

C1 52428 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 MM 07 DO 12 YR 17

DATE WELL COMPLETED 04 17 17 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 8/1/17 OK HO 17-0105

OWNER Elm Street Development WELL SITE ADDRESS HAVLAND MILL RD TOWN CLARKSBURG SUBDIVISION Mill Creek SECTION LOT 8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Soft Brown Shale, Med Gray Rock.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

- 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. MD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRD 113

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 18, NO. OF POUNDS 1350, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 42 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6 inches, Total depth of main casing 42 feet.

OTHER CASING (if used) diameter inch, depth (feet) from to

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

DEPTH (nearest ft.) HO 42 300, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 36 60

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

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

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED (nearest hour) 8 10.0, PUMPING RATE (gal. per min.) 11 15, METHOD USED TO MEASURE PUMPING RATE Submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft., WHEN PUMPING 33 ft., TYPE OF PUMP USED (for test) S submersible

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, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35, PUMP HORSEPOWER 37 41, PUMP COLUMN LENGTH (nearest ft.) 43 47, CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot)

LATITUDE 39 18491 LONGITUDE 76 99960 (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.

B 1 19400

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 17 - 0105 fill in this form completely

559843-6 please type

Date Received (APA) 11/16/16

OWNER INFORMATION

Elm Street Development, 15 Last Name, Owner, First Name, 34, 1355 Beverly RD, Suite 240, 36 Street or RFD, 55, McClean VA 22101, 57 Town, 70 State, 72 Zip, 76

B 3 LOCATION OF WELL

HOWARD 8 COUNTY, 21, MILL CREEK 28 SUBDIVISION, 42, SECTION 44 46, LOT 8 48 50, CLARKSVILLE 52 NEAREST TOWN, 71

DRILLER INFORMATION

Michael Barlow, 76 License No., 81, MW 0355, BARLOW WELL DRILLING, 572 UNDERWOOD LANE 21014, Address, Signature, 11/3/16 Date

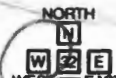
B 4

SOURCES OF DRILLING WATER

1. Well, 2., 3.

HAVILAND MILL RD 11 STREET ADDRESS, 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1000 37 DISTANCE FROM ROAD, ENTER FT OR MI 38 39

TAX MAP: 39 BLK: 6 PARCEL 0001

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, 8 12, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750, 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, O OPEN LOOP GEOTHERMAL, C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 546326 -6 13 COUNTY NAME, COUNTY NO., STATE SIGNATURE, INSERT S, DATE ISSUED 3/2/17, CO SIGNATURE, EXP. DATE 3/2/18

DON: 4/11/17 (SC) DOG: 4/14/17 (SC) DOY: 4/17/17 (S)

APPROXIMATE DEPTH OF WELL 300 FEET, 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), 30, 37, CABLE, REVERSE-ROTary, DRIVE-POINT, other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

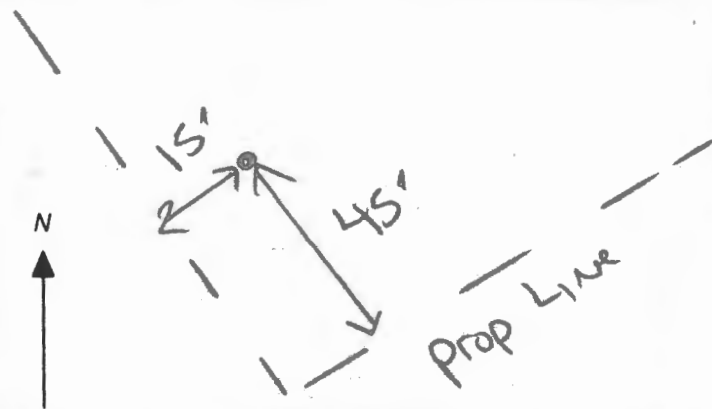
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO 2016002

PERMIT No. HO - 17 - 0105, 70 71 72 73 74 75 76 77 78 79

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

4/11, 4/17, -42' casing, -42' static, -pulling out rods, -10 gpm, -300' 10 gpm, -52' meas. pt.



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEE ATTACHED MEMO

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: Fooks Well Pump & WT, LLC Telephone #: 410 795 5676
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: NVR Inc Telephone #: _____
Subdivision: Mill Creek Lot #: 8 Well Tag #: HO-17-0105
Site Address: 13346 Mill Creek Ct ✓ 02/06/2020
Clarksville, MD 21029 (AE)

Submersible Pump Data

Make: Goulds
Model #: 7HS05422
Pump Capacity: 7
Well Yield: 10 gpm

Pitless Adapter

Make: Campbell+
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

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

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 NA

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YES

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: [Signature] date: 2/16/2020

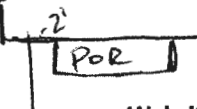
For Health Department Use Only - Not to be completed by Installer

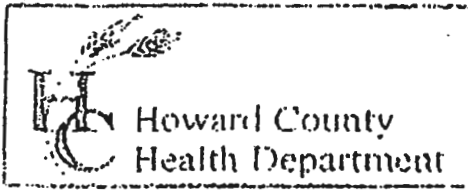
Date Insp. Requested: 02/06/2020 Date Insp. Approved: 02/06/2020 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

✓ 36" 02/06/2020 (AE)
✓ 32" 02/06/2020 (AE)
✓ 28" 02/06/2020 (AE)
✓
✓

EA House
02/06/2020 (AE)

(Revised form 10/24/2018)





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

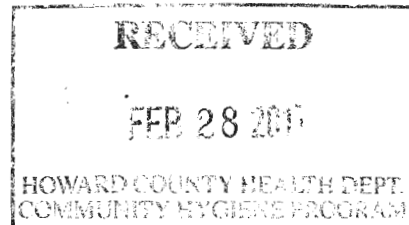
well sites have been staked for Mill Creek

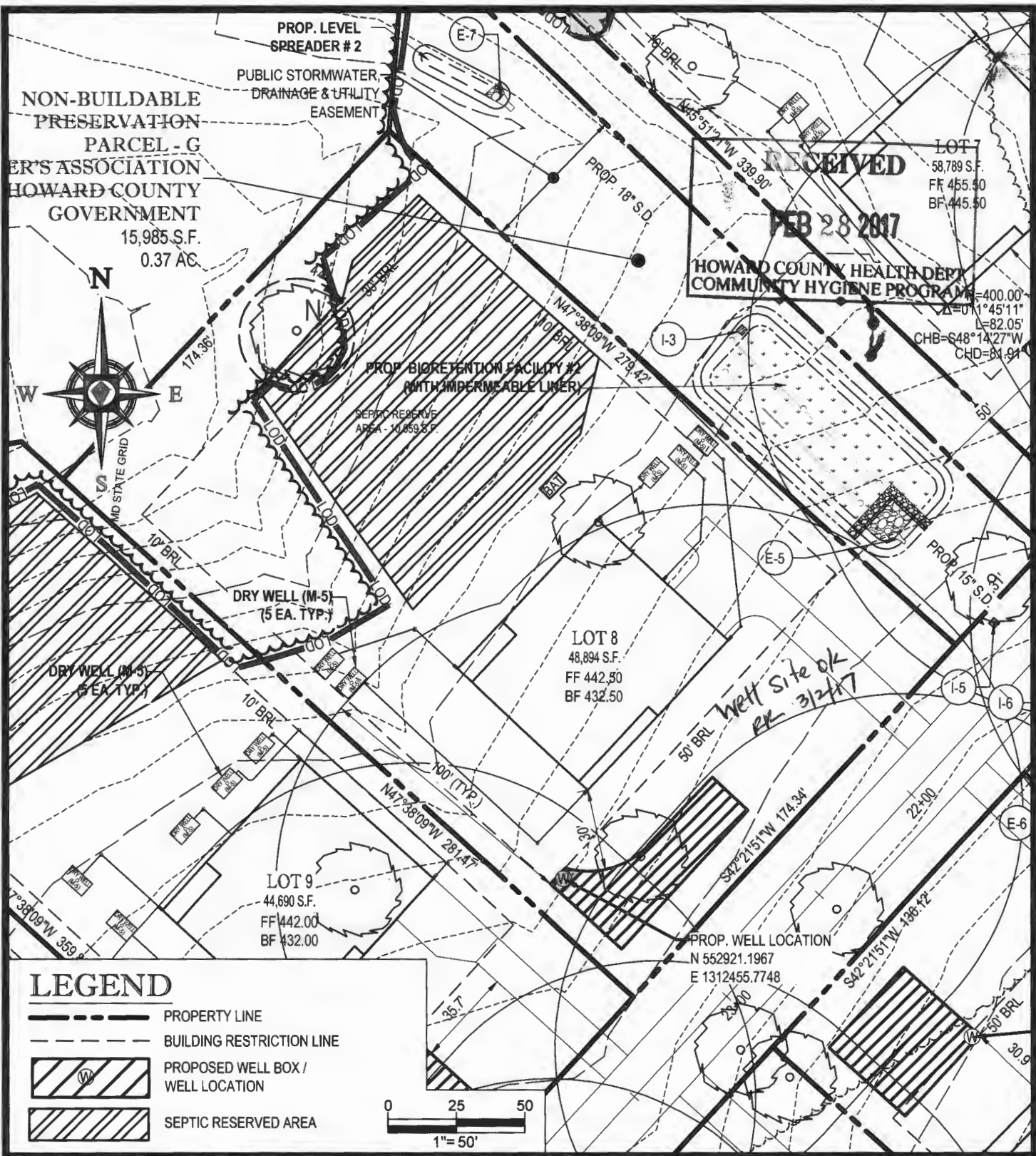
The well site has been staked by Bohler Engineering,
(professional land surveyor or company employing professional land surveyors)
on 2/24/17 (date) and does not require a site inspection.

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.

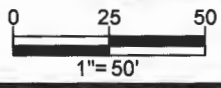
Revised 6/10/03





LEGEND

-  PROPERTY LINE
-  BUILDING RESTRICTION LINE
-  PROPOSED WELL BOX / WELL LOCATION
-  SEPTIC RESERVED AREA



PROJECT NAME: **MILL CREEK SUBDIVISION**
PROPOSED LOTS 1-23 & NONBUILDABLE PRESERVATION PARCEL A - G 110-17-0105
 6780 HAVILAND MILL ROAD, CLARKSVILLE, MD

SHEET TITLE: **WELL EXHIBIT - LOT 8**
 1 OF 1



SCALE: 1" = 50'	DATE: 11-01-16	CAD ID: EX0	PROJECT NUMBER: MD142038
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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 8

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.

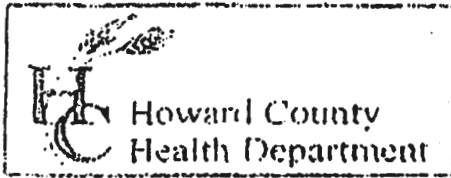
The lots of the Crawford Property/Mill Creek Subdivision that are less than an acre are lots 2, 3, 12, 13 and 18. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

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



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

RECEIVED
MAR -6 2017
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 24, 2020

March 24, 2020

Homeowner
13846 Mill Creek Court
Clarksville, MD 21029

RE: Mill Creek, Lot 8
13846 Mill Creek Court
Building Permit: B19003688
Well Permit: HO-17-0105

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 **2/4/2020**. Final approval of the well line connection to the dwelling was granted on **2/6/2020**. The well construction was completed on **4/17/2017**. Water samples were collected on **3/6/2020, 3/12/2020**.

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-17-0105. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

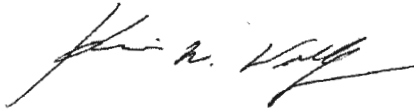
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 136098 Account #: 1933
Reference: Mill Creek Lot 8 Company: Fogles Well Pump & Treatment
Location: 13486 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/6/2020 0740 Site: Pressure Tank
Date/Time Rec'd: 3/6/2020 1025 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-17-0105

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/7/2020 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/7/2020 / 0900 / CRS
Nitrate	5.65	mg/L	10	601	3/6/2020 / 1445 / RER
Turbidity	40.7	NTU	<10	SM20 2130B	3/6/2020 / 1545 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	3/6/2020 / 1600 / RER
Iron	6.0	mg/L	0.3*	FR, 45 (126)	3/6/2020 / 1045 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 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 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B19003688

Date Reported: 3/9/2020

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 #: 136195 Account #: 1933
Reference: Mill Creek Lot 8 Company: Fogles Well Pump & Treatment
Location: 13486 Mill Creek Court Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/12/2020 0830 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/12/2020 0954 Treatment: Multimedia/Neutralizer
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: C. Condon 0020CC Well #: HO-17-0105

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.47	NTU	<10	SM20 2130B	3/12/2020 / 1115 / CRS
Iron	<0.01	mg/L	0.3*	FR, 45 (126)	3/12/2020 / 1405 / RER

OK
—

NOTES

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Reason for Test : Use & Occupancy

Building Permit # : B19003688

Date Reported: 3/13/2020

