

C1 63452

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0093

OWNER Nader, Josh WELL SITE ADDRESS 14005 Chicksville Pike TOWN Highland SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soft Brown, Gray mica, Sand, Gray Mica, Quartz, and Gray Mica.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED YES (Y) NO (N)

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. M SD 224, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) table with columns for depth ranges and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.159851 LONGITUDE 76.962320 (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.

TAG: 6/3/21

B 1 32536

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 58821

STATE PERMIT NUMBER

HO-20-0093 fill in this form completely

Date Received (APA) 05/29/21

OWNER INFORMATION

8 MM DD YY 13 Nadler Josh 15 Last Name Owner First Name 34 14215 Clarksville Pike 36 Street or RFD 55 Highland, Md. 20777 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

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

DRILLER INFORMATION

Andrew Houseman M S D 224 Driller's Name 76 License No. 81 Foaies well Drilling, LLC Firm Name P.O. Box 203 Woodbine, Md 21797 Address Adolph House 3-8-21 Signaire Date

B 4

SOURCES OF DRILLING WATER

- 1. well water 2. 3.

14005 Clarksville Pike 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: PARCEL 443

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S ->

DATE ISSUED 05/07/21 41 CO SIGNATURE Susan Thomas EXP. DATE 05/07/23 43 MM DD YY 48

DON: 5/26/21 (ST) DOG: 6/3/21 (K) DOY: 6/3/21

APPROXIMATE DEPTH OF WELL 300 24 28 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)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [X] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [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)

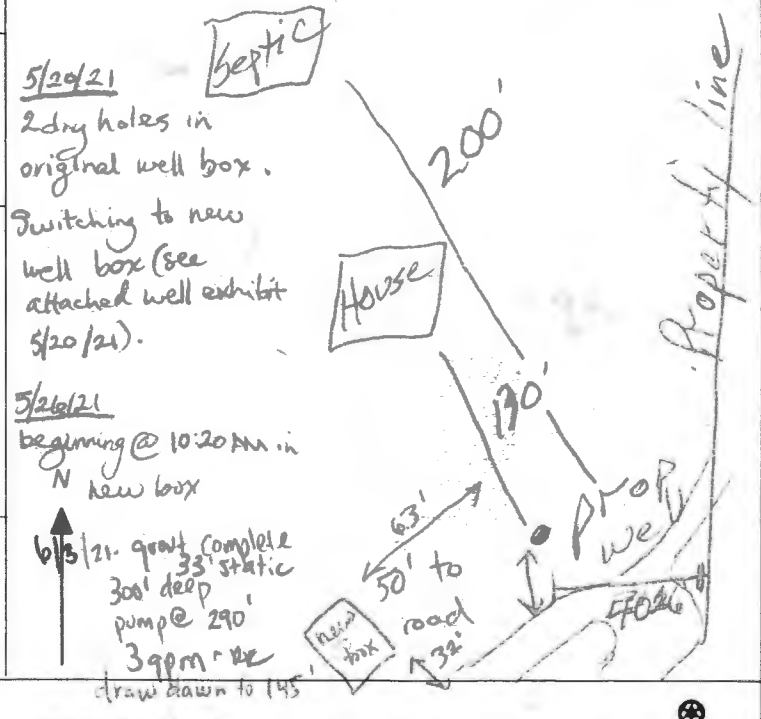
APPROP. PERMIT NUMBER G

PERMIT No. HO-20-0093 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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



FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-20-0093

Location of Property: 14005 Clarksville Pike Highland, Md 20777

Well Driller/Tech: Fogles Andrew Houseman MSD224 Owner/Buyer/Builder: Josh Nadler

Depth of Well: 300' Casing: 42' of 6" Steel Casing Pump Depth: 280'

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 35'

High rate pumping –reservoir Drawdown

Time pump started: 8:00 Pumping rate: 15

Total time 30 Mins to reach pumping water level 159 ft. below M.P.

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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	35'	4 Seconds		15 gpm
8:15	137'	4 Seconds		15 gpm
8:30	159'	20 Seconds		3 gpm
8:45	159'	20 Seconds		3 gpm
9:00	158'	20 Seconds		3 gpm
9:15	158'	20 Seconds		3 gpm
9:30	158'	20 Seconds		3 gpm
9:45	157'	20 Seconds		3 gpm
10:00	157'	20 Seconds		3 gpm
10:15	152'	20 Seconds		3 gpm
10:30	151'	20 Seconds		3 gpm
10:45	150'	20 Seconds		3 gpm
11:00	145'	20 Seconds		3 gpm
11:15	145'	20 Seconds		3 gpm
11:30	145'	20 Seconds		3 gpm
11:45	144'	20 Seconds		3 gpm
12:00	143'	20 Seconds		3 gpm
12:15	142'	20 Seconds		3 gpm
12:30	141'	20 Seconds		3 gpm
12:45	140'	20 Seconds		3 gpm
1:00	139'	20 Seconds		3 gpm
1:15	137'	20 Seconds		3 gpm
1:30	139'	20 Seconds		3 gpm
1:45	137'	20 Seconds		3 gpm
2:00	137'	20 Seconds		3 gpm
2:15	137'	20 Seconds		3 gpm
2:30	137'	20 Seconds		3 gpm
2:45	136'	20 Seconds		3 gpm
3:00	136'	20 Seconds		3 gpm

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: _____ Telephone #: _____
 Address: _____

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO - 20 - 0012
 Site Address: 14005 Clarksville Pike

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____
 Well Yield: _____

Pitless Adapter

Make: _____ +
 Model#: _____
 GPM Depth: _____ (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: _____

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

Piping to house

Type: _____
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 5/25/2023 Date Insp. Approved: 5/25/2023 Inspector: SP
 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)

Maura

W.



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 – June 19, 2024

December 19, 2023

Homeowner
14005 Clarksville Pike
Highland, MD 20777

RE: Fox Haven, Lot 4
14005 Clarksville Pike
Building Permit: B22002216
Well Permit: HO-20-0043

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 **10/14/2023**. Final approval of the well line connection to the dwelling was granted on **5/25/2023**. The well construction was completed on **6/30/2021**. Water samples were collected on **12/11/2023, 12/18/2023**.

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-20-0043. 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>



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410.313.2640 - Voice/Relay
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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

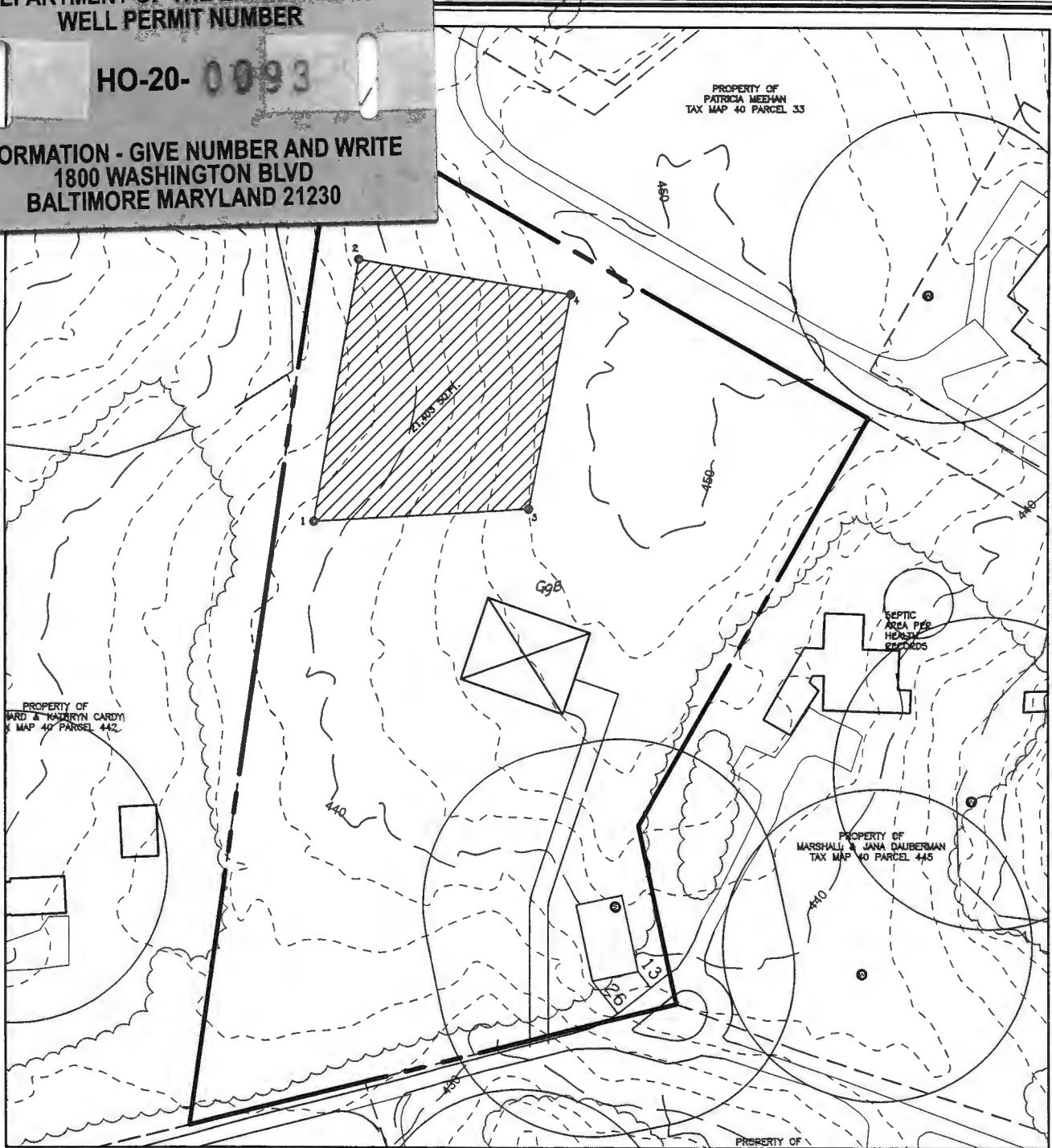
cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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

HO-20-0093

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

Approved 5/7/21
Staked by FCC
rec 4/28/21
new



**WELL EXHIBIT
14005 CLARKSVILLE PIKE**

TAX MAP #40

5TH ELECTION DISTRICT

SCALE: 1"=100'

PARCEL: 443

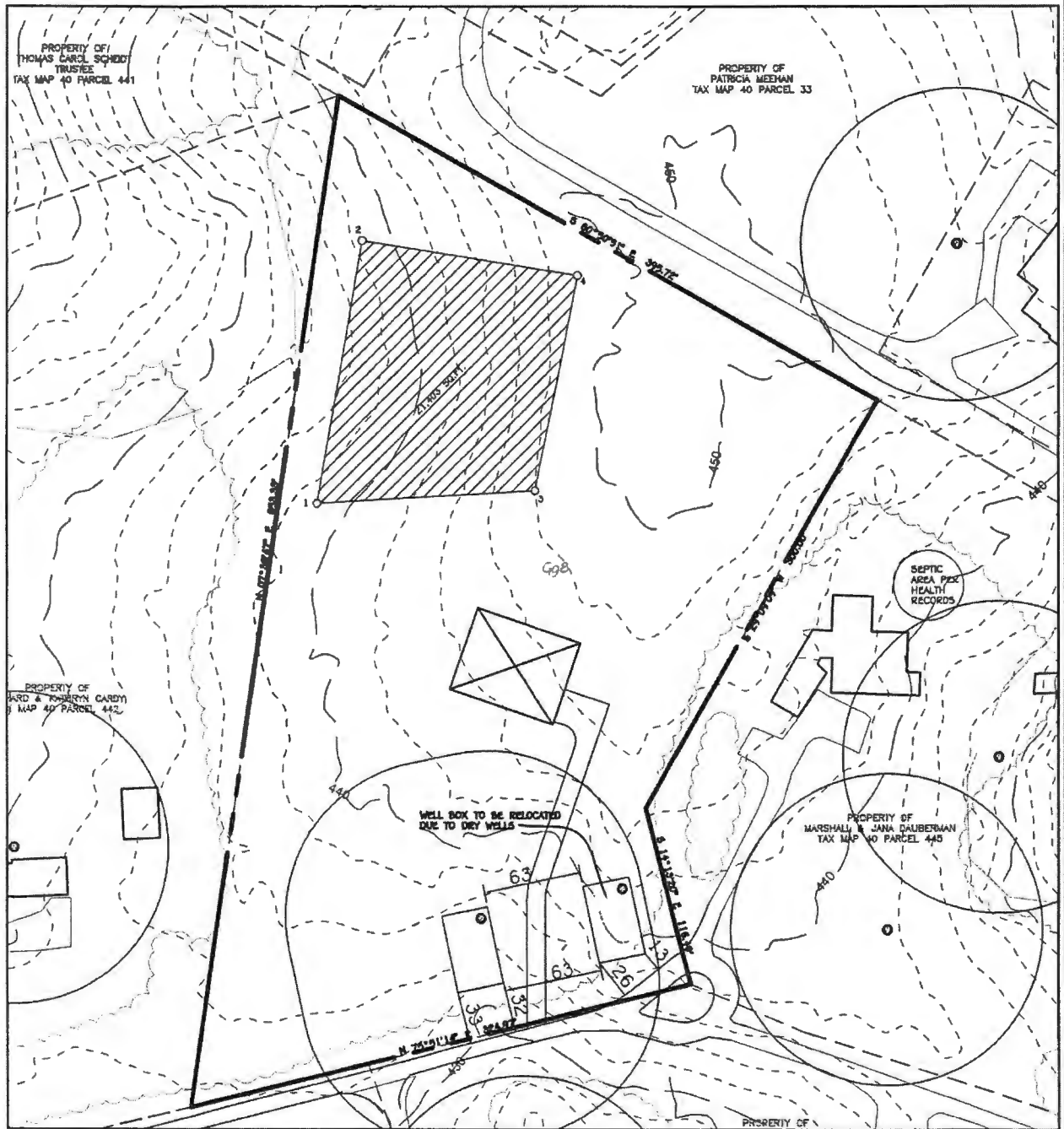
HOWARD COUNTY, MARYLAND

DATE: MARCH 11, 2021

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

HO-20-0093 Approved (ST)

new well exhibit 5/20/21
received
new well box



**WELL EXHIBIT
14005 CLARKSVILLE PIKE**

TAX MAP #40
5TH ELECTION DISTRICT

PARCEL: 443
HOWARD COUNTY, MARYLAND
DATE: MARCH 19, 2021

SCALE: 1"=100'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2955



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

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well, please indicate one of the following:

Well Site Location:

		14005 CLARKSVILLE PIKE
Subdivision/Property Name	Lot #	Road Name

The well site, as shown on the attached well site plan, has been staked by

Fisher, Collins & Carter, Inc.

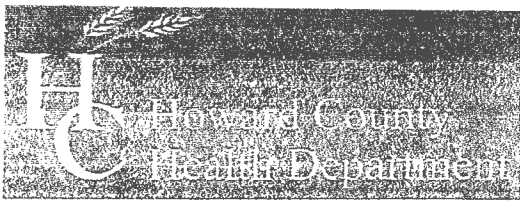
(professional land surveyor or company employing professional land surveyors)

On 5/19/2021
(date)

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.





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:

		14005 Creekville Pike
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 3/17/21 (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.

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

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved
7/30/21 (ST)

DATE WELL ABANDONED: 6.3-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Dryhole

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-20-0093

* PERSON ABANDONING WELL: Andrew Housman

WELL DRILLER'S LICENSE NUMBER: 224

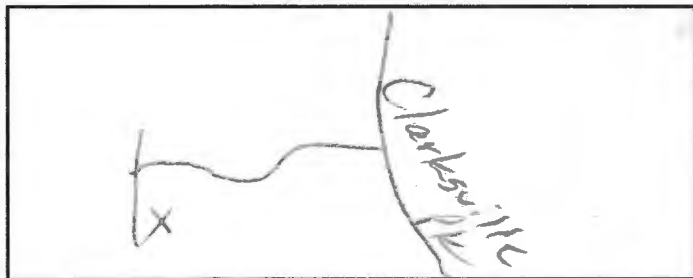
* OWNER'S NAME: Josh Nadler

CIRCLE: MWD ~~MSD~~ / ~~MGD~~

* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard
NEAREST TOWN: Highland
TAX MAP 40 BLOCK Highland PARCEL 443
SUBDIVISION:
SECTION: LOT:
STREET ADDRESS: 14005 Clarksville Pike



LATITUDE 39.159903

LONGITUDE 76.966985

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cuttings</u>	<u>600</u>	<u>100</u>
<u>Cement</u>	<u>100</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Cement 1880 lbs</u>		

24 TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) Dryhole

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify)

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 600 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

224 MWD/MSD/MGS 6-17-21
CIRCLE ONE DATE

COUNTY

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved
 7/30/21 (S)

DATE WELL ABANDONED: 6-3-21 (month/day/year)

Dryhole

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-20-0093

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Josh Nadler

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 40 BLOCK _____ PARCEL 443
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 14005 Clarksville Pike



LATITUDE 39.159834

LONGITUDE 76.962111

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cuttings	400	70
Cement	70	0
VOLUME OF MATERIAL USED		
<u>Cement 900/lbs</u>		

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 BORED _____ HAND DUG
 OTHER (specify) Dry Hole

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC
 IRRIGATION _____ INDUSTRIAL
 TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:
 STEEL _____ PLASTIC
 CONCRETE _____ OTHER (specify) N/A

SIZE OF CASING: N/A INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? _____ YES _____ NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

Andrew Houseman

224 MWD / MSD / MGS
 CIRCLE ONE

6-17-21 DATE

COUNTY

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2nd 600' Dry Hole

WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Approved
7/30/21 (S)

DATE WELL ABANDONED: 6-3-21 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

H0-20-0093

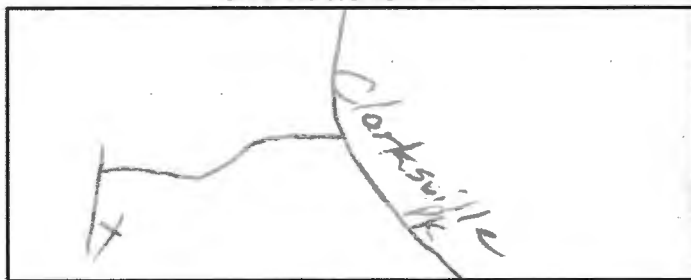
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Josh Nadler

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Highland
TAX MAP 40 BLOCK _____ PARCEL 443
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 14005 Clarksville Pike



LATITUDE 39.159834

LONGITUDE 76.962432

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 BORED _____ HAND DUG _____
 OTHER (specify) Dry Hole

MATERIAL	FEET	
	FROM	TO
<u>Cottings</u>	<u>600</u>	<u>100</u>
<u>Cement</u>	<u>100</u>	<u>0</u>

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC _____
 IRRIGATION _____ INDUSTRIAL _____
 TEST/OBSERVATION _____ GEOTHERMAL _____

VOLUME OF MATERIAL USED

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 CONCRETE _____ OTHER (specify) _____

Cement 1880/65

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 600 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

224 MWD / MSD / MGS 6-17-21 DATE

CIRCLE ONE

COUNTY

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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 163250 Account #: 4432
Reference: D2 Contractors Client: Wenger Services, LLC
Location: 14005 Clarksville Pike Requested By: Glenn Wenger
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 12/18/2023 1302 Site: Pressure Tank
Date/Time Rec'd: 12/18/2023 1515 Treatment: Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: R. Ott 0266RO Well #: HO-20-0093

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate.	1.55	mg/L (as N)	10	EPA 300.0	12/18/2023 / 1801 / KDR
Turbidity	0.45	NTU	<10	SM2130B	12/19/2023 / 0855 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	12/19/2023 / 0845 / KDR

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 3 ND = None Detected; N/A: Not Available
- 4 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B22002216

Date Reported: 12/19/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 163065 Account #: 4432
Reference: D2 Contractors Client: Wenger Services, LLC
Location: 14005 Clarksville Pike Requested By: Glenn Wenger
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 12/11/2023 1026 Site: Bathroom
Date/Time Rec'd: 12/11/2023 1150 Treatment: Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: R. Wenger 3234RW Well #: HO-20-0093

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2023 / 0900 / LMG
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/12/2023 / 0900 / LMG

NOTES:

- 1 Report revised to add BP# 12/19/23 CCH
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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
- 5 Sample collected by client, analyzed as received
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B22002216

Date Reported: 12/19/2023