

C1 26558 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

ST/CO USE ONLY DATE RECEIVED 10/15/15 DATE WELL COMPLETED 07/18/15 Depth of Well 185 PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-15-0042

OWNER Bassler Ventures LLC WELL SITE ADDRESS GRATE MYRTLE CT TOWN CLARKSVILLE MD SUBDIVISION WALNUT CREEK PHASE 4 SECTION LOT 150

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	2	
Sandy	2	15	
Sand Stone	15	22	✓
MICKA White	22	50	
Sand Stone	50	55	✓
MICKA Blue	55	140	
Sand Stone	140	145	✓
White MICKA	145	185	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
NO. OF BAGS 9 NO. OF POUNDS 500
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 28

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
BRONZE PLASTIC OTHER

C 2 DEPTH (nearest ft.)
1 2 HO 26 185
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 8.5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 48 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)

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 SD 113
DRILLERS SIGNATURE
LIC. NO. D

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

COORDINATE 39.25725
LONGITUDE 76.96433
(DEFAULT COORD. WGS 84)
NOTES:
9 bags = 3.5 bags

B 1 26892

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-15-0042 fill in this form completely

555791-L please type

Date Received (APA) 04/01/15

OWNER INFORMATION

BASSLER Venture LLC, PO BOX 482, LISBON MD 21765

LOCATION OF WELL

Howard COUNTY, WALNUT CREEK Phase IV, CLARKSVILLE MD

DRILLER INFORMATION

RAYL MAYNE M S D 112, RAYL MAYNE well DRILLING, 17024 Handy Rd Mt. Airy MD 21771

SOURCES OF DRILLING WATER

GRAPE MYRTLE CT, 225 STREET ADDRESS, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 28 FT, TAX MAP: 28, PARCEL 49

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- USE FOR WATER (CIRCLE APPROPRIATE BOX): DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, OPEN LOOP GEOTHERMAL, CLOSED LOOP GEOTHERMAL

Howard COUNTY, AS20385 COUNTY NO., STATE SIGNATURE, DATE ISSUED 4/20/15, CO SIGNATURE SEL CLK, EXP. DATE 4/20/16

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTARY, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVERSE-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 DEEPEAN AN EXISTING WELL

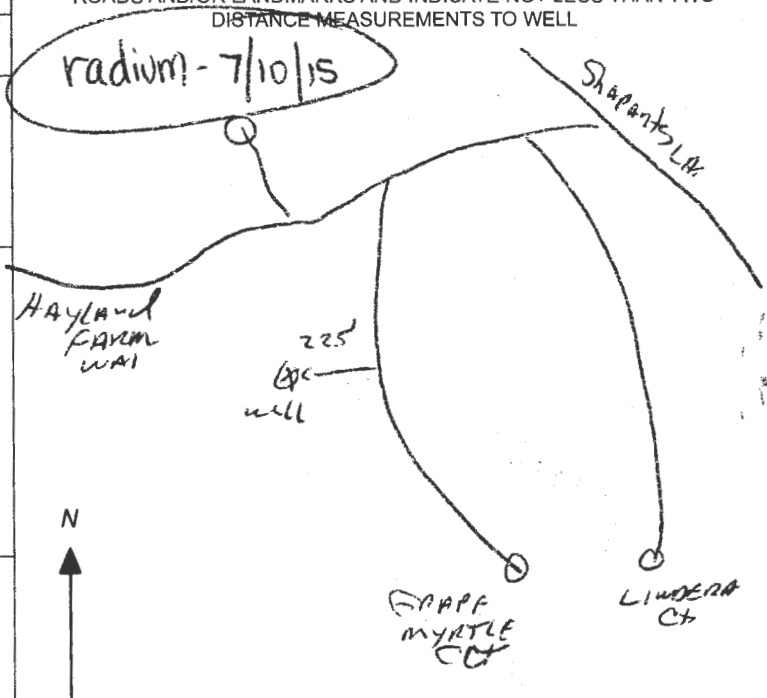
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER H 0 2 0 0 6 0 2 0

PERMIT No. 10-15-0042

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

Wells must be 100' apart and 100' from grinder

© COUNTY pit. Radium sample required at yield.

C1 57298

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER XIII

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 2/21/2013

DATE WELL COMPLETED 5-16-19 APP PERMITS 07/31/2019 Depth of Well 445 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-18-0069

OWNER Subedi Hari Tinkles WELL SITE ADDRESS 16455 Frederick Rd TOWN Woodbine, MD SUBDIVISION Stanley Miller SECTION LOT 8

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries like Top Soil, Brn Clay, Red silty clay, Brn Red Clay, Brn shale, Weathered Rock, Gng Rock, Med Gng hard Rock.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (12), NO. OF ROUNDS (600), GALLONS OF WATER (300), DEPTH OF GROUT SEAL (110).

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (110).

OTHER CASING (if used) table and SCREEN RECORD form including: screen type (ST, BR, HO), insert appropriate code below.

PUMPING TEST form including: HOURS PUMPED (4), PUMPING RATE (6.5), METHOD USED TO MEASURE PUMPING RATE (Timed bucket), WATER LEVEL (54 ft before, 280 ft when pumping), TYPE OF PUMP USED (A).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,F,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (47).

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test 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...

DRILLERS LIC. NO. MFD 106, DRILLERS SIGNATURE, LIC. NO. D

DEPTH (nearest ft.) table with columns 8-21, 23-36, 38-51. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (NEAREST INCH).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) including TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.33943, LONGITUDE 77.08340 (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.

Timberlake

04-334892

EMERGENCY/TEMP NO. IF ANY

B 1	SEQUENCE NO. (MDE USE ONLY) 63675	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 18 - 0069 fill in this form completely
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Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Subedi Hari Bhakter Om Nath
15 Last Name Owner First Name 34
3032 Hewitt Ave Apt 221
36 Street or RFD 55
Silver Spring MD 20906
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21
Stanley B Miller
23 SUBDIVISION 42
8
SECTION 44 46 LOT 48 50
~~nearby~~ **Woodbine**
52 NEAREST TOWN 71
(SW Rte 144)

DRILLER INFORMATION

Driller's Name **Marshall Arnette M S D 106** License No. 81
Firm Name **Allied Well Drilling**
Address **PO Box 129 Annapolis Junction MD 20701**
Signature **Marshall Arnette** Date **04/26/19**

B 4 SOURCES OF DRILLING WATER

1. **Public**
2.
3.

11 STREET ADDRESS **16455 Frederick Rd** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **40'** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **0007** BLK: **-** PARCEL **0467**

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

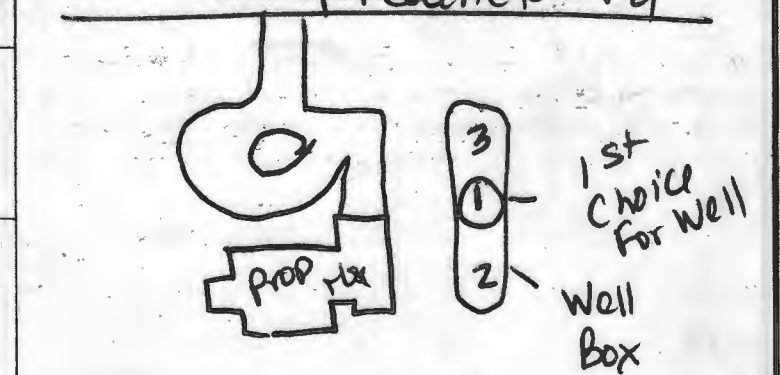
Howard COUNTY NAME 13 COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **5/9/19** **AKA** 5/9/20
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

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 Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
other _____



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. **HO - 18 - 0069**
70 71 72 73 74 75 76 77 78 79

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.

Timberlake



SPECIAL CONDITIONS **Water samples required @ yield: sodium chloride total dissolved**

C1 57298

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 Subedi Hari Bhalde WELL SITE ADDRESS 16455 Frederick Rd TOWN Woodbone, MD SUBDIVISION Stanley B Miller SECTION LOT 8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, Brn Clay, Red silty clay, Brn Red clay, Brn shale, Weathered Rock, Gng Rock, Med Gng hard Rock.

GROUTING RECORD form including fields for GROUTING RECORD, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF ROUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form including diameter and depth fields.

SCREEN RECORD form including screen type or open hole, and fields for screen diameter and slot size.

DEPTH (nearest ft.) table with columns for depth intervals and values.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T, W, Q, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LATITUDE 39.33943 LONGITUDE 77.08340 (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.

Timberlake

C 1 - 57298

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 5-16-19

Depth of Well 445 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0069

OWNER Subedi, Hari Bhakta WELL SITE ADDRESS 16455 Frederick Rd TOWN Woodbine, MD SUBDIVISION Stanley P Miller SECTION LOT 8

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top Soil, Brn Clay, Red silty clay, Brn Red Clay, Brn shale, Weathered Rock, Gng Rock, Med Gng hard Rock.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, B/C), NO. OF BAGS (12), NO. OF POUNDS (600), GALLONS OF WATER (300), DEPTH OF GROUT SEAL (110).

CASING RECORD Form: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (110).

OTHER CASING (if used) Form: diameter, depth.

SCREEN RECORD Form: screen type (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) Form: 1 40, 2 110, 3 445.

DIAMETER OF SCREEN (NEAREST INCH) Form: 56, 60.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) Form: T, W Q, LOG INDICATOR, OTHER DATA.

PUMPING TEST Form: HOURS PUMPED (4), PUMPING RATE (80.5), METHOD USED TO MEASURE PUMPING RATE (Tumbler/Bucket), WATER LEVEL (54 ft. before, 280 ft. when pumping), TYPE OF PUMP USED (air).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above), LAND SURFACE (1 foot).

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y).

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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...

DRILLERS LIC. NO. 1 M 15 D 106, DRILLERS SIGNATURE (Maschal), LIC. NO. 1 D.

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

LATITUDE 39.33943, LONGITUDE 77.08340 (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...

C1 57298 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 COAS 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5-16-19

Depth of Well 22 445 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0069

OWNER Subedi Hari Bhalde WELL SITE ADDRESS 16455 Freeland rd TOWN Woodlawn, MD SUBDIVISION Slating 6 Miller SECTION LOT 8

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top soil, Brn Clay, Red silty clay, Brn Red clay, Brn Shale, Weathered rock, Gray Rock, Med Gray hard Rock.

GRROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (12), NO. OF POUNDS (600), GALLONS OF WATER (300), DEPTH OF GROUT SEAL (0 to 110 ft).

CASING RECORD Form: MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (110).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD Form: screen type or open hole (ST, BR, HO), insert appropriate code below.

DEPTH (nearest ft.) Table with columns for casing diameters and depths.

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

PUMPING TEST Form: HOURS PUMPED (4), PUMPING RATE (6.5), METHOD USED TO MEASURE PUMPING RATE (Trough/Bucket), WATER LEVEL (54 ft before, 240 ft when pumping), TYPE OF PUMP USED (A - air).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above/below land surface).

LATITUDE 39.33943 LONGITUDE 77.08340 (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.

Imberlake

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

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: Allied Well Drilling Telephone #: 301-776-8370
Address: P.O. Box 129
Annapolis Junction, MD 20701

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Marshall Arnette License# MD0106

***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: Subedi Telephone #: _____
Subdivision: Stanley R. Miller Lot #: 8 Well Tag #: HO-18-0069 (ST)
Site Address: 10455 Frederick Rd
Woodburn, MD

Submersible Pump Data

Make: Franklin
Model #: 7512154
Pump Capacity: 7
Well Yield: 8

Pitless Adapter

Make: Campbell +
Model#: 2010-024
GPM Depth: 38' (36" min)
GPM 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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

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

Piping to house

Type: 4" DP
PSI: 200 (160 psi min)
Depth of supply line: 38' (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 12/27/19

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

Date Insp. Requested: 12/26/19 Date Insp. Approved: 12/27/19 Inspector: (ST)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 42"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 26"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 17"
Water supply line sleeved adequately at house connection not exposed 12/27/19 ✓ (ST)
Adequate grout observed below pitless adapter

(Revised form 10/24/2018)

HOME LAND LABS



180114 Date Due: 12/18/2
Client: Hague Quality Water
Project:

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
(443) 505-8375
MD Lab # 353

108 Old Solomons Island Road, Suite L2
Annapolis, MD 21401
(410) 224-4304
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
(410) 224-4304
MD Lab # 139

Client Name: HAGUE

Email Address: TEDWARDS@HAGUEWATER.COM

Phone Number: 410-353-8501

Property Address: FREDERICK RD
16455 FREDERICK
WOODBINE, MD 21797

Field Collection Information

Sampler Name: TIM EDWARDS

Sampler ID #: TE 8309

Date and Time Sampled: 12/17/19 9:00AM

Well Tag Number: _____

Field pH: 5.6

Field Chlorine (mg/L): 0

Sand: 0

Clarity: GOOD

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point: <u>PRESSURE TANK</u>		Water Conditioning:	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrates, pH, Turbidity)
- FHA/VA (Bacteria, Nitrates, Nitrites, pH, Turbidity, Lead and Iron)
- Bacteria
- Lead
- Nitrates
- Iron
- Gross Alpha
- Saltwater Intrusion
- Arsenic
- Cadmium
- Fluoride
- Pesticides
- VOC
- Hardness
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

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

1 DAY

Release Signatures

Released By: Tim Edwards Date/Time: 12/17/19 1:00pm

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 12/17/19 13:00

Chain of Custody Form

HOME LAND

LABS



180159 Date Due: 12/19/2
 Client: Hague Quality Water
 Project:

9106 Philadelphia Road, Suite 106
 Rosedale, MD 21237
 (443) 505-8375
 MD Lab # 353

108 Old Solomons Island Road, Suite L2
 Annapolis, MD 21401
 (410) 224-4304
 MD Lab # 106

3430 Rockefeller Court
 Waldorf, MD 20602
 (410) 224-4304
 MD Lab # 139

Client Name: HAGUE

Email Address: TEDWARDS @ HAGUEWATER OF MD. com

Phone Number: 410-353-8501

Property Address: 16455 FREDERICK RD.
WOODBINE, MD 21797

Field Collection Information

Sampler Name:	<u>TIM EDWARDS</u>
Sampler ID #:	<u>TE 0309</u>
Date and Time Sampled:	<u>12/18/19 9:45</u>
Well Tag Number:	

Field pH:	<u>5.4</u>
Field Chlorine (mg/L):	<u>0</u>
Sand:	<u>0</u>
Clarity:	<u>6000</u>

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
---------------------	-----------	---------	----------

Sample Point: <u>PRESSURE TANK</u>	Water Conditioning: <u>NONE</u>
---------------------------------------	------------------------------------

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrates, pH, Turbidity)
- FHA/VA (Bacteria, Nitrates, Nitrites, pH, Turbidity, Lead and Iron)
- Bacteria
- Lead
- Nitrates
- Iron
- Gross Alpha
- Saltwater Intrusion
- Arsenic
- Cadmium
- Fluoride
- Pesticides
- VOC
- Hardness
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

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

Release Signatures

Released By: [Signature] Date/Time: 12/18/19 10:25

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 12/18/19



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:

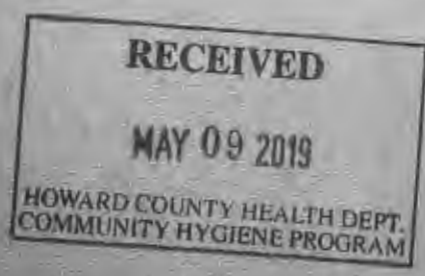
Well Site Location:

16455 Frederick Rd 8 _____
 Subdivision/Property Name Lot # Road Name

The well site has been staked by Fisher Carter Collins
 (professional land surveyor or company employing professional land surveyors)
 on 4/16/19 (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.

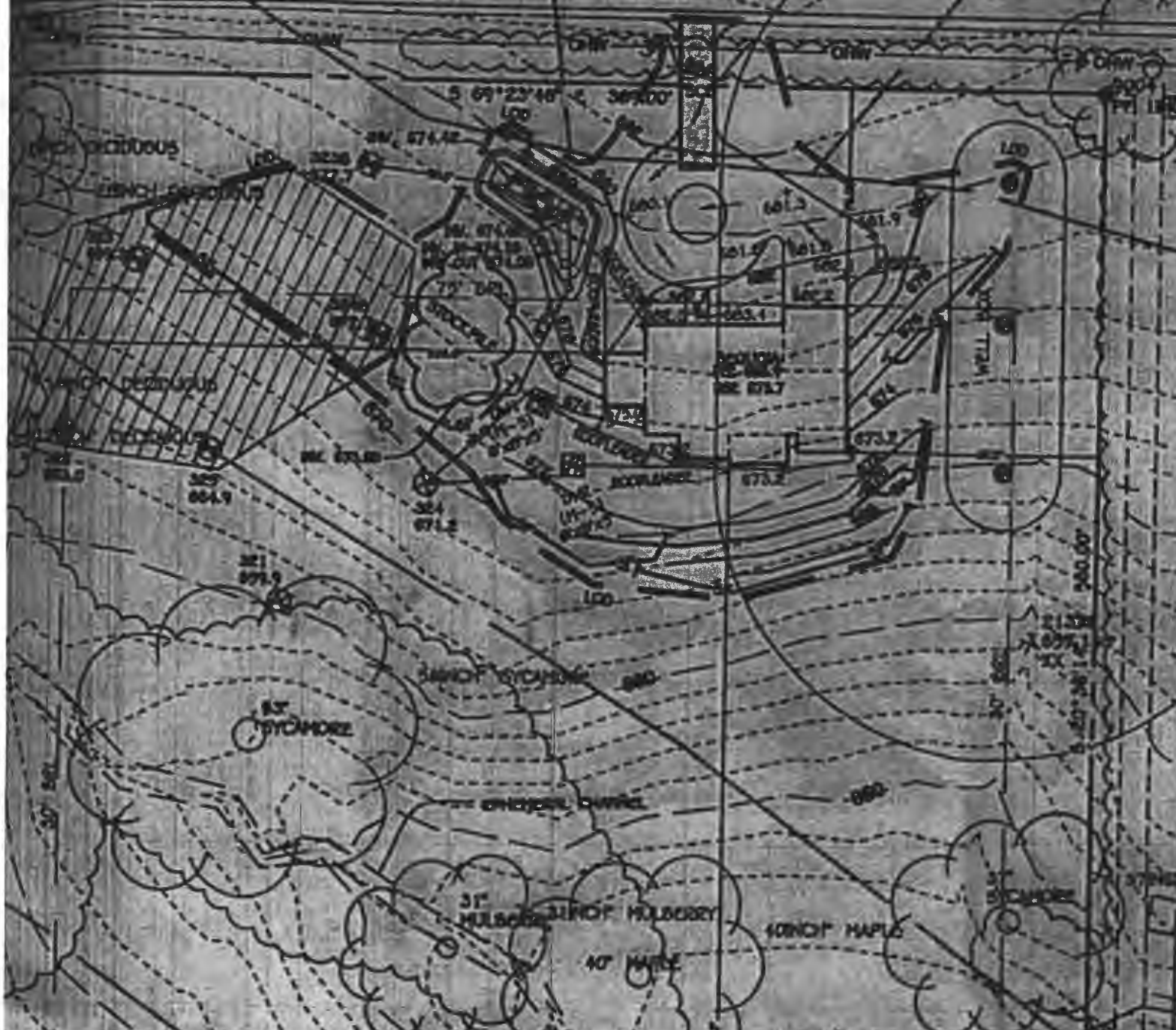
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



Well Sites ok
re 5/9/19
stakes field
verified on 5/9/19

GgA

FREDERICK ROAD (MD RT 144)
MINOR ARTERIAL STATE ROAD



Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, May 16, 2014 12:16 PM
To: Tim Feaga
Subject: Walnut Creek Radium testing
Attachments: Walnut Creek radium.pdf; Walnut Creek radium_2.pdf

Hi Tim. I met with Bert regarding possible easement of radium testing at all lots in Walnut Creek. I've attached a map showing the additional lots that we would like to still be tested to ensure that there is not an area of concern in the remaining lots. The lots in the green cloud have been tested and passed. The lots in the red cloud are lots that we would like to be tested. The lots at the top corner (82-86, 90-94) fall within the radium testing boundary. We want the lots near the river tested to prove whether the stream is in fact acting as a natural buffer from the positive tests on the other side and the passing lots above them. Furthermore, we'd like some representative lots tested in the other section near the upper testing boundary to prove that there are no hot spots. If these are also passing, then we would likely be comfortable waiving the remaining.

We'd be happy to meet with you to discuss if you prefer. Thanks.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov





Understanding the Results

This narrative is intended to help the recipient to understand the results. The results listed below are only for tests commonly sampled or analyzed by Home Land Environmental Health Labs. For a full list of the Environmental Protection Agency's (EPA) Primary and Secondary Standards, go to: https://www.epa.gov/sites/production/files/201606/documents/npwdr_complete_table.pdf

Definitions and Acronyms

Analyst: Refers to the individual whom conducted the test.

Maximum Contamination Level (MCL): A level established by the EPA which is the "highest level of a contaminate that is allowed in drinking water." Any level that exceeds the MCL is considered not safe for human consumption.

Method: The type of analysis used to determine the results.

Not Detected (ND): Any level below the reporting limit.

Primary Drinking Water Standard: Enforceable standards developed by the EPA. Levels that exceed the MCL for a particular standard are considered to unsafe for human consumption.

Reporting Limit (RL): The lowest level that can be detected by the method used for the analysis.

Secondary Drinking Water Standard: Standards developed by the EPA. Secondary standards are generally not considered to be dangerous to human health. They may cause aesthetic or cosmetic problems to the water quality or plumbing distribution system.

*Parameter analyzed by **ETL:** Environmental Testing Lab-Waldorf, **FRC:** Florida Radiochemistry, **CSL:** Chemical Solutions, Ltd.

This table is for informational purposes only. See page 1 for your results

Parameter	MCL	Type	Effects	Source	Treatment
Total Coliform	Present	Primary	Used to indicate whether potentially harmful bacteria are present	Naturally Present	Well Repair and Chlorination, UV light
E. coli	Present	Primary	Stomach illness	Human and Animal Fecal Waste	Well Repair and Chlorination, UV light
Nitrates	10.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Nitrites	1.0 mg/L	Primary	Blue-Baby Syndrome	Fertilizers and Sewage	Reverse Osmosis
Lead	0.015 mg/L	Primary	Slowed Mental Development, Kidney Problems, High Blood Pressure	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Chemical Feeder (soda ash), Pipe Replacement
Gross Alpha	15.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Radium 226 & 228	5.0 pCi/L	Primary	Increased risk of cancer	Naturally Occurring	Water Softener
Volatile Organic Compounds (VOC)	Varies	Primary	Increased risk of cancer	Gas and Chemical leaks	Charcoal Filter
Arsenic	0.010 mg/L	Primary	Skin Damage, Circulatory Problems, Cancer	Natural Deposits, Orchards, Industrial Waste	Reverse Osmosis
Cadmium	0.005 mg/L	Primary	Kidney Damage	Pipes, Natural Deposits, Industrial Waste	Reverse Osmosis
Copper	1.3 mg/L	Primary	Gastrointestinal distress, Liver or Kidney Damage	Corrosion of household plumbing systems; Erosion of natural deposits	Acid Neutralizer, Reverse Osmosis, Pipe Replacement
Iron	0.3 mg/L	Secondary	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
Turbidity	10.0 NTU	Secondary	Interferes with filtration	Naturally Occurring	Sediment Filter
pH	6.5-8.5 (Neutral range)	Secondary	Low pH: Bitter metallic taste, Corrosion High pH: Slippery feel; Soda taste; Deposits	Naturally Occurring	Acid Neutralizer



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 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:

16455 Frederick Rd 8 _____
 Subdivision/Property Name Lot # Road Name

The well site has been staked by Fisher Carter Collins
 (professional land surveyor or company employing professional land surveyors)
 on 4/16/19 (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.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 27, 2020

December 27, 2019

Homeowner
16455 Frederick Road
Woodbine, MD 21797

RE: Stanley Miller Property, Lot 8
16455 Frederick Road
Building Permit: B19001826
Well Permit: HO-18-0069

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 **10/10/2019**. Final approval of the well line connection to the dwelling was granted on **12/27/2019**. The well construction was completed on **5/16/2019**. Water samples were collected on **12/12/2019, 12/17/2019 and 12/18/2019**.

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-18-0069. 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>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Robert Bricker, REHS/RS, L.E.H.S.
Bureau of Environmental Health, Well & Septic Program

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



Certificate of Analysis

Rebecca Amy
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 12/12/2019
Date Reported 12/17/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 179970-01
Location: 16455 Fredrick Road Woodbine, MD 21797
Sampled: 12/12/2019 1:00:0
Sampler: TEwards8309TE (Exp. 5/14/2022)
Preservation: Ice
Sample Point: Pressure Tank

Table with 9 columns: Parameter, Method, Result, Pass/Fail, RL, Units, MCL / SMCL, Date of Analysis, Analyst. Rows include Bacteria-Total Coliform, Bacteria-E.coli, Iron, Total, Turbidity, Nitrate + Nitrite as N, and pH.

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Handwritten notes: Bacteria FHL, Others 'OK' MB 12/26/2019

Approved By Kevin Barnette
Lab Director



Certificate of Analysis

Rebecca Amy
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 12/17/2019
Date Reported 12/18/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 180114-01		Sampled: 12/17/2019 9:00:0		Sampler: TEwards8309TE (Exp. 5/14/2022)				
Location: 16455 Frederick Road Woodbine, Md 21797				Preservation: Ice				
				Sample Point: Pressure Tank				
Parameter	Method	Result	Pass/Fail	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colitag Test	Absent	Pass	1	Per/100ml	Present	12/18/2019	CT-106
Bacteria-E.coli	Colitag Test	Absent	Pass	1	Per/100ml	Present	12/18/2019	CT-106
Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.								

'OK' reb 12/26/2019

Approved By *James L. Butman*
Lab Director



Certificate of Analysis

Rebecca Amy
Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 12/18/2019
Date Reported 12/19/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 180159-01
Location: 16455 Frederick Road Woodbine, MD 21797
Sampled: 12/18/2019 9:45:0
Sampler: TEdwards8309TE (Exp. 5/14/2022)
Preservation: Ice
Sample Point: Pressure Tank

Table with 9 columns: Parameter, Method, Result, Pass/Fail, RL, Units, MCL / SMCL, Date of Analysis, Analyst. Rows include Bacteria-Total Coliform and Bacteria-E.coli.

Handwritten note: 'OK' MB 12/26/2019

Approved By Kevin Barnette Lab Director



179970 Date Due: 12/17/2

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY

Client: Hague Quality Water
Project:

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

HAGUE

Testing Address

16455 FREDRICK RD
STREET
WOODBINE, MD 21797
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 12/12/19 Time 1:50pm Well Tag #: _____
Collectors Name: TIM EDWARDS Certification # TE 8309 Expires 7/23
Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
pH: 5.6 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO
Sand present? YES NO IF "YES" submit one liter of sample to lab for testing
Sample Tap Bacteria: Pressure Tank Chemicals: Pressure Tank Lead: _____

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day
FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day
BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day
 Lead Arsenic Next Day 2 Day 3 Day
 Cadmium 2 Day 4 Day 6 Day
Radium Gross Alpha One Week 2 Week

Special Instructions :

Released By: [Signature] Date: 12/12/19 Time: 2:04 Received By: _____
Released By: _____ Date: _____ Time: _____ Received By: _____

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen
Received in LAB By: [Signature] Date: 12/12/19 Time: 1:40
Ver: 08042015