

**B 1** 2832 SEQUENCE NO. (WRA USE ONLY)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

WRA PERMIT NUMBER **H0-73-0925**  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **2/27/75 11:00 A.M.**

OWNER: **Timothy Roberts**  
 COL 15 - LAST NAME FIRST NAME COL. 34

STREET OR RFD: **924 Elmwood**  
 COL 36 COL. 66

POST OFFICE: **Rockville Md. 20852**  
 COL 57 COL. 76

**B 1** CONTINUED DRILLER INFORMATION

DATE: **1-17-75** LICENSE NUMBER: **92**  
 COL 1 2 3 (SEQ. NO.) 6 COL 77 80

FIRST NAME: **Timothy** DRILLER LAST NAME: **Roberts**

SIGNATURE: *Timothy Roberts*

**B 2** WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): **5**  
 COL 1 2 3 (SEQ. NO.) 6 COL 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): **1000**  
 COL 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

APPROXIMATE DEPTH OF WELL: **150** FEET  
 COL 24 28

APPROXIMATE DIAMETER OF WELL: **6"** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEINED 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

D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE: **HEALTH** WRITE INITIALS IN BOX

CONDITIONS: **A E N S G W Q C L U**

**B 4** CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME: **ANNAPOLIS** COUNTY NO. **17100A**

MO. DAY YR. **2/27/75**

**B 3** LOCATION OF WELL

COUNTY: **Howard** COL 1 2 3 (SEQ. NO.) 6 COL 21

SUBDIVISION: **Talbot** COL 23 COL. 42

SECTION: **44** LOT: **8** COL 44 46 48 50

NEAREST TOWN: **Rockville** COL 52 COL. 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): **3** M COL 73 76 77 78

**B 4** DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

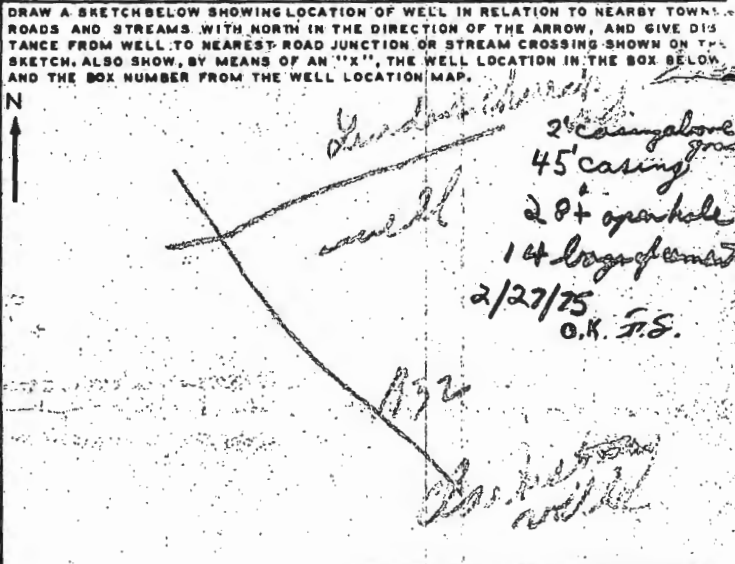
N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST

S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD: **11** NORTH SOUTH EAST WEST COL 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W COL 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **34** M COL 34 37 38 39



BOX NUMBER: **500** (E) **500** (N)

NORTH COORDINATE: **50 51 52 53 54 55**

EAST COORDINATE: **57 58 59 60 61 62 63**

C 1 1398 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG, ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION. FILL IN THIS FORM COMPLETELY. COUNTY NUMBER: 73

DATE RECEIVED (WRA USE ONLY) 2-26-75 DATE WELL COMPLETED 18 19 20

DEPTH OF WELL 240 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-0925 28 29 30 31 32 33 34 35 36 37 DRILLERS IDENTIFICATION NO. 42

OWNER: Tucker Robert LAST NAME FIRST NAME STREET OR RFD: 825 Bowie Rd. POST OFFICE: Rockville Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY), FEET (FROM, TO), CHECK IF WATER BEARING. Handwritten entries: Top Soil 0-3, Sandy & Shaly 3-50, Muck 50-240.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [X] NO [ ] TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [X] BENTONITE-CLAY [ ] NO. OF BAGS 14 NO. OF POUNDS 1400 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 28 FT.

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) 45

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 OPEN HOLE OR BRONZE PL PLASTIC OT OTHER

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO 1 43 240 2 3 4 5

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 40 (NEAREST FOOT) WHEN PUMPING 240 (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) A AIR P PISTON T TURBINE C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [X] NO [ ] CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) PUMP HORSE POWER PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) + ABOVE - BELOW LAND SURFACE 50 51 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

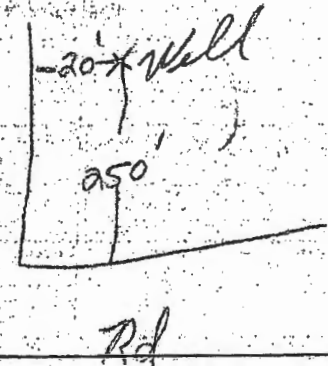
DRILLERS NAME (PLEASE PRINT) L.F. Fosterday SIGNATURE L.F. Fosterday

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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



# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

CRCare of Clarksville  
5513 Broadwater Ln  
Clarksville, MD 21029

PROJECT NAME: 5313 Broadwater Lane  
REPORT DATE: 05/03/2018  
REPORT NBR: 180503185012

LAB#: E053629-01  
LOCATION: 5313 Broadwater Ln  
DATE SAMPLED: 04/24/2018  
DATE RECEIVED: 04/24/2018  
DELIVERED BY: A Amasia

SAMPLE ID: Septic Tank Influent Composit 4/23/18 @ 10:40 to 4/24/18 @ 10:40  
TIME SAMPLED: 10:40AM  
TIME RECEIVED: 11:40AM  
RECEIVED BY: Stephen Shelley  
SAMPLER- A Amasia

COMMENTS:

COMMENTS:

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	Qual	REPORTING LIMIT
<b>Biochemical Oxygen Demand SM 5210B by Enviro-Chem</b>						
\$ BOD, 5 Day	SM 5210B	04/29/18 12:40	BMG	310 mg/L		120
Start time: 24-Apr-18 16:10						
<b>Wet Chemistry by Enviro-Chem</b>						
\$ Suspended Solids	SM 2540D	04/26/18 14:45	FRD	53.0 mg/L		5.0

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## FINAL REPORT OF ANALYSIS

CRCare of Clarksville  
5513 Broadwater Ln  
Clarksville, MD 21029

PROJECT NAME: 5313 Broadwater Lane  
REPORT DATE: 05/03/2018  
REPORT NBR: 180503185012

LAB#: E053663-01  
LOCATION: 5313 Broadwater Ln  
DATE SAMPLED: 04/25/2018  
DATE RECEIVED: 04/26/2018  
DELIVERED BY: A Amasia

SAMPLE ID: Septic Tank Influent Composit 4/24/18 @ 10:40 to 4/25/18 @ 10:40  
TIME SAMPLED: 10:40AM  
TIME RECEIVED: 9:35AM  
RECEIVED BY: Ginny Shelley  
SAMPLER- A Amasia

COMMENTS:

COMMENTS:

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	Qual	REPORTING LIMIT
<b>Biochemical Oxygen Demand SM 5210B by Enviro-Chem</b>						
\$ BOD, 5 Day	SM 5210B	05/01/18 10:50	SES	342 mg/L		120
Start time: 26-Apr-18 16:46						
<b>Wet Chemistry by Enviro-Chem</b>						
\$ Suspended Solids	SM 2540D	04/26/18 14:45	FRD	50.0 mg/L		5.0

Stephen Shelley  
Laboratory Director

# ENVIRO-CHEM LABORATORIES, INC.



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47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

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Qualifier(s)

Certifications

# - State of Maryland Certification #192  
Virginia Drinking Water 8634  
# Indicates a MD certified Analyte  
! Indicates a MD, VA certified Analyte  
\$ Not a certified Analyte

QUALITY CONTROL SUMMARY

REPORT NBR: 180503185012

Enviro-Chem

Analyte QC Type	Sample Source	Date Prep'd	Date Analyzed	Result	MRL	Units	Spike Level	Source Result	% REC Limits	RPD	RPD Limit
<b>Batch B8D0225</b>											
BOD, 5 Day											
Blank		04/24/2018	04/29/2018	<2.0	2.0	mg/L					
LCS		04/24/2018	04/29/2018	198	2.0	mg/L	198		99.8	85-115	
<b>Batch B8D0248</b>											
Suspended Solids											
Blank		04/26/2018	04/26/2018	<1.0	1.0	mg/L					
Duplicate	E053629-01	04/26/2018	04/26/2018	49.0	5.0	mg/L		53.0		7.84	20
<b>Batch B8D0254</b>											
BOD, 5 Day											
Blank		04/26/2018	05/01/2018	<2.0	2.0	mg/L					
LCS		04/26/2018	05/01/2018	197	2.0	mg/L	198		99.6	85-115	

\* - Indicates Recovery/RPD failed Criteria.

NC - Indicates Duplicate Result or Sample Duplicate Result < 4 \* Method reporting limit

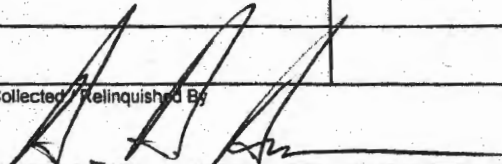
# Sample Chain of Custody

Enviro-Chem Laboratories, Inc.

47 Loveton Circle, Suite K

Sparks, MD 21151

Page 5 of 6

Client: <b>CR CARE</b>		Phone No.:		ECL Log in Batch Number				Page ( ) of ( )	
Project Manager: <b>BABAR</b>		Fax No.:		No. of Containers	Preservative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Preservative Key: A = Nitric Acid, pH <2 B = Sulfuric Acid, pH <2 C = NaOH, pH >12 E = Thiosulfate Zn = Zinc Acetate D = None, Chilled X = Other
Sampler: <b>A. Amasita</b>		Email:			Sample Type				
Project Name: <b>5313 Broadwater</b>		Project Number:			C = Comp.				
P.O. Number:					G = Grab				
Enviro-Chem Lab No.	Sample Identification <small>(As it is to appear on report)</small>	Date Sampled	Time Sampled	Matrix					Remarks
<b>53629-01</b>	<b>24hr Composite Septic Tank</b>	<b>4/24/18</b>	<b>1040</b>	<b>WW</b>	<b>1</b>	<b>Comp</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Collected/Relinquished By: 		Date	Time	Received By	Deliverables Required			# Coolers	Seal
Relinquished By		Date	Time	Received By	Due Date			Ice Present	Temp
Relinquished By		Date	Time	Received By	Turnaround Requested			Rush?	
Relinquished By		Date	Time	Received By	STD	1-Day	Other		
COC/Labels match		Y	N	# of Samples	# of Bottles	Explain any "NO" answers			
Bottles intact/appropriate		Y	N	Preserved correctly	Y	N	NA	Preservative added at Lab	
								Completed by	

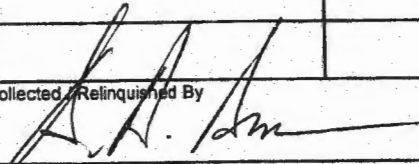
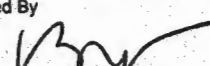
# Sample Chain of Custody

Enviro-Chem Laboratories, Inc.

47 Loveton Circle, Suite K

Sparks, MD 211

Page 6 of 6

Client: <b>CR CARE</b>		Phone No.:		ECL Log in Batch Number						Page ( of )			
Project Manager: <b>Baben</b>		Fax No.:		No. of Containers	Sample Type	Preservative Key: A = Nitric Acid, pH <2 B = Sulfuric Acid, pH <2 C = NaOH, pH >12 E = Thiosulfate Zn = Zinc Acetate D = None, Chilled X = Other						Remarks	
Sampler: <b>A. Amasia</b>		Email:											
Project Name:		Project Number:											
P.O. Number:													
Enviro-Chem Lab No.	Sample Identification <small>(As it is to appear on report)</small>	Date <small>Sampled</small>	Time <small>Sampled</small>	Matrix									
<b>E053603-01</b>	<b>Septic TANK Effluent</b>	<b>4/25/18</b>	<b>1040</b>	<b>WW</b>	<b>1</b>	<b>Comp.</b>	<b>X</b>					<b>4/24 to 4/25/18 1040 to 1040</b>	
Collected/Relinquished By: 		Date: <b>4/26/18</b>	Time: <b>0935</b>	Received By: 	Deliverables Required			# Coolers: <b>1</b>	Seal				
Relinquished By:		Date:	Time:	Received By:	Due Date			Ice Present: <b>Y</b>	Temp:				
Relinquished By:		Date:	Time:	Received By:	Turnaround Requested			Rush?					
Relinquished By:		Date:	Time:	Received By:	Special instructions, Comments:								
COC/Labels match	Y N	# of Samples	# of Bottles	Explain any "NO" answers									
Bottles intact/appropriate	Y N	Preserved correctly	Y N NA	Preservative added at Lab	Y N NA	Completed by							