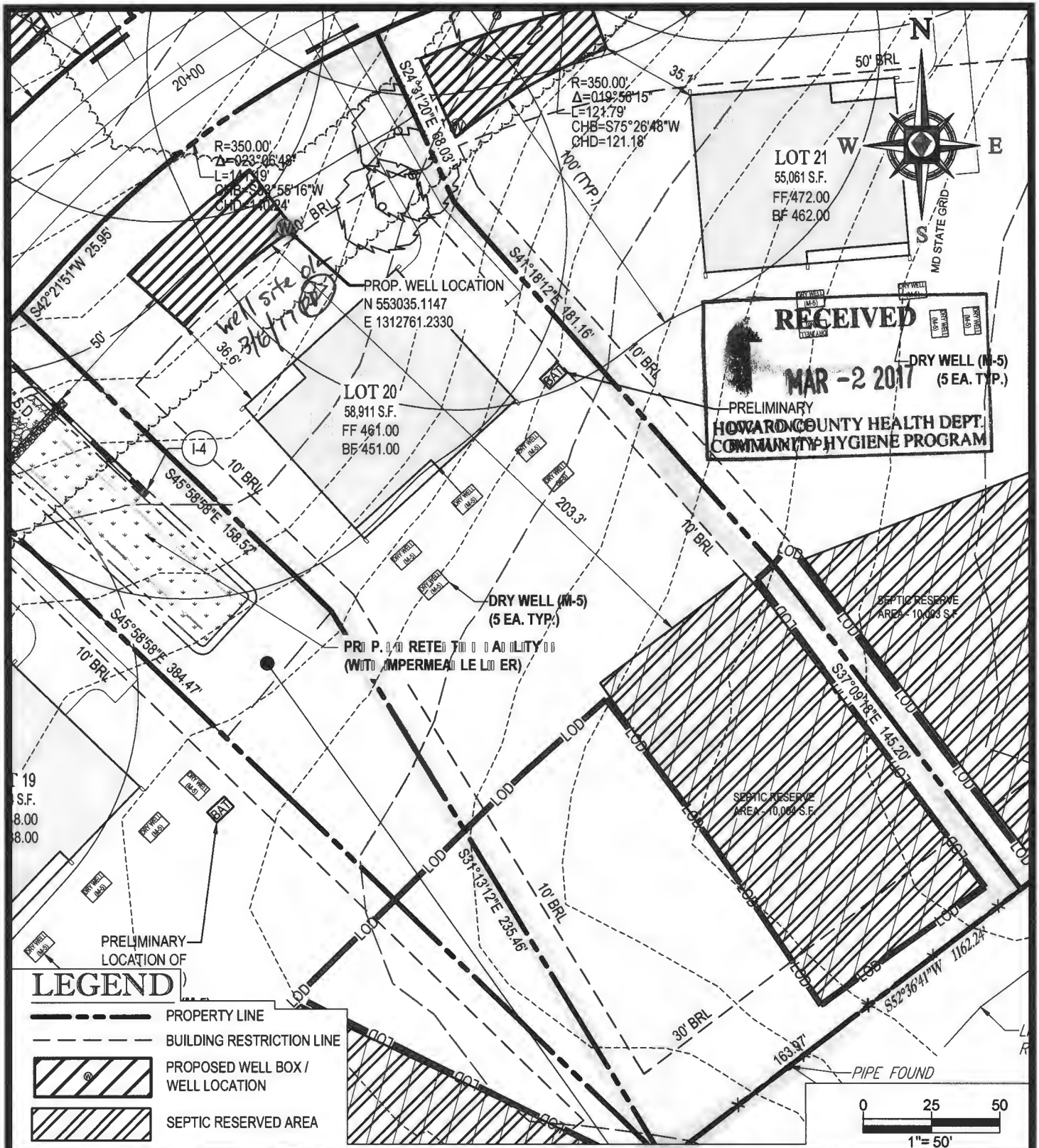
The well site has been staked by Bohler Engineering, Labeled
(professional land surveyor or company employing professional land surveyors)
on 3/3/17 (date) and does not require a site inspection.

- 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-17-0117
 6780 HAVILAND MILL ROAD, CLARKSVILLE, MD

SHEET TITLE:

WELL EXHIBIT - LOT 20
 1 OF 1



BOHLER
 ENGINEERING™

SCALE: 1" = 50'	DATE: 01-04-17	CAD ID: EXD	PROJECT NUMBER: MD142038
--------------------	-------------------	----------------	-----------------------------

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

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 #: 129973 Account #: 1933
Reference: Mill Creek Lot 20 Company: Fogles Well Pump & Treatment
Location: 13835 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/8/2019 0900 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/8/2019 1430 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: B. Wilkerson 9315BW Well #: HO-17-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/9/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/9/2019 / 0900 / CRS
Nitrate	<1.0	mg/L	10	601	5/8/2019 / 1515 / CRS
Turbidity	NS	NTU	<10	SM20 2130B	5/8/2019 / 1540 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/8/2019 / 1540 / 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 18004108

Date Reported: 5/9/2019

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 #: 130314 Account #: 1933
Reference: Mill Creek Lot 20 Company: Fogles Well Pump & Treatment
Location: 13835 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/28/2019 0815 Site: Pressure Tank
Date/Time Rec'd: 5/28/2019 1150 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: B. Wilkerson 9315BW Well #: HO-17-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron ✓	<u>1.07</u>	mg/L	0.3*	FR, 45 (126)	5/29/2019 / 1000 / RER
Turbidity	22.4	NTU	<10	SM20 2130B	5/29/2019 / 0920 / RER

Raw Iron

NOTES

- 1 **Prior to Sediment Filter/Softener/Neutralizer
- 2 *SMCL = Secondary Maximum Contaminant Level
- 3 mg/L = milligrams per liter (also, parts per million)
- 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18004108

Date Reported: 5/29/2019

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 #: 130315 Account #: 1933
Reference: Mill Creek Lot 20 Company: Fogles Well Pump & Treatment
Location: 13835 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/28/2019 0815 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/28/2019 1150 Treatment: Sediment Filter/Softener/Neutralizer
Chlorine ppm: Free: ND Total: ND pH: 8.4
Collected By: B. Wilkerson 9315BW Well #: HO-17-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.94	NTU	<10	SM20 2130B	5/29/2019 / 0920 / RER
Iron	0.25	mg/L	0.3*	FR, 45 (126)	5/29/2019 / 1000 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 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 # : 18004108

Date Reported: 5/29/2019



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 20

MEMORANDUM

TO: Barlow Well Drilling

FROM: Ryan Rappaport, L.E.H.S. (RR)
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

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: 8/21/17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Michael Barkow WELL DRILLER'S LICENSE NUMBER: 355

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Elm Street Development

* WELL LOCATION: Howard

COUNTY: _____

NEAREST TOWN: Clarksville

TAX MAP 39 BLOCK PARCEL 0001

SUBDIVISION: Mill Creek

SECTION: _____ LOT: 20

STREET ADDRESS: HAULAND MILL RD

LATITUDE 3 9 18 5 1 2 - -

LONGITUDE 7 6 9 9 8 6 0 - -

SITE LOCATION MAP

Drilled within staked Well Area

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Drill cuttings</u>	<u>300</u>	<u>25</u>
<u>Cement Grout</u>	<u>25</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>525 lbs Grout</u>		

* 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) DRY PACK

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

WAS ANY CASING REMOVED? ___ YES ___ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ___ YES ___ NO

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.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 355

MWD / MSD / MGS

CIRCLE ONE

COUNTY _____

12/18/17

DATE

