C 5002 SEQUENCE NO		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 73 6 (THIS NUMBER IS TO BE PUNCHED IN COLS, 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER	
ST//CO USE ONLY DATE Received MM DD YY 8 13 15	20 22 (00) 26 (TO NEAREST FOOT)	$\begin{array}{c} \begin{array}{c} \text{PERMIT NO.} \\ \text{FROM "PERMIT TO DRILL WELL"} \\ HO - 75 - 0550 \\ 1 26 07 \\ \hline 28 29 30 31 32 33 34 35 36 37 \end{array}$	
OWNERlast name	Rarvounis Gen Cont.	1	
STREET OR RFD AITAUT Form		LOT P. 74	
WELL LOG	GROUTING RECORD	C 3	
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THE COLOR, DEPTH, THICKNESS AND IF WATER BEARING		1 2 PUMPING TEST	
DESCRIPTION (Use FEET of	CEMENT CEMENT CEMENT BENTONITE CLAY BC NO. OF BAGS 46 NO. OF POUNDS 45 46 GALLONS OF WATER	HOURS PUMPED (nearest hour)	
Grey Fice Maare 25. 125 Green Artea Marte 125 145	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
Grey Mica Yame 145 600	casing types insert appropriate code below	BEFORE PUMPING 17 20 ft. WHEN PUMPING 1/1/22 25 ft.	
	Code below PL PLASTIC OT MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)	TYPE OF PUMP USED (for test) A air 27 27 27 27 27 27 27 2	
	$\frac{57}{60 \ 61} \begin{array}{r} 6 \\ \hline 63 \ 64 \\ \hline 66 \\ \hline 66 \\ \hline 61 \\ \hline 60 \\ \hline 61 \\ \hline 63 \\ \hline 64 \\ \hline 66 \\ \hline 70 \\ \hline \hline 66 \\ \hline 70 \\ \hline \hline \hline \\ \hline \hline \\ \hline \hline \\ \hline \end{array}$	C centrifugal R rotary O (describe 27 J jet S submersible	
	A diameter depth (feet) H inch from C S N	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION	
	screen type or open hole insert STEEL BRASS OPEN	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.	
	appropriate code below BRONZE HOLE PLD OTT PLASTIC OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 21 35 PUMP HORSE POWER 37 41	
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.) 43 47	
WELL HYDROFRACTURED		above)	
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED D TEST WELL CONVERTED TO PRODUCTION	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	49 LAND SURFACE - below 2 (nearest) 50 51 (not)	
WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCT ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE AL CAPTIONED PERMIT, AND THAT THE INFORMATION PRESE HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF KNOWLEDGE.	AND DIAMETER (NEAREST OVE OF SCREEN INCH)	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)	
DRILLERS LIC. NO. MHD -40 BRAYE J. Lustenta DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	GRAVEL PACK	134	
40. NO. 1 4W D 288	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	the los and the second	
SITE SUPERVISOR sign of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	key +	

COUNTY

EMERGENCY/TEMP NO. IF ANY SEQUENCE NO. STATE PERMIT NUMBER STATE OF MARYLAND (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL 45-1 525593 please type 70 fill in this form completely Date Received (APA) LOCATION OF WELL B 3 OWNER INFORMATION 10351 Howard င္နင# 180 = 8 = MM DD YY 13 8 COUNTY George Karvounis Gen Cont **Allnut Farms Estates** 15 Last Name Owner First Name 34 23 SUBDIVISION 42 15216 Watergate Road SECTION L 36 Street or RFD 55 11 46 Silver Spring, Md 20905 Highland 57 Town State 70 76 Zip 52 NEAREST TOWN 71 DRILLER INFORMATION MILES FROM TOWN (enter 0 if in town) George F. Easterday M MWD 040 76 77 78 Driller's Name 76 License No. В 81 4 L. Franklin Easterday, Inc. 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) **Charolais Drive** Firm Name NEAR WHAT ROAD 30 9265 Brown Church Rd., MT. Airy, Md. 21771 N ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH Address NW NE N 32 enny 10/3/2006 lo Signature Date W TOWN E 34 200 37 В 2 WELL INFORMATION DISTANCE FROM ROAD 5 APPROX. PUMPING RATE 2 (GAL. PER MIN.) ENTER FT OR MI 12 38 39 w ^SE AVERAGE DAILY QUANTITY NEEDED 500 S BLK: PARCEL TAX MAP (GAL, PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL COUNTY NAME F COUNTY NO. IBRIGATION STATE SIGNATURE 22 INSERT S . 1 INDUSTRIAL, COMMERICIAL, DEWATERING DATE ISSUED P PUBLIC WATER SUPPLY WELL 10/16 MN 48 CO SIGNATURE EXP. DATE DD T TEST, OBSERVATION, MONITORING EAST NORTH G GEO-THERMAL 000 000 GRID SHOW MAJOR FEATURES OF 300 BOX & LOCATE WELL '. APPROXIMATE DEPTH OF WELL | FEET 24 WITH AN X 28 SOURCES OF DRILLING WATER 6 NEAREST APPROXIMATE DIAMETER OF WELL 1. INCH 2. wells METHOD OF DRILLING (circle one) 3. BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary **AIR-PERcussion** ROTARY (Hydraulic Rotary) WRITE THE BOX NUMBER CABLE **REVerse-ROTary DRive-POINT** FROM THE MAP HERE other 800 REPLACEMENT OR DEEPENED WELLS 000 (CIRCLE APPROPRIATE BOX) 490 N THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE Y DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN ABANDONED AND SEALED RELATION TO NEARBY TOWNS AND ROADS AND GIVE THIS WELL WILL REPLACE A WELL THAT WILL BE USED DISTANCE FROM WELL TO NEAREST ROAD JUNCTION S 14 A 9 30 AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL BRIGHTON D PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 -----CHAROLAIS DL Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. SPECIAL CONDITIONS AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Jiah **DENV-Permit 97** 2 COUNTY

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	Dege	- 5		0.20					
	Page	0f 12/20/66	*3 **	8:30 Rev.	```				
	Date _	2/10/06	•		iew				
	FIELD DATA SHEET HYDROGEOLOGIC AREA (3) WELL YIELD TEST								
	Marylar	nd Well Permit No.	210-95-0550	Election Distri	let				
	Locatic	on of Property (ro	ad) Charol	Ais Drive					
	Subdivi	sion HINUT F	ARMS EST Lot P-	<u>14</u> Block Plat	Sec.				
	Well Dr	iller EASTENde	y, Gene c	wner KARVOUNIS,	GEOV9e				
		Depth of Well	600 15 GPN	wner <u>KARVounis</u>	1				
		Distance of meas	SUPING FOINT (M.P.) A	hove ground a					
	I. High	h Rate Pumping	reservoir drawdown	P. flowing out set 1	Jump 480'				
	7	Time pump started	830	Pumping rate <u>10</u> er level <u>ft.</u>	GOM				
,	II. Reco	overy pump test da	ta - observations to	be recorded every 15	5 minutes.				
	•		PUMPING RATE						
	TIME	WATER LEVEL Below M.P.		FLOW METER READING					
$\left \right $			gal. bucket	(if used)	(gallons per min.)				
•	845	43	3 Sec	I gal bucket	20 GPM				
\mathbf{F}	900	65'	3 "		20 11				
F	915	76	3''		20 "				
+	930	83'	3''	1.1	20''				
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F	1000	93'		ŧ l	. 20"				
\vdash	1015	96'	311	11	20''				
┝	1030	100'	311	11	20"				
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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

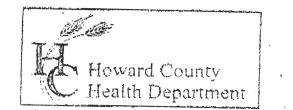
Maura J. Rossman, M.D., Health Officer

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.

West crites one: Kenness of Humber / Licensed Weil Driller / Licensed Weil Driller / Licensed (a) (2/5/) Name (Print):	Company Name: K+T Plumbin Address: PS Box 2151	Telephone #:	1438449073	
Music circle one: Licensed PumBer / Licensed Well Driller / Licensed Well Pump Installer Licensed # an dameor Threviewidd responsible for the field installation: Name (Print): Do. Dr. 1985673 Licensed manager Threviewidd responsible for the field installation. A licensed for the support of the actual installation. Apprentices must be under the support of a licensed individuals may be reported to the appropriate licensing agency. Name of Property Owner. Maile Data Telephone #: 410 442 8048 Stie Address: Batha Telephone #: Stie Address: Batha Telephone #: Well Tag #: HO - 95 - 05 50 Stie Address: Batha Telephone #: Well Tag #: HO - 95 - 05 50 Stie Address: Batha Telephone #: Well Tag #: HO - 95 - 05 50 Stie Address: Batha Stie Address: Batha Telephone #: Well Tag #: HO - 95 - 05 50 Stie Address: Batha Stie Address: Batha Stie Address: Stie Address: Batha Gree Data Make: Stie Address: Well Tag #: HO - 910 Batha Gree Data Stie Address: Stie Address: Dephot well encountered at	Westminister MA 1	IK-d		
Name (Print) Do Different the actual installation: Different the supervision of a licensed journeyman or master plumber, pump Installer or well drifter. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency. Name of Property Owner: Mile Ends Licensest individual responsible for the treat installation. Apprentices may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency. Name of Property Owner: Mile Ends Lot #:	Must circle one: Licensed Plumber / 1	Licensed Well Driller / Licensed Well	Dump Installer	
Name (Print):		onsible for the field installation:	r unp installer	
A licensed individual must perform the actual 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. Mailed Bada Telephone #: 410 442 8068 Subdivision: Allocat Force Ect. Lot #:	Name (Print): Jon D. Mashid	Licence	# 21451	
individuals may be reported to the appropriate licensing agency. Name of Property Owner Mail	"A licensed individual must perform	the actual installation Apprentice	manath a sunday the second t	n of a licensed
Name of Property Owner: Mark of Property Owner: <th>Januar of Master plumber. Dur</th> <th>III INSIAIIEF OF Well Artiller I iconeou</th> <th>s may be subjected to field veri</th> <th>fication. Unlicensed</th>	Januar of Master plumber. Dur	III INSIAIIEF OF Well Artiller I iconeou	s may be subjected to field veri	fication. Unlicensed
Subdivision:	individuals may be reported to the a	ppropriate licensing agency.	•	
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Intervent Intervent <thintervent< th=""> <thintervent< th=""> <thintervent< th=""></thintervent<></thintervent<></thintervent<>		Est. Lot #: V	Vell Tag #: HO-95-0557)
Submersible Pump Data Make: Prices Adapter Make: Well Cap and Electric Conduit Two piece watertight cap: Make: D.107 Make: Signature of pump Capacity //a. Model #: 12.253 Screened, vented well cap: Screened, vented well cap: Well Yield: 12 GPM Depth: 32.258 Screened, vented well cap: Depth of well encountered at time of pump installation: 332. (feet) Conduit secured to well cap: Yell Cap secured to well cap: If pump Capacity exceeds well yield, a low water cut off switch is required by NSPC 1900 Section 17.8.4 Conduit secured to well cap: Yell Cap and Electric Conduit Must chrcle 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 capics Yell Cap and Electric Conduit Prize Solution PVC sleeve to undisturbed soil at wall penetration: Yell Cap and Solution: Yell Cap and Electric Conduit and the section in the section inform foundation: PS: 250(160 pisi min) Electric Conduit method inside of well capics. Yell Cap and Electric Conduit method inside of well capics. Signature of company representative representative representative representative representative representative representative representation installation Yell Secondit extends at least 18" below grade attached to cap p		Ch	13-13-19	
Make: Determine Interference Interference Interference Model #: IL2Q4 Model#: IS228 Screencel, vented well cap: Interference Model #: IL2Q4 Model#: IS228 Screencel, vented well cap: Interference Pump Capacity = //	Highland, MD 20	117		
Make:		Pitless Adapter	Well Cap and Electric Con	duit
Pump Capacity <u>1/a</u> GPM Depth: <u>Da</u> (36° min) Cap secured to casing: <u>V</u> Well Yield: <u>12</u> GPM NSF/WSC approved: <u>Conduit secured to well cap: <u>V</u> Bepth of well encountered at time of pump installation: <u>300</u> (feet) <u>Conduit secured to well cap: <u>V</u> 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 arcestors / Cable guards / Other acceptable method used Safety rope, if used, attached to brass rope adapter or other acceptable method used Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing. <u>Pipping to boase</u> Type: <u>Pipping</u> <u>100</u> <u>1</u></u></u>		Make: Simmons +	Two piece watertight cap:	¥
Well Yield: 12 GPM NSF/WSC approved: Depth of well encountered at time of pump installation: 320 (feet) Conduit min 18" B.G.: V Depth of well encountered at time of pump installation: 320 (feet) formation approved: formation approved: Safety rope, if used, attached to brass rope adapter or other acceptable method used Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing Piping to house: Type: Piping to house Type: House Connection PVC sleeve to undisturbed soil at wall penetration: Length of sleeve(5' minimum from foundation): Piping to house Type: 14 (36" min) Sleeve scaled properly: \u2013 The water supply line: 14 (36" min) Sleeve scaled properly: \u2013 The water supply line is required to be at least ten feet from the septic task, pump chamber, sewage piping, distribution installation. $\frac{115}{19}$ $\frac{115}{219}$ Signature of company representative reprosedue to the sate supply line is required to de at least 18" below grade Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/ Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/ Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/ Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/ Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/ Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/		Model#: 182 258	Screened, vented well cap:	L
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Wast circle one: 1 orque arrestors / Cable guards / Other acceptable method used Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing Pining to house Type: Dity Point of supply line: If (36" min) Depth of supply line: If (36" min) Signature of company representative reserve area. If this cannot be accomplished, contact this office for approval prior to installation. Moment If Inspection Data: Pitless adapter watertight & water supply line at least 18" below grade attached to cap properly Inspection Data: Pitless adapter watertight & water supply line at least 18" below grade attached to cap properly Safety rope not outside 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	If pump capacity exceeds well yield, a	low water cut off switch is required by	NSPC 1000 Section 17 9 A	
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PSI: <u>a So</u> (160 psi min) Length of sleeve(5' minimum from foundation): Depth of supply line: <u>18</u> (36'' min) Length of sleeve(5' minimum from foundation): 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. Momon Original Processing <u>A 15 / 19</u> Signature of company representative reponsible for installation <u>A 15 / 19</u> Date Insp. Requested: <u>15 / 19</u> Date Insp. Approved: <u>3 / 3 / 20</u> Inspector: Inspector: 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 property Safety rope not outside of well cap/casing Correct well tag attached property and casing 8'' above finished grade Water supply line sleeved adequately at house connection Floed end op Adequate grout observed below pitless adapter Floed end op		PVC sleeve to undisturbed		
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margane grout observed below pricess adapter			n	Flood Flood
Revised form 10/24/2019)	Adequate grout obse	erved below pitless adapter		- needs to se
(KM/	(Revised form 10/24/2018)			Rind

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



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

TO ALL INTERESTED PARTIES

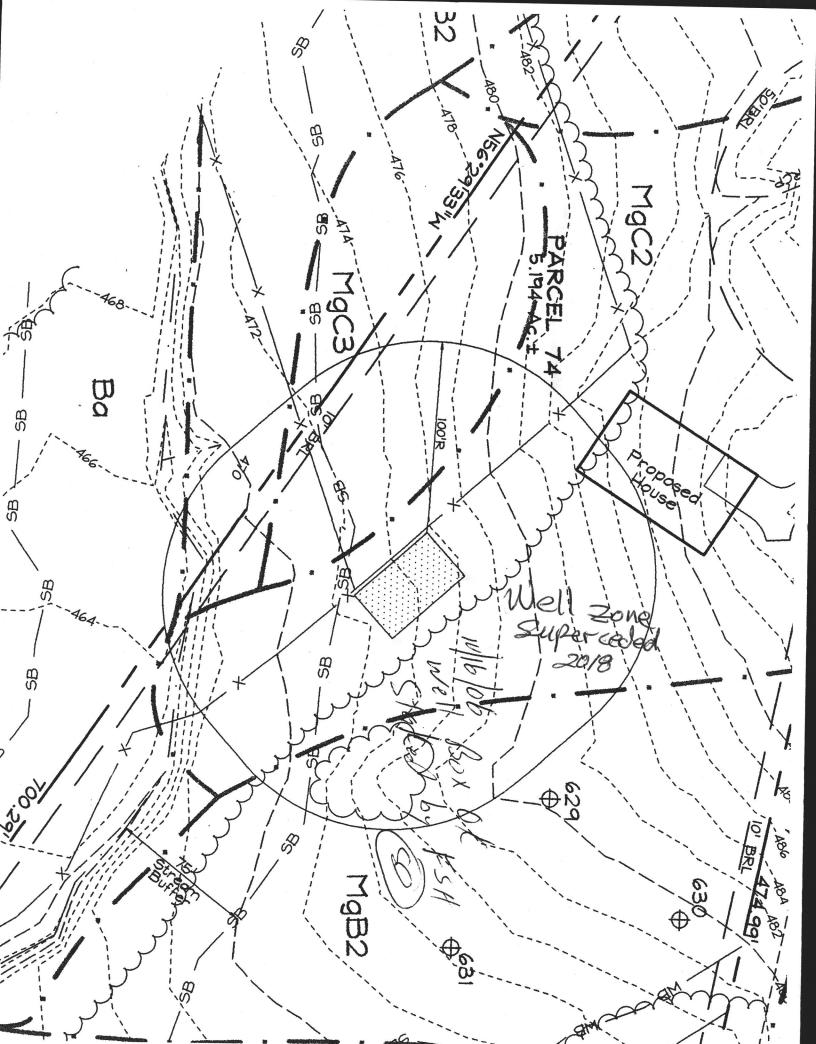
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by \overrightarrow{PSH} Associated and surveyors) (professional land surveyor or company employing professional land surveyors) on $\underline{928/00}$ (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

GEUGE KARVOUNIS Chavolais Dr.



Wolf, Kevin

From: Sent: To: Subject: Attachments:

Wolf, Kevin Wednesday, February 19, 2020 11:59 AM Dan Moore RE: Viking [Untitled].pdf

Hey Dan,

I am in and out of meetings today. Unfortunately, we cannot approve this well with failing bacteria. I took a look at the completion report (attached) and I believe that we are dealing with higher than normal yield in the standing water column of the well. Which, in turn, is giving us the "artesian-like" water being forced out of the well. There is a concern here of how to properly shock this well but you will need to have this done in order for us to give an ICOP. My suggestion is have a well driller very informed of the wells condition, provide them with the completion report, and see what they can do for a forced chlorination. You may want to call the original well driller (Easterdays) and see what they say about it. At a minimum, please get a "artesian" well cap installed. Waters are not allowed to run to waste per COMAR.

Kevin

From: Dan Moore <dan@vikingcustomhomes.com> Sent: Wednesday, February 19, 2020 8:31 AM To: Wolf, Kevin <KWolf@howardcountymd.gov> Subject: Viking

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

Hey Kevin,

Please give me a call. I need to get the well resolved at Charolais Ct.

Thank you

Dan Moore VP Construction Viking Custom Homes 443-250-5016

Bricker, Robert

From:
Sent:
To:
Subject:

Bricker, Robert Thursday, September 20, 2018 4:52 PM 'cary@vikingcustomhomes.com' 13465 CHAROLAIS CT_KANG PROPERTY_well water test

Cary,

I noticed that you had been copied by Dan Staley on an email to me. I assume that indicates that you are the builder for the proposal on the Kang Property (13465 Charolais Ct). Please be advised that the property is within the radium test area and the well (HO-95-0550) has not been tested. Prior to Health Dept release of Use and Occupancy, a water sample originating from this well will have to be obtained and analyzed for concentration radium 226/228, or concentration of radium degradation products Gross alpha and Gross beta. The Bureau recommends that the water sample be obtained as early in the project as possible as analyses require several weeks. If the results exceed established Maximum Contamination Limits, a second round of sampling and analyses is required

\$7

ROBERT BRICKER, REHS/R.S., L.E.H.S. **ENVIRONMENTAL SANITARIAN II** BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, 410-313-2691; Program, 410-313-1771; Bureau, 410-313-1774 Fax: 410-313-2648

E-mail: rbricker@howardcountymd.gov

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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

INTERIM CERTIFICATE OF POTABILITY Expiration Date – SEPTEMBER 4, 2020

March 4, 2020

Homeowner 13465 Charolais Court Highland, MD 20777

RE: Allnut Farm Est., P. 74 13465 Charolais Ct. Building Permit: B18003293 Well Permit: HO-95-0550

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 1/30/2020. Final approval of the well line connection to the dwelling was granted on 3/2/2020. The well construction was completed on 12/20/2006. Water samples were collected on 1/29/2020, 2/11/2020, 3/2/2020.

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-95-0550. 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



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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" 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,

hin h. Vall

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor Groundwater Management Section Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits Community Hygiene Program File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: Reference: Location: Date/Time Collected: Date/Time Rec'd: Chlorine ppm: Collected By: PARAMETERS	135372 Allnut Estat 13465 Chard Highland, M 1/29/2020 1/29/2020 Free: ND J. Yeager	olais Court ID 20777 1030 1411	: ND	Account #: Company: Requested By Source: Site: Treatment: pH: Well #:	: Cary Cumber Well Water Pressure Tanl	
		RESULTS	UNITS R	EFERENCE	METHOD I	DATE/TIME/ANALYST
Bacteria, Coliform, Total, N	MPN	6.4	MPN/ 100 ml	<1.0	SM20 9223B	1/30/2020 / 0900 / CRS
Bacteria, E. coli, MPN		<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/30/2020 / 0900 / CRS
Nitrate		<1.0	mg/L	10	601	1/29/2020 / 1430 / RER
Turbidity		2.51	NTU	<10	SM20 2130B	1/29/2020 / 1610 / RER
Sand		NS	mg/L		Visual/Gravimetric	1/29/2020 / 1610 / 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 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test :Use & OccupancyBuilding Permit # :B18003293

Date Reported: <u>1/30/2020</u>

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 #: Reference: Location:	Highland, N	olais Court		Account #: Company: Requested Source:	Viking De	
Date/ Time Collected: Date/Time Rec'd:	: 2/11/2020 2/11/2020	1110 1320		Site:	Pressure T	
Chlorine ppm:	Free: ND		l: ND	Treatment: pH:	Prior to Sp 7.1	in Down Separator
Collected By:	J. Yeager	0819	JY	Well #:	HO-95-05:	50
PARAMETERS		RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total,	MPN	3.1	MPN/ 100	ml <1.0	SM20 9223B	2/12/2020 / 0830 / RER
Bacteria, E. coli, MPN		<1.0	MPN/ 100	ml <1.0	SM20 9223B	2/12/2020 / 0830 / 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 ND:None Detected

4 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

5 pH & Chlorine level tested on site

Reason for Test :Use & OccupancyBuilding Permit # :B18003293

Date Reported: <u>2/12/2020</u>

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 #: Reference: Location: Date/ Time Collected: Date/Time Rec'd: Chlorine ppm: Collected By:	136009 Allnut Estat 13465 Char Highland, M 3/2/2020 3/2/2020 Free: ND R. Ott	olais Court 1D 20777 0930 1330	: ND	Account #: Company: Requested By Source: Site: Treatment: pH: Well #:	 Cary Cumb Well Wate Pressure Tag 	r ank in Down Separator/UV Light
PARAMETERS		RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total,	MPN	<1.0	MPN/ 100	ml <1.0	SM20 9223B	3/3/2020 / 0915 / CRS
Bacteria, E. coli, MPN		<1.0	MPN/ 100	ml <1.0	SM20 9223B	3/3/2020 / 0915 / CRS

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 ND:None Detected

4 Visual well check: Sealed, vented cap

5 pH & Chlorine level tested on site

Reason for Test :	Use & Occupancy
Building Permit # :	B18003293

Date Reported: 3/3/2020

MD State Certification # 133