

C1 28620 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

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

ST/CO USE ONLY DATE RECEIVED MM 01 DD 10 YY 13 DATE WELL COMPLETED MM 09 DD 14 YY 15 20 Approved 8/31/14 Depth of Well 600 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-14-0073

OWNER STIRLING HOMES WELL SITE ADDRESS 5102 CLAY CIRCLE LN TOWN CLARKSVILLE SUBDIVISION _____ SECTION _____ LOT 3

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown mica opening	2	20	-
Brown mica	20	24	
Grey mica	24	30	
TAN mica	30	155	
Grey mica	155	157	
Grey mica	157	201	
Limestone/Gravel	201	205	
White Sandy mica	205	290	
Grey mica 1/4 quartz	290	600	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 25 NO. OF POUNDS 2500
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (to nearest foot)
 from 9 ft. to 30 ft.
 (enter 0 if from surface)

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)
ST 6 40

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 040
George F. Kistner
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 4RD 064

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

C 2 DEPTH (nearest ft.)
 1 170 35 600
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 _____ 56 _____ 60 _____
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 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.) 5
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 21 ft.
 WHEN PUMPING 241 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 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. _____ 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 } LAND SURFACE
 - below } 2 (nearest foot)

LATITUDE 39.232.133
 LONGITUDE 76.940.820
 (DEFAULT COORD. WGS 84)

NOTES:

B 1 **29246** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
554584 APPLICATION FOR PERMIT TO DRILL WELL **HO-14-0073**
 please type fill in this form completely

Date Received (APA) **08/18/14** T2617
8 MM **08** DD **14** YY
OWNER INFORMATION
STIRLING HOMES
 15 Last Name Owner First Name 34
20910 NEW HAMPSHIRE AVE
 36 Street or RFD 55
BROOKEVILLE, MD 20833
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL CC#
Howard
 8 COUNTY 21
Marilley Property
 23 SUBDIVISION 42
 SECTION 44 46 LOT 3 48 50
Clarksville
 52 NEAREST TOWN 71

DRILLER INFORMATION
George F. Easterday M WD 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 8/14/2014
 Signature Date

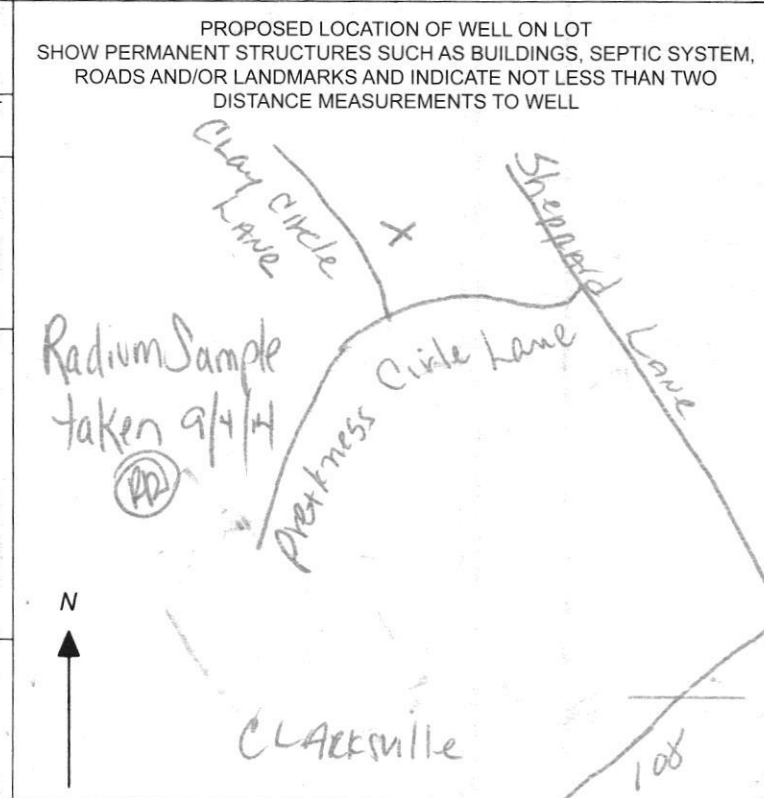
B 4 SOURCES OF DRILLING WATER wells
 1. **5102 Clay Circle Lane**
 11 STREET ADDRESS 30
 2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 500 37 NORTH N WEST W EAST E SOUTH S
 DISTANCE FROM ROAD FT.
 ENTER FT OR MI 38 39
 TAX MAP: **28** BLK: **18** PARCEL **416**

B 2 WELL INFORMATION
 7 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **5** 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 (13) **A530988**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED **8/26/14** **John A. Wall** 8/26/15
 43 MM DD YY 46 CO SIGNATURE EXP. DATE

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



METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 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
 39 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-14-0073**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Radium Sample to be collected @ Yield.**
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEND REPORT TO: Bert Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No.

Howard County Health Department
Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

Plant/Site Name: Marilyn Property - Lot 3 County: Howard
 Sample Source: Well "Siz Clay Circle Ln" (HC 0073) Location: 140-14-0073
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____
 County 13 Plant No.

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: Federal Project: S
 Collector: R. Rappaport Telephone No.: 410-313-1781
 Date Collected: 9/14/14 Time Collected: _____ a.m. 12 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No
 Remarks: Sample taken during the yield test

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000						
<input checked="" type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								

Date Received: _____ Received By: _____
 Data Release Signature: _____ Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

•Tel. No.: (410) 767-5537 •Fax No.: (410) 333-5373

C1 **59013** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

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

ST/CO USE ONLY DATE Received MM DD YY
 DATE WELL COMPLETED 6-16-21 Approved 8/21/21 Depth of Well 450 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0044
 8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

OWNER Piao, Sudhir + Venkataraman last name first name TOWN Clarksville MD
 WELL SITE ADDRESS 5702 Clay Cir SUBDIVISION Maribey Prop SECTION LOT 3

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	1	
Brown Clay	1	5	
Brown + Red Clay	5	20	
Gravel, Brown white clay	20	70	
Iron Ore	70	72	
Brown Clay + Soft Rock	72	80	
Hard Rock	80	450	

80 used Coops

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 44 44
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 176 NO. OF POUNDS 8800
 GALLONS OF WATER 4400
 DEPTH OF GROUT SEAL (to nearest foot) 450
 from 0 ft. to 450 ft.
 48 TOP 52 54 BOTTOM 58 ft.
 (enter 0 if from surface)

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)
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: N/A
 WELL HYDROFRACTURED Y N
 CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

C 2 DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from to

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M 5 D 237
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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

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

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) 8 9
 PUMPING RATE (gal. per min.) 11 15
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 17 20 ft.
 WHEN PUMPING 22 25 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. 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 } LAND SURFACE (nearest foot)
- below } 49 51

LATITUDE 39.23184
 LONGITUDE 76.8920894047
 (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.

B 1

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

48043
70 79
fill in this form completely

1 2 3 6

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Marshall Arnette M SD 106
76 License No. 81
Firm Name Allied Well Drilling
Address 20 Bux 129 Annapolis Junction MD 20701
Signature Marshall Arnette Date 09/03/2020

B 4

SOURCES OF DRILLING WATER

1. Public
2.
3.

11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 0028 BLK: PARCEL 0416

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 09/18/2020 CO SIGNATURE EXP. DATE 09/18/2021

APPROXIMATE DEPTH OF WELL 352 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

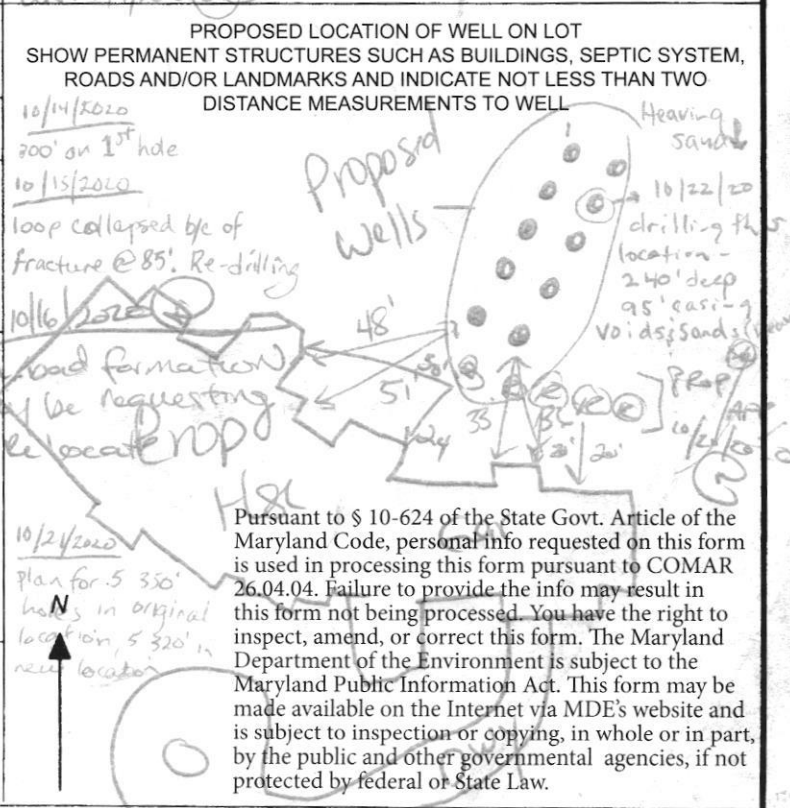
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G

PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 12, 2022

April 12, 2022

Homeowner
5102 Clay Circle Lane
Clarksville, MD 21029

RE: Marilley Property, Lot 3
5102 Clay Circle Ln
Building Permit: B15000012
Well Permit: HO-14-0073

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 **8/30/2021**. Final approval of the well line connection to the dwelling was granted on **7/20/2021**. The well construction was completed on **9/4/2021**. Water samples were collected on **3/23/2022**.

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.

Gross Alpha and Beta samples were also collected on **3/25/2022**. Results showed a Gross Alpha level of **7.2 ± 0.0 pCi/L** and **Gross Beta** level of **3.57 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-14-0073. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

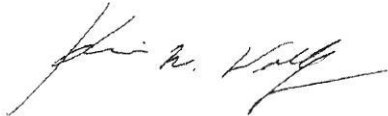
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



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

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

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street, # 201
Sykesville, Md 21784
Attn: Kalyn

Reporting Date: 3/24/2022
Report #: M10358

Submitted Sample Address: 5102 Clay Circle Lane, Clarksville, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 3/23/2022 11:05 AM
Sample Type: Drinking Water
Sampler/Company: J. Reynolds 1325JR, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well Tag #: HO-14-0073

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	5.6	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	5.3	NTU	0.5	< 10 NTU*	MD Well Reg.
pH	7.8	SU	0.1	6.5-8.5	EPA Secondary MCL


Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street #201
Sykesville, MD 21784
Attn: Kalyn

Reporting Date: 4/11/2022
Report #: M10370

Submitted Sample Address: 5102 Clay Circle Lane
Clarksville, MD 21029
Submitted Sample Source: Pressure Tank
Date / Time Collected: 3/25/2022 1:07 PM
Sample Type: Drinking Water
Sampler/Company: K. Ramsey 2084KR, WTL of MD
Well #: HO-14-0073

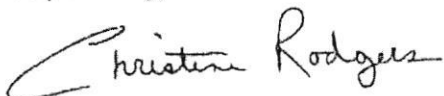
Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method	Analyst
Gross Alpha	7.20	pCi/L	2.84	15	EPA 900.0	JAW
Gross Beta	3.57	pCi/L	1.61	50*	EPA 900.0	JAW

Notes:

1. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
2. Samples received and examined within EPA's recommended holding times.
3. MCL – Maximum Contaminant Level
4. ND – Not Detected.
5. *EPA considers 50 pCi/L to be the limit of concern for Gross Beta.
6. MCL Type –
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
7. Analyzed by lab 331. Analysis Start 4/04/2022 @ 0955
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

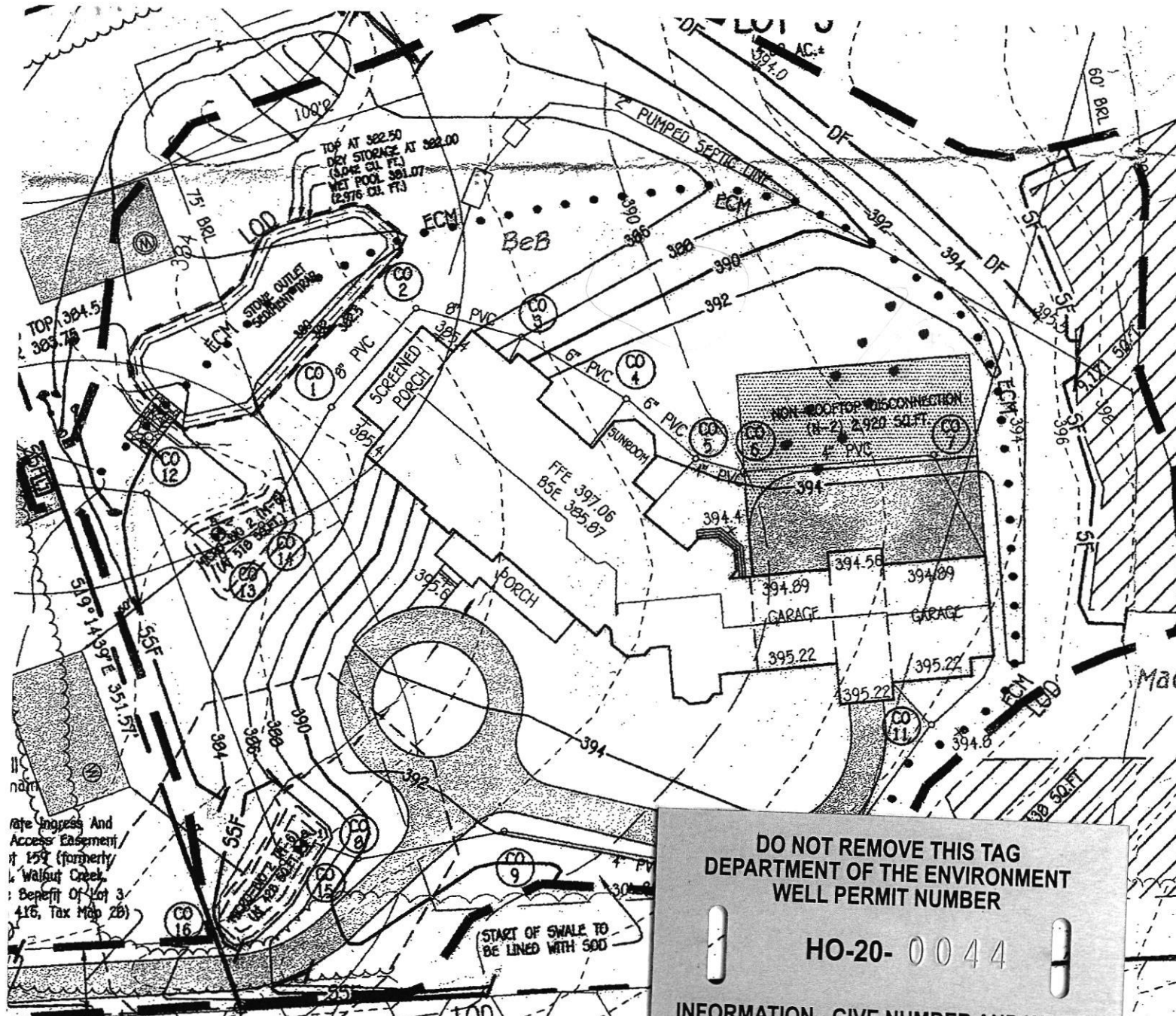
Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by:





Rate Ingress And Access Easement of 15' (formerly Walnut Creek) Benefit of Lot 3 416, Tax Map 2B)

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

HO-20- 0044

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

WALNUT GROVE
 PLAT# 10223
 ZONED RC-DEO

PREAKNESS CIRCLE LANE

MINOR COLLECTOR

APPROVED 8/18/2020
 STAMPED BY DAUER
 HO-20-0044

PLAN

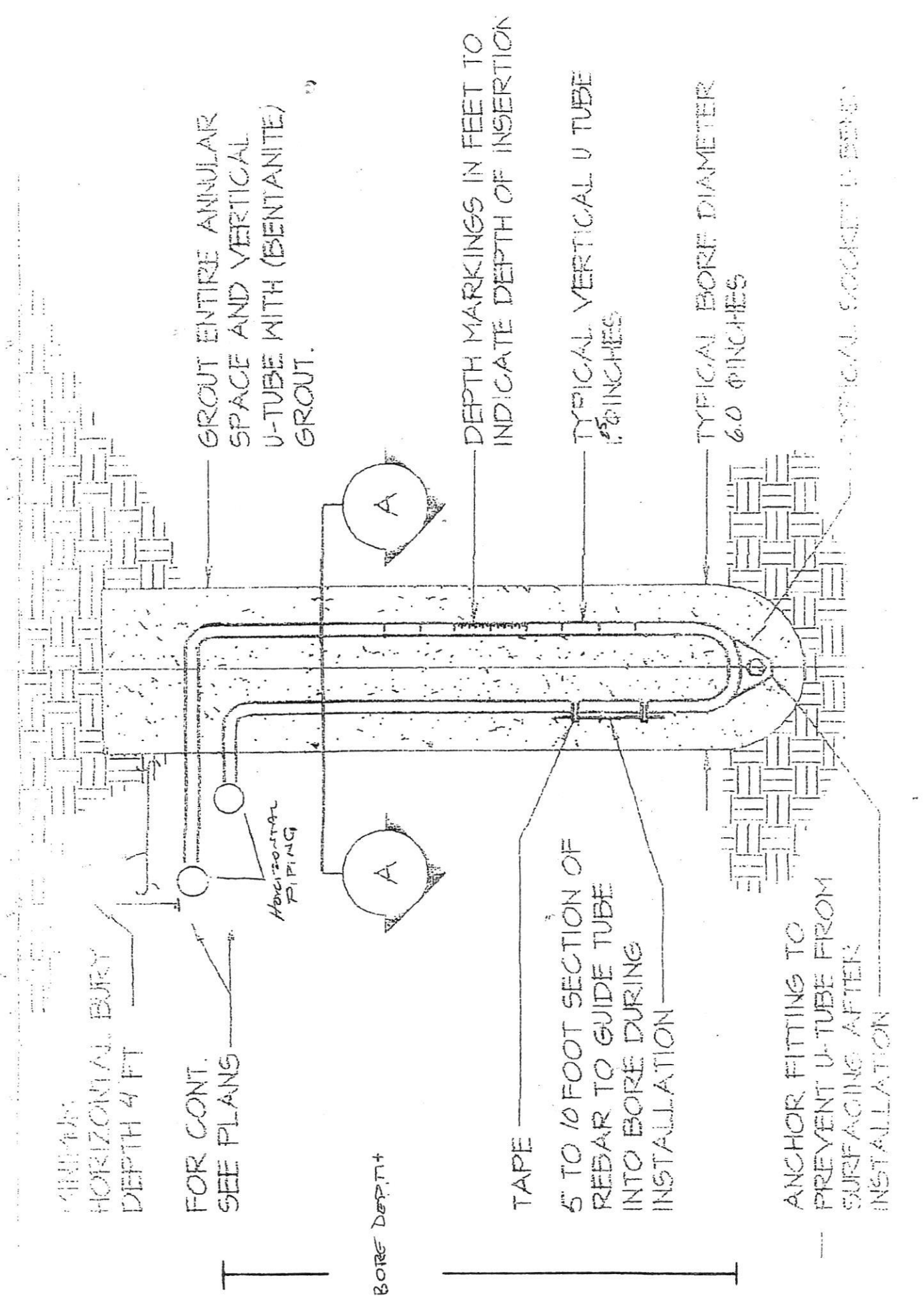
SCALE: 1" = 50'

OPERATION & MAINTENANCE SCHEDULE FOR MICRO-BIORETENTION (M-6)

- A. THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD

GRADE

EACH BORE HOLE (TYP.)



MINIMUM
HORIZONTAL BURY
DEPTH 4 FT

FOR CONT.
SEE PLANS

Horizontal
PIPING

BORE DEPTH

TAPE
5 TO 10 FOOT SECTION OF
REBAR TO GUIDE TUBE
INTO BORE DURING
INSTALLATION

GROUT ENTIRE ANNULAR
SPACE AND VERTICAL
U-TUBE WITH (BENTONITE)
GROUT.

DEPTH MARKINGS IN FEET TO
INDICATE DEPTH OF INSERTION

TYPICAL VERTICAL U TUBE
6.0 INCHES

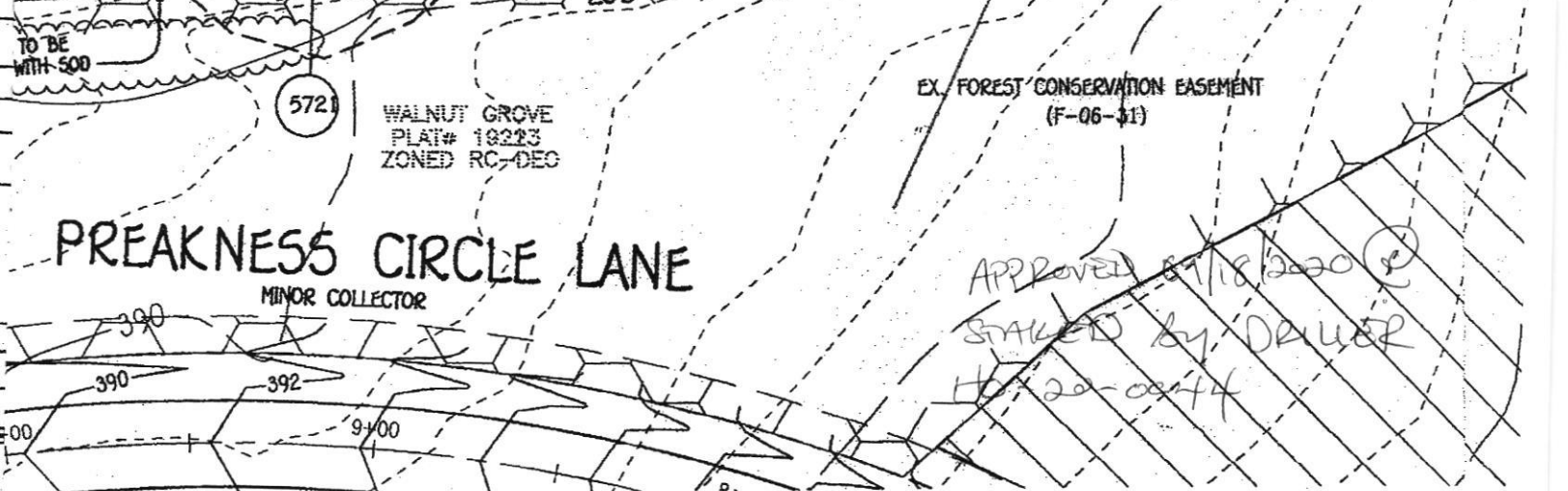
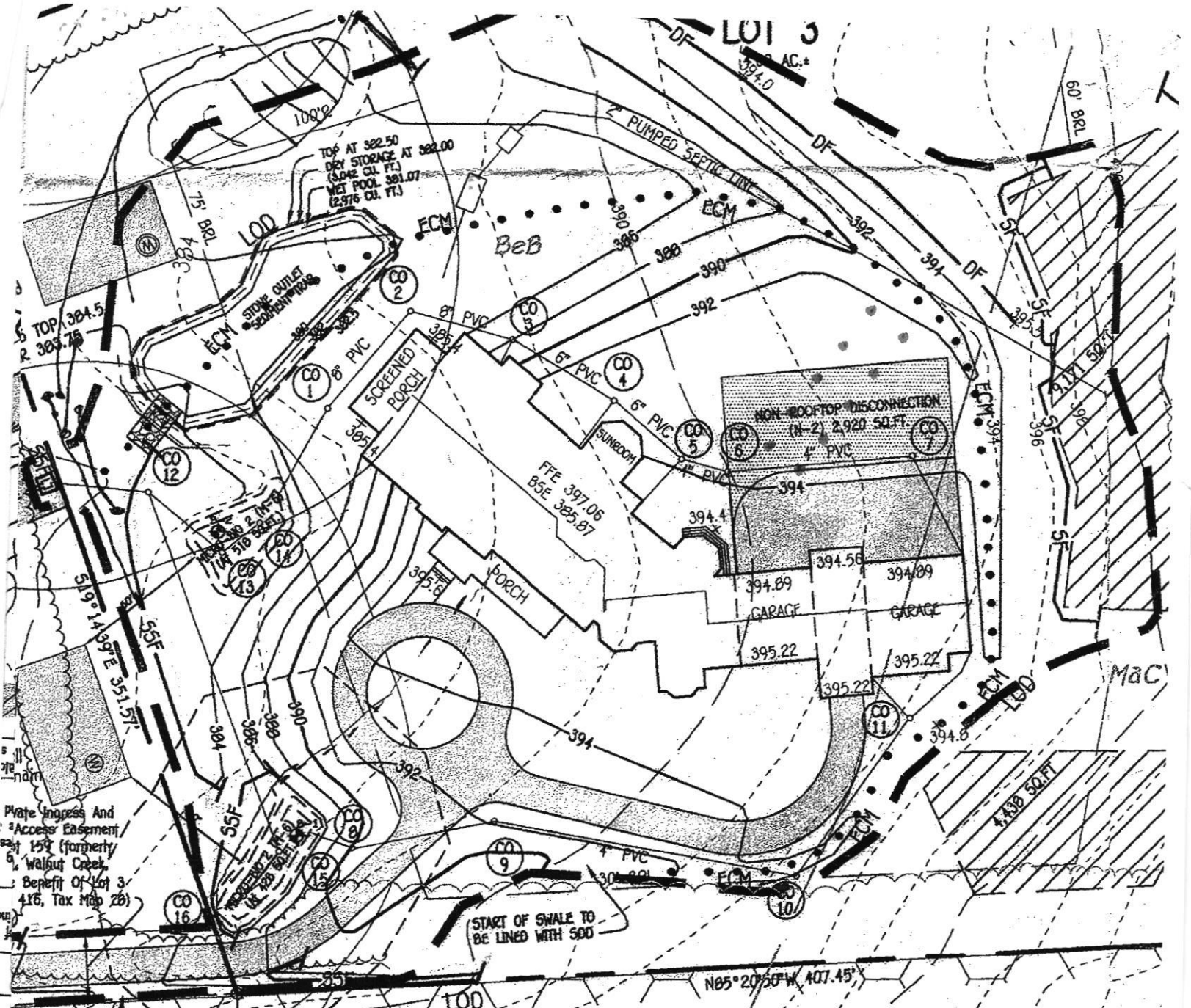
TYPICAL BORE DIAMETER
6.0 INCHES

ANCHOR FITTING TO
PREVENT U-TUBE FROM
SURFACING AFTER
INSTALLATION

TYPICAL SOCKET U-BENDS

HOWARD COUNTY GROUTING PROCEDURE

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than $2.5 \text{ E}(-08) \text{ cm/sec}$. Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.



PLAN

SCALE: 1" = 50'

OPERATION & MAINTENANCE SCHEDULE FOR MICRO-BIORETENTION (M-6)

- A. THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD

APPROVED 5/18/2000
 SIGNED BY: DRAUSER
 H. J. J. J.

WALNUT GROVE
 PLAT# 18223
 ZONED RC-DEC

EX. FOREST CONSERVATION EASEMENT
 (F-06-31)

Plate Ingress And
 Access Easement
 15' (formerly
 Walnut Creek
 Benefit Of Lot 3,
 416, Tax Map 28)

START OF SHALE TO
 BE LINED WITH SOD

Thomas, Susan

From: Thomas, Susan
Sent: Tuesday, May 11, 2021 4:04 PM
To: Andy Capelle; jesse Price
Cc: Oswald, Hank; Wolf, Kevin
Subject: RE: Clay Circle

Dear Andy,

Thanks for meeting me on site today. All the bores were confirmed to be staked as per the FCC plan signed 4/30/21. Allied is approved to begin drilling.

Thanks,
Susan

From: Wolf, Kevin <KWolf@howardcountymd.gov>
Sent: Tuesday, May 11, 2021 9:51 AM
To: Andy Capelle <acapelle@alliedwells.com>; jesse Price <jesse@muellerhomes.com>
Cc: Thomas, Susan <sathomas@howardcountymd.gov>; Oswald, Hank <hoswald@howardcountymd.gov>
Subject: RE: Clay Circle

I will have Susan going out today to look. She will contact you Andy for an update and a "go-ahead" to move the rig back in. The location of the bores look pretty good. Lets hope for some good bore holes!

Kevin

From: Andy Capelle <acapelle@alliedwells.com>
Sent: Tuesday, May 11, 2021 9:10 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; jesse Price <jesse@muellerhomes.com>
Subject: Clay Circle

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,

What is the next step to get us drilling out at Clay Circle Rd?

--

Andy Capelle
Vice President



P.O. Box 129
Annapolis Junction, MD 20701
410-371-2219 cell
301-776-8370 office
301-776-8374 fax
alliedwells.com



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:

- The well site has been staked by Fisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on JULY 30 2014 (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

5102 CLAY CIRCLE WANE
LOT 3
MARILLEY PROPERTY

Wolf, Kevin

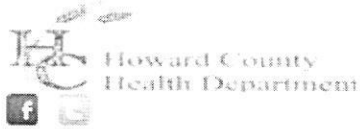
From: Wolf, Kevin
Sent: Wednesday, February 24, 2016 9:06 AM
To: Andy Capelle
Subject: 5102 Clay Circle Drive Geothermal

Andy,

I have this permit ready, everything looks good. Only thing: I would like to hold this permit until we get the septic permit released and at least started. There are some concerns on this property with tank placement, location and disposal. If we need to relocate or readjust things in the field or on the approved septic plans, I do not want us moving around the geo bores. Please feel free to copy the owner on this or call me directly with questions.

Thanks,

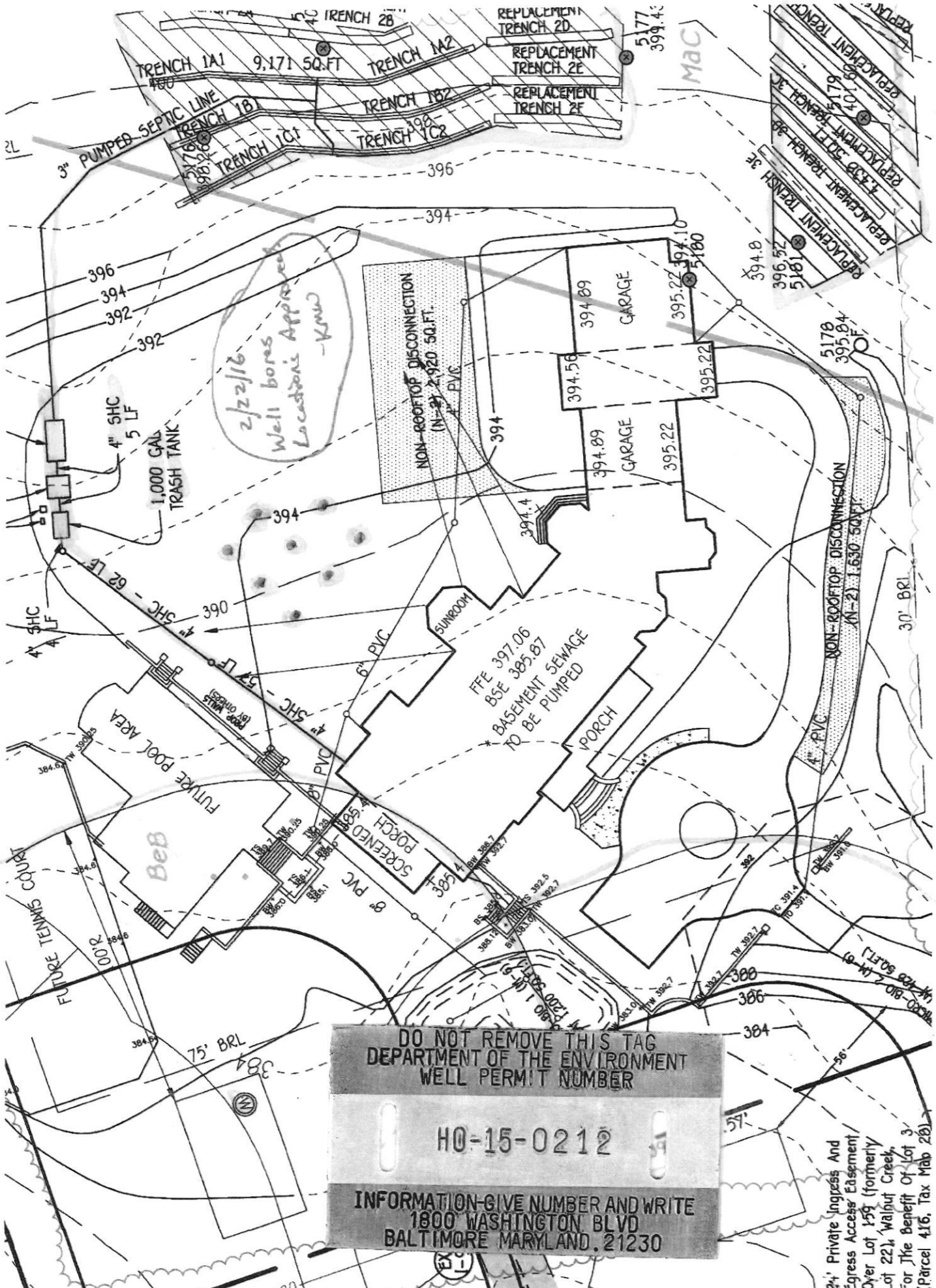
Kevin M. Wolf, LEHS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

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2/22/16
Well bores
Locations Appointed
-KRW

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0212
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230

Scale: 1" = 50'

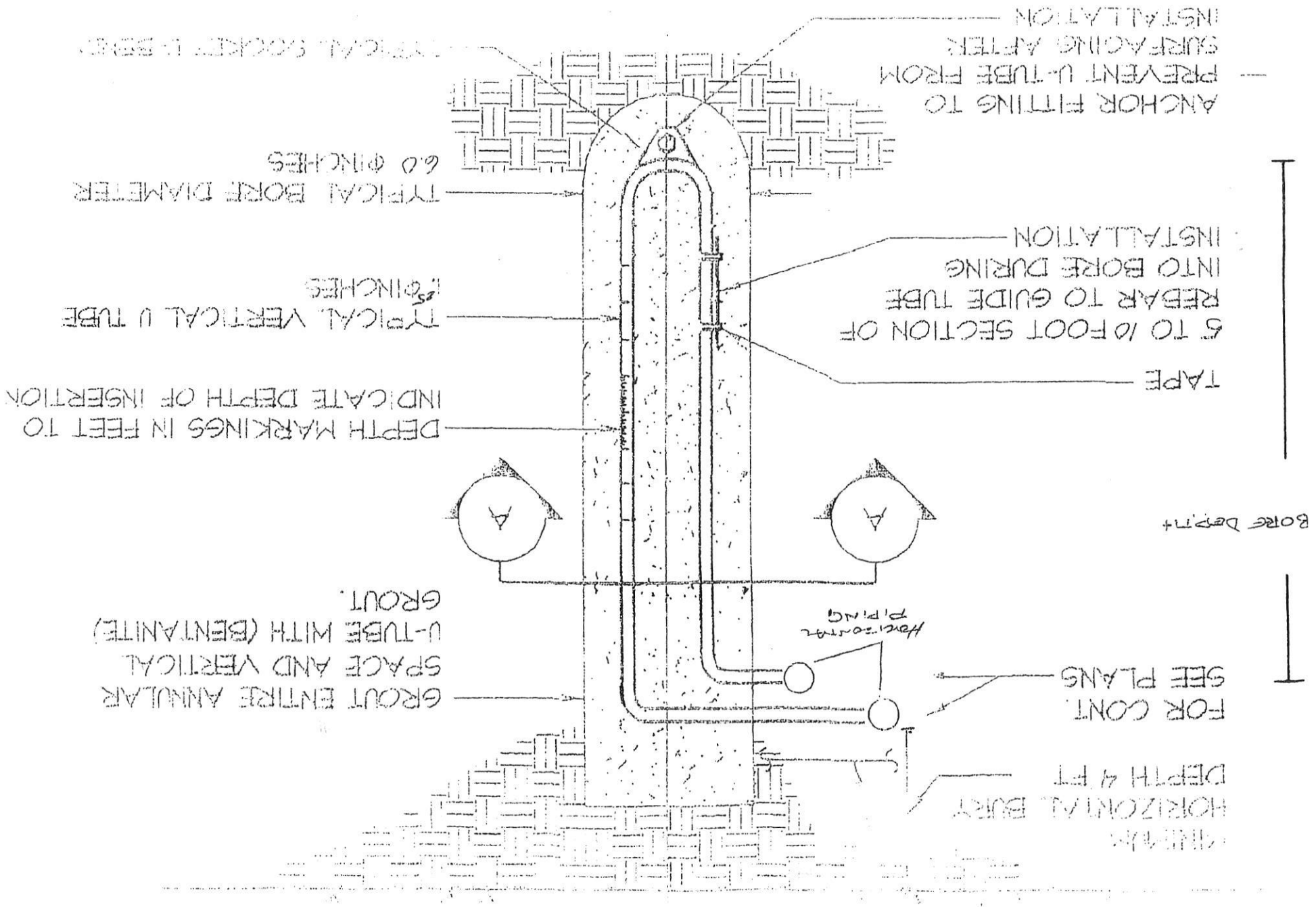
24' Private Ingress And
Egress Access Easement
Over Lot 159 (formerly
Lot 22), Walnut Creek,
For The Benefit Of Lot 3
(Parcel 416, Tax Map 20)

HOWARD COUNTY GROUTING PROCEDURE

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than $2.5 \text{ E}(-08) \text{ cm/sec}$. Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.

EACH BORE HOLE (TRP)

GRADE



Howard County Health Department
ATTN: Kevin M Wolf
8930 Stanford Blvd.
Columbia, MD 21045

Allied Well Drilling
PO Box 129
Annapolis Junction, MD 20761

DAVE SADLER
SPRING HOMES
301 974 4899

CLARKSVILLE

5102 CLAY CIRCLE LAKE

WELL PERMIT APP.

MARILLEY PROPERTY
LOT 3
MAP#28, GRID#18, PARCEL #416

5102 CLAY CIRCLE LN.
ELLCOTT CITY, MD
21042

\\job\06075\dwg\06075-Marilley Lot 3 House Siting 072914.dwg, 7/30/2014 11:03:23 AM, 1:50

