

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 DATE WELL COMPLETED DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: UNDER MILE TOWN: West Friendship  
WELL SITE ADDRESS: 3200 Pfeifferkorn Rd 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	
Soft Brown	0	52	
Gray Schist	52	78	
Quartz	78	83	✓
Gray Schist	83	95	
Brown	95	97	✓
Gray Schist	97	100	

LIBERTY CO. SIKESVILLE FOR.

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO

TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY

CEMENT  BENTONITE CLAY

NO. OF BAGS 17 NO. OF POUNDS 250

GALLONS OF WATER 425

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

**CASING RECORD**

(casing types insert appropriate code below)

STEEL  CONCRETE  PLASTIC  OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST 06 60

**OTHER CASING (if used)**

diameter inch from to depth (feet)

ST 10 0 21

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

STEEL  BRASS  BRONZE  PLASTIC  OPEN HOLE  OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES  NO

- 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

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.: M SD 224

DRILLERS SIGNATURE: [Signature]

LIC. NO.: D

**C 2 DEPTH (nearest ft.)**

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
[Handwritten depth data]																																																		

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from to

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

**C 3 PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE [Handwritten]

WATER LEVEL (distance from land surface)

BEFORE PUMPING 4 ft.

WHEN PUMPING 7 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 (CIRCLE) (YES or NO) 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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36

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 (nearest foot)

LATITUDE 39.258169  
LONGITUDE 76.229104  
(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.

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>HO-20-0171</u>
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**OWNER INFORMATION**

Date Received (APA) 4/28/22

8 MM DD YY 13

15 Last Name Asker, Mike Owner First Name 34

36 Street or RFD 3319 Roscommon Dr. 55

57 Town Glenns, Md. 70 State 72 Zip 76 21737

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION \_\_\_\_\_ 42

SECTION 44 48 LOT 48 50

52 NEAREST TOWN West Friendship 71

**DRILLER INFORMATION**

Driller's Name Andrew Hausman M S D 224

76 License No. 81

Firm Name Feaks Well Drilling, LLC

Address P.O. Box 202 Woodbine, Md 21797

Signature Andrew Hausman Date 3-28-22

**SOURCES OF DRILLING WATER**

1. well water

2. \_\_\_\_\_

3. \_\_\_\_\_

11 STREET ADDRESS 3200 Pfefferkorn Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
N  
WEST  WEST  EAST  SOUTH  
S

34 120 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 22 BLK: \_\_\_\_\_ PARCEL 177

**WELL INFORMATION**

1 2 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)**

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. \_\_\_\_\_

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 06/28/22 CO SIGNATURE \_\_\_\_\_ EXP. DATE 06/28/2023

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

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 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 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

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

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

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

PERMIT No. HO-20-0171

70 71 72 73 74 75 76 77 78 79



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Do-It Plumbing & Heating LLC Telephone #: 2408820069  
Address: 104 Estelle ct  
Sykesville, md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Duane Gilbert License# 21899

\*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: Michael Asher Telephone #: 443-677-6186  
Subdivision: Asher property Lot #: \_\_\_\_\_ Well Tag #: HO-73-0978  
Site Address: 3290 Pfefferkorn Rd  
West Friendship, md

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Hyers</u>	Make: <u>BH</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25152-12 plus-24-2</u>	Model #: <u>P-100-58</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>150</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NO

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Black Poly</u>	PVC pipe to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes (110 psi min)</u>	Length of sleeve (minimum from foundation): <u>10ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve 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

July 11, 2023  
date

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

Date Insp. Requested: 7/11/2023 Date Insp. Approved: 7/12/2023 Inspector: SP

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

SP  
statement



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 – October 22, 2024

April 22, 2024

Homeowner  
3210 Pfefferkorn Road  
West Friendship, MD 21794

**RE: Asher Property, P 177  
3210 Pfefferkorn Rd  
Building Permit: B22002329  
Well Permit: HO-20-0171**

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 **4/12/2024**. Final approval of the well line connection to the dwelling was granted on **7/12/2023**. The well construction was completed on **7/19/2022**. Water samples were collected on **3/4/2024**.

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-20-0171. 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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1.866.313.6300 - Toll Free

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

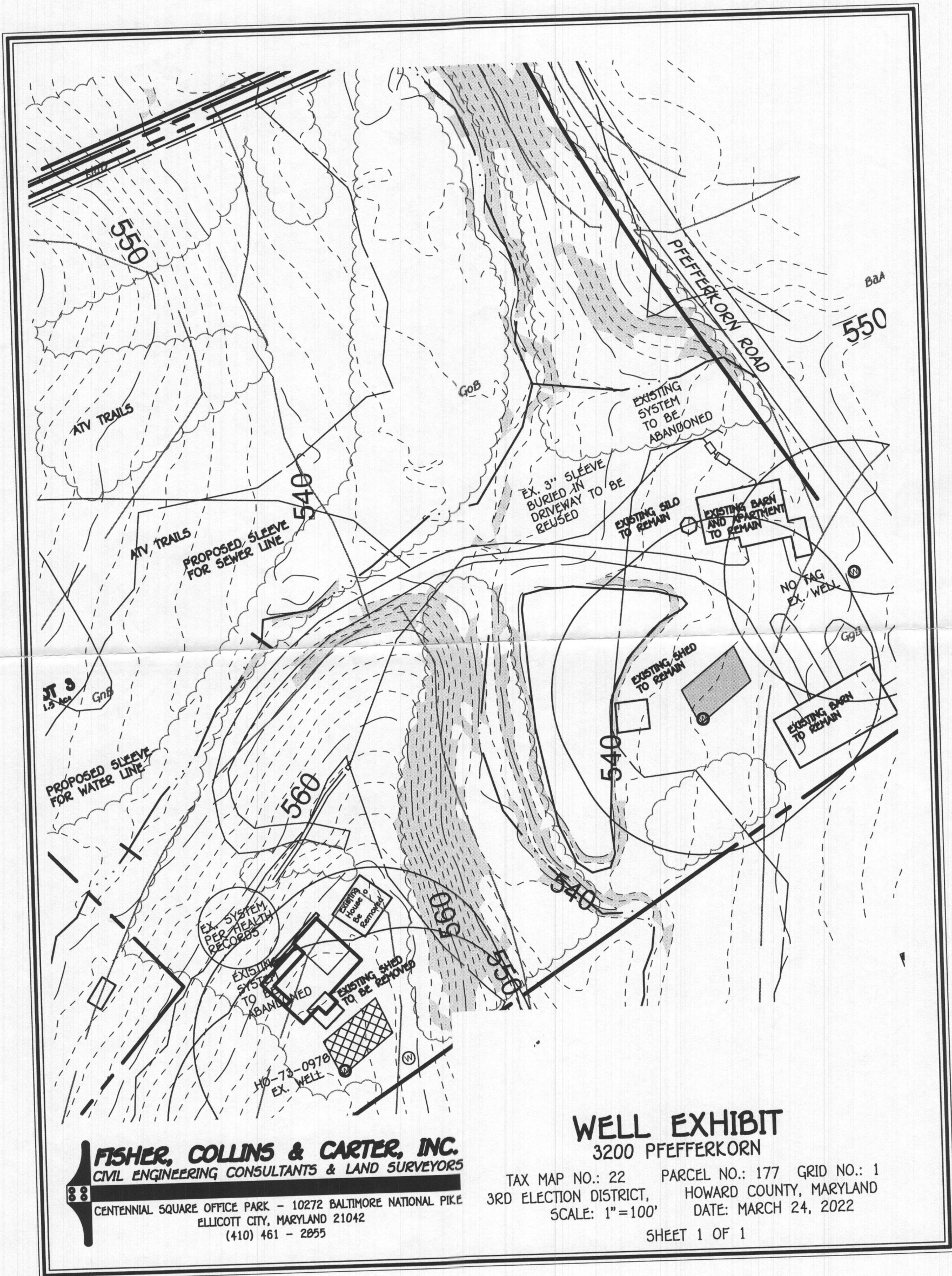
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', written in a cursive style.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

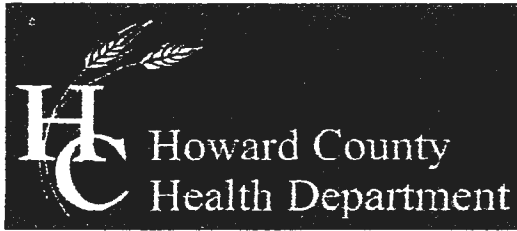
cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



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

**WELL EXHIBIT**  
 3200 PFEFFERKORN

TAX MAP NO.: 22    PARCEL NO.: 177    GRID NO.: 1  
 3RD ELECTION DISTRICT,    HOWARD COUNTY, MARYLAND  
 SCALE: 1"=100'    DATE: MARCH 24, 2022  
 SHEET 1 OF 1



**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:

\_\_\_\_\_      \_\_\_\_\_      3200 Pfefferkorn Rd  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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 #: 164800 Account #: 7920  
Reference: Asher Client: Do-It Plumbing & Heating  
Location: 3210 Pfefferkorn Road\*\* Requested By: Duane Gilbert  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 3/4/2024 1425 Site: Pressure Tank  
Date/Time Rec'd: 3/4/2024 1536 Treatment: Prior to Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 5.4  
Collected By: J. Yeager 0819JY Well #: HO-73-0978

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/5/2024 / 1020 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/5/2024 / 1020 / KDR
Nitrate.	6.35	mg/L (as N)	10	EPA 300.0	3/4/2024 / 1746 / CS/KR
Turbidity	0.44	NTU	<10	SM2130B	3/5/2024 / 1440 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	3/5/2024 / 0915 / KDR

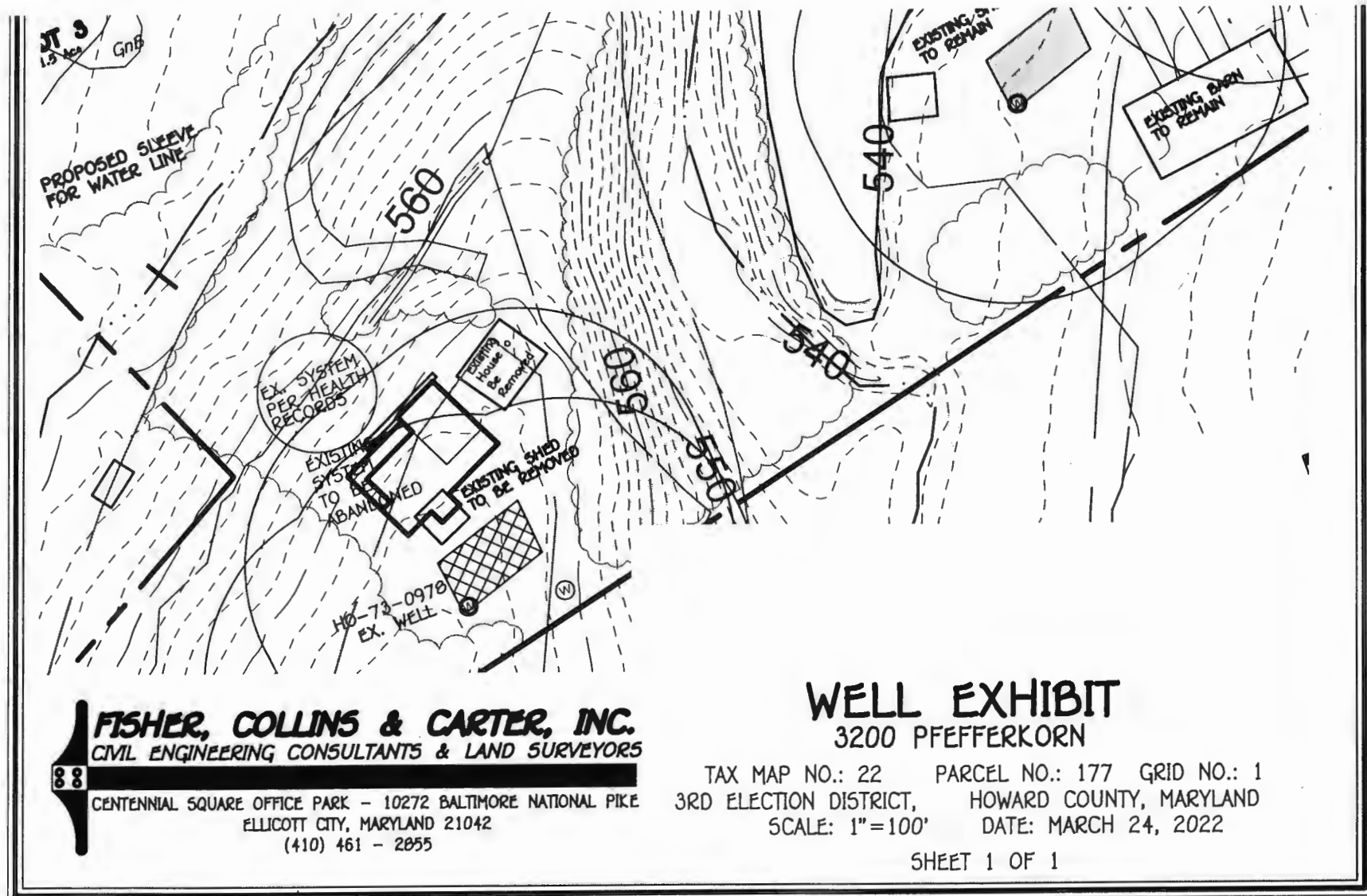
### NOTES:

- 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 pH & Chlorine level tested on site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap Loose Cap
- 8 \*\*Previously known as previously 3200 Pfefferkorn Road

Reason for Test : Use & Occupancy

Building Permit # : B22002329

Date Reported: 3/5/2024



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

**WELL EXHIBIT**  
 3200 PFEFFERKORN

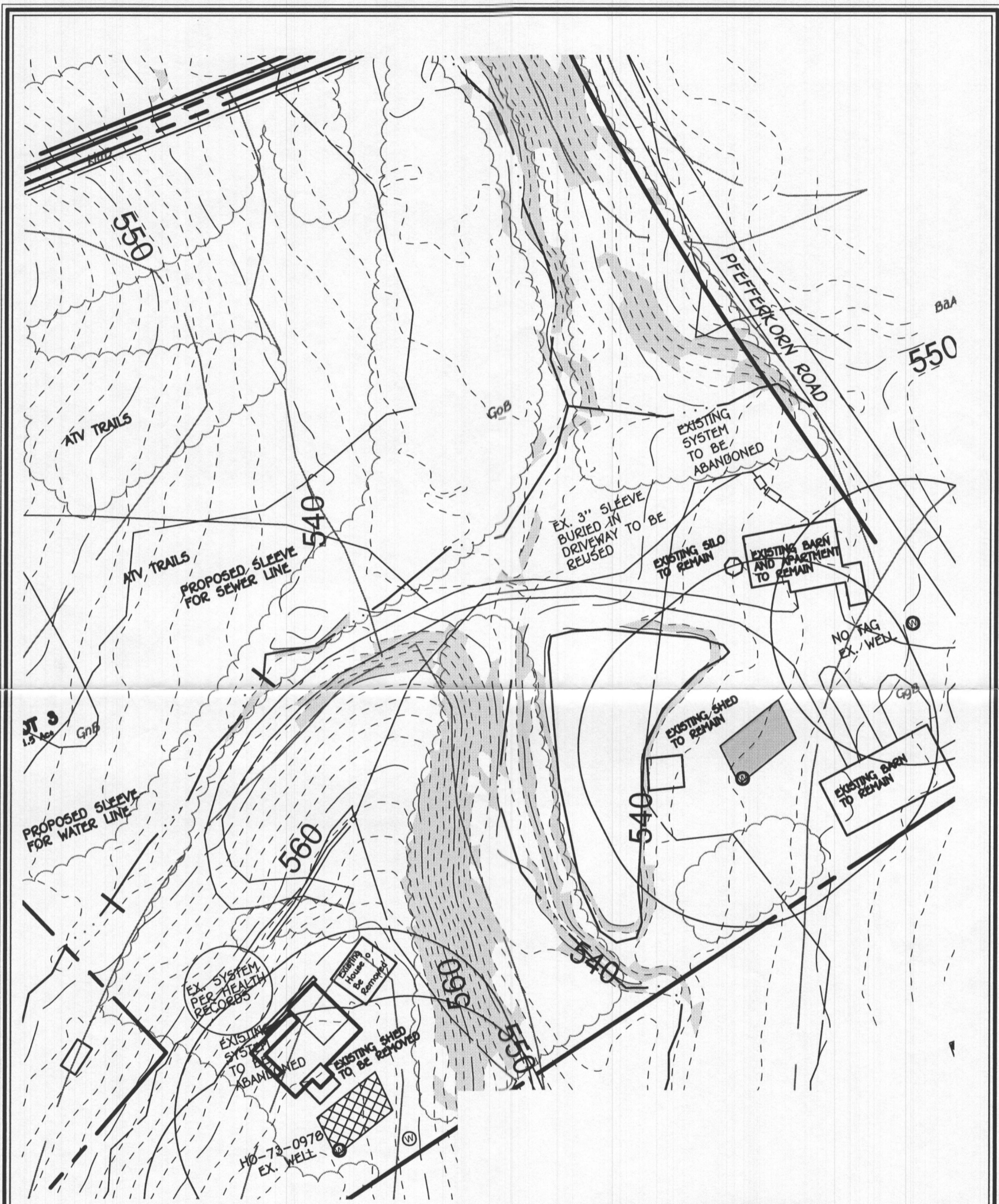
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 SCALE: 1"=100'    DATE: MARCH 24, 2022  
 SHEET 1 OF 1

APPROVED 06/28/2022  
 SIGNED BY Home owner

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

**HO-20-0171**

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



**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
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**WELL EXHIBIT**  
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 SHEET 1 OF 1

APPROVED 06/28/2022  
 SIGNED BY Home owner

\*\*\*\*\*  
 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

DATE WELL ABANDONED: 8-10-22 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

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

\* OWNER'S NAME: Mike Asher

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Glenely  
 TAX MAP 22 BLOCK 01 PARCEL 177  
 SUBDIVISION:  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 3200 Pfefferkorn Rd

LATITUDE 39.282375

LONGITUDE 76.988560

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) Iron

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 26 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# [Signature] 224

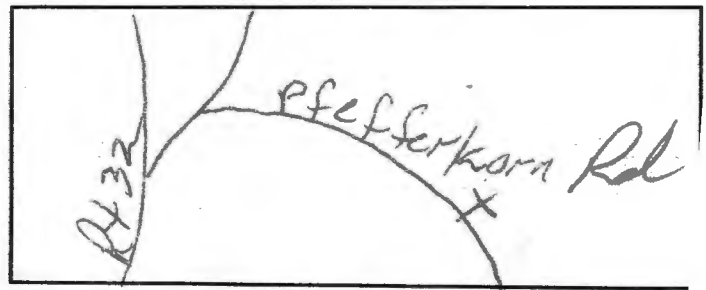
COUNTY

REPLACEMENT WELL (DOMESTIC POTABLE)  
 APPROVED 08/25/2022 P  
 - No tag

HO-20-0171

CIRCLE: MWD/MSD/MDG

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	26	0

VOLUME OF MATERIAL USED

Bentonite 300/lbs

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MWD/MSD/MGS

CIRCLE ONE

8-11-22

DATE



**AQUAFLOW**  
**PUMP & SUPPLY CO.**

1561 Pulaski Highway • P.O. Box 98 • Bear, DE 19701 . . . . . (302) 834-1311 • Fax (302) 834-0716  
 16816 So. Dupont Highway • Harrington, DE 19952 . . . . . (302) 398-3704 • Fax (302) 398-3716  
 2309 North Dupont Highway • New Castle, DE 19720 . . . . . (302) 656-5437 • Fax (302) 656-4309  
 15 Tomlinson Road • Huntingdon Valley, PA 19006 . . . . . (215) 947-7900 • Fax (215) 947-9907  
 3001 Montrose Avenue • Reading, PA 19605 . . . . . (610) 929-0100 • Fax (610) 929-9230  
 104 Railroad Street • Bedford, PA 15522 . . . . . (814) 623-2290 • Fax (814) 623-8892  
 258 Donahoe Road • Greensburg, PA 15601 . . . . . (724) 552-0240 • Fax (724) 552-0249 • 1-800-581-5113  
 9694 Rt. 322 • P.O. Box 157 • Shippenville, PA 16254 . . . . . (814) 226-5070 • Fax (814) 226-7961 • 1-800-360-4678  
 16051 Business Parkway • Hagerstown, MD 21740 . . . . . (301) 790-0088 • Fax (301) 790-0098 • 1-877-558-0089  
 5430 Ketch Road • Prince Frederick, MD 20678 . . . . . (443) 968-2867 • Fax (443) 968-9701  
 89 Willow Grove Road • Unit F • Shamong, NJ 08088 . . . . . (609) 801-0771 • Fax (609) 801-0772  
 4185 Independence Drive • Schnecksville, PA 18078 . . . . . (610) 799-3211 • Fax (610) 799-3888  
 841 Route 6 • Shohola, PA 18458 . . . . . (570) 409-0017 • Fax (570) 409-0019

Hi,

Can you please call Mike Esher to meet on site to verify proposed well location. He is the one that stated it.

Mike 443-677-6186

Thanks  
Theresa