

B 1	25259	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 571546	STATE PERMIT NUMBER HO-20-0187 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **05/02/22**

8 MM DD YY 13

15 Last Name **Harman** Owner **Bernice** First Name **Bernice** 34

36 Street or RFD **5117 Santa Fe Ct.** 55

57 Town **Ellicott City MD** State **MD** Zip **21043** 76

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION _____ 42

SECTION **44** LOT **4** 46 48 50

52 NEAREST TOWN **CLARKSVILLE MD, 21029** 71

DRILLER INFORMATION

Driller's Name **Larry Mayne** License No. **M S D 027** 81

Firm Name **Mayne Well Drilling LLC**

Address **6501 Buffalo Rd, Mt. Airy Md.**

Signature **Larry Mayne** Date **5-10-22**

SOURCES OF DRILLING WATER

1. **well**

11 STREET ADDRESS **6501 Buffalo Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

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

TAX MAP: **34** BLK: _____ PARCEL **97**

WELL INFORMATION

1 2 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 **4**

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) **74**

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. **13**

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **06/07/22** CO SIGNATURE **Dustin Thomas** EXP. DATE **06/07/22**

43 MM DD YY 48

DON: 6/15/22 DOG: 6/20/22 (S) DAY: 6/20/22 (S)

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

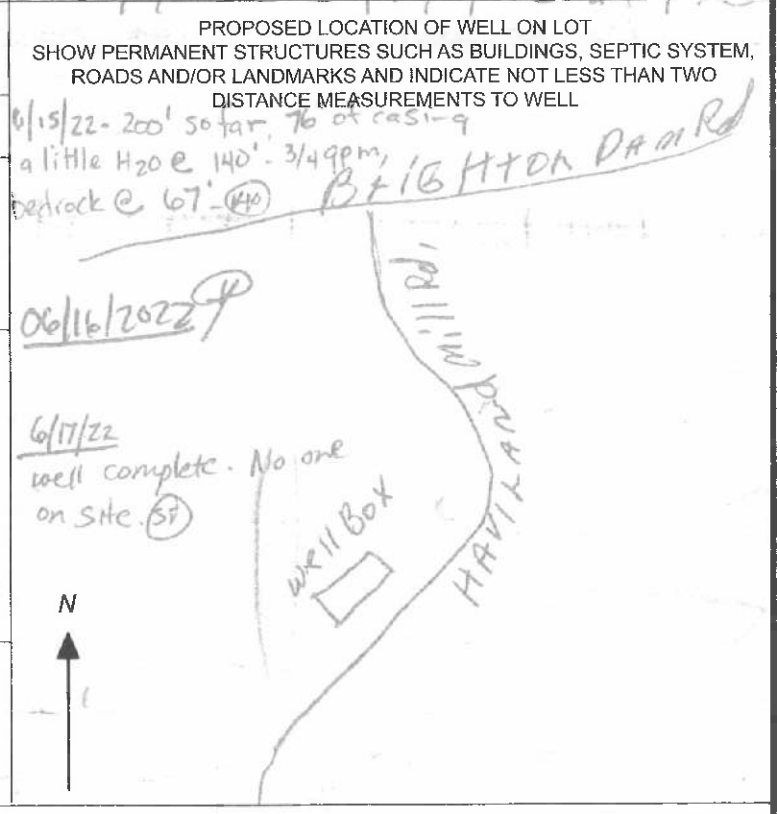
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-20-0187**

70 71 72 73 74 75 76 77 78 79



FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 20-0187 County Number 571546
 Location of property (road) Harland Mill Rd. 6530
 Subdivision _____ Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller Larry Martin Owner Bernice Haddin
 Depth of well 525
 Distance of measuring point (H.P.) above ground _____
 Static water level (S.W.L.) below H.P. 44

I. High rate pumping -- reservoir drawdown
 Time pump started 7:15 Pumping rate 15
 Total time 30 min. to reach pumping water level 287 ft. below H.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below H.P.	PUMPING RATE time to fill 8 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED (gallons per minute)
7:15	44	4 sec.		15
7:30	150	4 sec.		15
7:45	287	4 sec.		15
8:00	287	30 sec.		2
8:15	287	30 sec.		2
8:30	287	30 sec.		2
8:45	287	30 sec.		2
9:00	287	30 sec.		2
9:15	287	30 sec.		2
9:30	287	30 sec.		2
9:45	287	30 sec.		2
10:00	287	30 sec.		2
10:15	287	30 sec.		2
10:30	287	30 sec.		2
10:45	287	30 sec.		2
11:00	287	30 sec.		2
11:15	287	30 sec.		2
11:30	287	30 sec.		2
11:45	287	30 sec.		2
12:00	287	30 sec.		2
12:15	287	30 sec.		2
12:30	287	30 sec.		2
12:45	287	30 sec.		2
1:00	287	30 sec.		2

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: Burgan Inc Telephone #: 410-259-8924
Address: 640 Hlea M. II Rd
Westminster MD 21157

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

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

Name (Print): Tim Burgan License# 64892

*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: Bula Telephone #: 443-226 8700
Subdivision: _____ Lot #: _____ Well Tag #: HO 20-0187
Site Address: 6526 Haviland M. II Rd
Clarksville MD 21029

Submersible Pump Data

Make: Gould
Model #: 1.5 HP
Pump Capacity: 7gpm
Well Yield: 2gpm

Pitless Adapter

Make: B11 Water Control
Model #: P125 SS
GPM Depth: 36 (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: PVC Crestline
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 5
Sleeve sealed properly: 8

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: 3/26/24

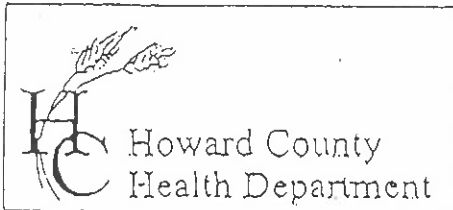
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/26/24 Date Insp. Approved: 3/26/24 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

418"
40"
12"



(Revised form 10/24/2018)



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

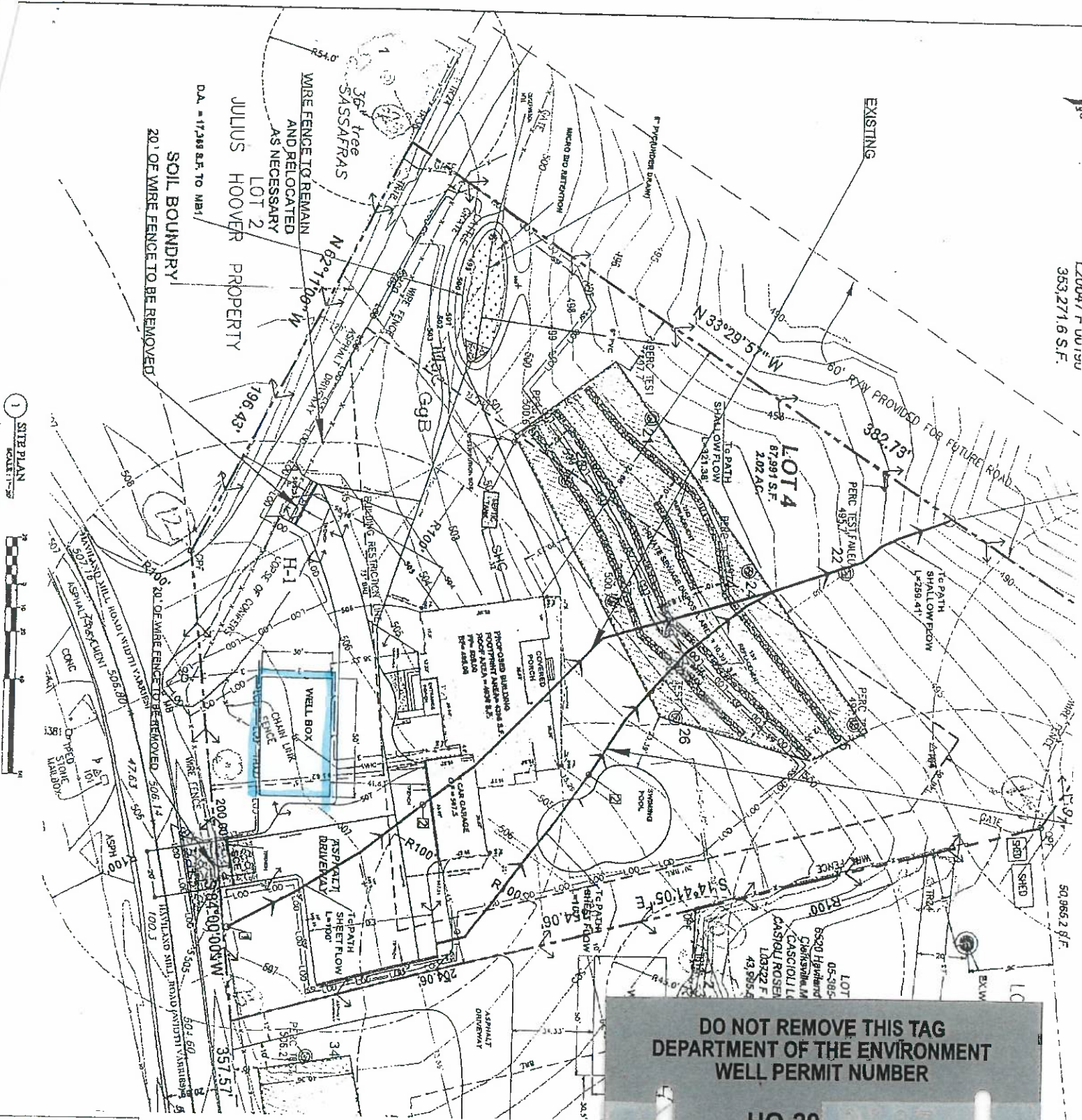
<u>Bernice Hassan</u>	<u>4</u>	<u>Hariland Mill Rd.</u>
Subdivision/Property Name	Lot#	Road Name

- The well site has been staked by Kap Mar
 (professional land surveyor or company employing professional land surveyors)
 on 4-21-2022 (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.

Revised 3/11/05

Survey by Van Mar Van Mar Associates
 date survey
 4-21-2022
 Lot 4 Haviland Mill Rd.



1 SITE PLAN
 SCALE: 1\"/>



6530 Haviland Mill Rd
 Staked by Van Mar
 Appored 6/7/22 (S)

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

HO-20-

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

LOT 4 / F.U. 130
 363,271.6 S.F.

50,965.2 S.F.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 20, 2026

August 20, 2025

Olayinka R Alausa & Bernice Hassan
6530 Haviland Mill Road
Clarksville, MD 21029

RE: Hayward Pickens, Lot 4
6530 Haviland Mill Rd.
Building Permit: B22002378
Well Permit: HO-20-0187

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 **12/5/2023**. Final approval of the well line connection to the dwelling was granted on **3/26/2024**. The well construction was completed on **6/27/2022**. Water samples were collected on **5/13/2025 & 6/10/2025**.

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-20-0187. 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 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 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 173925
Reference: Proactive Design & Bldg Systems
Location: 6530 Haviland Mill Road
Clarksville, MD 21029
Date/ Time Collected: 6/10/2025 1129
Date/Time Rec'd: 6/10/2025 1456
Chlorine ppm: Free: ND Total: ND
Collected By: R. Ott 0266RO

Account #: 7992
Client: Proactive Design & Bldg Systems
Requested By: Seun Owojuyrgbe
Source: Well Water
Site: Pressure Tank
Treatment: None
pH: 6.0
Well #: HO-20-0187

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/11/2025 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/11/2025 / 1000 / KDR

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 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B22002378

Date Reported: 6/11/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 173381 Account #: 7992
Reference: Proactive Design & Bldg Systems Client: Proactive Design & Bldg Systems
Location: 6530 Haviland Mill Road Requested By: Seun Owojuyrgbe
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/13/2025 1050 Site: Pressure Tank
Date/Time Rec'd: 5/13/2025 1410 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Yeager 0819JY Well #: HO-20-0187

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/14/2025 / 0900 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/14/2025 / 0900 / KDR
Nitrate.	1.53	mg/L (as N)	10	EPA 300.0	5/13/2025 / 1845 / KDR
Turbidity	0.50	NTU	<10	SM2130B	5/13/2025 / 1645 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	5/14/2025 / 0855 / KDR

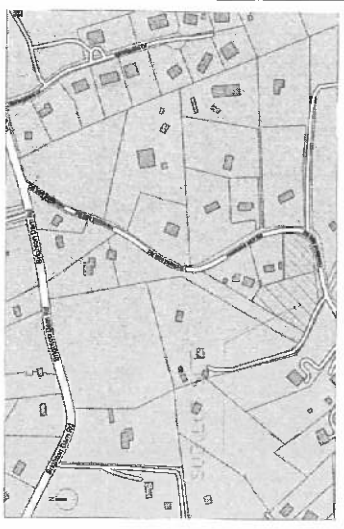
NOTES:

- 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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B22002378

Date Reported: 5/14/2025



SYMBOL	FEATURE	SYMBOL	FEATURE
[Symbol]	PROPOSED STRUCTURE	[Symbol]	EXISTING STRUCTURE
[Symbol]	PROPOSED DRIVEWAY	[Symbol]	EXISTING DRIVEWAY
[Symbol]	PROPOSED SIDEWALK	[Symbol]	EXISTING SIDEWALK
[Symbol]	PROPOSED UTILITY LINE	[Symbol]	EXISTING UTILITY LINE
[Symbol]	PROPOSED PROPERTY LINE	[Symbol]	EXISTING PROPERTY LINE
[Symbol]	PROPOSED EASEMENT	[Symbol]	EXISTING EASEMENT
[Symbol]	PROPOSED FENCE	[Symbol]	EXISTING FENCE
[Symbol]	PROPOSED DRIVEWAY	[Symbol]	EXISTING DRIVEWAY
[Symbol]	PROPOSED SIDEWALK	[Symbol]	EXISTING SIDEWALK
[Symbol]	PROPOSED UTILITY LINE	[Symbol]	EXISTING UTILITY LINE
[Symbol]	PROPOSED PROPERTY LINE	[Symbol]	EXISTING PROPERTY LINE
[Symbol]	PROPOSED EASEMENT	[Symbol]	EXISTING EASEMENT
[Symbol]	PROPOSED FENCE	[Symbol]	EXISTING FENCE

Purpose Statement
 The purpose of this Percolation Certificate is to establish proposed septic areas for the proposed residential development located at the intersection of Haviland Mill Road and the proposed driveway.

Percolation Test Information
 I hereby certify that the information above is based on a test conducted by me or my representative under my supervision, and is correct to the best of my knowledge and belief.

Percolation Test Data
 Date: _____
 Location: _____
 Test Results: _____

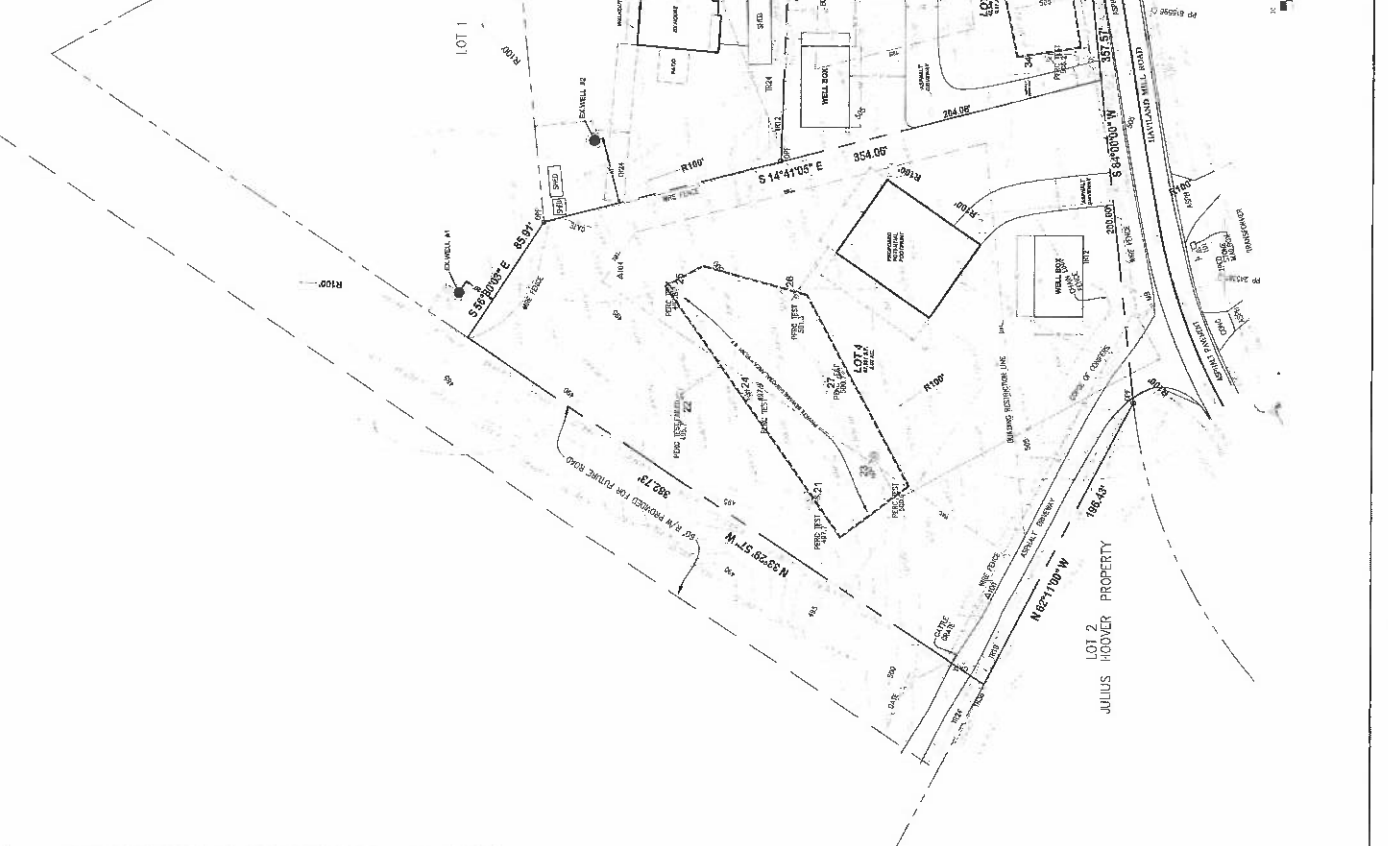
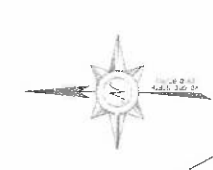
Approved by Private Under and for the purpose of this
 Health Officer Signature: _____
 Health Officer Name: _____
 Health Officer Title: _____
 Health Officer Address: _____

PERCOLATION CERTIFICATION PLAN

HAVILAND MILL ROAD
 HAVILAND MILL ROAD
 CLARKSVILLE, MD 21031-1111

RAZTEC ASSOCIATES, INC.
 CIVIL ENGINEERS & PLUMBERS
 10000 WOODBURN ROAD
 CLARKSVILLE, MD 21031-1111

DATE: NOV. 2020
SCALE: AS SHOWN
SHEET NUMBER: 1 OF 1



- GENERAL NOTES**
1. Project Name: 6000 HAVILAND MILL ROAD, CLARKSVILLE, MD 21031-1111
 2. Project Address: 6000 HAVILAND MILL ROAD, CLARKSVILLE, MD 21031-1111
 3. Lot Area: 1.23 Acres (53,500 sq. ft.)
 4. Lot Dimensions: 120.00' x 441.00'
 5. Project No.: 2020-001
 6. Date: 11/11/2020
 7. Scale: AS SHOWN
 8. Drawing No.: 2020-001-001
 9. Revision: 1
 10. Prepared by: [Name]
 11. Checked by: [Name]
 12. Drawn by: [Name]
 13. Title: Percolation Certificate
 14. Project No.: 2020-001
 15. Drawing No.: 2020-001-001
 16. Revision: 1
 17. Date: 11/11/2020

NOTES

1. The proposed septic system is to be installed in accordance with the provisions of the Submerged Lands Act, 43 U.S.C. 1613, and the regulations thereunder.
2. The proposed septic system is to be installed in accordance with the provisions of the Submerged Lands Act, 43 U.S.C. 1613, and the regulations thereunder.
3. The proposed septic system is to be installed in accordance with the provisions of the Submerged Lands Act, 43 U.S.C. 1613, and the regulations thereunder.
4. This lot is shown to be a portion of a larger tract of land, and the proposed septic system is to be installed in accordance with the provisions of the Submerged Lands Act, 43 U.S.C. 1613, and the regulations thereunder.
5. The proposed septic system is to be installed in accordance with the provisions of the Submerged Lands Act, 43 U.S.C. 1613, and the regulations thereunder.
6. The proposed septic system is to be installed in accordance with the provisions of the Submerged Lands Act, 43 U.S.C. 1613, and the regulations thereunder.

REVISION	DATE