

C1 55761

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 XIII

ST/CO USE ONLY DATE RECEIVED MM DD YY 08 20 19

DATE WELL COMPLETED MM DD YY 08 20 19

Depth of Well 625 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-18-0043

OWNER ELM STREET DEVELOPMENT WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON SUBDIVISION SIMPSON/DENAVLT SECTION LOT 20

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

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (500), GALLONS OF WATER (200), DEPTH OF GROUT SEAL (0 to 78 ft).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (80).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form with fields: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 MWD 576 DRILLERS SIGNATURE

LIC. NO. 1 D

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

DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 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, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED (4 HR. 15 MIN), PUMPING RATE (5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (WATCH & BUCKET), WATER LEVEL (distance from land surface) BEFORE PUMPING (34 ft), WHEN PUMPING (275 ft), TYPE OF PUMP USED (for test) (A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES/NO), 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 2 (nearest foot).

LATITUDE 3 9.224725 LONGITUDE 7 7.018843 (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.

TAG = 09/13/2019 (C)

B 1	SEQUENCE NO. (MDE USE ONLY) 54047	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 507751 please type	STATE PERMIT NUMBER HO-18-0043 70 fill in this form completely 79
	1 2 3 6		

OWNER INFORMATION

Date Received (APA) 030519
8 MM DD YY 13

ELM STREET DEVELOPMENT
15 Last Name Owner First Name 34

5704 DORSEY HALL ROAD
36 Street or RFD 55

ELLICOTT CITY MD 21042
57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD
8 COUNTY 21

SIMPSON/DENAULT
23 SUBDIVISION 42

SECTION 44 46 LOT 20 48 50

DAYTON
52 NEAREST TOWN 71

DRILLER INFORMATION

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

ALEXANDER'S WELL DRILLING
Firm Name

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

Randall Alexander 2-12-19
Signature Date

SOURCES OF DRILLING WATER

1. WELL WATER
2.
3.

GREEN BRIDGE ROAD
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
APPROX 2000 34 1000 37
DISTANCE FROM ROAD FT.
ENTER FT OR MI 38 39

TAX MAP: 27 BLK: _____ PARCEL 34-30-98

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 400 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

HOWARD COUNTY NAME
COUNTY NO. _____

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 01/24/2020
43 MM DD YY 48

CO SIGNATURE _____ EXP. DATE 01/24/2020

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

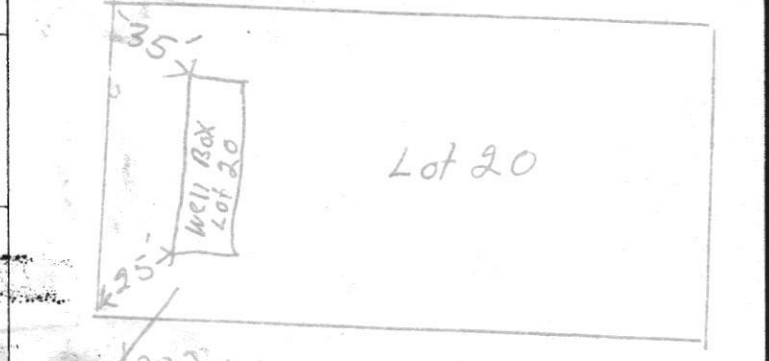
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other _____



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER HO2017G001

PERMIT No. HO-18-0043
70 71 72 73 74 75 76 77 78 79

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

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: Foale's Well Pump + Water Treatment Telephone #: 410 795 1535
Address: PO Box 63
Woodbine, MD 21797

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 C Foale License#: MSD7226

*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 #: 20 Well Tag #: HO-18-0043 ✓
Site Address: 6046 Bricker Rd
Dayton, MD 21036

Submersible Pump Data
Make: Gallos
Model #: SMS10422
Pump Capacity: 5
Well Yield: 5

Pitless Adapter
Make: Campbell +
Model #: N/A
GPM Depth: 36 (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit
Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 625 (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 NA

Piping to house
Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 16'
Sleeve sealed properly: YES

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: 7/14/2022

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

Date Insp. Requested: 7/15/22 Date Insp. Approved: 7/15/22 Inspector: [Signature]
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 20, 2023

September 20, 2022

Homeowner
6046 Bricker Road
Clarksville, MD 21029

**RE: Willowshire, Lot 20
6046 Bricker Road
Building Permit: B22000594
Well Permit: HO-18-0043**

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 **7/19/2022**. Final approval of the well line connection to the dwelling was granted on **7/15/2022**. The well construction was completed on **8/20/2019**. Water samples were collected on **8/29/2022, 9/12/2022**.

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-18-0043. 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
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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

OK
 9/23/2019

 WATER WELL HYDROFRACTURE REPORT

HYDROFRACTURE 6-21-19

WELL TAG NUMBER HO-18-0043 DATE WORK PERFORMED (mm/dd/yyyy) YIELD TEST 8-20-19

WELL SITE ADDRESS GREEN BRIDGE ROAD DAYTON MD.

TAX MAP 27 BLK _____ PARCEL 34, 36, 98, 111, 112 LATITUDE 3 9-224725 LONGITUDE 7 7-018843

CASING DEPTH 80 FT CASING TYPE (circle) ST OR (PVC) DIAMETER 6 1/4"

WELL DEPTH 625 FT WATER LEVEL BEFORE FRAC 48 FT YIELD BEFORE FRAC 1 1/2 GPM

PACKER SETTINGS (circle) (SINGLE) or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT

SOURCE OF WATER WELL WATER

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	100 FT.	625 FT.	850	1,000
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 34 FT YIELD AFTER FRAC 5 GPM

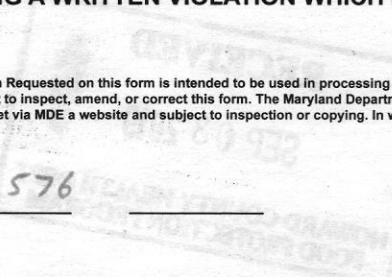
NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

This Notice is provided pursuant to §10-624 of the States Government Article of the Maryland code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE a website and subject to inspection or copying. In whole or in part, by the public and other government agencies. If not protected by Federal or State law.

DRILLER SIGNATURE

MWD 576
 LIC # _____



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

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	42,997		42997
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
TOTAL AREA	2,043,259	AC.	46.91
			S.F.

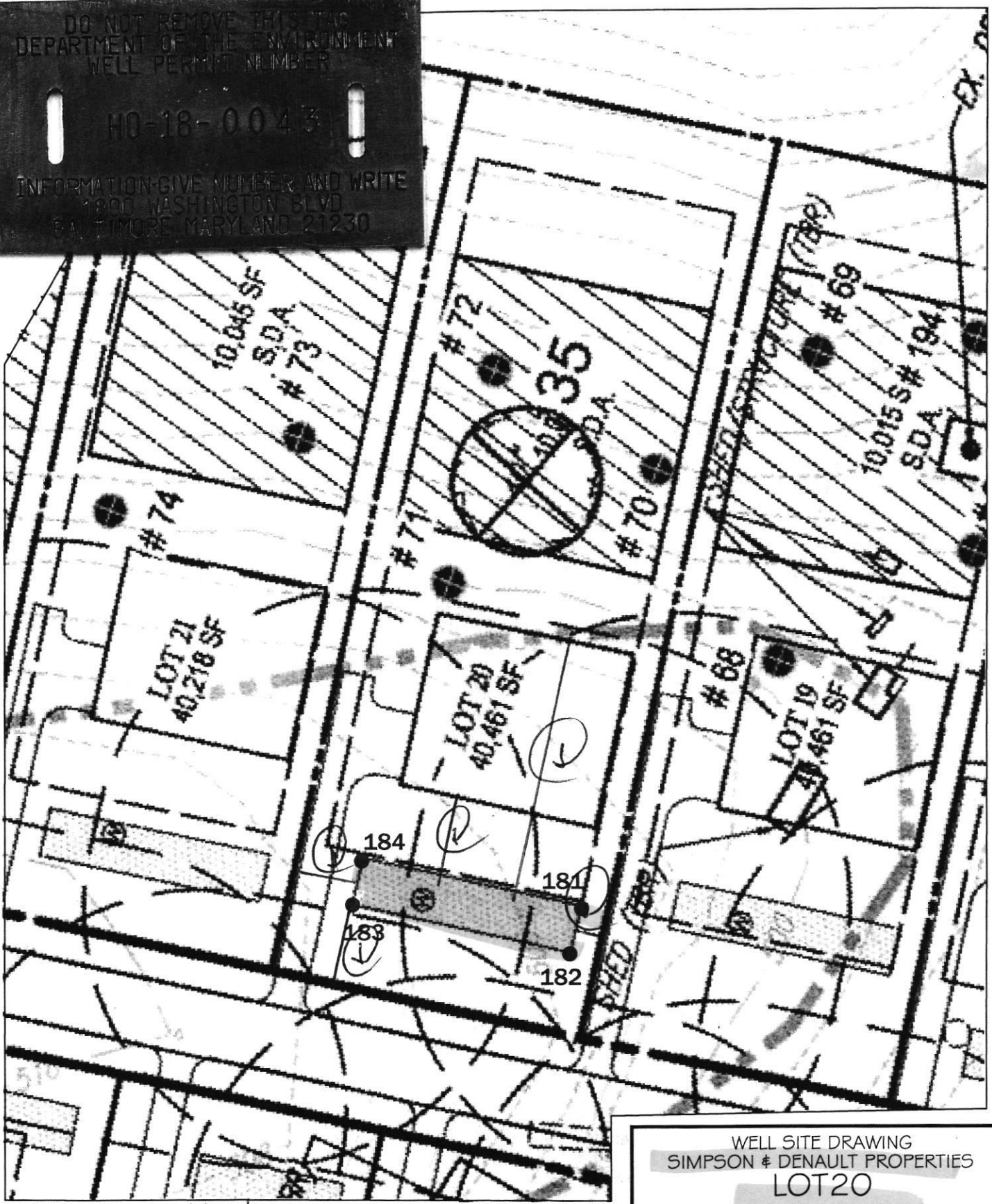
Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File

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

HO-18-0043

INFORMATION-GIVE NUMBER AND WRITE
2800 WASHINGTON BLVD
BALTIMORE, MARYLAND 21230

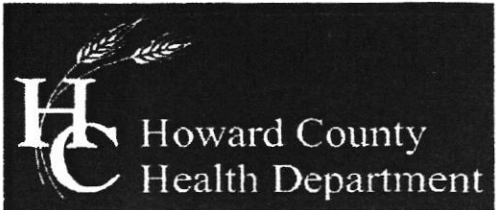


APPROVED 4/24/2019
001997
STAKED BY SHAN.
AND LANE

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 20

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:

Well Site Location:

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

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.



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154148 Account #: 1933
Reference: Willow Creek Lot 20 Client: Fogle's Well Pump & Treatment
Location: 6046 Bricker Road Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 8/29/2022 0818 Site: Pressure Tank
Date/Time Rec'd: 8/29/2022 1158 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Evans 0309JE Well #: HO-18-0043

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/30/2022 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/30/2022 / 0900 / TSD
Nitrate.	3.68	mg/L	10	EPA 300.0	8/29/2022 / 1615 / TSD
Turbidity	3.50	NTU	<10	SM2130B	8/30/2022 / 0945 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/29/2022 / 1540 / 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B22000594

Date Reported: 8/30/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154467 Account #: 1933
Reference: Willow Creek 20 Client: Fogle's Well Pump & Treatment
Location: 6046 Bricker Road Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 9/12/2022 0805 Site: Kitchen Sink
Date/Time Rec'd: 9/12/2022 1136 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Evans 0309JE Well #: HO-18-0043

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/13/2022 / 0830 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/13/2022 / 0830 / TSD

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 ND = None Detected
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 22000594

Date Reported: 9/13/2022

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd, Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER 40-18-0043 DATE WORK PERFORMED (mm/dd/yyyy) HYDROFRACTURE 6-21-19
YIELD TEST 8-20-19

WELL SITE ADDRESS GREEN BRIDGE ROAD DAYTON MD

TAX MAP 27 BLK _____ PARCEL TV 2, 10 019112 LATITUDE 3 9.324775 LONGITUDE 7 7.018843

CASING DEPTH 80 FT CASING TYPE (circle) ST OR PVC DIAMETER 6 1/2
 WELL DEPTH 625 FT WATER LEVEL BEFORE FRAC 48 FT YIELD BEFORE FRAC 1 1/2 GPM
 PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 100 FT
 SOURCE OF WATER WELL WATER

OBSERVATIONS

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	100 FT	625 FT	850	1,000
2				
3				
4				
5				

WATER LEVEL AFTER FRAC 34 FT YIELD AFTER FRAC 5 GPM

NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

This Notice is provided pursuant to §10-604 of the State Government Article of the Maryland Code. The Personal Information Requested on this form is intended to be used in processing this form pursuant to COMAR 26.04.34. Failure to provide the information requested may result in the form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE's website and subject to inspection or copying, in whole or in part, by the public and other government agencies, if not protected by Federal or State law.

Robert [Signature]
 DRILLER SIGNATURE

mwd 576
 LIC #

8/20/19



HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/27/19

WS

Received From

Abraham's well Drilling

PHONE # 717-642-596

For

Well for nuts (21) Green Bridge Rd.

CASH CHECK NO. 20911

Three thousand three hundred sixty dollars

\$ 3360.00

Received By King