

C 1	7403	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.																																																																																
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																																																																																				
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY JULY 24 07		Depth of Well 22 105 26 (TO NEAREST FOOT)																																																																																
				PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-1158																																																																																
				COUNTY NUMBER 13 A 526159																																																																																
OWNER <u>Persing</u> STREET OR RFD <u>1003 River Rd</u> TOWN <u>Sykesville</u> SUBDIVISION <u>River Park Est.</u> SECTION <u>14</u> LOT <u>14</u>																																																																																				
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>28</u> NO. OF POUNDS <u>2632</u> GALLONS OF WATER <u>168</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>39</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>DIRT</td> <td>0</td> <td>1</td> <td></td> </tr> <tr> <td>SOFT BR MICA</td> <td>1</td> <td>35</td> <td>X</td> </tr> <tr> <td>HARD BLK SAND STONE</td> <td>35</td> <td>47</td> <td></td> </tr> <tr> <td>HARD BR SAND STONE</td> <td>47</td> <td>50</td> <td>X</td> </tr> <tr> <td>hard BR & BLK SANDSTONE</td> <td>50</td> <td>81</td> <td></td> </tr> <tr> <td>HARD BR SAND STONE</td> <td>81</td> <td>83</td> <td>X</td> </tr> <tr> <td>HARD BLK & BR SANDSTONE</td> <td>83</td> <td>105</td> <td></td> </tr> </tbody> </table>			DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	DIRT	0	1		SOFT BR MICA	1	35	X	HARD BLK SAND STONE	35	47		HARD BR SAND STONE	47	50	X	hard BR & BLK SANDSTONE	50	81		HARD BR SAND STONE	81	83	X	HARD BLK & BR SANDSTONE	83	105		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>42</u> 60 61 63 64 66 70		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER																																										
DESCRIPTION (Use additional sheets if needed)	FEET			check if water bearing																																																																																
	FROM	TO																																																																																		
DIRT	0	1																																																																																		
SOFT BR MICA	1	35	X																																																																																	
HARD BLK SAND STONE	35	47																																																																																		
HARD BR SAND STONE	47	50	X																																																																																	
hard BR & BLK SANDSTONE	50	81																																																																																		
HARD BR SAND STONE	81	83	X																																																																																	
HARD BLK & BR SANDSTONE	83	105																																																																																		
ST STEEL	CO CONCRETE																																																																																			
PL PLASTIC	OT OTHER																																																																																			
			OTHER CASING (if used) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">EACH CASING</th> <th rowspan="2">diameter inch</th> <th colspan="2">depth (feet)</th> </tr> <tr> <th>from</th> <th>to</th> </tr> </thead> <tbody> <tr> <td><u>PL</u></td> <td><u>4</u></td> <td><u>0</u></td> <td><u>30</u></td> </tr> <tr> <td><u>PL</u></td> <td><u>4</u></td> <td><u>40</u></td> <td><u>70</u></td> </tr> <tr> <td><u>PL</u></td> <td><u>4</u></td> <td><u>90</u></td> <td><u>100</u></td> </tr> </tbody> </table>		EACH CASING	diameter inch	depth (feet)		from	to	<u>PL</u>	<u>4</u>	<u>0</u>	<u>30</u>	<u>PL</u>	<u>4</u>	<u>40</u>	<u>70</u>	<u>PL</u>	<u>4</u>	<u>90</u>	<u>100</u>																																																														
EACH CASING	diameter inch	depth (feet)																																																																																		
		from	to																																																																																	
<u>PL</u>	<u>4</u>	<u>0</u>	<u>30</u>																																																																																	
<u>PL</u>	<u>4</u>	<u>40</u>	<u>70</u>																																																																																	
<u>PL</u>	<u>4</u>	<u>90</u>	<u>100</u>																																																																																	
			SCREEN RECORD screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>		ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																																																																											
ST STEEL	BR BRASS	HO OPEN HOLE																																																																																		
PL PLASTIC	OT OTHER																																																																																			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			C 2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> </tr> <tr> <td></td> <td></td> <td></td> <td><u>4</u></td> <td><u>30</u></td> <td><u>40</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td><u>4</u></td> <td><u>70</u></td> <td><u>90</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td><u>4</u></td> <td><u>30</u></td> <td><u>40</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				<u>4</u>	<u>30</u>	<u>40</u>															1	2	3	<u>4</u>	<u>70</u>	<u>90</u>															1	2	3	<u>4</u>	<u>30</u>	<u>40</u>														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																																																																	
			<u>4</u>	<u>30</u>	<u>40</u>																																																																															
1	2	3	<u>4</u>	<u>70</u>	<u>90</u>																																																																															
1	2	3	<u>4</u>	<u>30</u>	<u>40</u>																																																																															
WELL HYDROFRACTURED Y 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.			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) <u>River Rd</u> <u>House</u> <u>300'</u> <u>NEW WELL</u>																																																																																	
DRILLERS LIC. NO. <u>M D 296</u> <u>Ronald Kyker</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>M D 296</u>			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																																																																																	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)																																																																																				

B 1 1 2 3 6 9720	SEQUENCE NO. (MDE USE ONLY) 52673 please print or type	STATE OF MARYLAND PERMIT TO DRILL WELL fill in this form completely	STATE PERMIT NUMBER 40-95-1158
-------------------------------	---	--	--

OWNER INFORMATION Date Received (APA) 5/23/07 8 MM DD YY 13 PERSING GARY & JUDY 15 Last Name Owner First Name 34 1005 RIVER RD 36 Street or RFD 55 SYKESVILLE MARYLAND 21784 57 Town 70 State 72 Zip 76 DRILLER INFORMATION RONALD KYKER M W D 296 Driller's Name 76 License No. 81 WESTMINSTER WELL DRILL INC Firm Name P.O. BOX 861 WESTMINSTER MD 21157 Address <i>Ronald Kyker</i> MAY 18 07 Signature Date	LOCATION OF WELL HOWARD 8 COUNTY 21 RIVER PARKS ESTATES 23 SUBDIVISION 42 SECTION 44 46 LOT 14 48 50 SYKESVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78 RIVER RD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 300 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 5 PARCEL 103
---	--

WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <i>Howard</i> (13) A 526159 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 7/17/07 <i>Kim Hall</i> 7/17/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 556 000 EAST GRID 084 000 50 55 57 63
--	---

APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____ REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D 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 _____ PERMIT No. 40-95-1158 70 71 72 73 74 75 76 77 78 79	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. city well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810 4 N 540 50 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION River Rd N 300 x septic House x new well Drive x old well
--	--

SPECIAL CONDITIONS **Well to be drilled on SW corner of well box as shown on attached COUNTY well site plan.**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Well Permit No. HO - 95-1158
Location of property (road) 1005 River Rd.
Subdivision River Park Est. Lot 14 Block Plat Sec.
Well Driller Westminster Drilling Owner Persing

HD-224

ATTENTION
KEVIN

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: Mark Brew Plumbing Telephone #: 301-854-0609
Address: PO Box 88
Highland, MD 20777

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

Name (Print): Mark Brew License# 16761 MPL

*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: Gary Persing Telephone #: 443-538-5085
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1158
Site Address: 1005 River Road
Sykesville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55805422C</u>	Model#: <u>B-10X</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>41</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>GPM</u>	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>102</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>yes</u>		

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 4 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 8'
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

date 5-6-08

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

Date Insp. Requested: _____ Date Insp. Approved: BB 5/22/08
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 /

50' RIGHT OF WAY

± FEET ±
IMPROVEMENTS

EXISTING PAVING

N 22°01'32" E 117.92'

N 22°01'32" E 117.92'

MACADAM DRIVE

MIC2

GIB2

1 STORY BRICK & FRAME DWELL.
FF-320336

POOL

SHED

WELL ZONE

PROPOSED BUILDING IMPROVEMENT

SECTION 1, LOT 1
PLAT M.D.R. NO. 91

7/11/07
Well site ok.
Staked by
Sweeney
Kre

S 22°01'32" W 152.97'

5' UTILITY EASEMENT

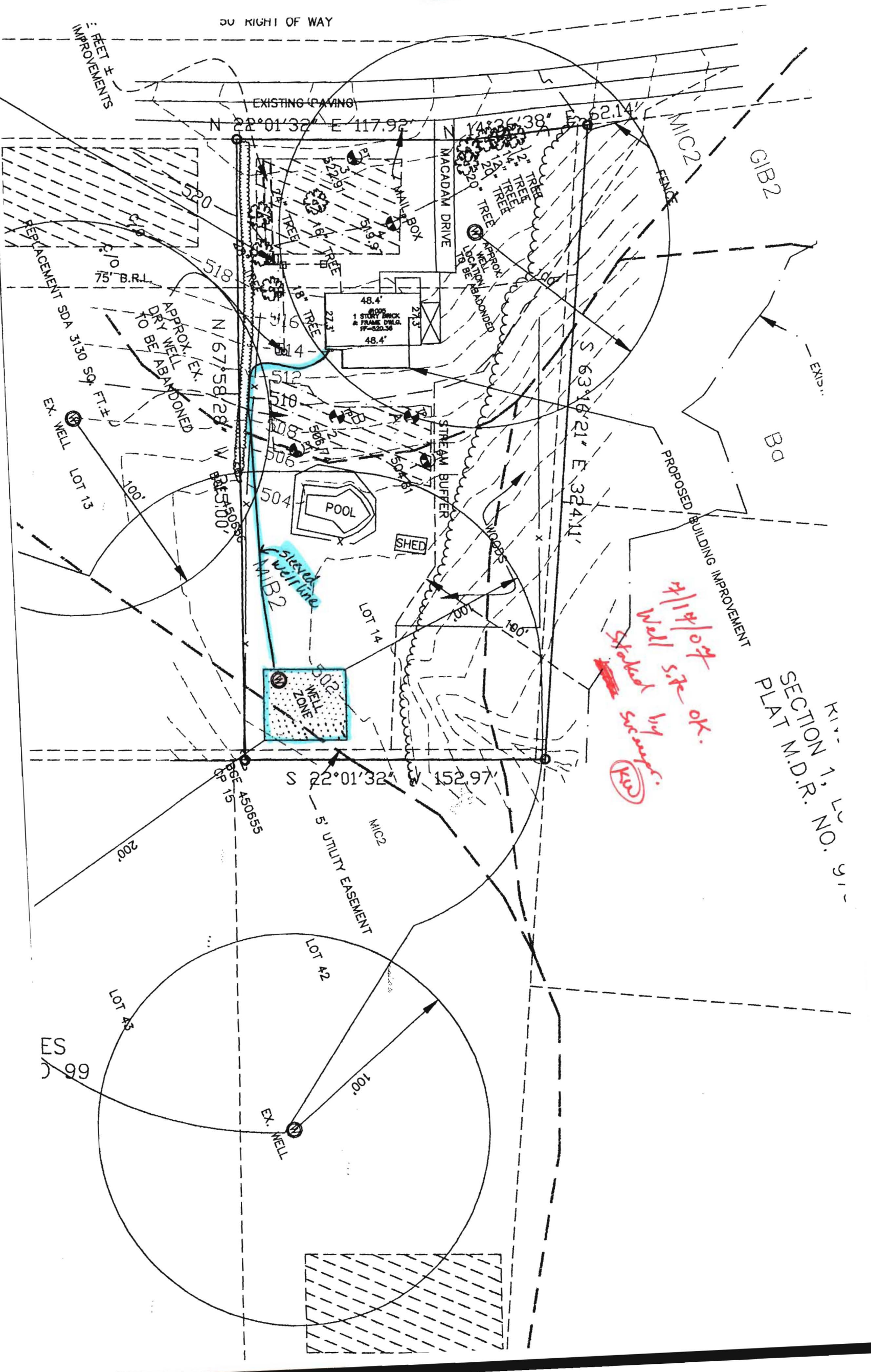
MIC2

LOT 42

LOT 43

ES 99

EX. WELL





NOTE: BASEMENT FLOOR ELEVATION OF PROPOSED BUILDING IMPROVEMENT TO MATCH EXISTING BASEMENT GRADE

SITE PLAN
 #1005 RIVER ROAD
 HOWARD COUNTY, MARYLAND
 TAX MAP 9 GRID 5 PARCEL 103
 LOT 14 SECTION 2
 "RIVER PARK ESTATES"
 PLAT BOOK 8 FOLIO 15
 DEED REF.: 9894/073
 SCALE: 1"=50' DATE: JULY, 2007

PREPARED BY:
 JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS
 5409 EAST DR. BALTO., MD. 21227
 PHONE: 410-247-7488 FAX: 410-247-2507

John C. Mellema
 8-8-07

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: OCT 25-07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: RONALD KYKER

WELL DRILLERS LICENSE NUMBER: MWD 296

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: GARY PERSING

* WELL LOCATION:

COUNTY: HOWARD

NEAREST TOWN: SYKESVILLE

TAX MAP 9 BLOCK 5 PARCEL 103

SUBDIVISION: RIVER PARKS ESTATES

SECTION: _____ LOT: 14

NEAREST ROAD: RIVER RD

MARYLAND GRID COORDINATES

BOX NUMBER E 814
N 5450

	WELL X
000 000	

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 45 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CONCRETE	0	45

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

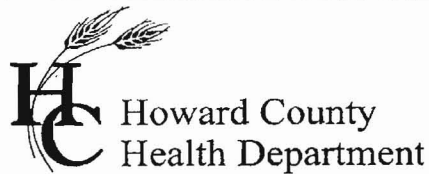
296
CIRCLE ONE

DATE

DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY





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

Peter Beilenson, M.D., M.P.H., Health Officer

August 29, 2008

Gary Persing
1005 River Road
Sykesville, MD 21029

RE: River Park Estates, Lot - 14
1005 River Rd.
Sykesville, MD 21029
BP # B07003772
Well Permit # HO-95-1158

Dear Sir/Madam:

This is to advise you that the existing septic system for the above referenced property has been inspected and approved for continued use. **Final approval of the well line connection to the dwelling was approved on 5/22/2008.**

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 water sample results were found to be in compliance with COMAR water quality standards.

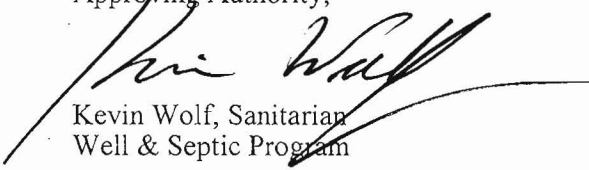
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1158. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within **six months** of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 8/14/2008
Date of Well Completion: 7/24/2007

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1403 Old Paneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	68439	Account #:	1880
Reference:	Persing	Company:	Excello West Termite
Location:	1005 River Road	Requested By:	Paul Kouvaris
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	8/14/2008	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/15/2008	Treatment:	None
Chlorine ppm:	Free: ND	pH:	5.4
Collected By:	E. D'Amico	Well #:	HO-95-1158
			8250ED

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/16/2008 / 1600 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/16/2008 / 1600 / BCD
Nitrate	3.56	mg/L	10	601	8/15/2008 / 1315 / AMD
Turbidity	0.98	NTU	<10	SM18 2130B	8/15/2008 / 1310 / AMD
Sand	NS	mg/L	5	Visual/Gravimetric	8/15/2008 / 1310 / AMD

NOTES

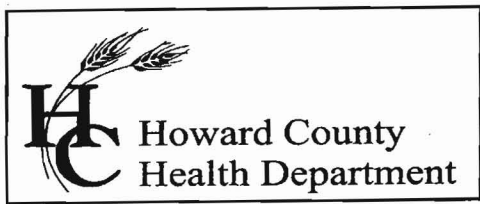
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B07003772

Date Reported: 8/18/2008

MD State Certification # 133



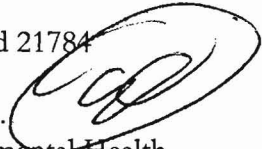
Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 15, 2007

MEMORANDUM

TO: Gary and Judy Persing
1005 River Road
Sykesville, Maryland 21784

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

RE: 1005 River Road
Sykesville, Maryland 21784
Lot 14, Section 2, 1.2 Acre
Map 9, Grid 5, Parcel 103

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The new well (HO-95-1158) that has already been drilled will be utilized for the replacement house. By accepting this recommendation, the owner agrees with the following conditions set forth by the Health Department:

Before demolition, the well (unknown tag number) that served the current house must be properly abandoned by a licensed well driller and documentation submitted to this office. Also, protective devices need to be placed around the new well to prevent any damage. These precautions should remain in place during the demolition and construction phases. The existing drywell has already been properly abandoned. A new septic reserve area has been established.

A new septic permit will need to be obtained as well as a well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: File

August 14, 2007

Gary and Judy Persing
1005 River Road
Sykesville, MD 21784
410/489-2539
443/538-5085

Stuart Oster
Environmental Sanitation Supervisor
Howard County Health Department
Bureau of Environmental Health
410/313-1788

Mr. Oster:

Request for demolition permit.

Address of proposed demolition:

1005 River Road
Sykesville, MD 21784

Subdivision: River Park Estates
Lot: 14, tax map: 9, parcel: 103, grid 5

Current Structure:

Single story, single family residence, 3 bed-room, 1.5 bath
Construction type: wood frame with aluminum siding and ½ brick front,
Foundation: cinder block
Year built: 1966
1296 square feet

The framed portion of the structure is to be completely removed. Of the cinder block foundation, only the rear wall and ½ of the left elevation wall are to be removed. The remaining walls are to be used as foundation for the wrap-around porch and exterior walls for part of the basement area.

Proposed Structure:

Two-story, single family residence, 3 bed-room, 2.5 bath (see attached elevations)

2304 square feet

Construction type: steel-framed with vinyl siding

Foundation:

wrap-around porch – existing cinder block of current structure

new house structure: Superior Wall, pre-cast concrete

Grading:

limit of disturbance for grading 3224 square feet (see attached site plan)

Well and Septic: (see attached documents)

The existing septic system has been approved for continued use in the new structure.

The existing well will be abandoned prior to demolition. (currently in use)

A new well has already been drilled.

The dry-well was abandoned (07/07) as required by the Health Department.

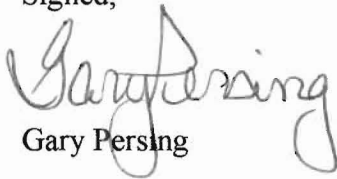
Application to Baltimore Gas and Electric and Verizon in process (see receipt) to a) remove electric and telephone service from existing structure; b) establish temporary electric service on-site during construction; and c) establish permanent electric and telephone service.

Historic preservation: house not considered part of any historic preservation considerations. Contacted June 2006.

Asbestos: MD Department of the Environment contacted; home not considered to be asbestos risk. Contacted June 2006

Please contact me with any questions.

Signed,

A handwritten signature in cursive script, appearing to read "Gary Persing".

Gary Persing