

C 1 55785

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XMD

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

08 15 19

08 15 19

400

HO 18 - 0029

OWNER ELM STREET DEVELOPMENT WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON MD. SUBDIVISION SIMPSON/RENAULT SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for TAN MICACEOUS GRUND, GRAY MICACEOUS SCHIST, SOFT SCHIST, GRAY SCHIST, SOFT SCHIST, SOFT OPENING IN ROCK, GRAY SCHIST.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (19), NO. OF POUNDS (950), GALLONS OF WATER (380), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter top (main casing) (6), Total depth of main casing (60).

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

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST form with fields for HOURS PUMPED (3 HRS 45 MIN), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (WATCH & BUCKET), WATER LEVEL (30 ft), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).

NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns 1-21 and rows 1-3. Includes SLOT SIZE (SOLJA, 0.020, SOLTO) and DIAMETER OF SCREEN (4).

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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LATITUDE 39.200857 LONGITUDE 77.025321 (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.

TAE: 8/15/2019

B 1	SEQUENCE NO. (MDE USE ONLY) <b>54087</b>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5047751 please type	STATE PERMIT NUMBER <b>Ho - 18 - 0029</b> 70 18 0029 79 fill in this form completely
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Date Received (APA) **030519**

**ELM STREET DEVELOPMENT**  
15 Last Name Owner First Name 34

**5704 DORSEY HALL ROAD**  
36 Street or RFD 55

**ELLCOTT CITY MD. 21042**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

**HOWARD**  
8 COUNTY 21

**SIMPSON/DENAULT**  
23 SUBDIVISION 42

SECTION **44 46** LOT **2**  
48 50

**DAYTON**  
52 NEAREST TOWN 71

DRILLER INFORMATION

**RANDALL L. ALEXANDER M WD 576**  
Driller's Name 76 License No. 81

**ALEXANDERS WELL DRILLING**  
Firm Name

**126 W. MAIN ST. P.O. BOX 443 FAIRFIELD, PA. 17320**  
Address

*[Signature]* **2-12-19**  
Signature Date

B 4 SOURCES OF DRILLING WATER

1. **WELL WATER**

**GREEN BRIDGE RD.**  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**Approx 600**  
34 1000 37

DISTANCE FROM ROAD **FT.**  
ENTER FT OR MI 38 39

TAX MAP: **27** BLK: \_\_\_\_\_ PARCEL **34-36 90-711**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**  
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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** COUNTY NAME COUNTY NO. **8111**

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **04/22/19** CO SIGNATURE *[Signature]* EXP. DATE **04/22/20**  
43 MM DD YY 48

*Doc: 3/4/2019 Doc: DMI Day: 8/15/2019*

APPROXIMATE DEPTH OF WELL **500** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
NEAREST 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

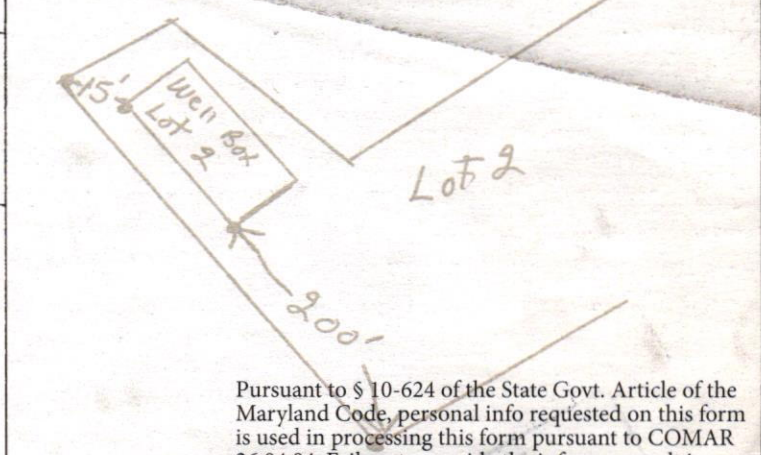
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & 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) 41 \_\_\_\_\_ 52

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.

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

APPROP. PERMIT NUMBER **Ho2017G001**

PERMIT No. **Ho - 18 - 0029**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. **SEE ATTACHED MEMO**

Page 1 of 1  
Date 8/15/19

LAT: 39, 200 857  
LONG: 77. 025 321

Review CABALLA  
09/20/19

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0029  
Location of property (road) GREEN BRIDGE ROAD DAYTON MD.  
Subdivision SIMPSON/ DENAVIT Lot 2 Block Plat Sec.  
Well Driller ALEXANDERS WELL DRILLING Owner ELM STREET DEVELOPMENT

Depth of well 400'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 30 Ft.

TEST PUMP DEPTH 300'

I. High rate pumping -- reservoir drawdown

Time pump started 10:00 AM Pumping rate 12 G.P.M.  
Total time to reach pumping water level 116 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	30	6		12
10:15	40	6		12
10:30	108	5		10
10:45	118	5		10
11:00	118	5		10
11:15	118	5		10
11:30	118	5		10
11:45	118	5		10
12:00	118	5		10
12:15	118	5		10
12:30	118	5		10
12:45	118	5		10
1:00	117	5		10
1:15	117	5		10
1:30	116	5		10
1:45	116	5		10
PUMPED WITH LOT #3 BECAUSE LESS THAN 100 FT. APART.				

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: Engle's Well Pump + Water Treatment, LLC Telephone #: 410 795 5670  
Address: 550 OLYMPIA RD  
SPRINGVILLE 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 Hoale 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: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Willow Creek Lot #: 2 Well Tag #: HO-12-0029 (29)  
Site Address: 6005 BRUKER RD  
OLIVON MD 21030

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Timber+</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>TSSWE10-220</u>	Model#: <u>NA</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>15</u>	GPM Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>10</u>	GPM NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>✓</u>
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 <u>inside of well casing</u> <u>NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>✓</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>✓</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: [Signature] date: 8/11/21

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

Date Insp. Requested: <u>8/11/21</u>	Date Insp. Approved: <u>8/11/21</u>	Inspector: <u>RR</u>
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 cap/casing		<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade		<u>✓</u> 24"
Water supply line sleeved adequately at house connection		<u>✓</u>
Adequate grout observed below pitless adapter		<u>✓</u>

\* approved by  
Ryan Rappaport  
on 8/11/21 as per  
sticker

(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 2, 2022**

December 2, 2021

Homeowner  
6005 Bricker Road  
Dayton, MD 21036

**RE: Willowshire, Lot 2**  
**6005 Bricker Road**  
**Building Permit: B21000179**  
**Well Permit: HO-18-0029**

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 **11/30/2021**. Final approval of the well line connection to the dwelling was granted on **8/11/2021**. The well construction was completed on **8/15/2019**. Water samples were collected on **11/4/2021, 11/22/2021, 12/1/2021**.

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-18-0029. 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

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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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

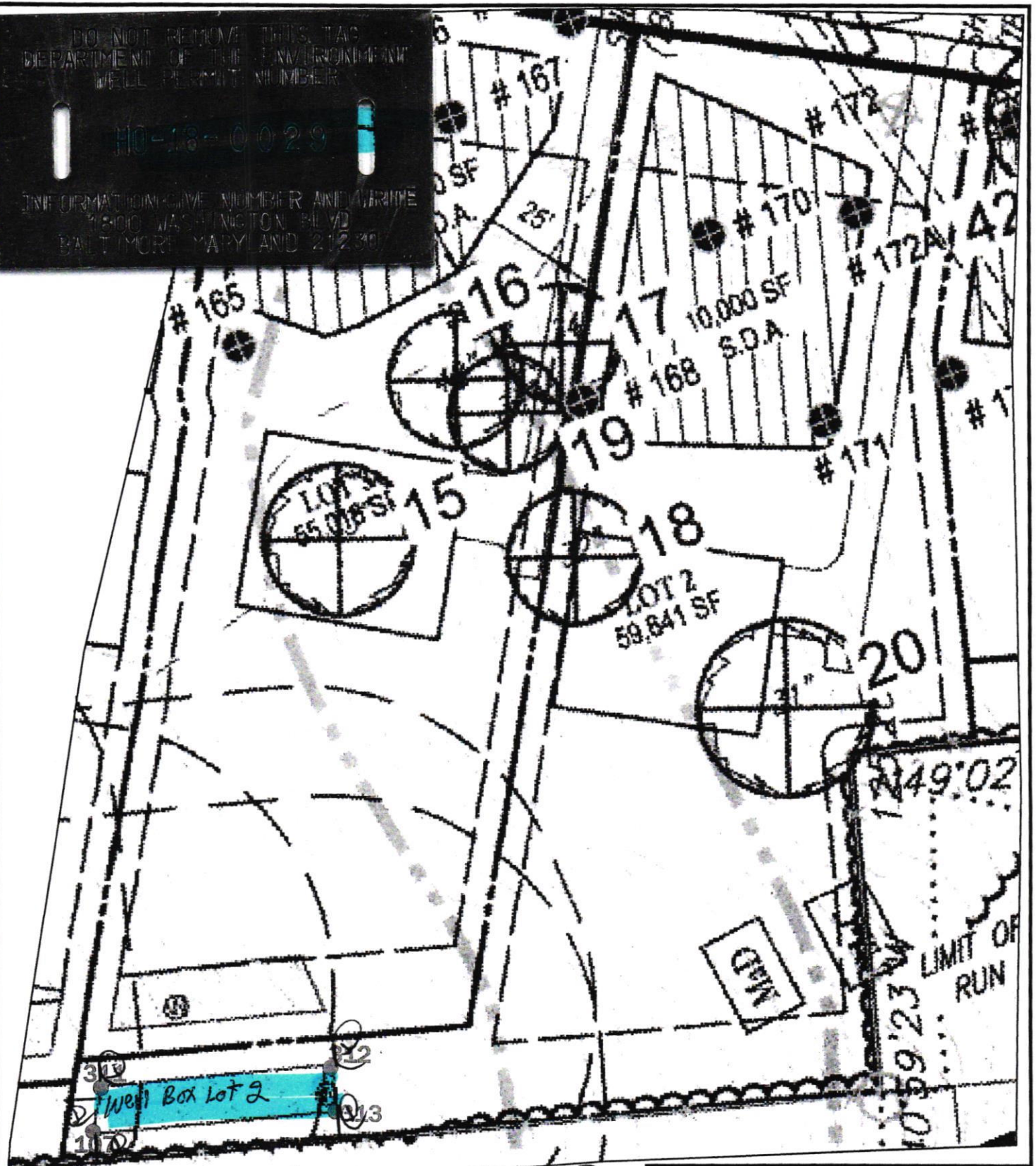
Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-18-0029

INFORMATION: WELLS NUMBER AND DATE  
1800 WASHINGTON BLVD  
BALTIMORE, MARYLAND 21230

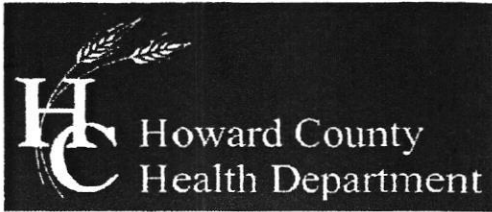


APPROVED 4/18/2019 (to 000497)  
STAKED BY SHANABERGER  
AND LANE

SHANABERGER & LANE  
8726 TOWN AND COUNTRY BLVD., SUITE 201  
ELLCOTT CITY, MD. 21043  
(410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING  
SIMPSON & DENAULT PROPERTIES  
LOT 2

TAX MAP 27 GRID 18  
PARCELS 34, 36, 98, 111, & 112  
5TH ELECTION DIST.  
HOWARD COUNTY, MD.  
SCALE: 1"=50' DATE: 2/21/19



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:

Handwritten list of lot numbers: Lot #'s 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL 'C', 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

Well Site Location:

SIMPSON/DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

X The well site has been staked by SHANABERGER & LANE (professional land surveyor or company employing professional land surveyors) on 1/9/19 (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.

Revised 4/22/14





HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/27/19

WS

Received From

Alexander's well Drilling

PHONE # 776-42-596

CASH

CHECK

NO. 20911

For

Well permits (21) Green Bridge Rd.

Three thousand three hundred sixty dollars

\$ 3360.00

Received By

J King

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 149084 Account #: 1933  
Reference: Willow Creek Lot 2 Client: Fogle's Well Pump & Treatment  
Location: 6005 Bricker Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 12/1/2021 1134 Site: Outside Tap  
Date/Time Rec'd: 12/1/2021 1248 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: D. Fogle 0037DF Well #: HO-18-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.36	NTU	<10	SM20 2130B	12/1/2021 / 1300 / BCD

### NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected; N/A: Not Available
- 5 Visual well check: Sealed, vented cap
- 6 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B21000179

Date Reported: 12/1/2021

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 148938 Account #: 1933  
Reference: Willow Creek Lot 2 Client: Fogle's Well Pump & Treatment  
Location: 6005 Bricker Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 11/22/2021 0900 Site: Kitchen Sink Tap  
Date/Time Rec'd: 11/22/2021 1123 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: T. Cassell 0767TC Well #: HO-18-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/23/2021 / 0915 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/23/2021 / 0915 / CCH

### NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND = None Detected; N/A: Not Available
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy

**Building Permit # :** B21000179

Date Reported: 11/23/2021

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 148561 Account #: 1933  
Reference: Willow Creek Lot 2 Client: Fogle's Well Pump & Treatment  
Location: 6005 Bricker Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 11/4/2021 0800 Site: Pressure Tank  
Date/Time Rec'd: 11/4/2021 1242 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: T. Cassell 0767TC Well #: HO-18-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	11/5/2021 / 0900 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/5/2021 / 0900 / MEH
Nitrate	<0.15	mg/L	10	EPA 300.0	11/5/2021 / 1415 / FRD
Turbidity	17.2	NTU	<10	SM20 2130B	11/4/2021 / 1630 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	11/4/2021 / 1620 / TSD

### 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 Nitrate Detection Limit: 0.15 mg/L
- 4 Nitrate sub-contracted to Reference Lab #192
- 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; N/A: Not Available
- 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 # : B21000179

Date Reported: 11/8/2021

**MEMORANDUM**

TO: **Alexander's Well Drilling**  
**Attn: Randall Alexander MWD 00576**  
126 W Main Street  
P.O. Box 443  
Fairfield, PA 17320

FROM: **Joseph Cabahug** *(Signature) 04/24/2019*  
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

RE: **Simpson and Denault Well Permit Special Conditions**

DATE: **04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

**Note 15(d)** Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

**Page 3, Section 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 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 the well construction requirements.

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

Lots that are less than one acre are shown below.

MINIMUM LOT SIZE CHART			
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA
1	54,825		54825
2	59,641		59641
3	55,018		55018
4	41,925		41925
5	40,840		40840
6	55,788		55788
7	55,833		55833
8	45,774		45774
9	42,992		42992
10	44,020		44020
11	42,068		42068
12	40,362		40362
13	41,330		41330
14	56,648	6700	49948
15	40,459		40459
16	49,871		49871
17	40,003		40003
18	40,443		40443
19	40,461		40461
20	40,461		40461
21	40,218		40218
22	54,686		54686
23	55,798		55798
24	44,052	1375	42677
25	41,612	2906	38706
26	48,488	5322	43166
27	46,396		46396
28	40,768		40768
29	44,270		44270
30	44,589		44589
31	46,366		46366
32	49,299		49299
33	47,918		47918
34	52,931		52931
35	54,827	2518	52309
36	44,800	3617	41183
37	55,035	4441	50595
38	33,223	2913	30310
39	31,227		31227
40	35,865		35865
41	40,100		40100
42	34,182		34182
43	41,390		41390
44	41,360		41360
45	45,097		45097
<b>TOTAL AREA</b>	<b>2,043,259</b>	<b>AC.</b>	<b>46.91</b>
			<b>S.F.</b>

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File