

C 1 73679 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 13

ST/CO USE ONLY DATE Received MM DD YY 10/11/23 DATE WELL COMPLETED 10/11/23 Depth of Well 600 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0315

OWNER Kotel Bachel WELL SITE ADDRESS T225 Mink Hollow Rd TOWN Highland SUBDIVISION _____ SECTION _____ LOT _____

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	
Silt	0	8	
BROWN/GRAVEL	8	17	
SHALE	17	14	
SILT/CLAY	14	21	
GIRY ROCK	21	210	
WHITE ROCK	210	242	
GRAY ROCK	242	410	
WHITE ROCK	410	482	
SILT/CLAY	482	545	
WHITE ROCK	545	563	
SILT/CLAY	563	600	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **C/M** BENTONITE CLAY **BC**

NO. OF BAGS 42 NO. OF POUNDS 252

GALLONS OF WATER 254

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 98 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100

OTHER CASING (if used)

EACH CASING	diameter (if used)		depth (feet)	
	inch	depth (feet) from	to	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

C 2 DEPTH (nearest ft.)

HO 98 100

EACH CASING	diameter (if used)		depth (feet)	
	inch	depth (feet) from	to	
8	9	11	15	17
23	24	26	30	32
38	39	41	45	47
49	50	51	55	57

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 60

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE flow

WATER LEVEL (distance from land surface)
BEFORE PUMPING 85 ft.
WHEN PUMPING 170 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 49
 below 2 (nearest foot)

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. MND 553
DRILLERS SIGNATURE _____
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AWD 127

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

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 _____

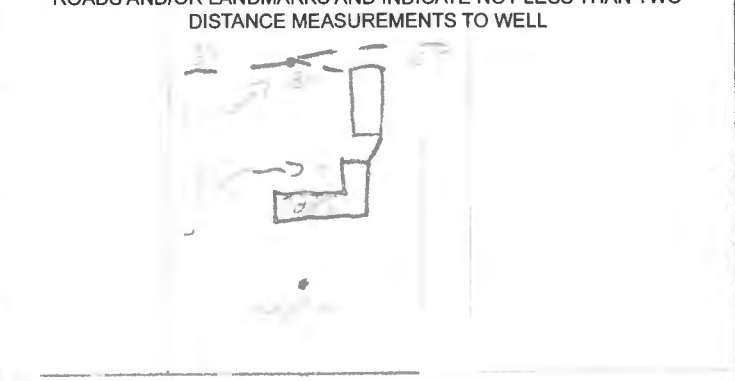
TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.173850
LONGITUDE 76.99195
(DEFAULT COORD. WGS 84)

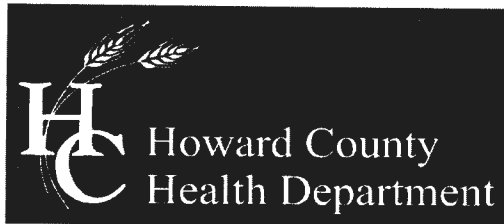
Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The 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.

Local Health Department
OCT 19 2023
Environmental Health

OK 1129/2021

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER H0-20-0315 <small>70 fill in this form completely 79</small>
1 2 3 6	OWNER INFORMATION 8 MM DD YY 13 15 Last Name Owner First Name 24 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 76 Driller's Name License No. 81 Firm Name Address Signature Date		B 4 SOURCES OF DRILLING WATER 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 DISTANCE FROM ROAD 37 ENTER FT OR MI 38 39 TAX MAP: 0010 BLK: PARCEL 0018	
B 2	WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		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
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 	
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT 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) 41 52		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 - - - - - G - - - - - PERMIT No. 10 - 20 - 0315 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

1. 8-10-11



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

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

MEMORANDUM

January 29, 2024

RE: **Replacement Well Sampling**

Rachel Raful
7225 Mink Hollow Rd
Highland MD 20777
Well Permit # HO-20-0315

Dear Rachel Raful,

According to our records, your replacement well has been in use 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, nitrates, 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 be at 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shepsura Page', written over a light blue horizontal line.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

SITE INSPECTION SHEET

OWNER: Rachel & Aaron Rafal PHONE #: _____

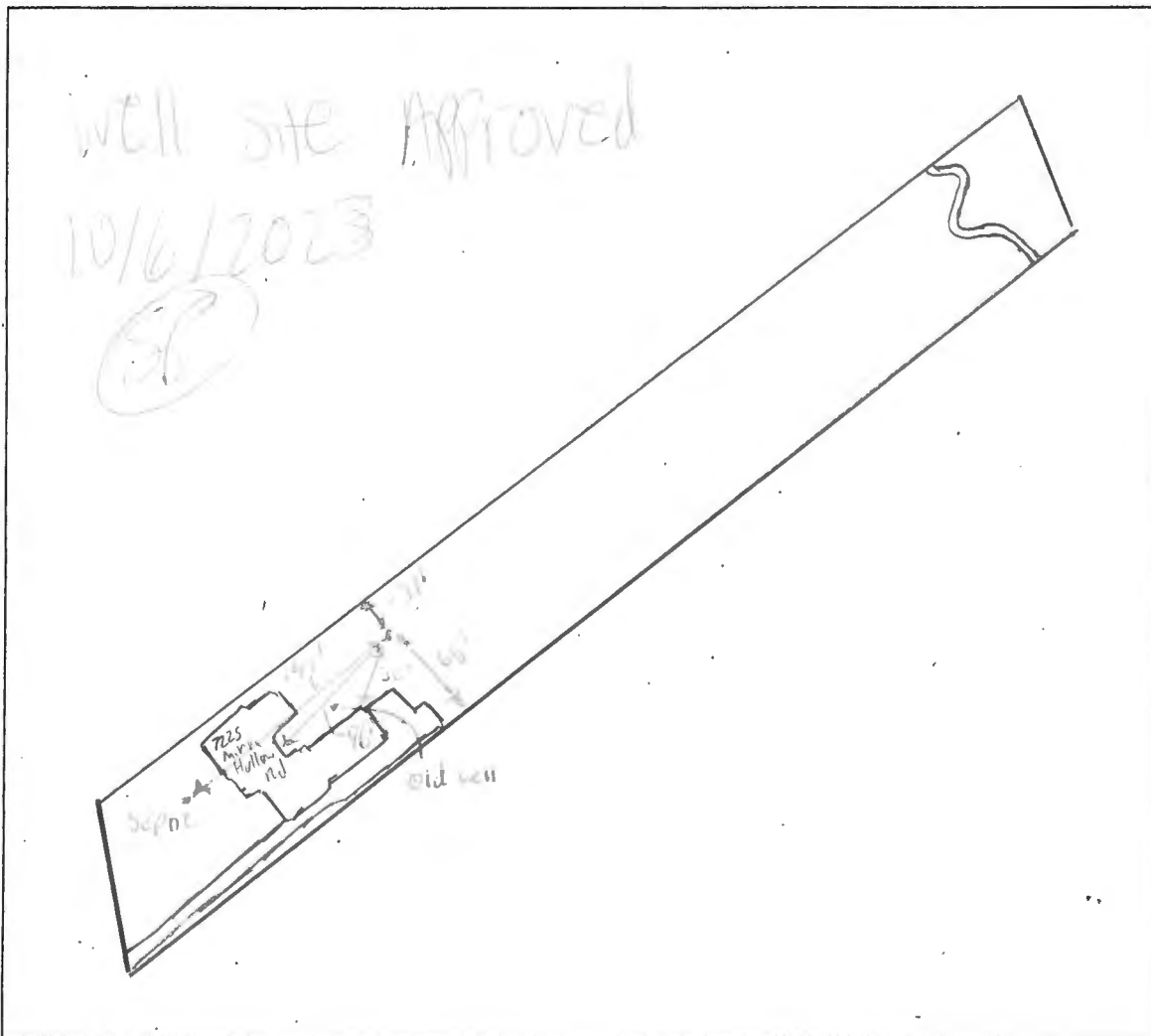
ADDRESS: 7225 Mink Hollow CONTRACTOR: Cotton Water Systems

WELL TAG #: HO-20-0315

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Emergency Replacement Well

LOCATION DIAGRAM



COMMENTS: Met w/ driller. Received well abandonment letter, well state form, & permit from driller. Identified property septic & neighboring septic, 7241 & 7215 Mink Hollow. well is more than 100' from any nearby septic components. Driller stated he would abandon well during time of drilling. Received permit while onsite. Ⓢ

DATE: 10/6/2023 INSPECTOR: S. Page

property line

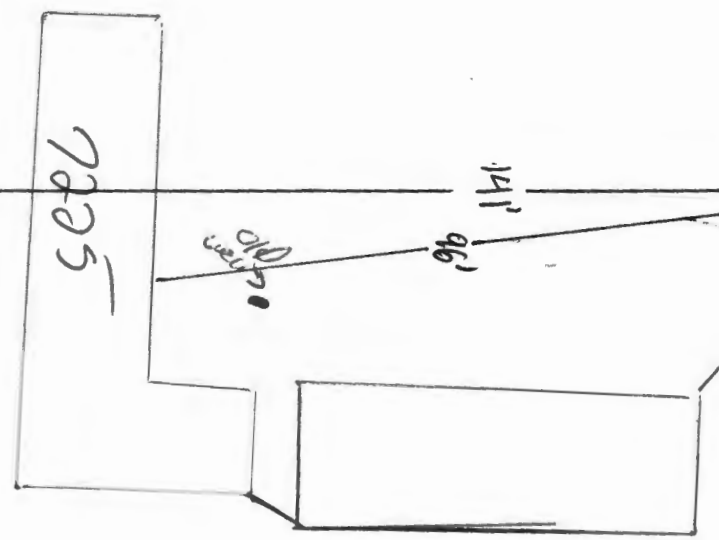
39'

New well

141'

96'

30'



septic

gas

old well

65'

Drive way.

Milk Hollow Rd

Property Line

well site
Approved

10/6/2023

(35)



Carroll Water
purifying the essential

Submitted to: Aaron Raful

Date: 10/5/2023

Job Address: 7225 Mink Hollow Rd . Highland Md 20777

Cell: 415-3002-3789

Email: aaraful@gmail.com

WELL ABANDONMENT

I agree to abandon the existing well upon completion of new well. The well will be abandoned to COMAR Regulations. All necessary paperwork will be submitted to the county.

Authorized Signature

DATE: 10/5/23