



# HOWARD COUNTY HEALTH DEPARTMENT

65559

DATE  
7/18/19

WS

Received From

Carroll Water Systems

PHONE #

410-876-5100

For

Well Permit / 16709  
Hitchcock Past Rd.

CASH

CHECK

NO.

4145

One hundred sixty \_\_\_\_\_ Dollars

\$

160.00

Received By

J. King

C1 154345

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Kim James, WELL SITE ADDRESS 2709 Hitching Post Rd, TOWN Clarksville, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Soft Shelly Rock, and Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (31), NO. OF POUNDS (2974), GALLONS OF WATER (186), DEPTH OF GROUT SEAL (0 to 114 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6 inch), Total depth of main casing (114 foot).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

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

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

DRILLERS LIC. NO. 1 M SD 064, DRILLERS SIGNATURE, LIC. NO. 1 D

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

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (0.81 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Latche Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (41 ft), WHEN PUMPING (431 ft), TYPE OF PUMP USED (for test) (S)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), 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 (S), CAPACITY: GALLONS PER MINUTE (to nearest gallon) (10), PUMP HORSE POWER (1), PUMP COLUMN LENGTH (nearest ft.) (480), CASING HEIGHT (circle appropriate box and enter casing height) (2) LAND SURFACE

LATITUDE 39.186390, LONGITUDE 76.908469 (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.

B	1	60196	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER <u>HO-18-0104</u>
				565559	fill in this form completely

**OWNER INFORMATION**

Date Received (APA) 07/18/19

8 MM DD YY 13

15 Last Name Kim Owner James First Name James 34

36 Street or RFD 6707 Hitching Post Rd 55

57 Town Clarksville MD 70 State 72 Zip 21029 76

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Clarksville Ridge 42

SECTION 44 46 LOT 21 48 50

52 NEAREST TOWN Clarksville 71

**DRILLER INFORMATION**

Driller's Name Maurice Dixon M SD 066 76 License No. 81

Firm Name Carroll Water Systems

Address 12047 Falls Rd, Cockeysville

Signature Maurice Dixon Date 7/17/19

**SOURCES OF DRILLING WATER**

1. Public

2. Public

3. Public

11 STREET ADDRESS 6707 Hitching Post Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 DISTANCE FROM ROAD 170 37

ENTER FT OR MI 38 39

TAX MAP: 035 BLK: \_\_\_\_\_ PARCEL 0182

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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**

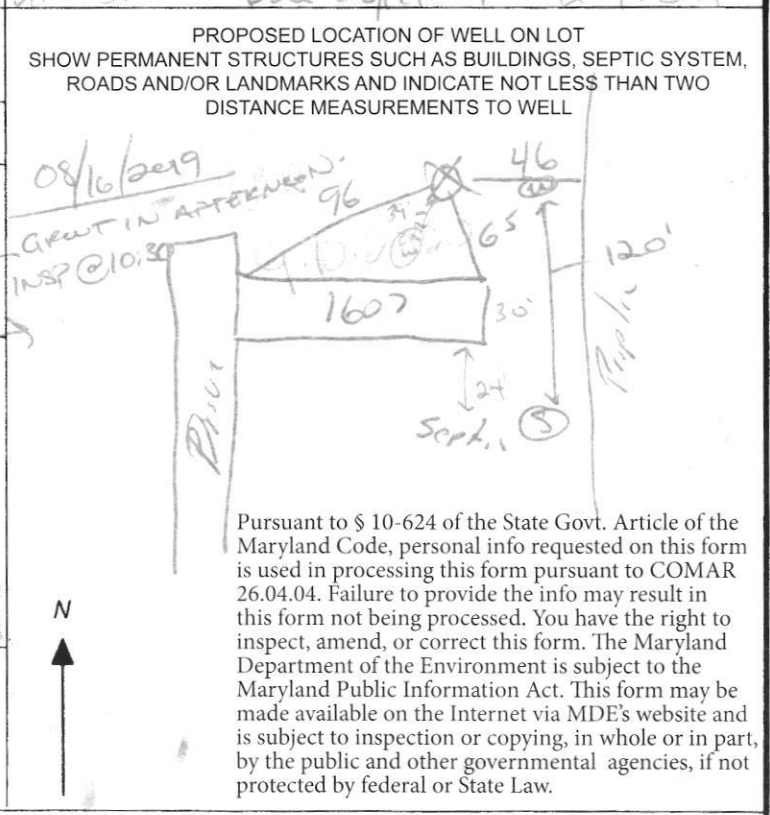
COUNTY NAME Howard COUNTY NO. XIII

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

43 MM DD YY 48 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) AIR-ROTary 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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-18-0104

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NONE

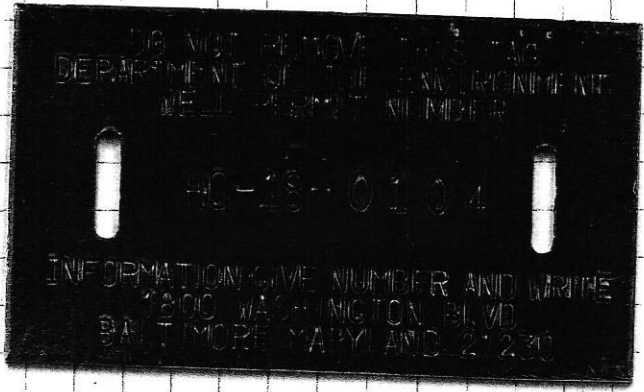
# CARROLL WATER SYSTEMS

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-876-5100

## HOWARD COUNTY YIELD TEST REPORT

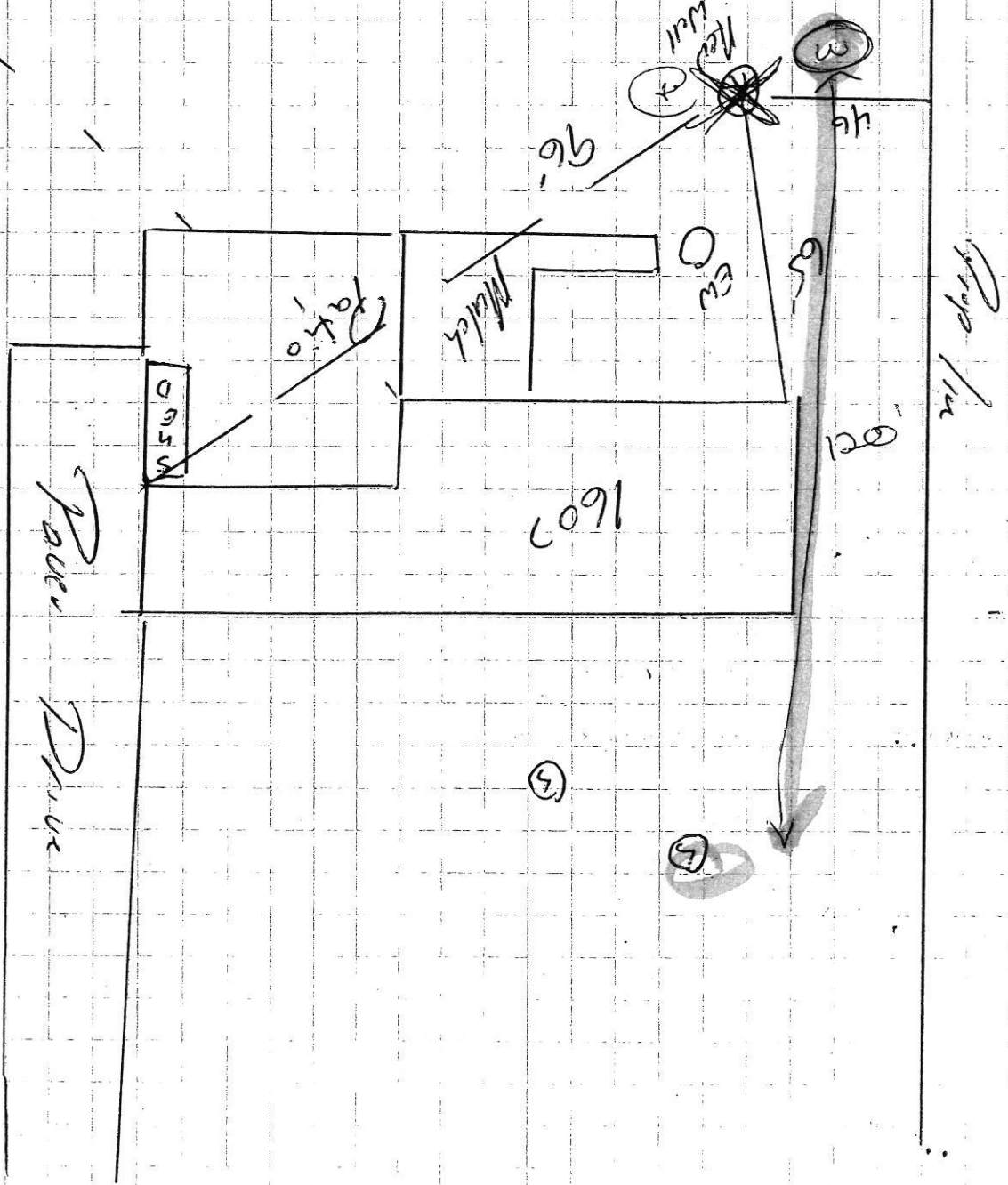
Date Test Performed: 08-22-19      Permit Number: HO-18-0104  
Address: 6707 Hitching Post Court      Subdivision:  
Owner Name: James Kim      Election District:  
Well Depth: 500 Ft      Static Water Level: 41 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 Gallon bucket	Calculated Flow-Gallons Per Minute
0845	41 ft		6 sec	10.00
0900	150		9	6.67
0915	235		12	5.00
0930	314		25	2.40
0945	412		37	1.62
1000	430		74	0.81
1015	430		74	0.81
1030	430		74	0.81
1045	430		74	0.81
1100	431		74	0.81
1115	431		74	0.81
1130	431		74	0.81
1145	431		74	0.81
1200	430		74	0.81
1215	431		74	0.81
1230	430		74	0.81
1245	431		74	0.81
1300	431		74	0.81
1315	431		74	0.81
1330	431		74	0.81
1345	431		74	0.81
1400	431		74	0.81
1415	431		74	0.81
1430	431		74	0.81
1445	431		74	0.81
1500	431		74	0.81
1515	431		74	0.81
1530	431		74	0.81
1545	431		74	0.81



6707 HITTING POST  
APPROVED 8/2/09  
WELL SITE MOVED BY  
DRILLER TO NEW LOC  
STAKED BY DRILLER

Over head  
etc



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

**MEMORANDUM**

September 3<sup>rd</sup>, 2019

Home Owner

RE: **Replacement Well Sampling**  
6707 Hitching Post Court  
Clarksville, MD 21029  
Well Permit # HO-18-0104

09/03/2019  
+ 001997

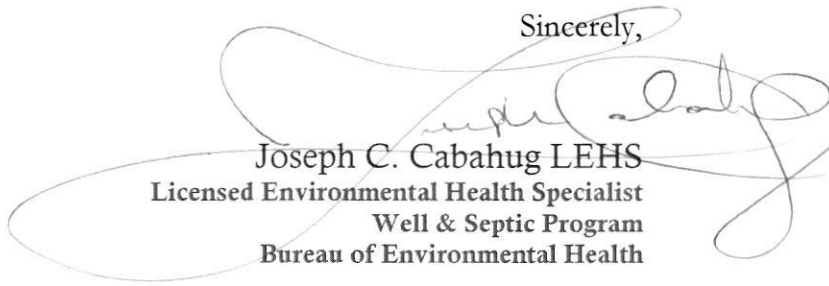
Dear Homeowner:

According to our records, your replacement well is proposed to be connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrites, turbidity, and sand.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.** If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug LEHS  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

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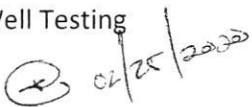
Maura J. Rossman, M.D., Health Officer

**MEMORANDUM**

TO: Home Owners  
6707 Hitching Post Court  
Clarksville, Maryland 21029

FROM: **Joseph Cabahug**  
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

RE: Replacement Well Testing

DATE: 02/25/2020 

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**Dear Home Owners,**

Be advised that we have no records that the replacement well (HO-18-0104) received water testing. Furthermore the well is tied and in tandem use with an existing well.

Both wells are recommended to be shocked and tested for potability. The property will be flagged in the system for outstanding testing.

Please call 410-313-1773 to set up an appointment for water testing.