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Tesponsible by stewart a director from permittee,	SITE SUPERVISOR (sign, of driller or journeyman			
	responsible for sitework it different from permittee)	ORIGINAL		

SEQUENCE NO. STATE PERMIT NUMBER STATE OF MARYLAND (DP USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL - 92-032 THIS NUMBER IS TO BE PUNCHED please print or type fill in this form completely IN COLS. 3-6 ON ALL CARDS) Date Received (APA) B 3 LOCATION OF WELL OWNER INFORMATION AR SECTION 52 NEAREST DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD 2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NE W 32 E Date B 2 WELL INFORMATION W TOWN E APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) DISTANCE FROM ROAD ENTER FT or MI USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. STATE SIGNATURE OTHER (REQUIRES APPROPRIATION PERMIT) INSERT S DATE ISSUED PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT TEST, OBSERVATION, MONITORING (MAY REQUIRE 0 0 0 0 0 APPROPRIATION PERMIT) SHOW MAJOR FEATURES OF **BOX & LOCATE WELL** APPROXIMATE DEPTH OF WELL FEET WITH AN X SOURCES OF DRILLING WATER 1. Well APPROXIMATE DIAMETER OF WELL 2 METHOD OF DRILLING (circle one) JETTED Jetted & DRIVEN BORED (or Augered) WRITE THE BOX NUMBER AIR-ROTary ROTARY (Hydraulic Rotary) FROM THE MAP HERE CABLE REVerse-ROTary DRive-POINT other REPLACEMENT OR DEEPENED WELLS DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN (CIRCLE APPROPRIATE BOX) RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED manter Honse On THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 41 Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER WRITE INITIALS PERMIT No. IN BOX FORCE M 2 6-8108 CALL WHEN SPECIAL CONDITIONS

	11	
Review _	T.F. 4-8-9	3

Page	of	
Date	April 5	1553

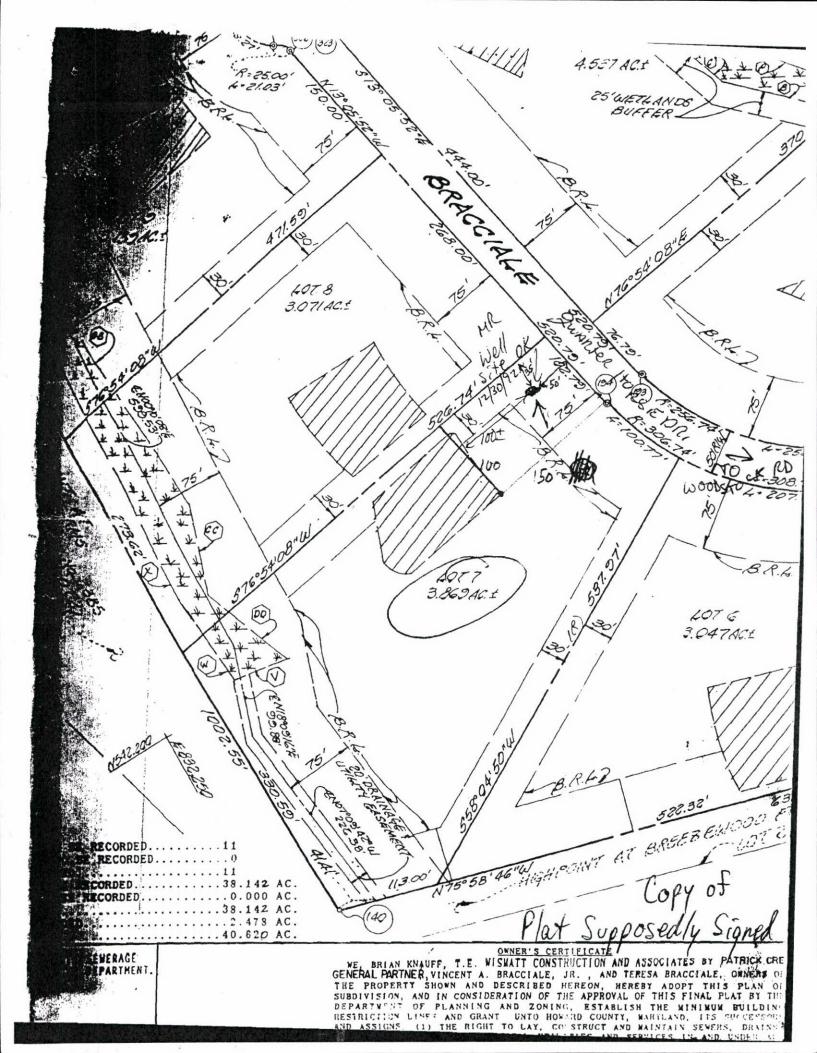
FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	sion_ IAKUSIAE	Interhors Lot 7 Owner	e Ar Block	Plat Vince S	Sec.
	Depth of well 285' Pt Distance of measuring point (M.P.) about the static water level (S.W.L.) below M.P.	ve ground	21 FT 35. FT		<u> </u>
T	gh rate pumping reservoir drawdown ime pump started 9.00 40 pumping worth	Pum water leve	ping rate _ el'\\	10 GPm ft. below	M.P.

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

minute in- b		R LEVEL w M.P.	PUMPING time to gallon l	fill L	FLOW METER READING (if used)	CALCUL (gallor minute	
9:13	FT	44	Sec.	6		6Pm	16
9:30	Fi	44	Sec	6		GPM	10
9:45	1	44	500	,		GPM	10
10/00	K.	44	sec	, t		GPM	10
10,15	h	44	li li	6		1,	10
10,30	11	44		b		(,	10
10:45	11	44	l (ii	6		\ \t	10
11:00	For	44	Size	6		6814	10
11:15	16	44	Set	6		Sim	10
11:30	R	44	sec	6		60M	10
11:45	11	44	u	6		1 is	10
12:00	Ч.	44	i)	G		11	10
12:15	FS	44	Sec	6	/	G8M	10

Date of	age of Review						
		FIELD DATA					
		HOWARD COUNTY WEL	L YIELD TEST				
Well Permit No	. но - 92-00	320					
Location of pr	operty (road)	Quarter	horse Dr				
Subdivision	PAKKSIDE	Lot	horse Dr 7 Block Plate or Bracefale, Jines	Sec.			
well Dillier _	R Flay,	neowne	pracetale, Wine	Ent JGM Const.			
Depth o	f well						
Distance	e of measuring p	oint (M.P.) above gr	round				
Static	water level (S.W	.L.) below M.P.					
I. High rate	pumping rese	rvoir drawdown					
Total til	ne to	reach pumping water	Pumping rateft.	helow M P			
II. Recovery p	pump test data -	observations to be	recorded every 15 minu	tes			
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW			
minute in-	below M.P.	time to fill 5	(if used)	(gallons per			
tervals		gallon bucket		minute)			
1							
-							



Left on wordstock
In mile MARKSIDE Sub
Sunater Horse DR,

.



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

MEMORANDUM

TO:

Fisher, Collins & Carter, Inc.

10272 Baltimore National Pike

Ellicott City, MD 21042

FROM:

Hank Oswald, L.E.H.S.

Well & Septic Program

RE:

1817 Quarter Horse Drive

Date:

July 6, 2018

The OSDS Plan for has been reviewed with the following comments:

- 1.) Match initial system calculations for 4 bedrooms with 1st and 2nd systems calculations for 5 bedrooms.
- 2.) Maintain application rates at 0.8 for all 3 systems.
- 3.) Maintain effective sidewall at 4 feet and bottom at 8 feet for all 3 systems.
- 4.) Match invert elevations in septic profile with list of invert elevations next to calculations.
- 5.) Match legend symbol descriptions for passing perc test results with signed perc cert plan.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

HOWARD COUNTY HEAT THE DEPARTMENT SURPAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM TEL: (410)313-1711 PAY: (410)313-2648

Information Form for the Installation of the Well Pown, Pilless Adapter, and Supply Fining

	·· Mayo The installer is responsible for requesting on inspection prior to 9 on sit the day of the flerical
	Tropic Library and Company and
	inspection. No work is to be covered until approved by the Health Department. All installations must comply.
	with the Pletional Standard Plumbing Code (NPC, 25 amended locally) and COMER 26.84.84 (MD Well
	Construction Repulsions). Submission of a complete form is required union to Use and Occumency approval
٠., ١	
	- Chales well Dans a humber Treatment, LLC 15 57.75.
	Company Name FORKS WILL HUM 10 & WOLL Grainphous = 410 795 52:76
	The American Control of the Control
- 1	Address USGO Object Ret
	5. KESINILE, MD 21784
	THE REPORT OF THE PARTY OF THE
	(Must circle nue) Liversed Plumber Licensed Well Driller Licensed, Well Pump, Installer
	Lacrase frand name of individual responsible for the field installation:
121	
	*A Treasen individual most perform the actual installation. Apprentices must be united the supervision of a
	breaseljourneyman or inasier plumber, pump inchiler or well diriller. Theeness may be subjected in field
-	verincisim. Universed individuals may be reported in the appropriate licensing agency.
•	Name of Property Owner Calvo Custom Hotelephonis =
	Name of Property Owner CALYN CUSTOM HOTelephonis #
	Subdivision: Let Well Tag 1: HO - 12 - 0 520
1 1	Site Address 1817 QUCIVER YOUSE DY
Pilin	and the state of t
NO W	" Woodstick, MO 21163
" FIRM	Submirrible Puum Date Fiftess Adamier Well Cap and Electric Constant
12/	
L. 1	
\rightarrow	Model Screened, vented well care
	Pump Capacity GPM Depth (36 min) Cap secured to resing.
	Well Yield GPM NSE/WSC approved Combit win 18 E.G.
	West Date - Control of the Control o
	Depth of well encountered at time of pump installation (ieed) Conduit seconed to well capt (
	From capacity excess well yield, a low water cutoff switch is required by NSPC 1990 Section 17.84
121	Tenque agrestrus, Cable quarts, or office acceptable method used. Musi carele-one
	Safety.mpe, if wed, attached in Insectupe adapte or other acceptable method inside of well cessiny. Not
4 (5)	Samely in person constitution in the same and a same a same a same a same a s
200	France in house House Connections
	Type 1 DAY DID PVC sheve to undistribed soil at wall penetration VES
	PSI-24(1260 psi-min) I ength of sheet of 5 minimum from from from from from from from fro
	Depth of supply line 30 (36 min) Sleeve stated property.
	The state of the s
	The wain supply line is required to be at least its feet from the septic tank, pump chamber, sewage piping.
•	distribution ber, drainfields, and sewage reservence. If this canoni be accomplished, contact this office in
	sproper of the state of the sta
	· (/ 177 / 61 ×)
	Signature of company representative septemble formstallation . date
	STERROOM CHINAMY ASSESSMENT CONSTRUCTION OF MEMBERS ASSESSMENT OF THE
	For Health Department Ose Only - Not to be completed by Installer
*	
	Date Jusp Requested 6/5/209 Date Jusp Approved 6/6/2017 Inspection
٠.	the Colon of the C
	Inspection Data Priless adapter wateringht & water supply line at least 36" below grade
	Two piece cap installed and attached to easing securely
	Elec conduit extends at least 18 below gradulattached to cap properly
	Safety more unit outside of well caplesing
v 11-	Dately title fide Officials of Med cabinesting
in the	
(-12-12)	Control well tag attached properly and casing 5° above finished grade 20 66201
6/2/2	Court well the attached property and casine se above finished grade.
6/5/2	Context well tag attached properly and casing 5° above finished grade. Water supply line sleeved adequately at house connection Adaptive property observed below offers adapted.
6/5/2	Control well tag attached properly and casing 5° above finished grade 20 66201



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - JANUARY 29, 2020

July 29, 2019

Homeowner 1817 Quarterhorse Drive Woodstock, MD 21163

RE:

Parkside, Lot 7

1817 Quarterhorse Drive Building Permit: B18002742 Well Permit: HO-92-0320

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 6/17/2019. Final approval of the well line connection to the dwelling was granted on 6/5/2019. The well construction was completed on 5/13/1993. Water samples were collected on 7/8/2019, 7/15/2019, 7/22/2019.

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-92-0320. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor

Groundwater Management Section

hin r. Half

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 #:

131244

Account #:

1933

Reference:

Quarter Horse

Company:

Fogles Well Pump & Treatment

Location:

Quarter Horse

Requested By:

Dave Fogle

Location.

1817 Quarter Horse Drive Woodstock, MD 21163

Source:

Well Water

Date/ Time Collected: 7/8/2019

8/2019 1145

Site:

Pressure Tank

Date/Time Rec'd:

7/8/2019

1255 Site:

None

Chlorine ppm:

Free: ND

Total: ND

7411JE

pH:

6.2

Collected By:

J. Evans

Well #:

HO-92-0320

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	(2.0)	MPN/ 100 ml	<1.0	SM20 9223B	7/9/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/9/2019 / 0900 / CRS
Nitrate	5.07	mg/L	10	601	7/9/2019 / 0855 / RER
Turbidity	2.49	NTU	<10	SM20 2130B	7/9/2019 / 0905 / RER
Sand	NS 🗸	mg/L	5	Visual/Gravimetric	7/9/2019 / 0905 / RER

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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test:

Use & Occupancy

Building Permit #:

18002742

Date Reported:

7/9/2019

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 #:

131400

Reference:

Quarter Horse

Account #: Company:

1933

Requested By:

Fogles Well Pump & Treatment

Location:

1817 Quarter Horse Drive

Dave Fogle

Woodstock, MD 21163

Source:

Well Water

Date/ Time Collected: 7/15/2019

0800 1105

Site: Treatment: Bathroom Sink None

Date/Time Rec'd:

7/15/2019 Free: ND

Total: ND

pH:

5.8

Chlorine ppm: Collected By:

J. Evans

7411JE

Well #:

HO-92-0320

PARAMETERS	RESULTS	UNITS R	EFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	36.4	MPN/ 100 ml	<1.0	SM20 9223B	7/16/2019 / 0915 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/16/2019 / 0915 / RER

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 Sample collected by client, analyzed as received
- ND:None Detected 4
- 5 Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test:

Use & Occupancy

Building Permit #:

18002742

Date Reported:

7/16/2019

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 #:

131520

Reference:

Quarter Horse Drive

Account #: Company:

1933

Location:

1817 Quarter Horse Drive

Requested By: Dave Fogle

Fogles Well Pump & Treatment

Woodstock, MD 21163

Source:

Well Water

Date/ Time Collected: 7/22/2019

1045 1150

Site: Treatment: Bathroom Sink

Date/Time Rec'd: Chlorine ppm:

7/22/2019

Total: ND

pH:

None 5.7

Collected By:

Free: ND J. Evans

7411JE

Well #:

HO-92-0320

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 m	nl <1.0	SM20 9223B	7/23/2019 / 1030 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 m	nl <1.0	SM20 9223B	7/23/2019 / 1030 / RER

NOTES

- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 1
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received 3
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test:

Use & Occupancy

Building Permit #:

18002742

Date Reported:

7/23/2019

