

C1 1300

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

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

ST/CO USE ONLY DATE RECEIVED MM/DD

DATE WELL COMPLETED MM/DD

Depth of Well 440 12/7/2011

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2209

OWNER CHAPEL RISE LTD STREET OR RFD BRAGDON WOODS TOWN CLARKSVILLE SUBDIVISION CHAPEL RISE SECTION LOT 7

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include topsoil, brown mica, sandstone, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 14 NO. OF POUNDS 1600

CASING RECORD

MAIN CASING TYPE (S) (P) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O) STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

Table with columns: 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

DIAMETER OF SCREEN (NEAREST INCH) 58 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 94 WHEN PUMPING 155 TYPE OF PUMP USED (for test) C centrifugal R rotary 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 () below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Long-76.92124995 Lat-39.23437178

NUMBER OF UNSUCCESSFUL WELLS: 0

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...

DRILLERS LIC. NO. 1 MW 040 Driller's Signature: Sean F. Erdentung LIC. NO. WRB046

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

B 1 2309
1 2 3 4 5 6
05-514210

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
536000 please type

STATE PERMIT NUMBER
40-95-2209
fill in this form completely

Date Received (APA) 10/17/11
OWNER INFORMATION 12025
Chapel Rise Ltd
11795 Bragdon Wood
Clarksville Md 21029

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Chapel Rise
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION
George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 10/14/2011
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11795 Bragdon Wood
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
W 3 E
WEST 3 EAST
SOUTH
34 2007
DISTANCE FROM ROAD Ft. 38 39
ENTER FT OR MI
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 A 532542
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 10/21/11
10/21/11 CO SIGNATURE 10/21/12
43 MM DD YY 48 EXP. DATE
NORTH GRID 50 000 EAST GRID 57 000

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 000
N 000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 H 3
N
x Bragdon Wood 108
Clarksville

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 DEEPEMED 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 _____ G _____
PERMIT No. 40-95-2209
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Need Radium Sample
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
DENV-Permit 97 * Added after Permit Released * COUNTY ⇒ Ex well must be sealed 40-91-2133

Yield Test Data Sheet

County File #: _____

District _____

MD Well Permit #: 140-95-2209

Date of Test: 11-7-11

Subdivision Name: Chapel Rise

Section _____ Lot # 7

Street Address: Braydon Wood Dr

Measuring Point (MP) Description: _____
(for ex. "Top of casing")

Distance from MP to ground surface _____ ft.

Well Depth 440 - _____ ft.

Well Driller: Estenderay

Must be submitted with the State of Maryland Well Completion Report

Submit to:

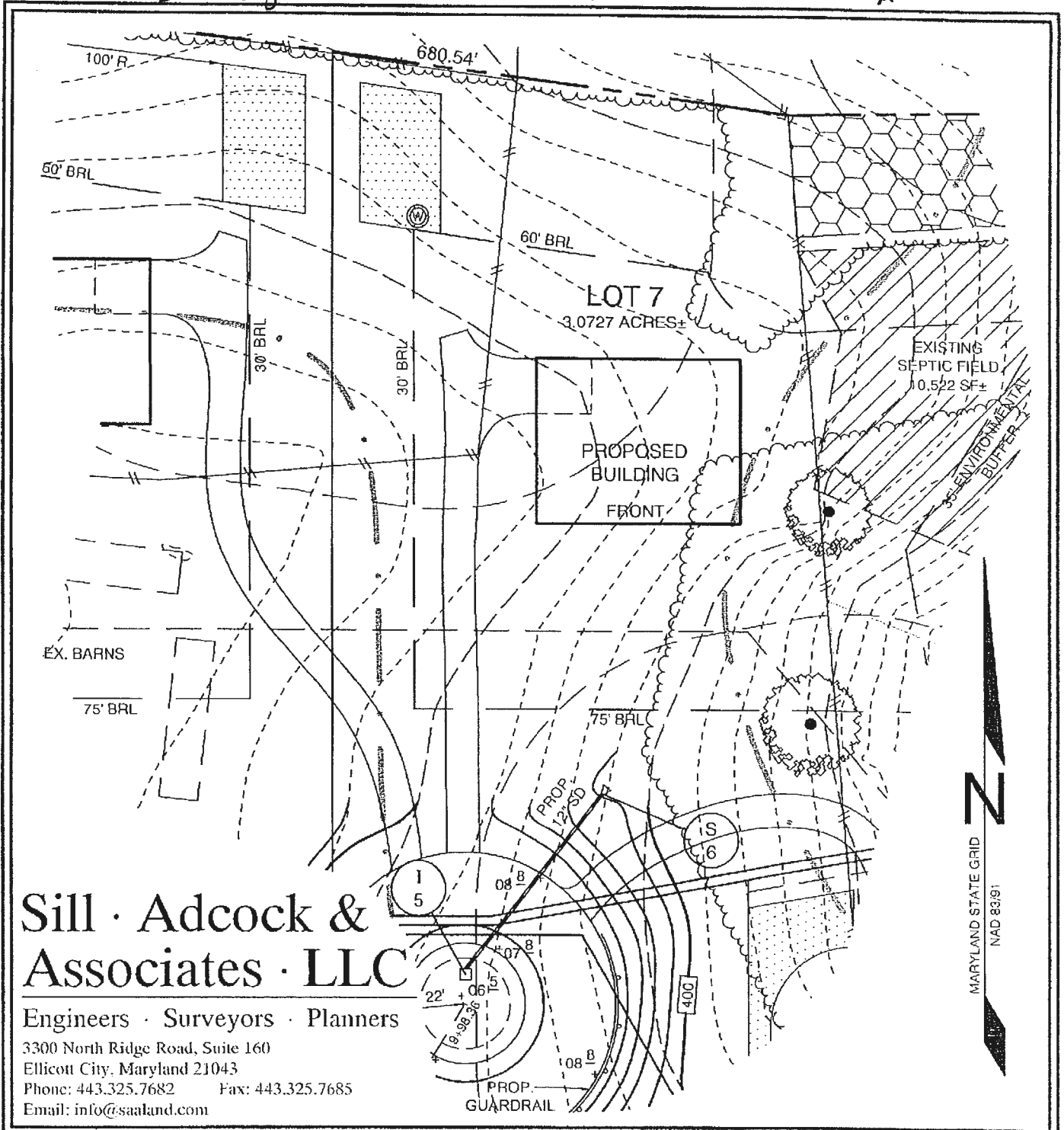
Pump Start Time <u>9:15</u>	Static Water level <u>94.1</u> <u>94.1</u>	Pumping Rate <input checked="" type="checkbox"/> Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	<u>9:15</u>	<u>94.1</u> ft.	<u>3 sec</u> <u>20</u> GPM
2	<u>9:30</u>	<u>106</u> ft.	<u>3 sec</u> <u>20</u> GPM
3	<u>9:45</u>	<u>121</u> ft.	<u>3 sec</u> <u>20</u> GPM
4	<u>10:00</u>	<u>137</u> ft.	<u>3"</u> <u>20</u> GPM
5	<u>10:15</u>	<u>142</u> ft.	<u>3"</u> <u>20</u> GPM
6	<u>10:30</u>	<u>145</u> ft.	<u>3"</u> <u>20</u> GPM
7	<u>10:45</u>	<u>148</u> ft.	<u>3"</u> <u>20</u> GPM
8	<u>11:00</u>	<u>151</u> ft.	<u>3"</u> <u>20</u> GPM
9	<u>11:15</u>	<u>153</u> ft.	<u>3"</u> <u>20</u> GPM
10	<u>11:30</u>	<u>154</u> ft.	<u>3"</u> <u>20</u> GPM
11	<u>11:45</u>	<u>154</u> ft.	<u>3"</u> <u>20</u> GPM
12	<u>12:00</u>	<u>154</u> ft.	<u>3"</u> <u>20</u> GPM
13	<u>12:15</u>	<u>155</u> ft.	<u>3"</u> <u>20</u> GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:
 2' casing height above ground level
 pump set 400'

* Plan not to scale *
 See signed P.C. will be OK

10/21/11
 well box OK.
 staked by Sill
 Adcock (KAW)



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160
 Ellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

DESIGN BY: PS
 DRAWN BY: PS
 CHECKED BY: PS
 SCALE: 1"=50'
 DATE: OCT. 08, 2011
 PROJECT #: 09-073
 SHEET #: 1 OF 1

WELL PERMIT PLAN CHAPEL RISE

LOT 7

TAX MAP 29 GRID 13
 5TH ELECTION DISTRICT

PARCEL 26, 282 & 353
 HOWARD COUNTY, MARYLAND

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 30, 2021

December 30, 2020

Homeowner
11580 Chapel Rise
Clarksville, MD 21029

RE: Chapel Rise, Lot 7
11580 Chapel Rise
Building Permit: B18002008
Well Permit: HO-95-2209

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 **12/27/2019**. Final approval of the well line connection to the dwelling was granted on **12/26/2019**. The well construction was completed on **11/04/2011**. Water samples were collected on **6/3/2020**.

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-95-2209. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

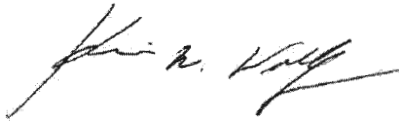
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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

REPORT OF ANALYSIS

Laboratory ID #: 137593 Account #: 1919
Reference: Robert L. Feezer Co. Inc. Company: Robert L. Feezer Co. Inc.
Location: 11580 Chapel Rise Requested By: Rusty George
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 6/3/2020 0955 Site: Tap Prior to Storage Tank
Date/Time Rec'd: 6/3/2020 1450 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Yeager 0819JY Well #: HO-95-2209

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/4/2020 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/4/2020 / 1000 / BCD
Nitrate	<1.0	mg/L	10	601	6/4/2020 / 1030 / CRS
Turbidity	0.51	NTU	<10	SM20 2130B	6/4/2020 / 1100 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	6/4/2020 / 1100 / CRS

NOTES:

- 1 **Prior to Softener/Neutralizer/Cartridge Filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 # :** 18002008Date Reported: 6/4/2020

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 3-27-2012 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) 140-81-2133

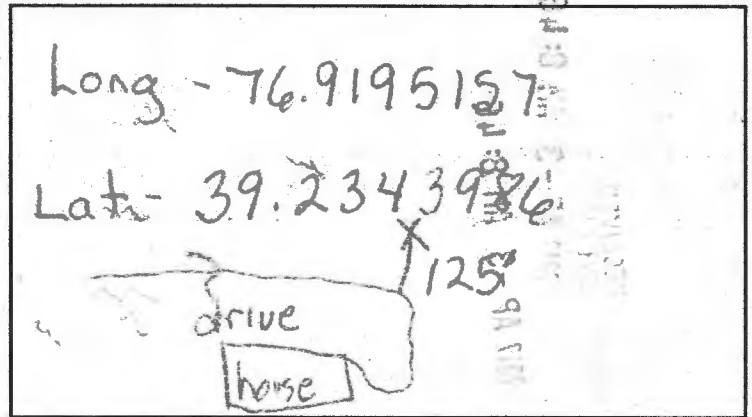
* PERMIT NUMBER OF REPLACEMENT WELL 40-95-2007

* PERSON ABANDONING WELL: FRANK SINGLETON WELL DRILLERS LICENSE NUMBER: WR0 046

* OWNER'S NAME: TIM SOSINSKI CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: CLARKSVILLE
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 11795 BRADEN WOOD



* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

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

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

* SIZE OF CASING: 4 INCHES IN DIAMETER

* DEPTH OF WELL: 200' FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3'

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
TD-16	200	-2
Topsoil	-2	0
VOLUME OF MATERIAL USED		
13 bags TD-16		

OK
 Kw

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN George F. Costello LICENSE # 040000 CIRCLE ONE DATE 3-29-2012