

<b>C 1</b> 52027		SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> 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)		DATE RECEIVED MM 01 20 19		DATE WELL COMPLETED MM 1-23-19		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 2/1/19 SC HO-17-0388
ST/CO USE ONLY		DATE RECEIVED MM 01 20 19		DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 2/1/19 SC HO-17-0388
OWNER DUBBE, Dean		WELL SITE ADDRESS 15081 ROXBURY RD		TOWN Glenelg		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 2/1/19 SC HO-17-0388
SUBDIVISION CHASE FARMS		SECTION		LOT 7		
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="radio"/> NO <input type="radio"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS 6 NO. OF POUNDS 300 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 53 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		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>CASING RECORD</b> casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65 OTHER CASING (if used) diameter inch depth (feet) from to		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input checked="" type="radio"/> NO <input type="radio"/> 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 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot)		
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		
Top Soil 0 2		Brown Shale 2 10		Brown M'ca 10 55		
Tan M'ca 55 67		Brown M'ca 67 70		Gray M'ca 70 85		
Brown M'ca 85 86		Gray M'ca 86 300				
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED YES <input checked="" type="radio"/> NO <input type="radio"/>		<b>C 2</b> 1 2 DEPTH (nearest ft.) H0 63 300		
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.		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
DRILLERS LIC. NO. 1 M W D 040 George F. Eastenbury DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JSD 038 Bruce Thompson		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 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		
				LATITUDE 39.249867 LONGITUDE 77.040884 (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.		

B 1	SEQUENCE NO. (MDE USE ONLY)  <div style="font-size: 24pt; font-weight: bold;">52345</div>	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER  <div style="font-size: 24pt; font-weight: bold;">H0-17-0388</div>
Date Received (APA) <u>12/17/18</u> 8 MM DD YY 13 DUBBE DEAN 15 Last Name Owner First Name 34 14318 ROXBURY LAKE DRIVE 36 Street or RFD 55 GLENELG, MD 21737 57 Town 70 State 72 Zip 76		LOCATION OF WELL CC# Howard 8 COUNTY 21 Chase Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 7 48 50 Glenelg 52 NEAREST TOWN 71	
DRILLER INFORMATION George F. Easterday Driller's Name 76 License No. 81 M W D 040 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 12/14/2018 Signature Date		SOURCES OF DRILLING WATER 1. wells 2. 3. 15081 Roxbury Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 2400 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: PARCEL 191	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 1/10/19 43 MM DD YY 48 CO SIGNATURE EXP. DATE 1/10/20 DNE DON: 1/22/19 (SC) DOG: 1/23/19 (SC) pay: 01/25/2019 (D)	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 1/23 - well 300' - 65' steel casing - 50' tremie - grouted w/ bentonite 01/25/2019 (D) - Suc 23' - 2' casing high - Pump @ 270' - 15 gpm Roxbury Rd driveway 80' 400' well prop lines	
APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. H0-17-0388 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

## Review

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-17-0388 Election District \_\_\_\_\_

Location of Property (road) 15081 Roxbury Rd

Subdivision Chase Farms Lot 7 Block 1 Plat 1 Sec. 1

Well Driller EASTVEDAY Owner Detw. Dubble

Depth of Well ✓ 300 750m

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

Static Water Level (S.W.L.) below M.P. 23' *Bme*

I. High Rate Pumping -- reservoir drawdown

Time pump started 9400 Pumping rate 156 l/min

Total time 9.00 to reach pumping water level 11.00 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes. Pump 270'

[illegible]

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

**INTERIM CERTIFICATE OF POTABILITY**  
**[PERMANENT DEVIATION FOR NITRATES]**

**Expiration Date – March 26, 2019**

*September 26, 2019*

Homeowner  
15081 Roxbury Road  
Glenelg, MD 21337

**RE: Chase Farm, Lot 7**  
15081 Roxbury Road  
**Building Permit: B18003232**  
**Well Permit: HO-17-0388**

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 7/2/2019. Final approval of the well line connection to the dwelling was granted on 9/9/2019. The well construction was completed on 1/23/2019. Water samples were collected on 8/28/2019, 9/6/2019, 9/16/2019.

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.

The untreated water sample collected on 9/6/2019 indicated a nitrate level of **14.3 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on 9/16/2019 and indicated a nitrate level of **<1.0 mg/L**.

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

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

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**



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

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-17-0388. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

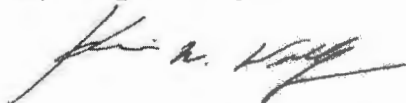
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment 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

## Wolf, Kevin

---

**From:** Wolf, Kevin  
**Sent:** Thursday, September 05, 2019 3:38 PM  
**To:** 'souderinc@verizon.net'  
**Subject:** 15081 Roxbury Road  
**Attachments:** Well Line Installation form.pdf; 12967.jpeg

Mr. Souder,

In looking at this file, the following items need to be addressed prior to ICOP issuance from the Health Department:

1. Well line installation form needs to be completed by the plumber/well driller who installed the well line.
2. A site inspection was made today and found the upper terminal of the well was not sealed. The safety rope was located outside the well cap. This needs to be installed inside the well and the 2-piece well cap completely sealed.
3. Please forward me a copy of all potability water tests for this lot. – Must be passing for Bacteria, turbidity, nitrates and sand.

Thanks,

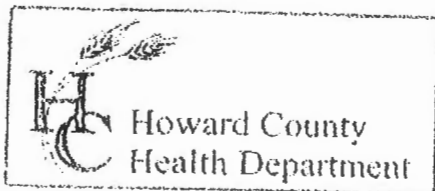
Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2645  
(f) 410-313-2648



[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)

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

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

### TO ALL INTERESTED PARTIES

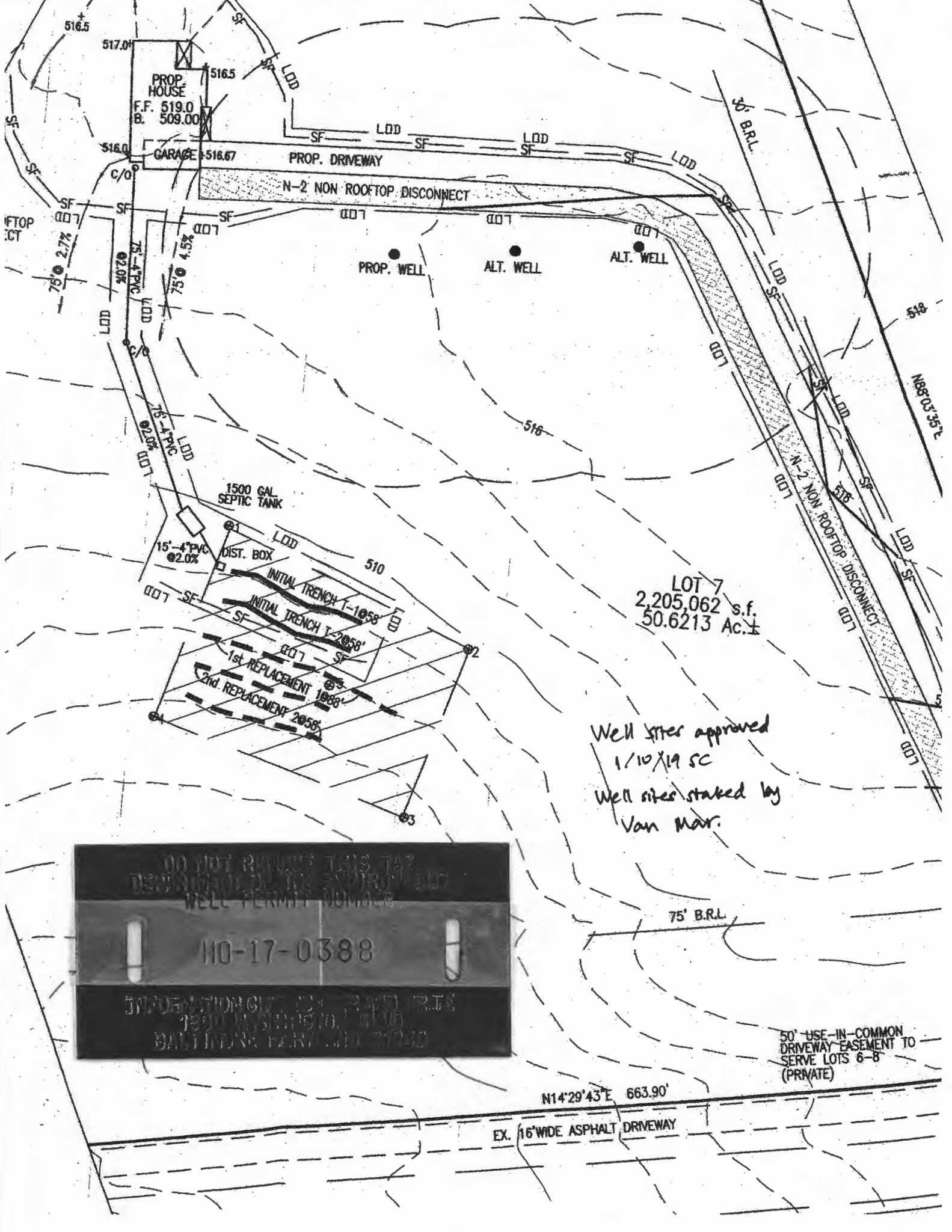
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by VAN MAR ASSOCIATES  
(professional land surveyor or company employing professional land surveyors)  
on 12/10/18 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

15081 Roxbury Rd.  
Dean Dubbe





I have attached the well info sheet and the water test report for 15081 Roxbury Road.  
Can you forward this on to the building inspector, so we can obtain our Use and Occupancy permit?  
Thank you,  
Chris

Chris Walters  
Estimator  
Mark Brew Plumbing and Heating, Inc



# Environmental Testing Lab, Inc.

A division of  
Home Land Environmental

108 Old Solomons Island Rd  
Annapolis, MD 21401

State Certified Water Quality Laboratory # 106

3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality Laboratory # 139

## Certificate of Analysis

Mark Brew Plumbing  
P.O. Box 88  
Highland, MD 20727

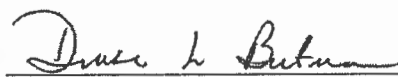
Project  
Date Received 8/28/2019  
Date Reported 8/29/2019

Sample No: 175650-01      Sampled: 8/28/2019 4:00:00      Sampler: Client      (Exp. 12/31/2019)  
Location: 15081 Roxbury Rd  
Glenelg, MD 21337      Sample Point: Lavy Faucet

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	08/28/2019	SL-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	08/28/2019	SL-106

These results are for informational use only and not to be used for compliance purposes.

Approved By

  
Lab Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



# Environmental Testing Lab, Inc.

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108 Old Solomons Island Rd  
Annapolis, MD 21401

State Certified Water Quality Laboratory # 106

3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality Laboratory # 139

### Certificate of Analysis

Mark Brew Plumbing  
P.O. Box 88  
Highland, MD 20727

Project  
Date Received 9/6/2019  
Date Reported 9/10/2019

Sample No: 176018-01

Sampled: 9/6/2019 3:00:00 P

Sampler: Mark Brew

(Exp.)


Location: 15081 Roxbury Rd.  
Glenelg, MD 21737

Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	09/06/2019	-
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	09/06/2019	-
Iron, Total	SM 3500 D	0.27		mg/l	0.05	09/10/2019	Nise-139
Turbidity	EPA 180.1	1		NTU	0.5	09/10/2019	Nise-139
Nitrate + Nitrite as N	EPA 353.2	14.3	X-Primary	mg/l	0.5	09/10/2019	Nise-139
Sand	Visual	<0.5		ml/L	0.5	09/09/2019	PM-139

X A result qualified with an "X" DOES NOT meet EPA Drinking Water Standards. EPA has Primary Standards (health related, enforceable) and Secondary Standards (non-health related, non-enforceable). Refer to page two of this report, the case narrative, to see if the parameter with an "X" is a "Primary" or a "Secondary". The narrative is available online at [www.MyWaterTesting.com](http://www.MyWaterTesting.com) under documents. We can only discuss these results with the person or Company that this report is address to.

Approved By

  
Lab Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



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108 Old Solomons Island Rd  
Annapolis, MD 21401

State Certified Water Quality Laboratory # 106

3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality Laboratory # 139

### Certificate of Analysis

Mark Brew Plumbing  
P.O. Box 88  
Highland, MD 20727

Project  
Date Received 9/16/2019  
Date Reported 9/20/2019  
Well Permit No. ~~HO-95-1298~~  
17-0388

Sample No: 176372-01  
Location: 15081 Roxbury Road  
Glenelg, MD 21737

Sampled: 9/16/2019 2:00:00

Sampler: Client (Exp. 12/31/2019)

Preservation: H2SO4, pH < 2

Sample Point: R/O Unit

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Nitrate + Nitrite as N	EPA 353.2	1.1		mg/l	0.5	09/17/2019	DLB-139

EPA Maximum Contaminate Level for Nitrate/Nitrite is 10.0 mg/l

Approved By

Lab Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

## Wolf, Kevin

---

**From:** Wolf, Kevin  
**Sent:** Wednesday, September 11, 2019 11:15 AM  
**To:** chris@markbrewplumbing.com  
**Cc:** 'souderinc@verizon.net'; Dean Dubbe (dean@dubbe.com); mike@crosenhomes.com  
**Subject:** RE: 15081 Roxbury Road  
**Attachments:** 20190911094005.pdf; Nitrate Agreement 2.11.19.pdf

Chris,

These test results indicate high levels for Nitrates. The owner will need to install "point-of-use" treatment for the elevated nitrates and retest post treatment. This will verify the treatment is effectively removing the high nitrates in his well water. In addition, the attached Nitrate agreement form needs to be completed by the homeowner and brought in to us to review and sign. He will then need to take this form to Office of Land Records to record with the deed of the property. Let me know if there are any questions.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2645  
(f) 410-313-2648



[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)

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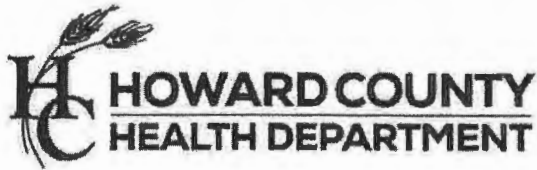
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**From:** chris@markbrewplumbing.com <chris@markbrewplumbing.com>  
**Sent:** Wednesday, September 11, 2019 10:51 AM  
**To:** Wolf, Kevin <KWolf@howardcountymd.gov>  
**Subject:** 15081 Roxbury Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Mr Wolf,





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

### 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 #: 301-854-0689

Address: 1348 CLARKSVILLE PIKE  
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# MPL 16761

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 7 Well Tag #: Ho 170388  
Site Address: 15099 ROXBURY ROAD  
GLEN ELLIOTT, MD 21737

#### Submersible Pump Data

Make: GOULDS  
Model #: 10CS67422C  
Pump Capacity: 106PM  
Well Yield: 156PM

Depth of well encountered at time of pump installation: 315 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ✓

#### Pitless Adapter

Make: DOSMARK +  
Model#: P-100-SS  
GPM Depth: 36 (36" min)  
GPM NSF/WSC approved: 15

#### Well Cap and Electric Conduit

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

#### Piping to house

Type: PE  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

#### House Connection

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

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: Mark Brew date: 7/2/19

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/9/2019 Inspector: SC  
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 ✓

(Revised form 10/24/2018)

# ENVIRONMENTAL TESTING LAB, INC - CHAIN OF C

ANNAPOLIS

410-224-4304

FAX 443-926-0586

WALDO

410-224-4304

176372

Date Due: 9/19/20

Client: Mark Brew Plumbing

Project

FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

MARK BREW Plumbing

STREET

15081 Roxbury Rd

CITY

Glenview

STATE

md

ZIP

21737

Send Report By: Fax Postal Service

Email

MARK@markbrewplumbing.com

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

## FIELD COLLECTION INFORMATION

Collected: Date 9-16-19 Time 2 PM Well Tag #: H0 95 1298

Collectors Name: MARK BREW Certification # Expires

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: Chlorine, Total mg/L: Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: R.O. Kitchen Chemicals: Lead:

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions:

NOX ONLY

Released By: [Signature] Date: Time Received By:

Released By: Date: Time Received By:

(\*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

## LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 9/16/19 Time 16:50

Ver: 08042015

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN  
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Dean D. Dubbe ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 15081 Roxbury Rd, Glenela, MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 27, Block #     , Parcel # 04-311248, Deed Reference # 18200/5 and Tax Account # 420934 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-17-0388 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

Owner signed the Nitrate agreement, but the lab results have wrong well tag #

other items I saw or missed:

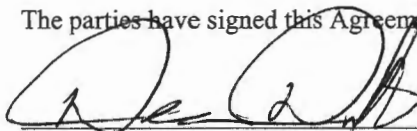
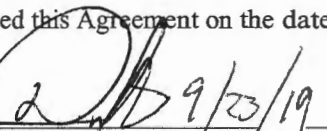
- don't see original potability results
- bacteria retest doesn't list well tag # or chlorine residual at all
- don't see well line form

- I told owner these things might be outstanding, or you might have some of them. I said you would follow up w/ lab.

Jeff

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

			
Owner	Date	Buyer	Date

_____	_____	_____	_____
Owner	Date	Buyer	Date

	
Howard County Health Department	Date



**Williams, Jeffrey**

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**From:** Williams, Jeffrey  
**Sent:** Tuesday, April 26, 2016 9:35 AM  
**To:** 'C. Alan Sharp'  
**Subject:** RE: Chase Farm Lots 6 Thru 8

Hi Chuck. Sorry for the delayed response. We are fine with signing the final plat without drilling a well on lot 7 as long as there is a note on the plat stating that a well must be drilled and approved by the Health Department prior to Health approval of a building permit on lot 7.

Jeff

**From:** C. Alan Sharp [<mailto:calansharp@gmail.com>]  
**Sent:** Saturday, April 16, 2016 10:23 AM  
**To:** Williams, Jeffrey  
**Subject:** Chase Farm Lots 6 Thru 8

Jeff,

I would like to request approval to forego drilling a well on Lot 7 of the Chase Farm subdivision (F-16-100) which had been submitted for review. The perc cert was signed on 6/24/14. Lot 6 well is HO-88-1482, Lot 8 well is HO-730910. Only Lot 7 does not have a well, however, it is 50+ acres currently in agricultural production with no plans for residential use at this time. Drilling a well would adversely impact the current use.

Due to the lot's size there are literally hundreds of locations to drill a well in the future. This area of the county has never proved to be difficult to get water. Your consideration is appreciated.

-Chuck  
410-489-4630