

C1 14491

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

A 48/46A

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

5 6 02

Depth of Well

22 400 26
(TO NEAREST FOOT)OK
5/19/02
K6PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-99-3390

OWNER

Griffmore Group

STREET OR RFD

14760 Triadelphia Mill Rd

TOWN

Dayton

SUBDIVISION

Humphries Property Lot 1

SECTION

LOT

1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand

0 57

Gray Mica
Rock

57 400 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 45/1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot) 54

from 48 TOP 52 ft. to 54 BOTTOM 58 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

ST

Nominal diameter
top (main) casing
(nearest inch)

6

Total depth
of main casing
(nearest foot)

60

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

inch

depth (feet)

from to

screen type
or open holeinsert
appropriate
code
below

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

BR

BRONZE

OT

HOLE

PL

PLASTIC

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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
WELLI 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. 1 M 5 D 0 2 4

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74

75

76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

6

PUMPING RATE (gal. per min.)

2.7

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

33

WHEN PUMPING

254

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other
(describe
below)

27

J jet

27

S submersible

27

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)

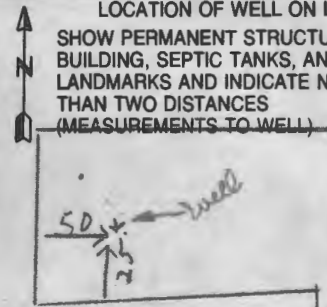
+ above

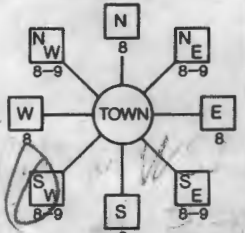
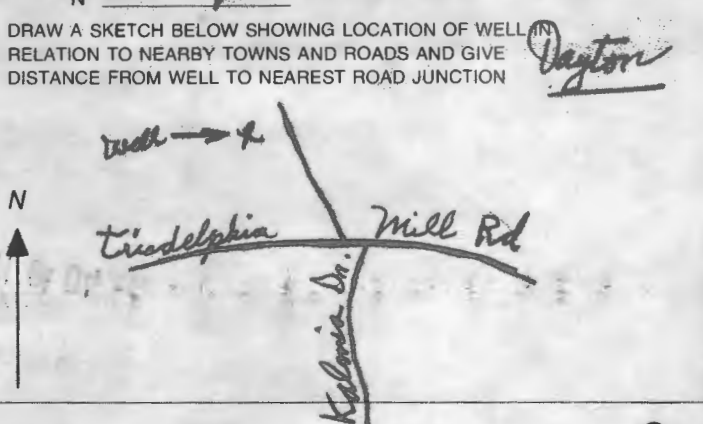
LAND SURFACE

- below

(nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1	7756	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3390
1 2 3 6		10516880 please print or type		
Date Received (APA) 8 <u>3/25/02</u> 13		OWNER INFORMATION 15 <u>Griffon Group</u> 34 4231 <u>Lenthies Rd</u> 57 <u>Dayton</u> 70 <u>md</u> 72 <u>21036</u> 76		
DRILLER INFORMATION Driller's Name <u>Joseph L. Wayne</u> 76 License No. <u>MSD 34</u> 81 Firm Name <u>Joseph L. Wayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy Md. 21771</u> Signature <u>Joseph L. Wayne</u> 3/22/2002 Date		LOCATION OF WELL B 3 <u>Howard</u> 8 COUNTY 21 <u>Humphries Property</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>1</u> 48 50 52 NEAREST TOWN <u>Dayton</u> 71 MILES FROM TOWN (enter 0 if in town) <u>7</u> 73 M I 76 77 78		
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>14460 Triadelphia Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>850</u> 37 DISTANCE FROM ROAD <u>FT</u> 38 39 ENTER FT OR MI TAX MAP: <u>27</u> BLK: <u>138</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A48146A</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED <u>4/22/02</u> <u>Bruce Pinsky</u> <u>4/22/03</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>509</u> 000 EAST GRID <u>0796</u> 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>300</u> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>796</u> N <u>509</u> 000 000		
METHOD OF DRILLING (circle one) 30 <u>BORED</u> (or Augered) JETTED Jetted & DRIVEN 37 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HO-94-3390</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Page _____ of _____
Date 5-6-02

Review OK KG 5/9/02

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3390
Location of property (road) 14460 Triadelphia Mill Rd
Subdivision Humphreys Property Lot 1 Block _____ Plat _____ Sec. _____
Well Driller J. Hayne Owner Griffmore Group

Depth of well 400'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 33'

I. High rate pumping -- reservoir drawdown

Time pump started 6:35 Pumping rate 15 gpm
Total time 45 min to reach pumping water level 254 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:50	113'	4 sec.	N/A	15 gpm
7:05	190	5		12
7:20	254	6		10
7:35	254	22		2.7
7:50	254	22		2.7
8:05	254	22		2.7
8:20	253	22		2.7
8:35	253	22		2.7
8:50	253	22		2.7
9:05	253	22		2.7
9:20	253	22		2.7
9:35	253	22		2.7
9:50	253	22		2.7
10:05	253	22		2.7
10:20	253	22		2.7
10:35	253	22		2.7
10:50	253	22		2.7
11:05	253	22		2.7
11:20	253	22		2.7
11:35	253	22		2.7
11:50	253	22		2.7
12:05	253	22		2.7
12:20	253	22		2.7
12:35	253	22		2.7
HD-12450	253	22		2.7
1:05	253	22		2.7
1:20	253	22		2.7

Well Permit No. HO - 94-3390
Location of property (road) 14460 Triadelphia Rd
Subdivision Humphries Property Lot 1 Block Plat Sec.
Well Driller J. Mayne Owner Grippmore Group

I. High rate pumping -- reservoir drawdown

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

[illegible]

FROM : HOCO-ENVIRO

FAX NO. : 4103132648

Apr. 05 2002 08:52AM P1

**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: UNITED PLUMBING Telephone #: 410-995-6525
Address: 9305 S. GERWIG LA
COLUMBIA MD 21045

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

Name (Print): LAURENCE BASKETTE License# 3479

*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: Capitons Group Telephone #: 410-531-8105
Subdivision: Humphries Property Lot #: 1 Well Tag #: EO-94-3390
Site Address: 14400 Truitt Rd
Dayton MD 21036

Submersible Pump Data

Make: Jacuzzi
Model #: TS452-1052
Pump Capacity 5 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Amway
Model #: PT 800
Depth: 48" (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: ☒
Screened, vented well cap: ☒
Cap secured to casing: ☒
Conduit min 18" E.C.: ☒

Depth of well encountered at time of pump installation: 385 (feet)

Conduit secured to well cap: ☒

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ☒

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 18" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 1 foot
Sleeve caulked and sealed properly: YES

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: Laurence Baskette

date: 10/17/02

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

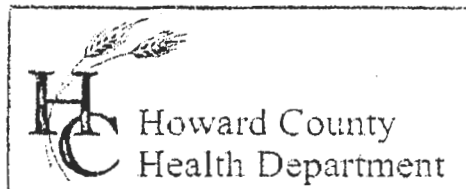
Date Insp. Requested: 10/16/02 AM

Date Insp. Approved: 10/18/02 (SC)

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

HD-215 (Rev. 8/00)

10/16/02 1' of water in trench
can't see pitless on house conn (SC)
10/17/02 Call Contractor (SC)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 4-18-03 WELL PERMIT #: HO - 94 - 3390

PROPERTY OWNER: SONNY & MARIA MEICHER

SUBDIVISION & LOT #: LOT 1 BCK 17

PROPERTY ADDRESS: 14460 THIRTEEN MILE RD DAYTON MD 21036

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

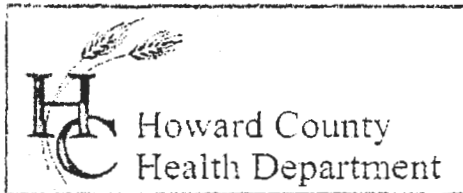
CHLORINATED PER WELL DRILLERS
RECOMMENDATION

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

I HAVE HIRED NATIONAL WATER
SERVICE TO RE-CHLORINATE & RE TEST
AND MAKE RECOMMENDATION

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 94-3390 will meet the bacteria standard resulting from approved disinfection procedures.



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Penny E. Borenstein, M.D., M.P.H., Health Officer

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED** (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - 94 - 3379. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

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

301 9381133

Prospective Owner's Day Time Phone Number(s)



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

REQUEST FOR TEMPORARY DEVIATION TO
TURBIDITY STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 4-21-03 WELL PERMIT #: HO - 94 - 3390

PROPERTY OWNER: SONNY & MARIA MELCHER
SUBDIVISION & LOT #: LOT 1 HUMPHRIES
PROPERTY ADDRESS: 14460 TRIDELPHIA MILL RD
DAYTON MD 21036

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

RIN WATER
TEST FOR IRON

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)

TEST FOR IRON INSTALL IRON FILTER

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 94 - 3390 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.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.07 J2b be granted

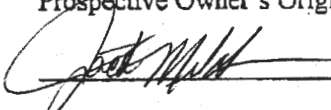


HOWARD COUNTY HEALTH DEPARTMENT

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 - 3390. 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]

 . 301 938 1133

Prospective Owner's Day Time Phone Number(s)

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 17, 2003

County Howard

Lab Number 03-1518

Sample Iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

The Griffmore Group
Attn: Bill DeMarco
4231 Linthicum Road
Dayton, Maryland 21036

(443) 277-3233

Property Sampled: U&O: 14460 Triadelphia Mill Road

Station Sampled: Laundry Tub Tap

Tax Map #:

Date/Time Sampled: Apr 16, 2003

11:40 am

Parcel #:

Owner, Telephone No.: Melcher

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.: B00136935

Well Number: HD-94-3390

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.3 mg/L as N	SM 4500D	*10 mg/L as N	Pass
— Turbidity	13.8 NTU	EPA 180.1	*10 NTU	HIGH
pH	7.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
— Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			
(18 Hour Test)				

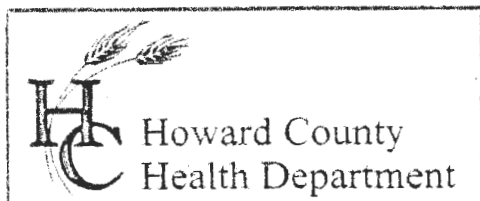
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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Penny E. Borenstein, M.D., M.P.H., Health Officer

April 21, 2003

Sonny and Maria Melcher
P.O. Box 206
Glenwood, MD 21738

RE: Humphries Property, Lot 1
14460 Triadelphia Mill Road
Well Permit # HO-94-3390

Dear Mr. and Mrs. Melcher:

This is to advise you that the septic system for the referenced property was installed and inspected. Final approval was granted on March 19, 2003.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04.09B) to allow additional time for a well failing to meet bacteria potability standards to be brought into compliance with these regulations.

This is also a **Temporary Deviation** to COMAR 26.04.04.09 to allow additional time for a well failing to meet turbidity standards to be brought into compliance with these regulations. The turbidity sample result was documented to be 13.8 NTU on April 17, 2003. A treatment device has not been installed to treat the excessive turbidity contamination. COMAR 26.04.04.09 prohibits approval of any water supply with a turbidity level in excess of 10 NTU. This department will grant a temporary deviation to that section of the regulation on condition that the turbidity level be lowered to below the limit either naturally or through the installation of a suitable (iron only) filtration device.

This certifies that bottled water will be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection as described in COMAR 26.04.04.09 and turbidity remediation procedures as described in COMAR 26.04.04.07. Installation of an ultraviolet disinfection system may be determined to be acceptable for treatment of the bacteria condition.

By the end of the interim period (**fifteen days**), based on additional sample results, a determination shall be made by this office whether to accept the well as being in compliance with the bacteriological standards of COMAR Regulation 26.04.04.09B3a, and the turbidity standards of COMAR 26.04.04.07J, or to grant a Permanent Deviation for the bacteria condition, or to issue an order that the well be abandoned and sealed.

Issuance of this Temporary Deviation is based on information submitted by the builder. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

INTERIM CERTIFICATE OF POTABILITY

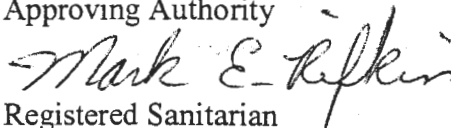
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit # HO-94-3990. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09

This certificate may become final upon completion of the final bacterial tests which are to be taken by the county health department within six months.

Date of Well Completion: March 6, 2002

Dates of Water Samples: April 16, 2003

Approving Authority

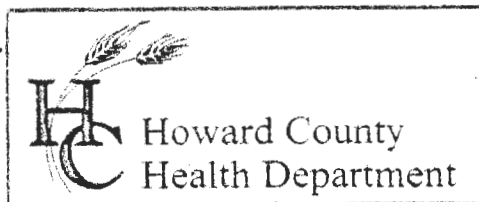


Registered Sanitarian

Water and Sewerage Program

MR

cc: Building Inspector's Office
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

April 21, 2003

Sonny and Maria Melcher
P.O. Box 206
Glenwood, MD 21738

RE: Humphries Property, Lot 1
14460 Triadelphia Mill Road
Well Permit # HO-94-3390

Dear Mr. and Mrs. Melcher:

This is to advise you that the septic system for the referenced property was installed and inspected. Final approval was granted on March 19, 2003.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04.09B) to allow additional time for a well failing to meet bacteria potability standards to be brought into compliance with these regulations.

This is also a **Temporary Deviation** to COMAR 26.04.04.09 to allow additional time for a well failing to meet turbidity standards to be brought into compliance with these regulations. The turbidity sample result was documented to be 13.8 NTU on April 17, 2003. A treatment device has not been installed to treat the excessive turbidity contamination. COMAR 26.04.04.09 prohibits approval of any water supply with a turbidity level in excess of 10 NTU. This department will grant a temporary deviation to that section of the regulation on condition that the turbidity level be lowered to below the limit either naturally or through the installation of a suitable (iron only) filtration device.

This certifies that bottled water will be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection as described in COMAR 26.04.04.09 and turbidity remediation procedures as described in COMAR 26.04.04.07. Installation of an ultraviolet disinfection system may be determined to be acceptable for treatment of the bacteria condition.

By the end of the interim period (**fifteen days**), based on additional sample results, a determination shall be made by this office whether to accept the well as being in compliance with the bacteriological standards of COMAR Regulation 26.04.04.09B3a, and the turbidity standards of COMAR 26.04.04.07J, or to grant a Permanent Deviation for the bacteria condition, or to issue an order that the well be abandoned and sealed.

Issuance of this Temporary Deviation is based on information submitted by the builder. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

INTERIM CERTIFICATE OF POTABILITY

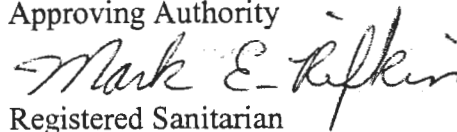
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit # HO-94-3990. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09

This certificate may become final upon completion of the final bacterial tests which are to be taken by the county health department within six months.

Date of Well Completion: March 6, 2002

Dates of Water Samples: April 16, 2003

Approving Authority



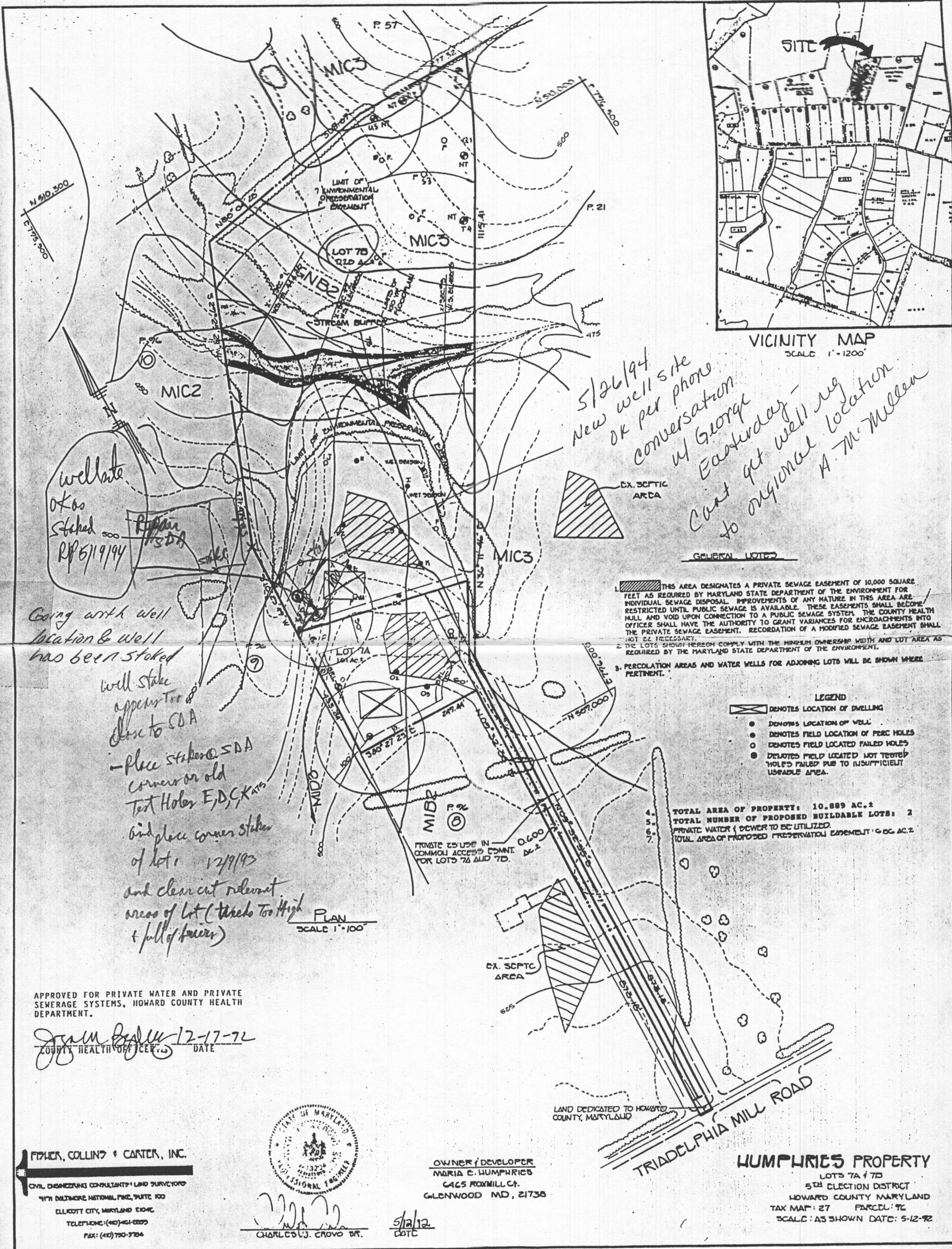
Registered Sanitarian

Water and Sewerage Program

MR

cc: Building Inspector's Office
File

(note) Marked on drawing
 (w) 760-6097 Agree to pay on
 (h) 931-6089 drawing SDA + lot corners
 + finding lines nearby these



5/26/94
 New well site
 OK per phone
 conversation
 w/ George
 Eastday -
 Cant get welling
 to original location
 A.M. Miller

well site
 OK as
 staked
 RP 5/19/94

Going with well
 location & well
 has been staked
 well stake
 appears too
 close to SDA
 - place stakes @ SDA
 corner on old
 Test Holes E, D, C, X
 and place corner stakes
 of lot 1 12/9/93
 and clear cut relevant
 areas of lot (trees too high
 + full of brush)

GENERAL NOTES

1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

LEGEND

- DENOTES LOCATION OF DWELLING
- DENOTES LOCATION OF WELL
- DENOTES FIELD LOCATION OF PERC HOLES
- DENOTES FIELD LOCATED FAILED HOLES
- DENOTES FIELD LOCATED NOT TESTED HOLES FAILED DUE TO INSUFFICIENTLY USABLE AREA

4. TOTAL AREA OF PROPERTY: 10.889 AC.±
 5. TOTAL NUMBER OF PROPOSED BUILDABLE LOTS: 2
 6. PRIVATE WATER & POWER TO BE UTILIZED
 7. TOTAL AREA OF PROPOSED PRESERVATION EASEMENT: 6.06 AC.±

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

John B. Miller 12-17-72
 COUNTY HEALTH OFFICER DATE



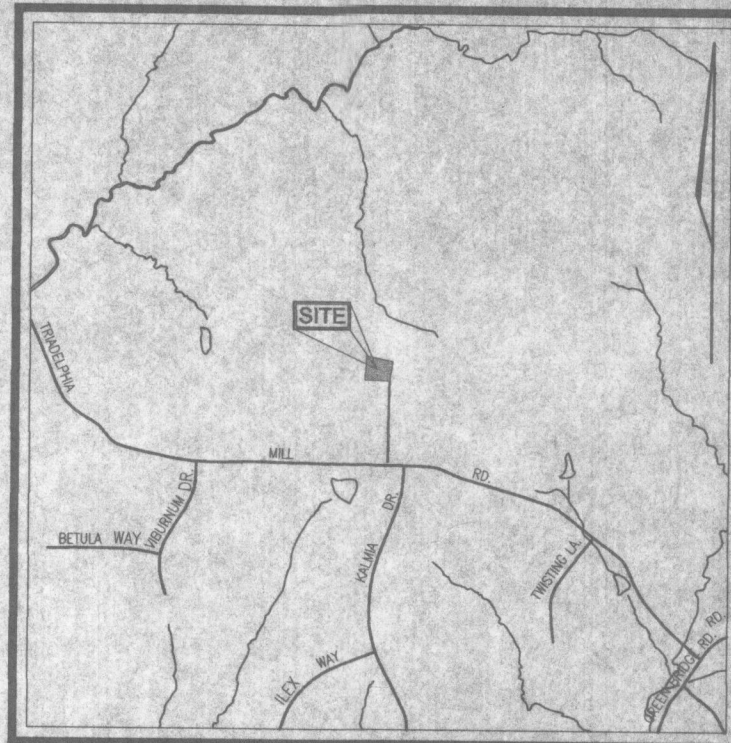
Charles W. Crovo
 CHARLES W. CROVO DR.
 5/12/92
 DATE

OWNER / DEVELOPER
 MARIA E. HUMPHRIES
 6465 ROXBILL CT.
 GLENWOOD MD, 21738

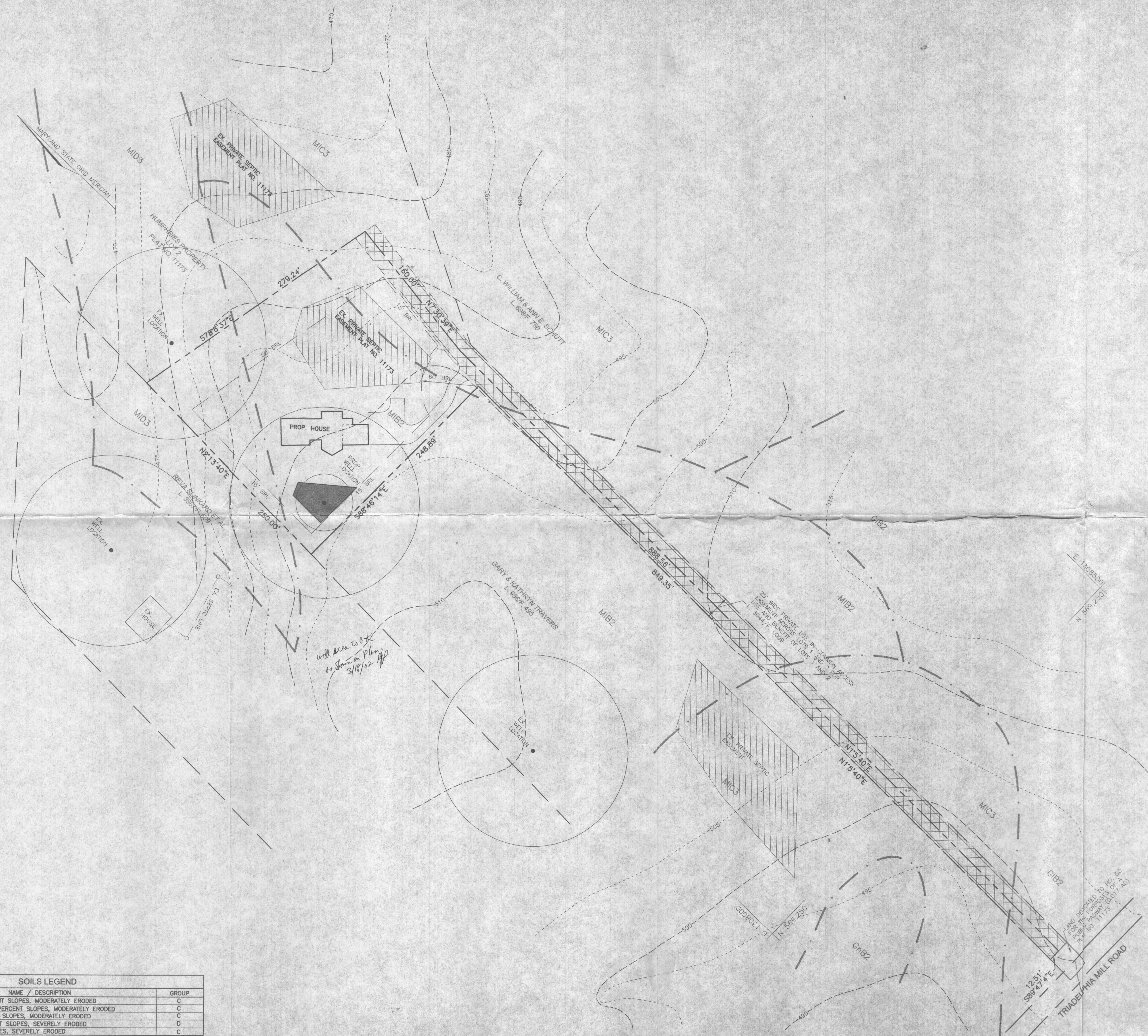
LAND DEDICATED TO HOWARD COUNTY, MARYLAND
 TRIADOLPHIA MILL ROAD

HUMPHRIES PROPERTY
 LOTS 7A & 7D
 5TH ELECTION DISTRICT
 HOWARD COUNTY MARYLAND
 TAX MAP: 27 PARCEL: 7C
 SCALE: AS SHOWN DATE: 5-12-92

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 7171 BALTIMORE NATIONAL PIKE, SUITE 100
 ELLICOTT CITY, MARYLAND 21042
 TELEPHONE: (410) 461-0000
 FAX: (410) 790-3704



VICINITY MAP
SCALE: 1"=2000'



well area to O.K.
or done on plan
3/11/02 JCO

well site

SOILS LEGEND		
SYMBOL	NAME / DESCRIPTION	GROUP
GIB2	GLENELG LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	C
GIB2	GLENELG SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	C
MB2	MANOR LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	C
MIC3	MANOR LOAM, 8 TO 15 PERCENT SLOPES, SEVERELY ERODED	D
MID3	MANOR LOAM, 15 TO 25% SLOPES, SEVERELY ERODED	C

PLOT PLAN
HUMPHRIES PROPERTY
LOT 1

TAX MAP 27
5TH ELECTION DISTRICT
ZONED: RR-DEO

PARCEL '138'
HOWARD COUNTY, MARYLAND
REF.: F-93-143



FREDERICK WARD ASSOCIATES, INC.

ENGINEERS 7125 Riverwood Drive Columbia, Maryland 21046-2354
ARCHITECTS Phone: 410-290-9550 Fax: 410-720-6228
SURVEYORS Bel Air, Maryland Columbia, Maryland Warrenton, Virginia

DESIGN BY: JCO
DRAWN BY: CMH
CHECKED BY: JCO
DATE: MARCH 2002
SCALE: 1"=50'
W.O. NO.: 2014020.0

The Griffmore Group

410-531-8105

EX
WELL
LOCATION

NO STAKE (50)

3/28/02

MID3

475

REVA SINKARD ET AL
L. 398/11-609

N2 13° 40' E

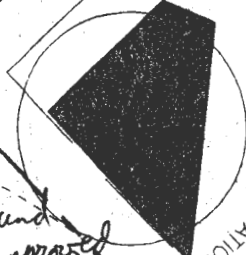
EX
WELL
LOCATION

HUMPHRIES PROPERTY
LOT 2
PLAT NO. 11173

S78° 37' E

250.00'

15' BRL



PROP.
WELL
LOCATION

PROP. HOUSE

MIB2

EX. PRIVATE SEPTIC
EASEMENT PLAT NO. 11173

279.24'

No Stake found.
Well permit approved
Based on Plan location
only. (Confidence in
surveyor's correct location)
4/22/02

14460 Broadleaves Mill Rd

Lot 1

Humphries Prop.

15' BRL

160.00'

N73° 30' 39" E

60' BRL

C. WILLIAM & ANNE E. SCHUL
L. 698/11-750

496

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 26, 2003

County Howard

Lab Number 03-1713

Sample iced Yes
Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

The Griffmore Group
Attn: Bill DeMarco
4231 Linthicum Road
Dayton, Maryland 21036

Property Sampled: U&D: 14460 Triadelphia Mill Road, Retest #1

Station Sampled: Laundry Tub & Pressure Tank Taps Tax Map #:

Date/Time Sampled: Apr 25, 2003 1:00 pm

Parcel #:

Owner, Telephone No.: Melcher

Sampler: 08B7LF

Subdivision Name:

Lot Number:

Building Permit No.: B00136935

Well Number: HQ-94-3390

Observation: 2-Piece Cap
CAP NOT ON WELL
Head

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Turbidity(RAW) 2.8	NTU	EPA 180.1	*10 NTU	Pass
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			
(18-Hour Test)				

Treatment/Conditioning: Sediment Filter

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

Sharon K. Cassell

To: Howard County Health Dept.
From : Sonny Melcher

April 20, 2002

Please be advised that the permit application that I applied for identifying Easterday as the well company has been changed. The second permit applied for by Joe Mahe well drillers is the application I wish to get approved. Please issue this permit ASAP. If you have additional questions or requests please contact me at (301) 938-1133 or my Builder Steve Griffin of the Griffmore Group at (410) 984-6944. Thank You.


Sonny Melcher

Lot 1, TRIADOLPHIA Mill
RD.
DAYTON, MD.

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 26, 2003

County Howard

Lab Number 03-1713

Sample Iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: The Griffmore Group
Attn: Bill DeMarco
4231 Linthicum Road
Dayton, Maryland 21036

Property Sampled: U&O: 14460 Triadelphia Mill Road, Retest #1

Station Sampled: Laundry Tub & Pressure Tank Taps Tax Map #:

Date/Time Sampled: Apr 25, 2003 1:00 pm Parcel #:

Owner, Telephone No.: Melcher Sampler: 0887LF

Subdivision Name: Lot Number:

Building Permit No.: B00136935

Well Number: HO-94-3390

Observation: 2-Piece Cap
CAP NOT ON WELL
Head

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Turbidity (RAW) 2.8 NTU		EPA 180.1	*10 NTU	Pass
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			
(18 Hour Test)				

Treatment/Conditioning: Sediment Filter

Turbidity OK
bacteria still needs
re-test hold - SRK



Sharon K. Cassell

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Apr 17, 2003

County Howard

Lab Number 03-1518

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: The Griffmore Group
Attn: Bill DeMarco
4231 Linthicum Road
Dayton, Maryland 21036

Property Sampled: U&O: 14460 Triadelphia Mill Road

Station Sampled: Laundry Tub Tap

Date/Time Sampled: Apr 16, 2003 11:40 am

Owner, Telephone No.: Melcher

Subdivision Name:

Building Permit No.: B00136935

Well Number: HQ-94-3390

Tax Map #:

Parcel #:

Sampler: 6724GP

Lot Number:

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.3 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	13.8 NTU	EPA 180.1	*10 NTU	HIGH
pH	7.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

Heather R. Beam

Heather R. Beam



FREDERICK WARD ASSOCIATES, INC.

ENGINEERS
ARCHITECTS
SURVEYORS

7125 Riverwood Drive, Suite C, Columbia, Maryland 21046-2354
410-290-9550 • Toll Free Outside MD: 888-879-8599 • Fax 410-720-6226

LETTER OF TRANSMITTAL

TO: HOWARD COUNTY HEALTH DEPT.

DATE <u>3/14/02</u>	JOB NO. <u>2024038</u>
ATTENTION	
RE: <u>HUMPHRIES PROPERTY</u>	
<u>LOT 1</u>	
<u>Truadelphia Mill Road</u>	

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

- > ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐

COPIES	DATE	NO.	DESCRIPTION
<u>2</u>		<u>1</u>	<u>PLAT PLANS</u>
			<u>plan is OK for well site - Need to file a well application (3/18/02 R/P)</u>
			<u>TC to Mr. Chris Ogle - plan OK waiting on well permits (expects Mayne will be done) JPP</u>
			<u>3/16/02</u>

THESE ARE TR

- ☐ F
☐ F
☐ A
☐ F
☐ F

REMARKS

True Mill Rd
Humphries Property Lot 1 (old 7A)
file is separate & handy.
Plan is OK, but Need well
permits submitted. R/P 3/18/02
cell Engineers & let them know.
(For states purpose) AP.
is well site plan only
since No Inf on Home size

- ☐ Resubmit _____ copies for approval
☐ Submit _____ copies for distribution
☐ Return _____ corrected prints
☐ PRINTS RETURNED AFTER LOAN TO US

REATING REVIEW OF THE
R WELL PERMIT. THE
AN APPROVED SUBDIVISION
AND THE WELL HAS NEVER BEEN DRILLED.
THERE IS APPROVAL ON THE SEPTIC
EASEMENTS R/P PLAT NO. 11173 HUMPHRIES
PROPERTY.

COPY TO Mary Buggs

SIGNED: J. Ogle

If enclosures are not as noted, kindly notify us at once.