

SEQUENCE NO. (MDE USE ONLY)

C1 1918

# STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER  
WELL IS COMPLETED. ON SRV 9/14/99

COUNTY  
NUMBER

A39719

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
08 16 99

Depth of Well  
22 180 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HD-94-2348

OWNER Dgt. Data  
STREET OR RFD Shady View first name  
SUBDIVISION Hawkesfield SECTION 16 LOT 16

## 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	
Dirt	0	1	
Br Schist	1	6	
Soft Br. Mica, Schist & Clay	6	60	
Hard & Soft Br & Blue Sandstone	60	75	
Hard blue Sandstone	75	90	
Hard Br. Sandstone Laced w/ Blue mica	90	135	X
Br Sand stone	135	150	X
Br. Sand & Gravel	150	180	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
yes ☒ Y no ☐ N  
44 44  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT ☒ CM BENTONITE CLAY ☐ BC  
NO. OF BAGS 60 NO. OF POUNDS 540  
GALLONS OF WATER 360  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 82 ft.  
(enter 0 if from surface)  
48 TOP 52 54 BOTTOM 58

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below  
MAIN CASING  
TYPE  
Nominal diameter  
top (main) casing  
(nearest inch)  
Total depth  
of main casing  
(nearest foot)  
ST 6 84  
60 61 63 64 66 70  
OTHER CASING (if used)  
diameter depth (feet)  
inch from to  
PL 4 0 60  
PL 4 90 146

screen type  
or open hole  
(insert  
appropriate  
code  
below)  
SCREEN RECORD  
☒ ST ☐ BR ☐ HO  
STEEL BRASS OPEN  
HOLE  
☒ PL ☐ OT  
PLASTIC OTHER

DEPTH (nearest ft.)  
1 2  
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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
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601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700  
701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800  
801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900  
901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

NUMBER OF UNSUCCESSFUL WELLS: 1  
WELL HYDROFRACTURED yes ☒ Y no ☐ 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  
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 296  
Ronald Kyker  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. MND 296  
Ronald Kyker  
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  
MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C3

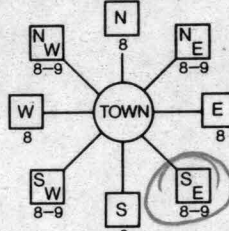
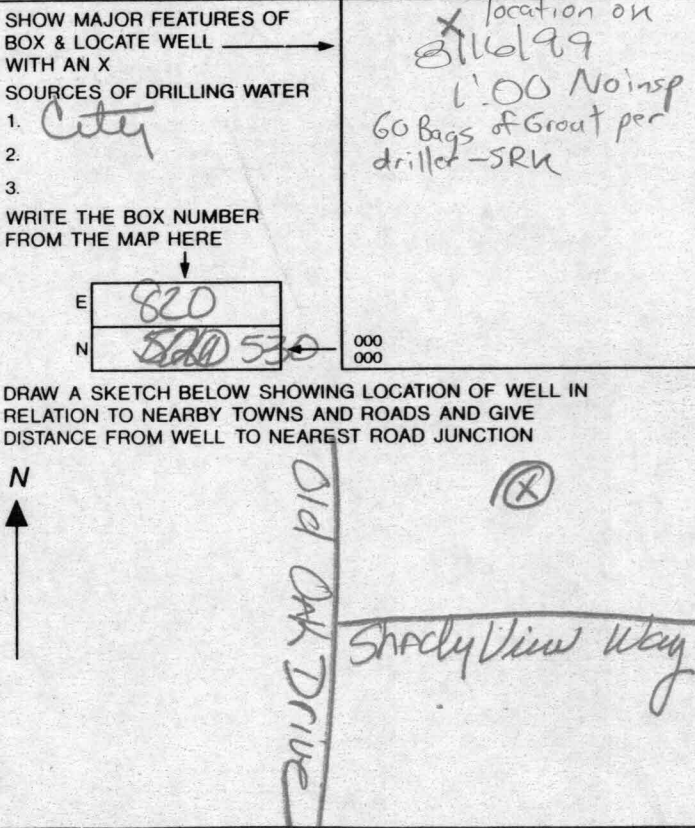
## PUMPING TEST

HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 3.  
METHOD USED TO  
MEASURE PUMPING RATE Submersible  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 18 ft.  
WHEN PUMPING 125 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.  
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 } LAND SURFACE  
- below } 2 (nearest foot)  
49 50 51

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES  
AND INDICATE NOT LESS THAN  
TWO DISTANCES  
(MEASUREMENTS TO WELL)  
Old Oak Drive  
Shady View Way  
good well  
dry well

B 1 <span style="font-size: 24pt; font-weight: bold;">8567</span> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">             40-94-2348           </div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">07/20/99</div>		B 3 <b>LOCATION OF WELL</b>	
<b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">DIGI-DATA HOLDINGS</div> <small>15 Last Name 34 Owner First Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9881 BROOKLAND PARKWAY</div> <small>36 Street or RFD 55</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">COLUMBIA</div> <small>57 Town 70 State 72 Zip 76</small>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> <small>8 COUNTY 21</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">HAWKSFIELD ESTATES</div> <small>23 SUBDIVISION 42</small> SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">16</div> <small>44 46 48 50</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">WEST FALEND SHIP</div> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> MI <small>73 76 77 78</small>	
<b>DRILLER INFORMATION</b> CIRCLE: MSD/MGD/MWD <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ronald Kyker</div> <small>Driller's Name 77 License No. 80</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Westminster Rotary Well Drilling</div> <small>Firm Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">P.O. Box 86, Westminster, Md 21158</div> <small>Address</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ronald Kyker (Use) 7-9-99</div> <small>Signature Date</small>		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <small>8-9 8-9 8-9 8-9 8-9 8-9 8-9 8-9</small> <b>NEAR WHAT ROAD</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Shady View Way</div> <small>11 30</small> <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>34 37</small> <b>DISTANCE FROM ROAD</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">580</div> <small>34 37</small> ENTER FT OR MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">FT</div> <small>38 39</small> TAX MAP: 16 BLK: 20 PARCEL: 258	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">450</div> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard Co</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A39719</div> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">07/30/99</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A. M. M. Lee</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7/30/00</div> <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">530000</div> EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">820000</div> <small>50 55 57 63</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. City 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;">820</div> <small>E</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">530</div> <small>N</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">530</div> <small>000 000</small> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;">  </div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">300</div> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH <small>NEAREST</small>		<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 37</small> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> <small>37</small> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> <small>other</small>	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">52</div>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">G A P</div> <small>54 63</small> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">Am</div> WRITE INITIALS IN BOX <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-94-2348</div> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



Page 1 of 2  
Date 08/16/99

Review OK SRK 9/14/99

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2348  
Location of property (road) Shady View Way  
Subdivision Hawksfield Lot 16 Block      Plat      Sec.       
Well Driller Ron Kyker Owner Digi Data

Depth of well 180 feet  
Distance of measuring point (M.P.) above ground 2 feet  
Static water level (S.W.L.) below M.P. 18 feet

I. High rate pumping -- reservoir drawdown

Time pump started 12:55 PM Pumping rate 3 GPM  
Total time 6 hrs to reach pumping water level 125 ft. below M.P.

II. 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:55	18'	5 sec.		12
1:10	139'	20 sec.		3
1:25	138'	20 sec.		3
1:40	137'	20 sec.		3
1:55	136'	20 sec.		3
2:10	135'	20 sec.		3
2:25	134'	20 sec.		3
2:40	134'	20 sec.		3
2:55	133'	20 sec.		3
3:10	133'	20 sec.		3
3:25	132'	20 sec.		3
3:40	132'	20 sec.		3
3:55	131'	20 sec.		3
4:10	131'	20 sec.		3
4:25	130'	20 sec.		3
4:40	130'	20 sec.		3
4:55	129'	20 sec.		3
5:10	129'	20 sec.		3
5:25	128'	20 sec.		3
5:40	138'	20 sec.		3
5:55	127'	20 sec.		3
6:10	127'	20 sec.		3
6:25	126'	20 sec.		3
6:40	126'	20 sec.		3

Page 2 of 2  
Date: 08-16-99

County File No.

## Review

ON SRN 9/14/99

## FIELD DATA SHEET

### HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HD-94-2348 Election District                     

Location of Property (road) Shady View Way

Subdivision Hawthfield Lot 16 Block 1 Plat        Sec.       

Well Driller Kan Baker Owner Digi Data

Depth of Well 180 feet

Distance of Measuring Point (M.P.) above ground 2 feet

Static Water Level (S.W.L.) below M.P. 18 feet

### I. High Rate Pumping -- reservoir drawdown

Time pump started 12:55 PM Pumping rate 3 Gpm

Total time 6 hrs to reach pumping water level 125 ft. below M.P.

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

[illegible]

**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: Ehrhardt Brothers Telephone #: 410-947-8414  
Address: 10624 High Beam Ct  
Columbia MD 21044

(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 P Ehrhardt License# 20060

\*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: Keswick Telephone #: 410-988-9937  
Subdivision: Hawthorn Lot #: 16 Well Tag #: HO-94-2348  
Site Address: 3101 Shady View Way  
West Friendship

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Martinson</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5L205412</u>	Model #: <u>B10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>10</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</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: <u>180</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 OK  
Torque arrestors or Cable guards are required - Must circle one Yes  
Safety rope, if used, attached to inside of well casing with eye bolt ☒

**Piping to house**  
Type: 1" Polyethylene  
PSI: 160 (160 psi min)  
Depth of supply line: 48" (36" min)

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 4 ft  
Sleeve caulked and 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: Michael P Ehrhardt

date: 7/27/01

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

Date Insp. Requested: 6/29/01 Date Insp. Approved: 7/11/01 SRK

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 ☒

Not Insp. on per plumber

9, 10

SAVED

**WANT TO  
MOVE  
TO HERE**

8/14/25  
OK to move  
well shown  
location

Q

WADSWORTH WAY





Ken Carter  
Kenswick Home  
(410) 988-  
9437

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## HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

### REQUEST FOR TEMPORARY DEVIATION TO TURBIDITY STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 8-3-01 WELL PERMIT #: HO - 94 - 2348

PROPERTY OWNER: \_\_\_\_\_  
SUBDIVISION & LOT #: HAWKSFIELD ESTATES LOT 16  
PROPERTY ADDRESS: 3101 SHADY VIEW  
ELICOTT CITY MD 21042

TESTIMONIAL: (Steps taken thus far by well owner or agent to eliminate excessive turbidity)

RAN WATER

PLEDGE: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.07 (J) within fifteen (15) days)

PUMP WELL ; RAISE WELL PUMP

#### CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO - 94-2348 will be documented to have a turbidity level of less than 10 NTUs as a result of implementation of approved procedures.

Approvable procedures include raising the well pump, additional well pumping, or further well development or other construction techniques performed by a licensed well driller. Filtration to remove dissolved iron, which frequently lowers turbidity levels, is also an approvable procedure. Filtration to remove sediment unrelated to iron is not an acceptable means of establishing turbidity compliance for wells being approved for service.

2) If the turbidity condition cannot be remediated to a level below 10 NTUs through approved procedures, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is concluded.



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.07 J2b be granted for the well installed under permit # HO - 94 - 2348 I am fully aware of the conditions under which this deviation will be granted and my responsibilities as the well owner which will include advising any future buyer/tenant of the installation , condition and maintenance responsibilities of an iron removal device if applicable.

Prospective Owner's Original Signature(s) [ Person(s) that intend to live in the dwelling ]

α                                                     813101

Prospective Owner's Day Time Phone Number(s)

α                     84104606005