

C 1 0263 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER 13-A 4247

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED 030496

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0291

OWNER CARBON Associates  
 STREET OR RFD Scottswood Ct. TOWN Glenwood  
 SUBDIVISION Country Springs SECTION LOT 19

**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	
SAND	0	58	
GRANULIC ROCK	58	220	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
 CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 28 NO. OF POUNDS 2632  
 GALLONS OF WATER 168  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 MAIN CASING TYPE ST 6 43  
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST BR HO PL OT  
 STEEL BRASS BRONZE OPEN HOLE PLASTIC 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.

TYPE: MWD/MSD/MGD  
 DRILLERS LIC. NO. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 24

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

**C 2**

	DEPTH (nearest ft.)	
A 1	80	220
A 2		
A 3		
A 4		
A 5		
A 6		
A 7		
A 8		
A 9		
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A 51		

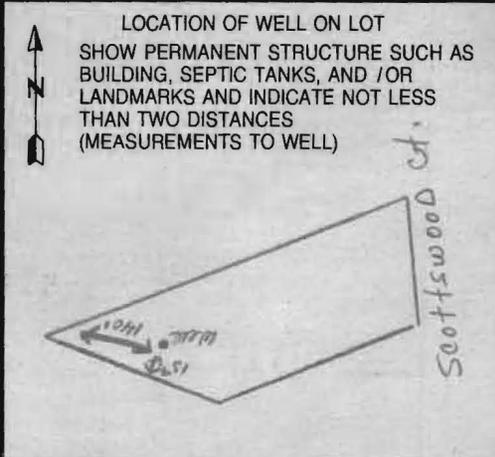
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 20  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 26 ft.  
 TYPE OF PUMP USED (for test) S submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL 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)



**B 1** 1952

SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER

10-93-0291

fill in this form completely

**Date Received (APA)**  
 02/13/96

**OWNER INFORMATION**

CHARMAN ASSOCIATES

15 Last Name Owner First Name 34

PO BOX 122

36 Street or RFD 55

ELLICOTT CITY MD 21043

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

1 HOWARD

8 COUNTY 21

COUNTRY SPRINGS

23 SUBDIVISION 42

SECTION 44 46 LOT 19 48 50

52 NEAREST TOWN

61 GLENWOOD

52 NEAREST TOWN 71

2 MI

73 MILES FROM TOWN (enter 0 if in town) 76 77 78

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Joseph L. MAYNE

24

Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling

Firm Name

5512 RIDGE RD. MT. AIRY 21771

Address

Joseph L. Mayne 2/12/96

Signature Date

**B 4**

11 Scottwood Ct. 30

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

34 550 37

DISTANCE FROM ROAD

ENTER FT OR MI AA

38 39

TAX MAP: 14 BLK: PARCEL 12

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

W W

N N

NE NE

E E

SE SE

S S

SW SW

TOWN

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13-A42471

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 022996

43 CO SIGNATURE 48 EXP. DATE 2/29/97

NORTH GRID 539000 EAST GRID 0788000

50 55 57 63

APPROXIMATE DEPTH OF WELL 900 FEET

24 28

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 288

N 5389

000 000

x G. Howe 9:30 3-4-96

Missed Insp

(DKS)

**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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

Breaking Park Rd.

Scottwood Ct.

Glenwood

22 FEB 13 6:00 AM

22 FEB 13 10:00 AM

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE 17 PERMIT No. 10-93-0291

67 68 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: REED AND SON SERVICES Telephone #: 240-315-6023
Address: 1070 LUNG CONNOR RD
MT. AIRY MD 21771

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

Name (Print): THOMAS PATRICK REED License# 19513

\*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: RYAN GEORGE Telephone #: 443-629-8255
Subdivision: COUNTRY SPRINGS Lot #: 19 Well Tag #: HO 13 A42471
Site Address: 15046 SCOTTSWOOD CT
WOODBINE MD 21797 HO-93-0291

Submersible Pump Data

Make: Grundfos
Model #: 16515-14
Pump Capacity 15 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: American Graft
Model #: PT800SS
Depth: 40 (36" min)
NSF/WSC approved: [checked]

Well Cap and Electric Conduit

Two piece watertight cap: [checked]
Screened, vented well cap: [checked]
Cap secured to casing: [checked]
Conduit min 18" B.G.: [checked]
Conduit secured to well cap: [checked]

Depth of well encountered at time of pump installation: 220 (feet)
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

Piping to house

Type: Plastic Conduit
PSI: 250 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

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

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.

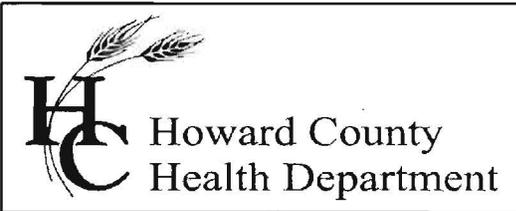
Signature of company representative responsible for installation: [Signature] date: 7/17/17

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

Date Insp. Requested: 7/18/17 Date Insp. Approved: 7/18/17 Inspector: SC

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

Left portion of well line uncovered - measure distance off SDA when staked. Sleeve if <= 10' from SDA.



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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### **INTERIM CERTIFICATE OF POTABILITY** **PERMANENT DEVIATION FOR NITRATES**

Expiration Date – MARCH 8, 2018

September 8, 2017

Homeowner  
15046 Scottswood Court  
Woodbine, MD 21797

**RE: County Springs, Lot 19**  
**15046 Scottswood Court**  
**Building Permit: B17000150**  
**Well Permit: HO-93-0291**

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 **9/7/2017**. Final approval of the well line connection to the dwelling was granted on **7/18/2017**. The well construction was completed on **3/4/1996**. Water samples were collected on **8/30/2017 & 9/6/2017**.

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.

The untreated water sample collected on **8/30/2017** indicated a nitrate level of **12.2 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/6/2017** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-93-0291. 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 quality 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>

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,



Kevin M Wolf, L.E.H.S., R.E.H.S./RS, 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 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 116727 Account #: 26597  
Reference: Ryan George Company: CASH ACCOUNT  
Location: 15046 Scottswood Court Requested By: Ryan George  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/30/2017 0945 Site: Pressure Tank  
Date/Time Rec'd: 8/30/2017 1140 Treatment: None *OK*  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Nitrate	12.2	mg/L	10	601	8/30/2017 / 1545 / CRS
Turbidity	2.05	NTU	<10	SM20 2130B	8/30/2017 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/30/2017 / 1615 / CRS

*Fail  
Bacteria +  
Nitrate*

*(Signature)  
- 9/4/17*

### 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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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
- 8 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B17000150

Date Reported: 8/31/2017

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

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Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/30/2017 0945 Site: Pressure Tank  
Date/Time Rec'd: 8/30/2017 1140 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	8/31/2017 / 0930 / CRS
Nitrate	12.2	mg/L	10	601	8/30/2017 / 1545 / CRS
Turbidity	2.05	NTU	<10	SM20 2130B	8/30/2017 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/30/2017 / 1615 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
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- 3 NS = None Seen (NS indicates less than 5 mg/L)
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- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
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- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B17000150

Date Reported: 8/31/2017

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 116852 Account #: 26597  
Reference: Ryan George Company: CASH ACCOUNT  
Location: 15046 Scottswood Court Requested By: Ryan George  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/6/2017 1152 Site: Pressure Tank  
Date/Time Rec'd: 9/6/2017 1241 Treatment: Prior to Reverse Osmosis  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/7/2017 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/7/2017 / 1030 / LLO

OK

### 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 # : B17000150

Date Reported: 9/7/2017

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 116813 Account #: 26597  
Reference: Ryan George Company: CASH ACCOUNT  
Location: 15046 Scottswood Court Requested By: Ryan George  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/6/2017 1040 Site: Kitchen Reverse Osmosis Tap  
Date/Time Rec'd: 9/6/2017 1203 Treatment: Reverse Osmosis *OK*  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Yeager 6176JY Well #: HO-93-0291

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	9/6/2017 / 0900 / CRS

*Visual  
Nitrate Agreement*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 # :** B17000150

Date Reported: 9/6/2017

B 1 **3778** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-1500**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **081090**  
**CARMAN ASSOCIATES**  
 Last Name Owner First Name  
**PO BOX 122**  
 Street or RFD  
**ELLICOTT CITY MD 21043**  
 Town State Zip

**LOCATION OF WELL**  
**HOWARD** COUNTY  
**COUNTRY SPRING** SUBDIVISION  
 SECTION **19** LOT  
**GLENDWOOD** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION**  
**Joseph L. Mayne** Driller's Name  
**238** License No.  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Ridge Rd. Mt. Airy 21777** Address  
**Joseph L. Mayne** Signature

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 (Map showing directions N, S, E, W, NE, SE, SW, NW)  
**SCOTTSWOOD CT.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 (Map showing directions N, S, E, W)  
**675** DISTANCE FROM ROAD  
 ENTER FT or MI **FF**

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.)  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5000**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GO. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**42971** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **080490**  
 CO SIGNATURE **Charles Bryan** EXP. DATE **3/4/91**  
 NORTH GRID **540000** EAST GRID **079000**  
 EXTENDED HR 2/22/91

APPROXIMATE DEPTH OF WELL **260** FEET

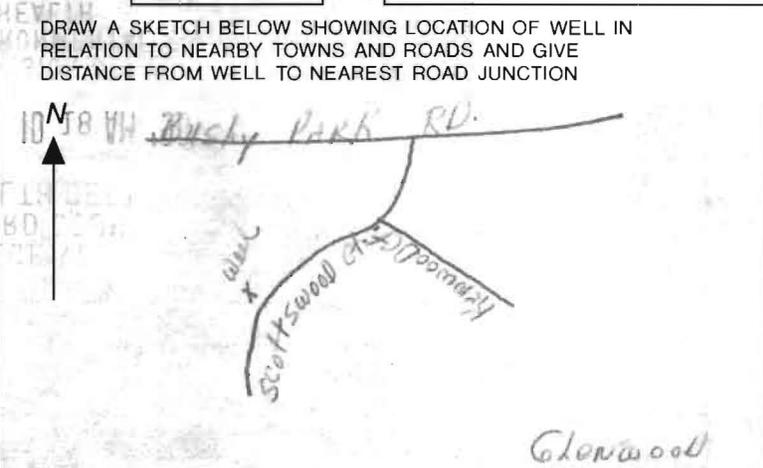
APPROXIMATE DIAMETER OF WELL **6** INCH

**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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **CW** WRITE INITIALS IN BOX  
 PERMIT No. **HO-88-1500**

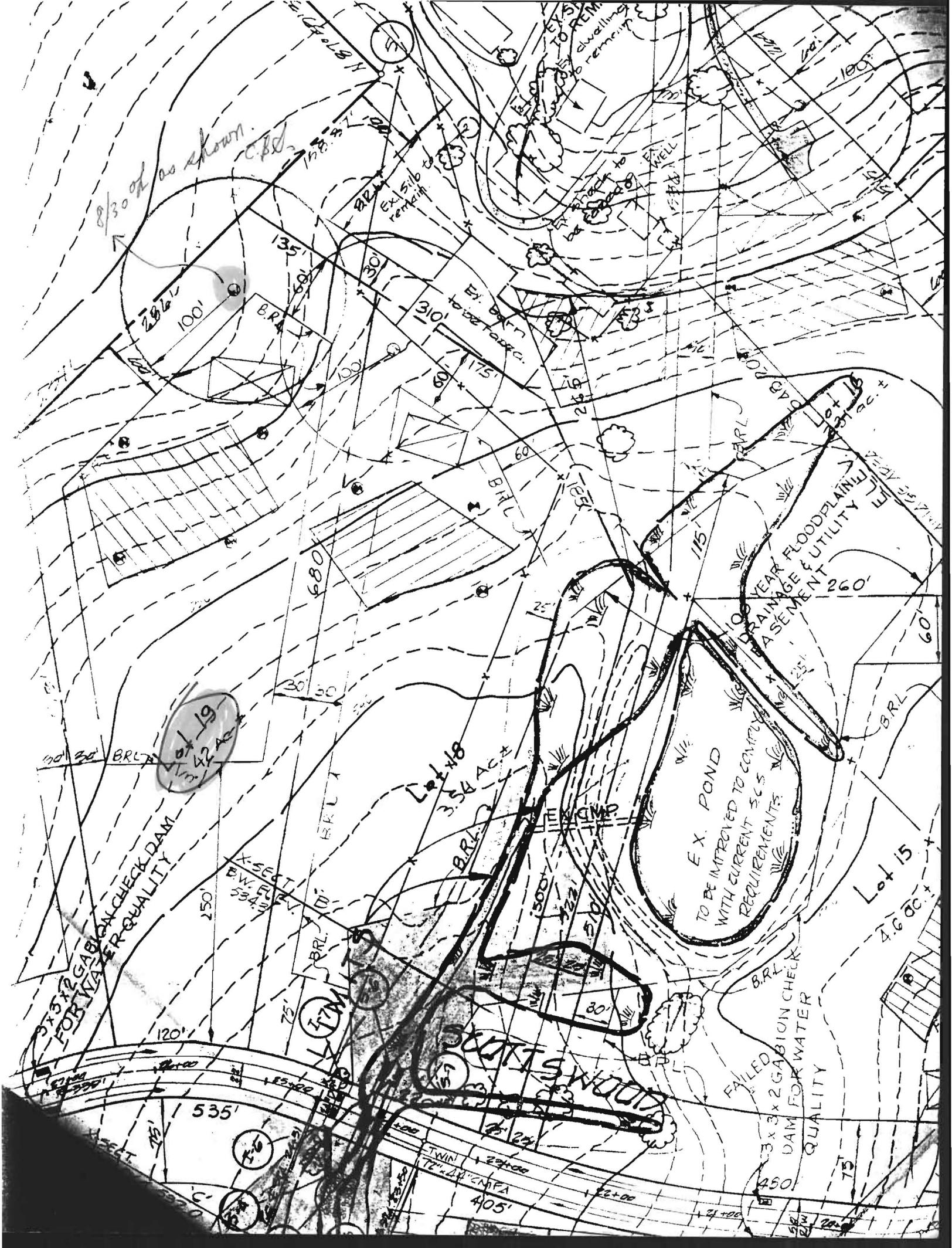
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. Well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **790**  
 N **540**



SPECIAL CONDITIONS







8/30% as shown

EX. POND  
TO BE IMPROVED TO COMPLY  
WITH CURRENT SCS  
REQUIREMENTS

3x3x2 GABION CHECK  
DAM FOR WATER  
QUALITY

3x3x2 GABION CHECK DAM  
FOR WATER QUALITY

10 YEAR FLOODPLAIN  
DRAINAGE ASSESSMENT  
UTILITY

Lot 18  
3.58 AC

Lot 15  
4.6 AC

Lot 19  
4.2 AC

TWIN  
72' x 44' CNRA  
405'

535'

75'

250'

75'

75'

80'

1300'

322'

510'

115'

25'

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8/30% as shown

C.B.D.

SELLER

PURCHASER

SELLER

PURCHASER

(DATE)

(DATE)

*Left to George & R. Carter's corner section*

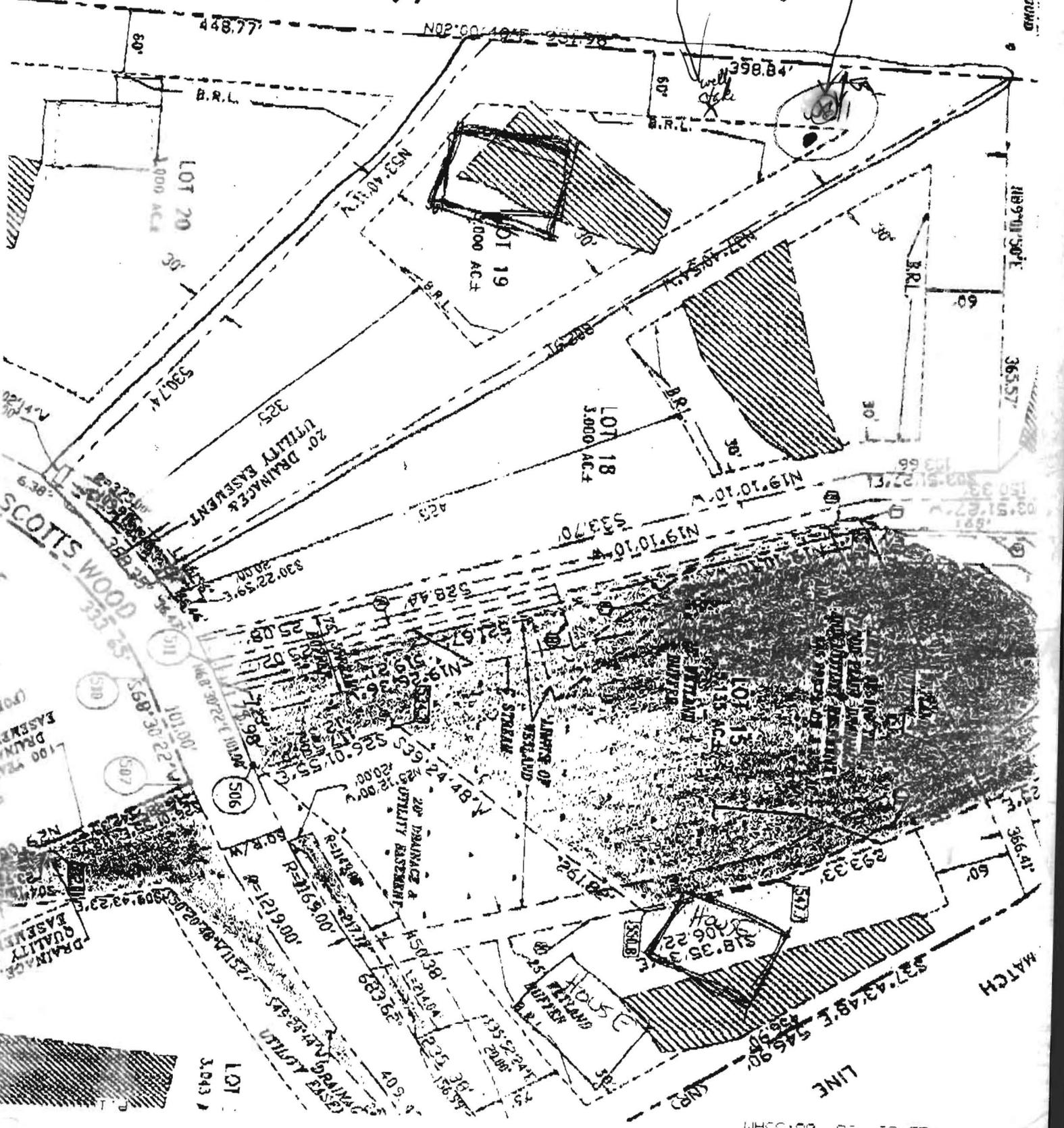
*2/20/96 well stake too close to septic area  
Disapproved*

*2/21/96 they will call when I take it*

Bill to  
Ron Carter  
CARMAN & ASSC  
410-442-5613

MRS MAYNE  
Lot 19  
country springs  
Revised well stake  
Scotts established 2/28/96  
S06 DIV

# EXHIBIT A





CONFERENCE CENTER AT THE MARITIME INSTITUTE

WHERE MEETINGS MATTER

Sarah

443 629 9255

Ryan George

15046 Scottswood Ct  
21797

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ryangeorge15@yahoo.com

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Trying to get USO for a new  
house - sounds like he got  
water results - +back, high nitrate

692 Maritime Boulevard, Linthicum Heights, Maryland 21090

Voice : (410) 859-5700 | Fax: (410) 859-0942

Website: www.ccmitt.org

