

C123498

SEQUENCE NO.  
(MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

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

DATE WELL COMPLETED  
MM DD YY  
1-14-15

Depth of Well  
22 400 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
140-14-0026

OWNER MUNRO, DONALD

WELL SITE ADDRESS RESERVOIR Rd TOWN FULTON

SUBDIVISION MUNRO Property SECTION        LOT 2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use<br>additional sheets if needed) | FEET |     | check<br>if water<br>bearing |
|--|------|-----|------------------------------|
|  | FROM | TO  |                              |
| Top Soil   | 0    | 2   |                              |
| Brown mica                                       | 2    | 28  |                              |
| Grey mica  | 28   | 400 |                              |

14 bags cement  
3.5 = 4 bags / 10 ft

Yield:  
1 gal / min x 120 min = 120 gal  
2 hr

Storage:  
ST: 20' - 33' = 5' - 1.5' = 7.9 gal  
HO: 390' - 38' = 352' - 1.5' = 350.5 gal  
(6" open hole)  
230.3 gal  
+ 120 gal  
350.3 gal

GROUTING RECORD

WELL HAS BEEN GROUTED.  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

60 61 63 64 66 40 70

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole

insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE  
PL PLASTIC OT OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33 ft.

WHEN PUMPING 164 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

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. MWD 040

DRILLERS SIGNATURE George F. Easterday

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRD 064

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

C2

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 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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

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 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 } (nearest foot)

LATITUDE 39.134933

LONGITUDE 76.946949

(DEFAULT COORD. WGS 84)

NOTES:

|   |                                |   |  |
|---|--------------------------------|---|--|
| B 1 <b>29209</b><br><small>1 2 3 6</small>  | SEQUENCE NO.<br>(MDE USE ONLY) | <b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>please type  | STATE PERMIT NUMBER<br><b>14</b><br><b>HO-14-0026</b><br><small>70 fill in this form completely 79</small> |
| Date Received (APA) <b>12580</b><br><small>8 MM DD YY 13</small><br><b>MUNRO</b> <b>DONALD</b><br><small>15 Last Name Owner First Name 34</small><br><b>8601 RESERVOIR ROAD</b><br><small>36 Street or RFD 55</small><br><b>FULTON, MD. 20759</b><br><small>57 Town 70 State 72 Zip 76</small>  |                                | LOCATION OF WELL <b>CC#</b><br><b>Howard</b><br><small>8 COUNTY 21</small><br><b>Munro Property</b><br><small>23 SUBDIVISION 42</small><br>SECTION <b>44</b> <small>46</small> LOT <b>3</b> <small>48 50</small><br><b>Fulton</b><br><small>52 NEAREST TOWN 71</small>  |  |
| <b>DRILLER INFORMATION</b><br>Driller's Name <b>George F. Easterday</b> <b>MWD</b> <b>040</b><br><small>76 License No. 81</small><br>Firm Name <b>L. Franklin Easterday, Inc.</b><br>Address <b>9265 Brown Church Rd., Mt. Airy, Md. 21771</b><br>Signature <b>George F. Easterday</b> <b>5/8/2014</b><br><small>Signature Date</small>   |                                | SOURCES OF DRILLING WATER<br>1. <b>wells</b><br>2.<br>3.<br>STREET ADDRESS <b>Reservoir Rd</b><br><small>11 30</small><br>ON WHICH SIDE OF ROAD<br>(CIRCLE APPROPRIATE BOX)<br>NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/><br>DISTANCE FROM ROAD <b>72.5</b> <small>34 37</small><br>ENTER FT OR MI <b>38</b> <small>39</small><br>TAX MAP: <b>45</b> BLK: <b>12</b> PARCEL <b>9</b> |  |
| <b>WELL INFORMATION</b><br>APPROX. PUMPING RATE <b>5</b><br><small>1 2 (GAL. PER MIN.) 8 12</small><br>AVERAGE DAILY QUANTITY NEEDED <b>500</b><br><small>(GAL. PER DAY) 14 20</small>  |                                | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br><b>Howard</b> <b>(13)</b> <b>A537287</b><br><small>COUNTY NAME COUNTY NO.</small><br>STATE SIGNATURE _____ INSERT S → _____<br>DATE ISSUED <b>5/28/14</b> <b>Jim M. Waff</b> <b>5/28/15</b><br><small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>   |  |
| <b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> OPEN LOOP GEOTHERMAL<br><input type="checkbox"/> CLOSED LOOP GEOTHERMAL  |                                | PROPOSED LOCATION OF WELL ON LOT<br>SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,<br>ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO<br>DISTANCE MEASUREMENTS TO WELL<br>   |  |
| APPROXIMATE DEPTH OF WELL <b>300</b> FEET<br><small>24 28</small><br>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH<br><small>NEAREST INCH</small>  |                                | <b>METHOD OF DRILLING</b> (circle one)<br>BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/><br><small>30 AIR-ROTary 37 CABLE</small><br>AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/><br>REVerse-ROTary <input type="checkbox"/> DRive-POINT <input type="checkbox"/><br>other _____   |  |
| <b>REPLACEMENT OR DEEPEENED WELLS</b><br>(CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><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<br><input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____<br><small>41 52</small> |                                | Not to be filled in by driller (MDE OR COUNTY USE ONLY)<br>APPROP. PERMIT NUMBER _____ <b>G</b> _____<br>PERMIT No. <b>HO-14-0026</b><br><small>70 71 72 73 74 75 76 77 78 79</small>   |  |
| SPECIAL CONDITIONS <b>See Attached memo</b><br><small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>   |                                |   |  |

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-14-0026 Election District \_\_\_\_\_

Location of Property (road) Reservoir Rd

Subdivision MUNRO Property Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller EASTERDAY Owner DON MUNRO

Depth of Well 400 1.8 PM

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

Static Water Level (S.W.L.) below M.P. 33

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:10 Pumping rate 20 GPM

Total time 20 min to reach pumping water level 166 ft. below M.P.

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

| TIME  | WATER LEVEL<br>Below M.P. | PUMPING RATE<br>Time to fill<br><u>1</u> gal. bucket | <u>Pump out</u><br><del>FLOW-METER READING</del><br>(if used) | CALCULATED FLOW<br>(gallons per min.) |
|-------|---------------------------|--|---|---------------------------------------|
| 9:30  | 166                       | 50 sec   | 480 St  | 1.2                                   |
| 9:45  | 166                       | 50 sec   |   | 1.2                                   |
| 10:00 | 166                       | 50 sec   |   | 1.2                                   |
| 10:15 | 166                       | 50 sec   |   | 1.2                                   |
| 10:30 | 166                       | 55 sec   |   | 1                                     |
| 10:45 | 165                       | 57 sec   |   | 1                                     |
| 11:00 | 165                       | 57 sec   |   | 1                                     |
| 11:15 | 165                       | 57 sec   |   | 1                                     |
| 11:30 | 165                       | 57 sec   |   | 1                                     |
| 11:45 | 165                       | 57 sec   |   | 1                                     |
| 12:00 | 165                       | 57 sec   |   | 1                                     |
| 12:15 | 165                       | 57 sec   |   | 1                                     |
| 12:30 | 165                       | 57 sec   |   | 1                                     |
| 12:45 | 165                       | 57 sec   |   | 1                                     |
| 1:00  | 164                       | 57 sec   |   | 1                                     |
| 1:15  | 164                       | 57 sec   |   | 1                                     |
| 1:30  | 164                       | 57 sec   |   | 1                                     |
| 1:45  | 164                       | 57 sec   |   | 1                                     |
| 2:00  | 164                       | 57 sec   |   | 1                                     |
| 2:15  | 164                       | 57 sec   |   | 1                                     |
| 2:30  | 164                       | 57 sec   |   | 1                                     |
| 2:45  | 164                       | 57 sec   |   | 1                                     |
| 3:00  | 164                       | 57 sec   |   | 1                                     |
| 3:15  | 164                       | 57 sec   |   | 1                                     |
| 3:30  | 164                       | 57 sec   |   | 1                                     |

Done  
 Tested by





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | 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

## MEMORANDUM

TO: L. Franklin Easterday, Inc  
ATTN: George Easterday MWD 40

FROM: Kevin M. Wolf, R.E.H.S./R.S., LEHS *(KMW)*  
HCHD, Well and Septic Program  
Groundwater Mgmt. Sec.

RE: **Special Condition: Simultaneous Yield Test Lots 1 and 2**  
*Munro Property, Reservoir Road*

DATE: June 4, 2014

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

In order to ensure maximum sustainable yield on both wells and to preserve the quality of ground drinking water, a special condition has been set for the above referenced wells. This condition will require the well driller perform simultaneous yield tests on lots 1 and 2. This condition is set due to the close proximity of both wells. Any deviations to this condition are to be prior approved by the Health Department.

If you have any questions on this matter, please feel free to call me at any time at 410-313-2645.

KMW  
C.c. Files

Well Permit No. HO - \_\_\_\_\_  
Location of property (road) Reservoir Rd - Munro Property  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller \_\_\_\_\_ Owner \_\_\_\_\_

Depth of well 500 ft.  
Distance of measuring point (M.P.) above ground 2  
Static water level (S.W.L.) below M.P. 33 ft (lot 1) 32 ft (lot 2)

Time pump started \_\_\_\_\_ Pumping rate \_\_\_\_\_  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

[illegible]

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: Barlow Well Drill (Telephone #: 410-838-6910)  
Address: 522 Underwood Lane  
Belt Air, MD 21014

(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 Isom License# MSD 162

\*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: Burkard Homes Telephone #: 443-974-8021  
Subdivision: Munro Property Lot #: 2 Well Tag #: HO-14-00261  
Site Address: 8589 Reservoir Rd  
Fulton, MD 20734

Submersible Pump Data

Make: Goulds  
Model #: 7CS070422  
Pump Capacity 7 GPM  
Well Yield: 1 GPM

Pitless Adapter

Make: Boschert  
Model #: P100  
Depth: 42 (36" min)  
NSF/WSC approved: Y

Well Cap and Electric Conduit

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

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

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: 1" 200psi, poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

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

The water supply line is required to be at least 42 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

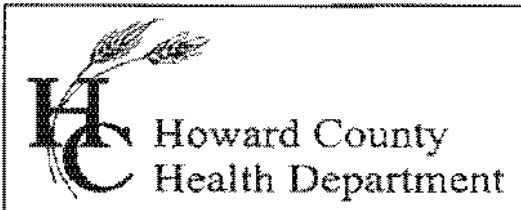
date 9/26/17

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

Date Insp. Requested: 9/29/17 Date Insp. Approved: 9/29/17 Inspector: RB

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 ✓

220 ft of sleeve total



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hccohealth](https://www.facebook.com/hccohealth)

Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – MAY 15, 2018

November 15, 2017

Homeowner  
8589 Reservoir Road  
Fulton, MD 20759

RE: Munro Property, lot 2  
8589 Reservoir Road  
Building Permit: B17000596  
Well Permit: HO-14-0026

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 11/8/2017. Final approval of the well line connection to the dwelling was granted on 9/29/2017. The well construction was completed on 1/14/2015. Water samples were collected on 11/2/2017.

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. 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-14-0026. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

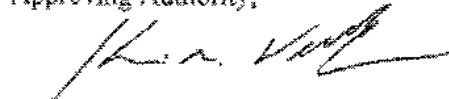
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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 #: 118126 Account #: 7101  
Reference: Reservoir Road Lot 2 Company: Burkard Homes  
Location: 8589 Reservoir Road Requested By: Walt Weise  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 11/2/2017 1100 Site: Pressure Tank  
Date/Time Rec'd: 11/2/2017 1235 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Yeager 6176JY Well #: HO-14-0026

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST      |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223          | 11/3/2017 / 0815 / LLO |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223          | 11/3/2017 / 0815 / LLO |
| Nitrate                        | 3.80    | mg/L        | 10        | 601                | 11/2/2017 / 1345 / CRS |
| Turbidity                      | 0.68    | NTU         | <10       | SM20 2130B         | 11/2/2017 / 1430 / CRS |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 11/2/2017 / 1430 / CRS |

**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 &amp; Occupancy

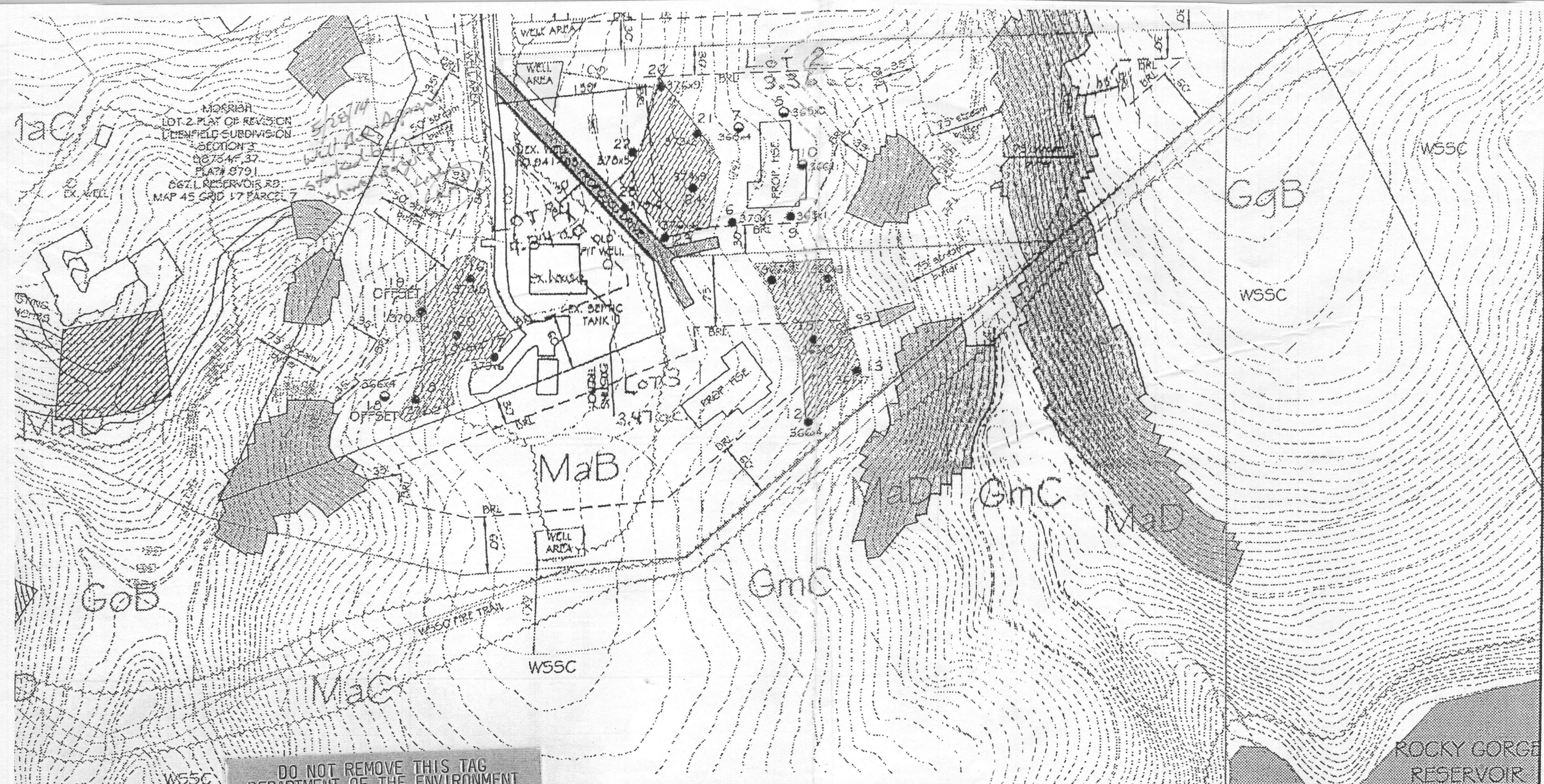
Building Permit # : 17-000596

Date Reported: 11/3/2017

## FILE INQUIRY NOTES

[illegible]





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

H0-14-0026

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

STATEMENT: I HEREBY CERTIFY THAT THE INFORMATION SHOWN  
ON THIS FIELD WORK DONE BY ME OR UNDER MY DIRECT  
AND IS CORRECT TO THE BEST OF MY PROFESSIONAL  
KNOWLEDGE AND BELIEF.



PROFESSIONAL LAND SURVEYOR  
LICENSE EXPIRATION DATE 4/2/2012

**SHANABERGER & LANE**  
8726 TOWN & COUNTRY BLVD.  
SUITE 201  
ELMCOTT CITY, MD 21043  
(410) 461-0563  
(410) 461-0693 fax  
home@shanaberger.com

PERC CERTIFICATION PLAT  
**PROPOSED LOTS 1-4**  
**PROPERTY OF DONALD MUNRO**

TITLE DEEDS: 3704/323 AND 3835/76  
TAX MAP 45, GRID 12, PARCEL 9 & P.O. PARCEL 50  
5TH ELECTION DISTRICT, HOWARD COUNTY, MD.  
SCALE: 1" = 100' DATE: 6/8/2012  
REV: 6/8/2012

PC557287

VED: FOR PRIVATE WATER AND

1/1/09  
ALTH OFFICER DATE