

| | | | |
|---|-----------------------------------|--|--|
| C 1 | SEQUENCE NO. (MDE USE ONLY) | 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. |
| 1 2 3 4 5 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | COUNTY NUMBER |
| ST/CO USE ONLY DATE RECEIVED MM DD 7/15/23 | DATE WELL COMPLETED 02 07 2023 | Depth of Well 22 500 26 (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-23-0250 |
| OWNER FOMENYUA JULIUS | | TOWN CLARKSVILLE | |
| WELL SITE ADDRESS 6526 HAVILANDS | | SECTION 80 LOT | |
| WELL LOG Not required for driven wells | | GROUTING RECORD | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
| | FROM | TO | |
| SOIL | 0 | 5 | |
| Brown shale | 5 | 40 | |
| Light brown shale | 40 | 93 | |
| Blue shale | 93 | 500 | |
| | 130 | | |
| | 130 | | |
| | | TYPE OF GROUTING MATERIAL (Circle one) | |
| | | CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC | |
| | | NO. OF BAGS 31 NO. OF POUNDS 1755 | |
| | | GALLONS OF WATER | |
| | | DEPTH OF GROUT SEAL (to nearest foot) | |
| | | from 0 ft. to 96 ft. | |
| | | (enter 0 if from surface) | |
| | | CASING RECORD | |
| | | casing types insert appropriate code below | |
| | | <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE | |
| | | <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER | |
| | | MAIN CASING Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) | |
| | | PYPE 6 96 | |
| | | OTHER CASING (if used) diameter inch depth (feet) from to | |
| | | EACH CASING | |
| | | screen type or open hole insert appropriate code below | |
| | | <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE | |
| | | <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER | |
| NUMBER OF UNSUCCESSFUL WELLS: _____ | | C 2 | |
| WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | DEPTH (nearest ft.) | |
| | | 1 96 500 | |
| | | EACH CASING | |
| | | SLOT SIZE 1 _____ 2 _____ 3 _____ | |
| | | DIAMETER OF SCREEN (NEAREST INCH) | |
| | | 56 _____ 60 _____ | |
| | | 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 78 | |
| | | TELESCOPE CASING LOG INDICATOR OTHER DATA | |
| DRILLERS LIC. NO. M D 353 | | PUMPING TEST | |
| DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) | | | |
| DRILLERS LIC. NO. MS D 0660 | | HOURS PUMPED (nearest hour) 6 | |
| | | PUMPING RATE (gal. per min.) 1.25 | |
| | | METHOD USED TO MEASURE PUMPING RATE WAXY Bucket | |
| | | WATER LEVEL (distance from land surface) | |
| | | BEFORE PUMPING 84 ft. | |
| | | WHEN PUMPING 199 ft. | |
| | | TYPE OF PUMP USED (for test) | |
| | | <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine | |
| | | <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) | |
| | | <input type="checkbox"/> J jet <input type="checkbox"/> S submersible | |
| | | PUMP INSTALLED | |
| | | DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | 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) | |
| | | <input checked="" type="checkbox"/> + above } LAND SURFACE | |
| | | <input type="checkbox"/> - below } (nearest foot) | |
| | | LATITUDE 39.14243 | |
| | | LONGITUDE 76.99120 | |
| | | (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. | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | | | |

TAG: 2/1/23

| | | | |
|--|--|--|---|
| B 1 | SEQUENCE NO. (MDE USE ONLY) <u>571514</u> | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER <u>HO - 20 - 0250</u> <small>70 fill in this form completely 79</small> |
| OWNER INFORMATION Date Received (APA) <u>4/22/22</u> <small>8 MM DD YY 13</small> <u>FOMENGIA JULIUS</u> <small>15 Last Name Owner First Name 34</small> <u>12001 Gessford Court</u> <small>36 Street or RFD 55</small> <u>Beltsville MD 20706</u> <small>57 Town 70 State 72 Zip 76</small> | | LOCATION OF WELL <u>HOWARD</u> <small>8 COUNTY 21</small> <u>CLARKSVILLE</u> <small>23 SUBDIVISION 42</small> <small>SECTION 44 46 LOT 48 50</small> <small>52 NEAREST TOWN 71</small> | |
| DRILLER INFORMATION <u>Michael Barlow</u> <small>76 Driller's Name</small> <u>M W D 355</u> <small>81 License No.</small> <u>Barlow Well Drilling</u> <small>Firm Name</small> <u>522 UNDERWOODS LANE 2104</u> <small>Address</small> <u>[Signature]</u> <small>4/22/22</small> <small>Signature Date</small> | | SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align:center;"> <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH </div> <u>200</u> <small>34 DISTANCE FROM ROAD 37</small> <small>ENTER FT OR MI 38 39</small> TAX MAP: <u>34</u> BLK: <u>13</u> PARCEL: <u>371</u> | |
| WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>1 2 8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> <small>14 20</small> | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>13</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ <small>DATE ISSUED 1/12/23</small> <small>CO SIGNATURE [Signature]</small> <small>EXP. DATE 1/12/24</small> <small>43 MM DD YY 48</small> | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL | | 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 <u>PROP LINE</u> 1/24/23 - @ 130' pm - 100' S 10' far 16ft. of casing no fractures, no H ₂ O. (RW) 25' - 1/27/23 - water @ 130' wt mostly dried up @ 280' 50' far (RW) | |
| APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small> | | METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> <small>Jetted & DRIVEN</small> AIR-ROTARY <u>AIR-PERCussion</u> <small>ROTARY (Hydraulic Rotary)</small> CABLE <u>REVERSE-ROTARY</u> <small>DRIVE-POINT</small> other _____ | |
| REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ | | 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. | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ PERMIT No. <u>HO - 20 - 0250</u> <small>70 71 72 73 74 75 76 77 78 79</small> | | 2/17/23 - 1/30/23 - drilling completed - driller mobilized - g pump @ 250' off the site 505' depth total 1 row @ 200' static H ₂ O 84' 1 6 hr yield 21 1.32/1.4 min. | |
| SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> | | | |



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

| | | | |
|----------------------|-----------------------|-------------|------------|
| Date Test Completed: | February 7, 2023 | | |
| Well Depth: | 500 | feet | |
| Customer | Keystone Homes | Permit # | H0-20-0250 |
| Road | 6526 Haviland Mill Rd | Subdivision | |
| City | Clarksville | Section | |
| State | Maryland | Lot # | |

| Time | Water Level feet Pump Set at 250 feet | Time to Fill 1-gallon bucket seconds | G.P.M. |
|----------|---|--|--------|
| 10:00 AM | 84 | 4 | 15.00 |
| 10:15 AM | 130'4" | 4 | 15.00 |
| 10:30 AM | 200'1" | 30 | 2.00 |
| 10:45 AM | 203'9" | 60 | 1.00 |
| 11:00 AM | 201' | 60 | 1.00 |
| 11:15 AM | 199 | 48 | 1.25 |
| 11:30 AM | 199 | 48 | 1.25 |
| 11:45 AM | 199 | 48 | 1.25 |
| 12:00 PM | 199 | 48 | 1.25 |
| 12:15 PM | 199 | 48 | 1.25 |
| 12:30 PM | 199 | 48 | 1.25 |
| 12:45 PM | 199 | 48 | 1.25 |
| 1:00 PM | 199 | 48 | 1.25 |
| 1:15 PM | 199 | 48 | 1.25 |
| 1:30 PM | 199 | 48 | 1.25 |
| 1:45 PM | 199 | 48 | 1.25 |
| 2:00 PM | 199 | 48 | 1.25 |
| 2:15 PM | 199 | 48 | 1.25 |
| 2:30 PM | 199 | 48 | 1.25 |
| 2:45 PM | 199 | 48 | 1.25 |
| 3:00 PM | 199 | 48 | 1.25 |
| 3:15 PM | 199 | 48 | 1.25 |
| 3:30 PM | 199 | 48 | 1.25 |
| 3:45 PM | 199 | 48 | 1.25 |
| 4:00 PM | 199 | 48 | 1.25 |
| 4:15 PM | 199 | 48 | 1.25 |
| 4:30 PM | 199 | 48 | 1.25 |
| 4:45 PM | 199 | 48 | 1.25 |
| 5:00 PM | 199 | 48 | 1.25 |
| 5:15 PM | 199 | 48 | 1.25 |

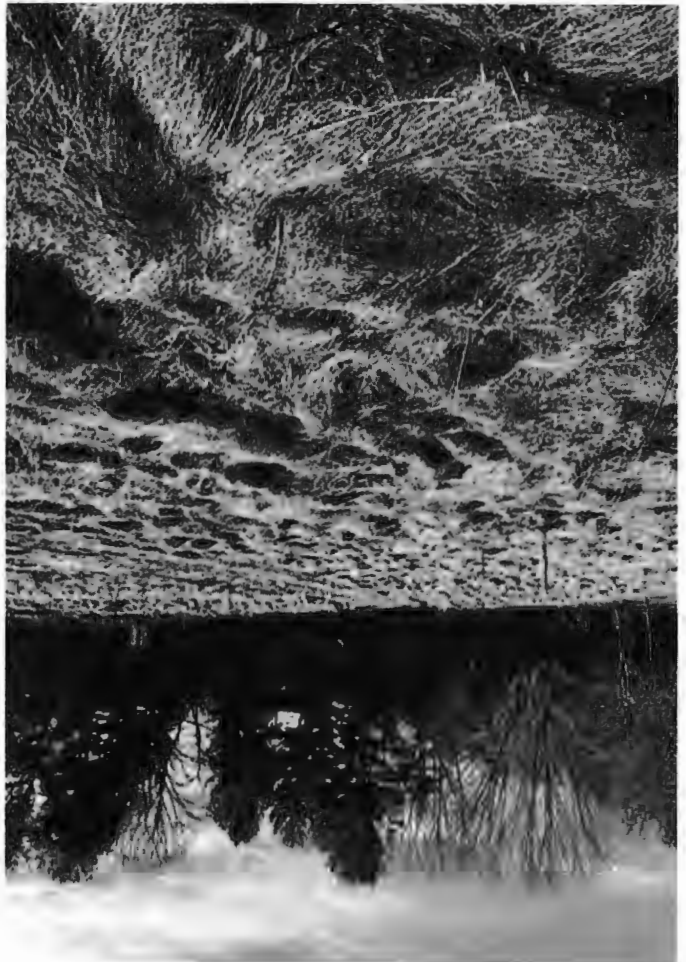
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

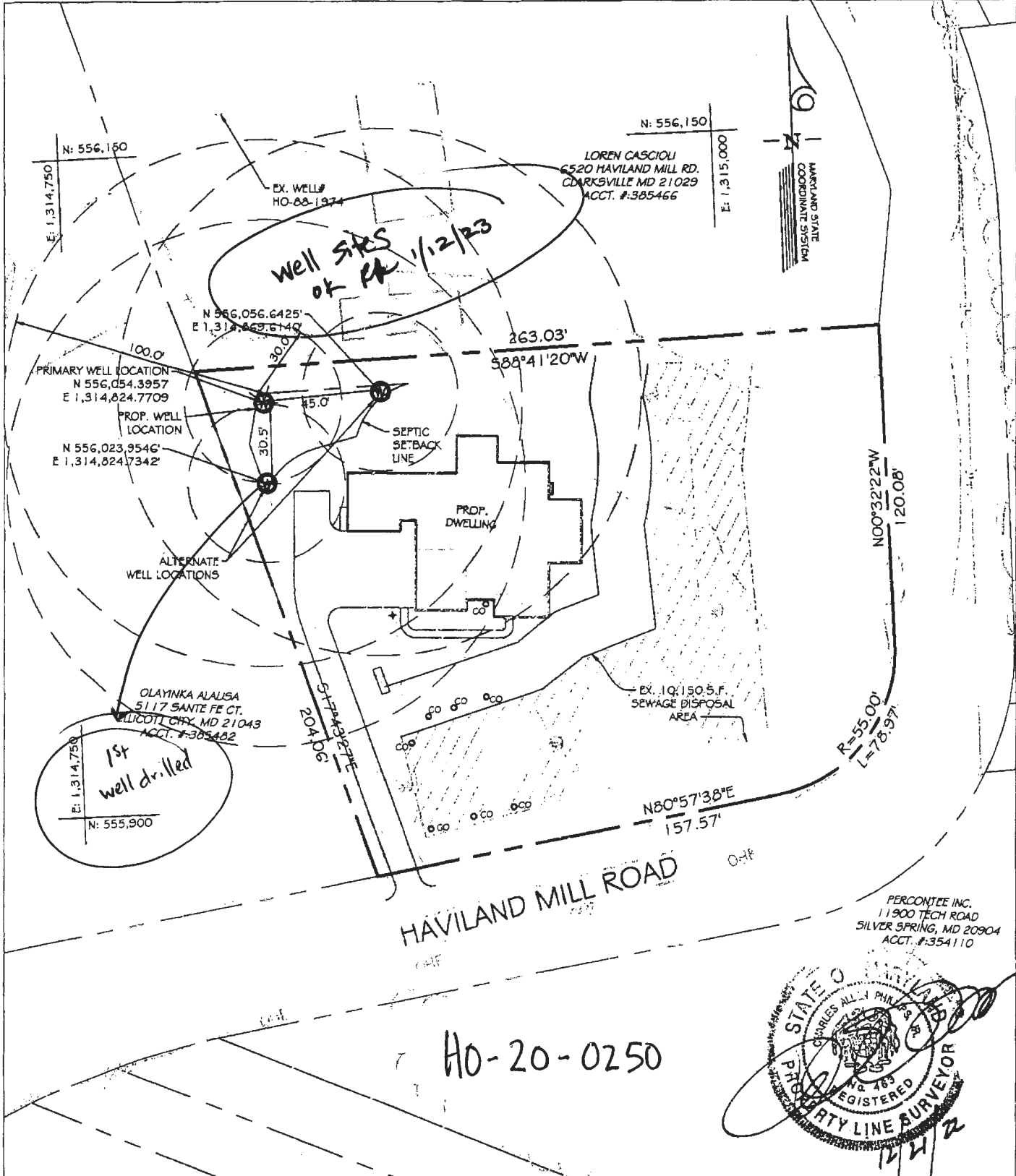


1000 gallons of storage



11/27/23 - Heavy equipment observed driving over SPA for Lot 3
6524 Haviland Mill Rd





WELL PLAN
SCALE: 1" = 50'

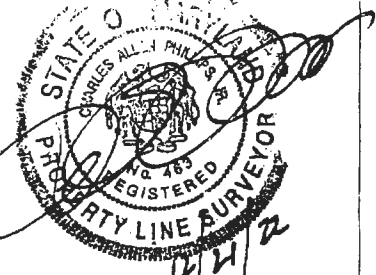
| | | | |
|----------|-----------|----------------------|--|
| MAP# | 0034 | DEED REF: | 9785 / 636 |
| PARCEL | 0371 | OWNER/APPLICANT NAME | YVONNE & JULIUS FOMENGA |
| LOT | 3 | PROPERTY ADDRESS | 6526 HAVILAND MILL RD CLARKSVILLE, MD 21029 |
| LOT SIZE | 0.972 AC. | PROPERTY TAX ID# | 05-385474 |



**ENGINEERS
PLANNERS
SCIENTISTS
CONSTRUCTION MANAGERS**

936 RIDGEBROOK ROAD
SPARKS, MARYLAND 21152
TELEPHONE: (410) 316-7800
FAX: (410) 316-7818

| | |
|-------------|------------|
| DATE | 12/20/2022 |
| SCALE | |
| DESIGNED BY | FW |
| DRAWN BY | JDL |



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

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: BARLOW Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
Bel Air MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Ison License# MSD1162

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: KEYSTONE HOMES Telephone #: 301-252-5859
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0250
Site Address: 6526 HAVILAND MILL ROAD
CLARKSVILLE MD 21029

| | | |
|------------------------------|---|--|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Star-te</u> | Make: <u>BEE</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>7SPA10</u> | Model#: <u>P100</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>7</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>1.25</u> GPM | NSF approved: <input checked="" type="checkbox"/> | Conduit min 18" B.G.: <input checked="" type="checkbox"/> |

Depth of well encountered at time of pump installation: 50 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

| | |
|---|--|
| Piping to house | House Connection |
| Type: <u>Poly</u> | PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/> |
| PSI: <u>200</u> (160 psi min) | Approximate length of sleeve: <u>6'</u> |
| Depth of supply line: <u>36</u> (36" min) | Sleeve caulked and sealed properly: <u>yes</u> |

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 8/26/2023

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

Date Insp. Requested: 8/3/2023 Date Insp. Approved: 9/11/23
Inspection Data: Pitless adapter and 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 installed inside of well 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



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

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:

| | | |
|---------------------------|----------|-------------------------|
| <u>Hayward Picken</u> | <u>3</u> | <u>Haviland Mill Rd</u> |
| Subdivision/Property Name | Lot # | Road Name |

- The well site has been staked by KCI Technologies Inc.
(professional land surveyor or company employing professional land surveyors)
on 12/21/2022 (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.

Revised 9/20/21



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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – June 19, 2024

December 19, 2023

Homeowner
6526 Haviland Mill Road
Clarksville, MD 21029

**RE: Fomengia Property, Lot 3
6526 Haviland Mill Rd
Building Permit: B21003349
Well Permit: HO-20-0250**

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 **9/1/2023**. Final approval of the well line connection to the dwelling was granted on **9/1/2023**. The well construction was completed on **2/7/2023**. Water samples were collected on **11/16/2023**.

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-20-0250. 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

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

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

Report Date: 11/20/2023

Client: Barlow Well Drilling
Property Address: 6526 Haviland Mill Road
Clarksville, MD 21029
Report No: 247741
Sample Time: 11/16/2023 10:15
Date & Time Received: 11/16/2023 11:40
Sampled By: Derek Bodell - 2248DB
Field Preservation: Ice
Sample Point(s): Pressure Tank
Water Conditioning Appears to be: Sediment Filter

Field Chlorine: 0.00
Field pH: 7.72
Well Type: Drilled
Well Height: 18"
Cap Type: 2-Piece PVC
Casing: 6" PVC
Conduit: Secure
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-20-0250

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

| Primary Contaminants | | | | | | | | |
|-------------------------|---------------|--------------|-----------|-----------|---------|-----|-----------|------------------|
| Parameter | Method | Result | Pass/Fail | Units | MCL | RL | Analyst | Date of Analysis |
| Bacteria-Total Coliform | Colilert Test | Absent | Pass | Per/100ml | Present | 1 | S M - 365 | 11/17/2023 |
| Bacteria-E.coli | Colilert Test | Absent | Pass | Per/100ml | Present | 1 | S M - 365 | 11/17/2023 |
| Nitrate + Nitrite as N | EPA 353.2 | Not Detected | Pass | mg/L | 10 | 0.5 | K L - 365 | 11/17/2023 |
| Turbidity | EPA 180.1 | 3.9 | Pass | NTU | 10 | 0.5 | S M - 365 | 11/16/2023 |

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

B 1
61209

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
567955 please type

STATE PERMIT NUMBER
70 fill in this form completely 79

Date Received (ARA) 08-2-20
OWNER INFORMATION
8 MM DD YY 13
CASCIO, Richard
15 Last Name Owner First Name 34
6516 Haviland Mill Rd
36 Street or RFD 55
Chattskill MD 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
52 NEAREST TOWN 71
Chattskill M.D.

DRILLER INFORMATION
Joseph Mayne M S D 027
76 License No. 81
Joseph I Mayne Well Driller
5512 Ridge Mt Airy MD 21771
Address
Joseph Mayne 8-22-20
Signature Date

B 4 SOURCES OF DRILLING WATER
1. well 6516 Haviland Mill Rd
11 STREET ADDRESS 30
2.
3.
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 175 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: PARCEL 97

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

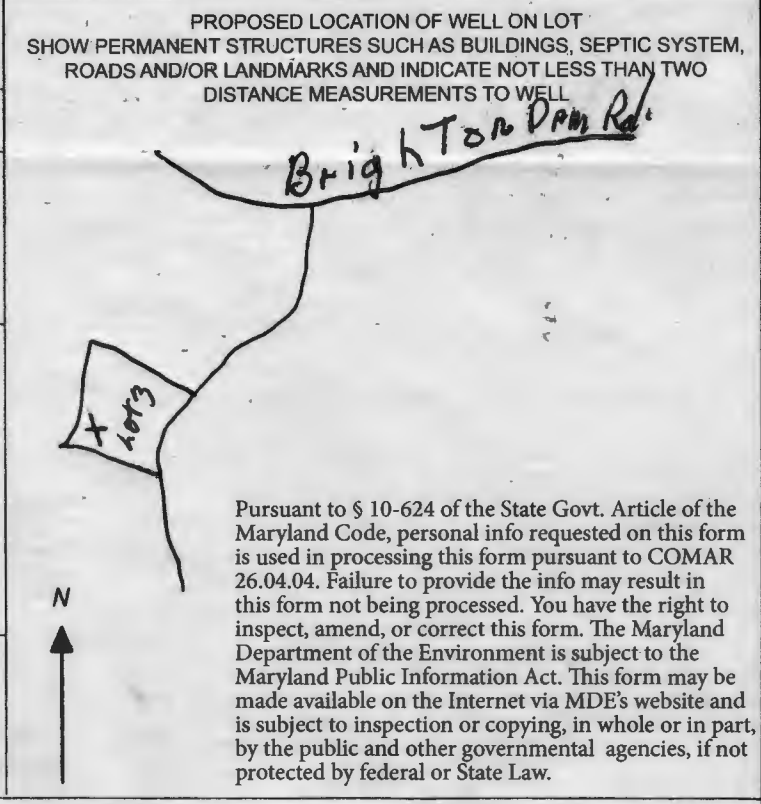
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED
43 MM DD YY 46 CO SIGNATURE EXP. DATE

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. 70 71 72 73 74 75 76 77 78 79



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.

Verd

Expend

B 1 61212 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL
50955-A please type 70 fill in this form completely 79

Date Received (ARA) 082420
OWNER INFORMATION
CASCIO, Richard
 8 MM DD YY 13
 15 Last Name Owner First Name 34
6516 Haviland Mill Rd.
 36 Street or RFD 55
Clarksville MD. 21029
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard
 8 COUNTY 21
23 SUBDIVISION 42
 SECTION 44 46 LOT 4 48 50
Clarksville MD.
 52 NEAREST TOWN 71

DRILLER INFORMATION
Larry Mays M 5D027
 Driller's Name 76 License No. 81
Joseph S Mays Well Driller
 Firm Name 21771
5512 Ridge Rd. Mt. Airy MD
 Address
Larry Mays 8-22-20
 Signature Date

B 4 **SOURCES OF DRILLING WATER**
6516 Haviland Mill Rd
 11 STREET ADDRESS 36
 1. Well
 2.
 3.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 100 37
 DISTANCE FROM ROAD
 ENTER FT OR MI ft 76 39
 TAX MAP: 34 BLK: _____ PARCEL 97

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (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

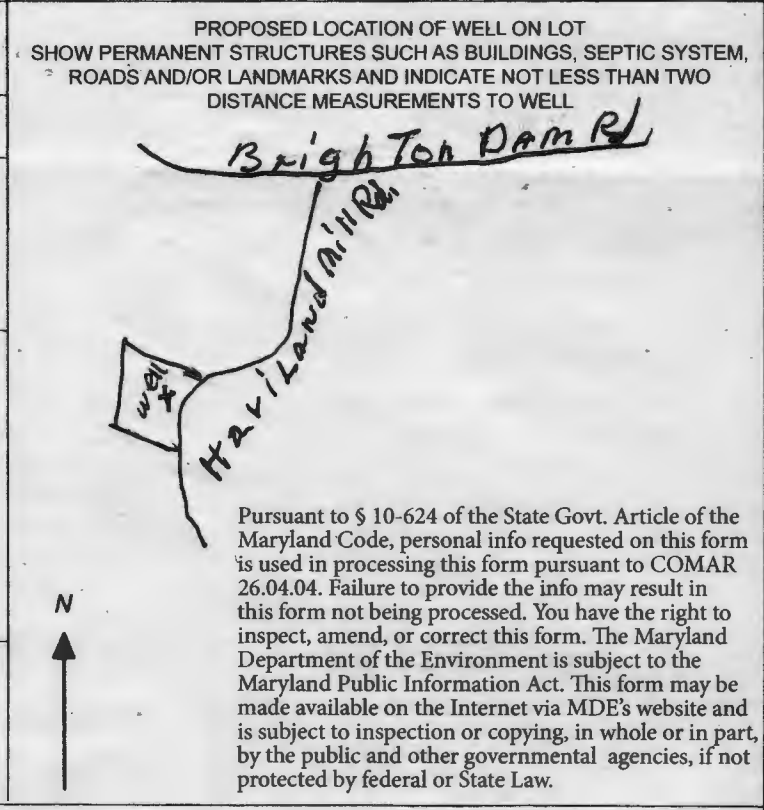
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME _____ COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S → _____
 DATE ISSUED _____ 41
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

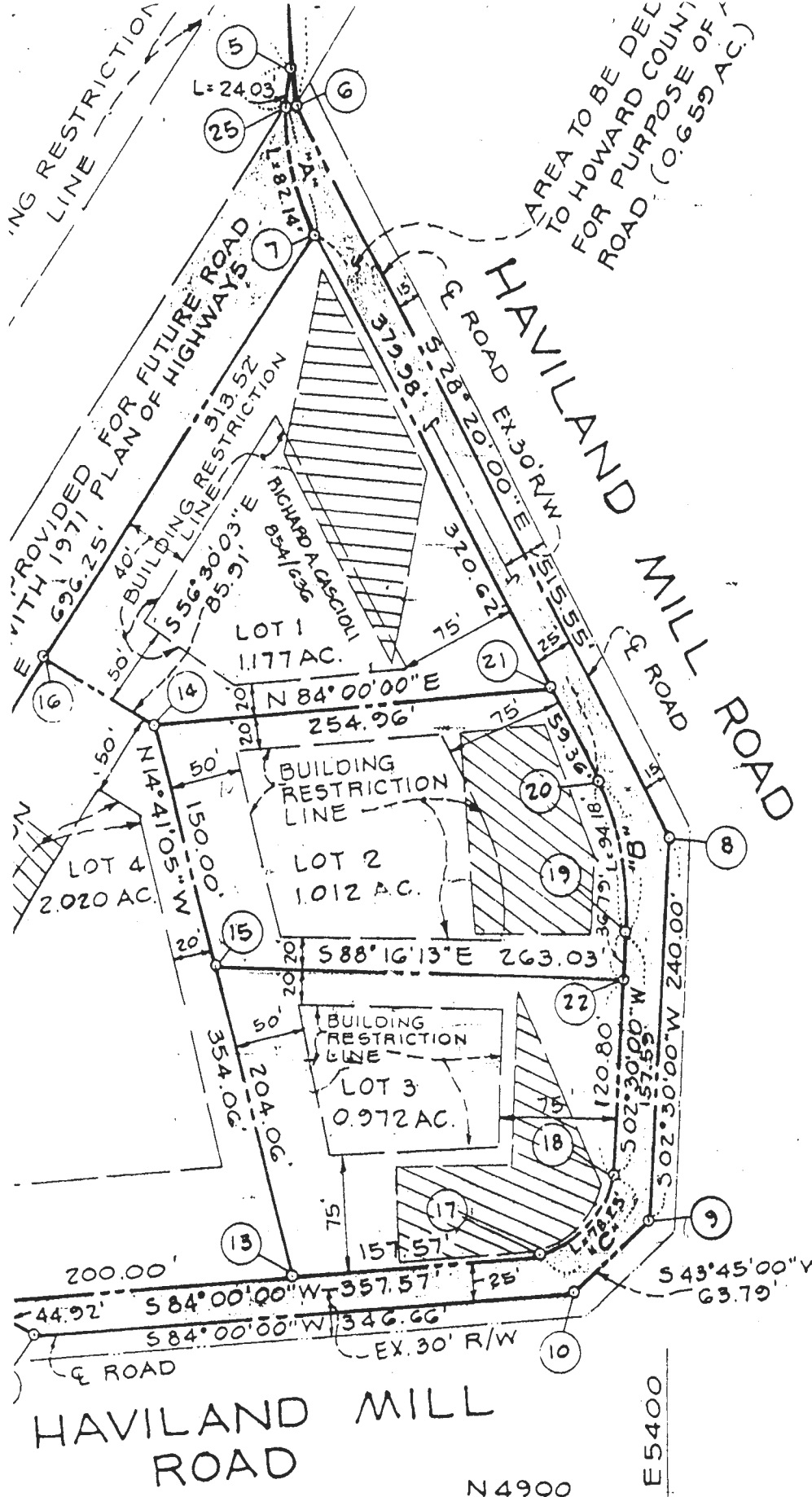
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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. _____
 70 71 72 73 74 75 76 77 78 79





GENERAL

1. THE LOTS SHOWN HERE MINIMUM OWNERSHIP W BY THE MARYLAND STAT AND MENTAL HYGINE.
2. ALL PERC TEST HOLE L LOCATED.
3.  THIS AREA INDICA EASEMENT OF APPE REQUIRED BY THE MARY HEALTH AND MENTAL HY IMPROVEMENTS OF ANY N, STRICTED UNTIL PUBLIC SERVICING ANY RESIDEN ON THESE BUILDING SIT BECOME NULL AND VOIC PUBLIC SEWAGE SYST
4. DEED REFERENCE : 283
5. COORDINATES SHOWN F
6. BOUNDARY INFORMATION PLAT OF SURVEY PREPA AND GUY C. SYKES, PR LAND SURVEYORS, DAT

RECORDED AS PLAT #
 5-24 1978
 HOWARD COUNTY

THE PURPOSE OF THIS PLAT IS
 TO LOT 4 AND TO AMEND ERR
 SHOWN ON PREVIOUSLY RECO

BOENDER

SUITE 101 - 107
 TOWN & COUNTRY
 ELLIGOTT CITY, M



HOWARD COUNTY HEALTH DEPARTMENT

DATE 12/20/05

Received From

Estate of Ethel M. Fisher

PHONE #

CASH

CHECK

NO.

107

For

Well Permit/ Waste Handling Mill

Three hundred twenty Dollars

\$

320.00

Received By

J. King