

C1 60044

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED Approved MM DD YY 5-17-21 11/12/21 22 880 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD - 20 - 0094 28 29 30 31 32 33 34 35 36 37

OWNER Stello, Nancy & Kimberly WELL SITE ADDRESS 1102 Deer Oakley Rd TOWN Highland, MD SUBDIVISION Lissel Farm SECTION LOT 19

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brn Clay, Grey Rock, 0 to 60, 60 to 880, and storage: 1200 gals.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO 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 M S D 237

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

GROUTING RECORD yes no Y N 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 250 GALLONS OF WATER 250 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 67 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 67

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 PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) 1 2 HO 67 880

Table with columns: E A C H S R E N, diameter of screen (56, 60), slot size (1, 2, 3)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 1 2

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE Tumbler Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft. WHEN PUMPING 400 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 - below LAND SURFACE (nearest foot)

LATITUDE 39.17789618 LONGITUDE 76.9798377 (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. 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.

05-364159

EMERGENCY/TEMP NO. IF ANY

TAG 7/1/21 (SD) GPS

B 1
48425

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 20 - 0094
fill in this form completely

1 2 3 6

568859 please type

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Cissel Farm
23 SUBDIVISION 42
SECTION 3 LOT 19
44 46 48 50
Highland
52 NEAREST TOWN 71

B 4 SOURCES OF DRILLING WATER
1. Public
2.
3.

7102 Deer Valley Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
N
WEST EAST
W E
S E
SOUTH
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 0040 BLK: PARCEL 0235

Date Received (APA)
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Owner First Name 34
9587 Norfolk Ave
36 Street or RFD 55
Laurel MD 20723
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
66-# Sweeney M S D 237
Driller's Name 76 License No. 81
Allied Well Drilling
Firm Name
PO Box 129 Annapolis Junction MD 20701
Address
Signature Date 04/12/21

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE
(GAL. PER MIN.) 8 1,000 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 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

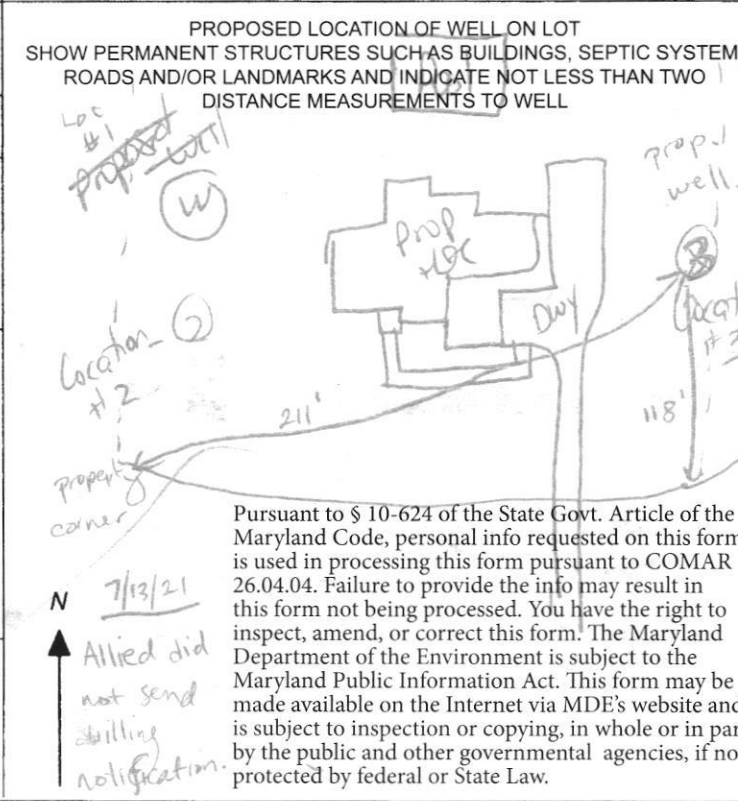
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME COUNTY NO. 13
STATE SIGNATURE INSERT S → 41
DATE ISSUED 05/11/21
43 MM DD YY 48 CO SIGNATURE EXP. DATE 05/11/21

APPROXIMATE DEPTH OF WELL 24 28 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH 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
39 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 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER - - - - - G - - - - -
PERMIT No. HO - 20 - 0094
70 71 72 73 74 75 76 77 78 79



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Allied Well Drilling Yield Test report

Date Test Performed: 5-17-21
 Address: 7102 Deer Valley Rd
 Owner: Stella
 Well Depth: 880

Permit Number: HW-20-0094
 Subdivision: _____
 Election District: _____
 Static Water Lvl: ~~30~~ 30

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to Fill 1 Gallon bucket	Calculated Flow-Gallons Per Minute
9:00	30		2	30
15	200		2	20
30	270		6	10
45	350		30	2
10:00	400		40	1.5
15	400		40	1.5
30	400		40	1.5
45	400		40	1.5
11:00	400		40	1.5
15	400		40	1.5
30	400		40	1.5
45				
12:00				
15				
30				
45				
1:00				
15				
30				
45				
2:00				
15				
30				
45				
3:00				

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

Annap. 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): Andy Capella License# JWP413

***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: Stello Telephone #: 301-776-8370
Subdivision: _____ Lot #: 19 Well Tag #: HO-20-0094
Site Address: 7102 Doe Valley

Submersible Pump Data

Make: F+W
Model #: 74P15
Pump Capacity 5
Well Yield: 1

Depth of well encountered at time of pump installation: 680 (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 _____

Pitless Adapter

Make: Campbell +
Model#: 2010-10K
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:

Piping to house

Type: HDPPE
PSI: 200 (160 psi min)
Depth of supply line: 36 (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.



12/10/21

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 12/10/21 Date Insp. Approved: 1/12/22 Inspector: SC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 44"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 37"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 18"
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

(Revised form 10/24/2018)

* house connection needs to be exposed 12/10/21

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 20, 2022

January 20, 2022

Homeowner
7102 Deer Valley Road
Highland, MD 20777

RE: Cissel Farm, Lot 19
7102 Deer Valley Road
Building Permit: B21002107
Well Permit: HO-20-0094

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 **12/17/2021**. Final approval of the well line connection to the dwelling was granted on **1/12/2022**. The well construction was completed on **5/17/2021**. Water samples were collected on **12/22/2021, 1/11/2022, 1/13/2022, 1/18/2022**.

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-20-0094. 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

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 Environment's 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

HOME LAND LABS

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 12/27/2021

Mid-Atlantic Water Services

Date and time received: 12/22/2021 11:35

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number: 215455-01 Sample Time: 12/22/2021 09:45 Field Preservation: Ice
Location: 7102 Deer Valley Rd Field Chlorine: 0.00 Sampler: Mike Reeder 0812MR
Highland, MD 20777 Field pH: 7.40 Sample Point: Boiler Drain

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Present	Fail	1	Per/100ml	Present	12/23/2021	A P - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	12/23/2021	A P - 106
Nitrate + Nitrite as N	EPA 353.2	4.2	Pass	0.5	mg/L	10.0	12/23/2021	D B - 139
Nitrite-N	EPA 353.2	Not Detected	Pass	0.1	mg/L	1.0	12/23/2021	D B - 139
Lead, Total	SM 3113B	Not Detected	Pass	0.005	mg/L	0.015	12/23/2021	D B - 139
Iron, Total	H 8008	Not Detected	Acceptable	0.05	mg/L	0.30	12/23/2021	P S - 139
Turbidity	EPA 180.1	34.2	High	0.5	NTU	10.0	12/23/2021	P S - 139

Approved By:  Denise Butera, Lab Director

Chain of Custody Form

HOME LAND

LABS



216162 Due Date: 01/14/2022
Client: Mid-Atlant

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: Mid-Atlantic Water Services

Email Address: mreeder@mawaterservices.com

Phone Number: 410-573-1020

Property Address:

7102 DEER VALLEY RD.
HIGHLAND, MD 20777

Field Collection Information

Sampler Name:	<u>Mike Reeder</u>
Sampler ID #:	<u>0812MR 2022 MR</u>
Date and Time Sampled:	<u>1/13/2022 1:20 PM</u>
Well Tag Number:	

Field pH:	<u>7.4</u>
Field Chlorine (mg/L):	<u>0.0</u>
Sand:	<u>NONE</u>
Clarity:	<u>CLEAR</u>

Well Casing and Cap Condition

Height Above Grade:	Cap Type:	Casing:	Conduit:
Sample Point:	Water Conditioning:		
<u>Boiler Drain</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: _____

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

Release Signatures

Released By: [Signature] Date/Time: 1/13/2022 3:05 PM
2022 MR

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 1/13/2022 3:05 PM

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 01/12/2022

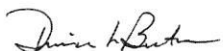
Mid-Atlantic Water Services

Date and time received: 01/11/2022 15:10

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number: 216041-01 Sample Time: 01/11/2022 14:15 Field Preservation: Ice
Location: 7102 Deer Valley Rd Field Chlorine: 0.00 Sampler: Mike Reeder 0812MR
Highland, MD 20777 Field pH: 7.40 Sample Point: Boiler Drain

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	01/12/2022	A P - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	01/12/2022	A P - 106

Approved By:  Denise Butera, Lab Director

HOME LAND

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Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 01/14/2022

Mid-Atlantic Water Services

Date and time received: 01/13/2022 15:05

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number: 216162-01 Sample Time: 01/13/2022 13:20 Field Preservation: Ice
Location: 7102 Deer Valley Rd Field Chlorine: 0.00 Sampler: Mike Reeder - 0812MR
Highland, MD 20777 Field pH: 7.40 Sample Point: Boiler Drain

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	01/14/2022	A P - 106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	01/14/2022	A P - 106

Approved By:  Denise Butera, Lab Director

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
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State Certified Water Quality Lab 353

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State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 01/19/2022

Mid-Atlantic Water Services

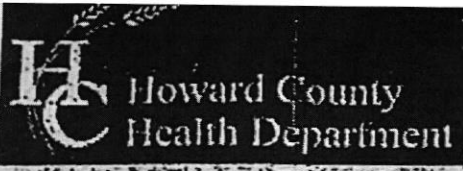
Date and time received: 01/18/2022 14:55

This report is the sole property of Mid-Atlantic Water Services. Any questions about the report MUST be directed to Mid-Atlantic Water Services at (410) 573-1020. Home Land Labs is not at liberty to discuss this report without written consent from Mid-Atlantic Water Services.

Sample Number: 216334-01 Sample Time: 01/18/2022 14:05 Field Preservation: Ice
Location: 7102 Deer Valley Road Field Chlorine: 0.00 Sampler: Mike Reeder - 0812MR
Highland, MD 20777 Field pH: 7.40 Sample Point: Boiler Drain

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Turbidity	EPA 180.1	0.8	Acceptable	0.5	NTU	10.0	01/19/2022	P S - 139

Approved By:  Denise Butera, Lab Director



7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, 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:

Well Site Location:
7102 Deer Valley Rd
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Fisher Collins Carter
 (professional land surveyor or company employing professional land surveyors)
 on 4/12/21 (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 3/11/05

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

HO-20-0094

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

MARYLAND
GRID
MAD 183
NOR

LOT 18
SECTION THREE
CISSEL FARM
PB 9 PLAT 54

7102 Deer Valley Rd

Approved
5/10/21
Stated

FCC

Choice #1

Choice #1
(3)

NEW WELL LOCATION

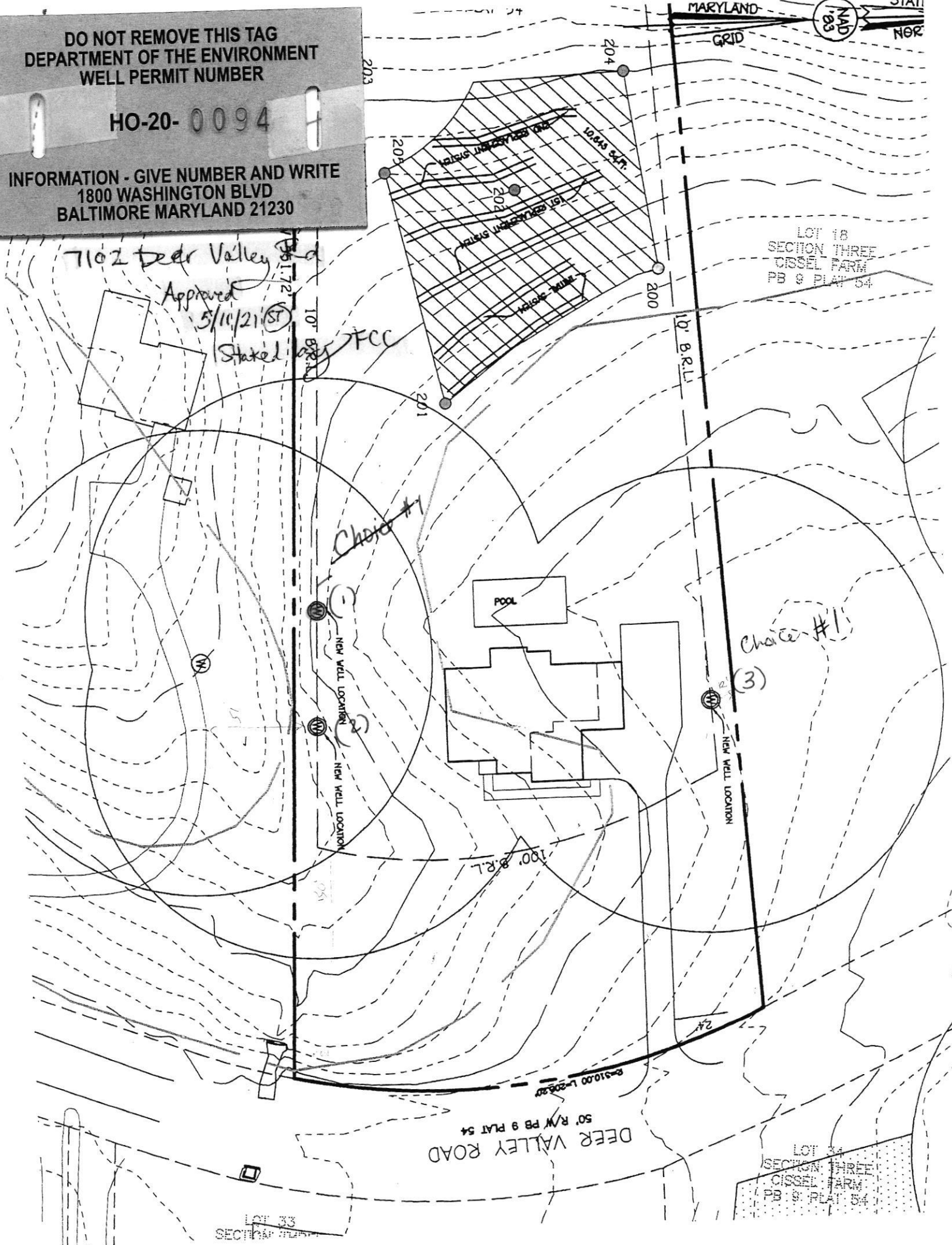
NEW WELL LOCATION

POOL

DEER VALLEY ROAD
50' R/W PB 9 PLAT 54

LOT 33
SECTION THREE

LOT 18
SECTION THREE
CISSEL FARM
PB 9 PLAT 54




MEMORANDUM

TO: Brett Sweeney MSD 237
Allied Well Drilling

FROM: Susan Thomas
Licensed Environmental Health Specialist II
Howard County Health Department
Well & Septic Program

RE: No drilling notifications for wells at 7102 Deer Valley Rd and 13730 NE Briaridge Ct.

DATE: October 14, 2021 

On May 11th, 2021 we issued a well permit for HO-20-0094 at 7102 Deer Valley Rd. No drilling notification was called in for this property. According to the completion report, the well was completed on May 17th, 2021. No yield test data was sent in for this property.

On July 6th, 2021 we issued a geothermal well permit for HO-20-0117 at 13730 NE Briaridge Ct. No drilling notification was called in for this property. According to the completion report, the well was completed on July 20th, 2021.

Please be advised that you must notify our office of drilling, grouting and yielding activities as set forth by **COMAR 24.04.04.14 A:**

- (1) The permittee shall notify the Approving Authority on the business day prior to commencing well drilling activities to allow the Approving Authority the opportunity to inspect.
- (2) The Approving Authority may require that the permittee provide notice before commencing a yield test in Hydrogeologic Area 3.
- (4) The Approving Authority may require that the permittee provide notification prior to commencing grouting activities to allow them the opportunity to inspect.

Please be advised that you must notify our office of geothermal well drilling activities as set forth by **COMAR 24.04.04.14 B:**

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

(2) The permittee shall notify the Approving Authority one business day prior to commencing well drilling activities of geothermal wells.

Continued failure to notify this office of drilling activities will result in a Notice of Violation. We will not issue any well permits to Allied Well Drilling in Howard County until the yield test data for HO-20-0094 at 7102 Deer Valley is received.

We are now back into full operations following the COVID-19 pandemic. Please expect to call in all drilling activities by 9:00 AM day of.

✓ Cc: File