

C1	34143	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)		DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 03 30 15		
ST/CO USE ONLY		DATE RECEIVED MM DD YY 8 13		Depth of Well 22 285 26 (TO NEAREST FOOT)		
				PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-14-0117		

OWNER	Land Design + Development		first name	Triaelphia Mini R2		first name	TOWN		Highland	
WELL SITE ADDRESS			first name			first name				
SUBDIVISION	JACKS LANDING		SECTION			LOT	Parcel A			

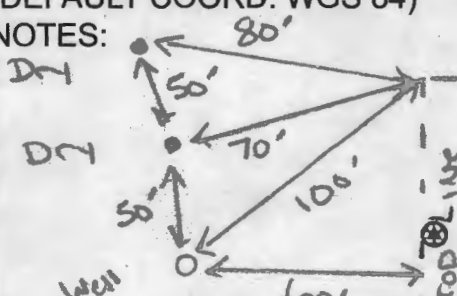
WELL LOG Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing
Soil	0 10	
Light Brown Soil	10 30	
Brown shale	30 61	
HARD GRAY Rock	61 285	-
	155	-
Well #1 - 400' Dry		
Well #2 - 600' Dry		
- All Dry holes backfilled		

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 44 44		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> 45 46 45 46		
NO. OF BAGS NO. OF POUNDS 45 46 45 46		
GALLONS OF WATER		
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)		
CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE <input checked="" type="checkbox"/> PL <input type="checkbox"/> OTHER		
MAIN CASING TYPE PL	Nominal diameter top (main) casing (nearest inch)! 6	Total depth of main casing (nearest foot) 63
60 61	63 64	66 67 70
OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		
SCREEN RECORD screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO STEEL BRASS OPEN HOLE <input checked="" type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER		

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	4.0	
METHOD USED TO MEASURE PUMPING RATE	Submersible	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	40 ft.	
WHEN PUMPING	198 ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> air	<input type="checkbox"/> piston	<input type="checkbox"/> turbine
<input type="checkbox"/> centrifugal	<input type="checkbox"/> rotary	<input type="checkbox"/> other (describe below)
<input type="checkbox"/> jet	<input checked="" type="checkbox"/> submersible	

NUMBER OF UNSUCCESSFUL WELLS:	2
WELL HYDROFRACTURED	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
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.	
DRILLERS LIC. NO.	M WD 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO.	WB8109
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2	
DEPTH (nearest ft.) H0 63 285	
EACH CASING diameter inch depth (feet) from to	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to	
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 V	
70	72
TELESCOPE CASING	LOG INDICATOR
74 75 76 OTHER DATA	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> above	LAND SURFACE
<input type="checkbox"/> below	1 (nearest foot)
LATITUDE 39.21563	
LONGITUDE 76.97371	
(DEFAULT COORD. WGS 84)	
NOTES:	
	

B 1	28752	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 554595-11 please type	STATE PERMIT NUMBER HO-14-0117 fill in this form completely
Date Received (APA) 08 22 14 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name LAND DESIGN & DEVELOPMENT		34 First Name JACK'S LANDING		
36 Street or RFD 5300 DORSEY HALL DRIVE, SUITE 102		55 Parcel A		
57 Town ELLICOTT CITY		76 Zip MD 21043		
DRILLER INFORMATION				
Driller's Name MICHAEL BARLOW		76 License No. MWD355		
Firm Name BARLOW WELL DRILLING		Address 522 UNDERWOOD LN 21014		
Signature <i>[Signature]</i>		Date 8/18/14		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 12 750		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20 750		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="radio"/> PUBLIC WATER SUPPLY WELL				
<input type="radio"/> TEST, OBSERVATION, MONITORING				
<input type="radio"/> OPEN LOOP GEOTHERMAL				
<input type="radio"/> CLOSED LOOP GEOTHERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard A517922 13 COUNTY NAME COUNTY NO.				
STATE SIGNATURE DATE ISSUED 10/20/14 43 MM DD YY 48				
CD SIGNATURE 10/20/15 41 EXPI. DATE				
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				
<div style="display: flex; justify-content: space-between;"> <div> APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH </div> <div> METHOOD 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 </div> </div>				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER G				
PERMIT No. HO-14-0117 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED VOC testing required @ yield				

C140732

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.

COUNTY
NUMBER

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY

Depth of Well
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER Land Design + Development

WELL SITE ADDRESS Philadelphia Mill Rd

TOWN Highland

SUBDIVISION JACKS LANDING

SECTION

LOT Parcel A

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	10	
Light Brown Soil	10	30	
Brown Shale	30	61	
HARD GRAY ROCK	61	285	✓
		155	✓

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 21 NO. OF POUNDS 1914

GALLONS OF WATER 176

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 63 ft.

CASING RECORD

ST CO PL OT

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 63

OTHER CASING (if used)

screen type or open hole

SCREEN RECORD

ST BR HO PL OT

STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.0

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 198 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above - below

LAND SURFACE 1 (nearest foot)

LATITUDE 39.21563

LONGITUDE 76.97371

(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.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION 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.

DRILLERS LIC. NO. M W D 355

DRILLERS SIGNATURE

LIC. NO. W D 109

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)

TELESCOPE CASING LOG INDICATOR OTHER DATA



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:

March 26, 2015

Well Depth:

400 feet

Customer Land Design & Development
 Road Triadelphia Mill Rd
 City Highland
 State Maryland

Permit # H0-14-0117
 Subdivision Jacks Landing
 Section
 Lot # Parcel A

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	40	3	20.00
10:00 AM	175	4	15.00
10:15 AM	200	15	4.00
10:30 AM	200	15	4.00
10:45 AM	200	15	4.00
11:00 AM	200	15	4.00
11:15 AM	200	15	4.00
11:30 AM	200	15	4.00
11:45 AM	200	15	4.00
12:00 PM	200	15	4.00
12:15 PM	199	15	4.00
12:30 PM	199	15	4.00
12:45 PM	199	15	4.00
1:00 PM	199	15	4.00
1:15 PM	198	15	4.00
1:30 PM	198	15	4.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Bartlow Well Drilling Telephone #: 410-838-6910

Address: 522 UNDERWOOD LANE
BA A6 MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Michael Bartlow License #: MMD0355

*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: Zander Jones / Jim Smith Telephone #: 443-643-7200

Subdivision: JACKS LANDSCAPE Lot #: A Well Tag #: HO-14-0117

Site Address: 13250 TITAN DELPHIA M.II RD

CHACKVILLE MD 21029

Submersible Pump Data

Make: GEAID5

Model #: 7CS15422

Pump Capacity: 7 GPM

Well Yield: 4 GPM

Depth of well encountered at time of pump installation: 7 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, cable guards, or other acceptable method used—Must circle one

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

Pitless Adapter

Make: BEI

Model #: 0100

Depth: 42 (36" min)

NSP/NSC approved: ✓

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: ✓

Plaster to house

Type: PO14

PSI: 220 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Length of sleeve(s) minimum from foundation: 6'

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, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

10/9/18

date

Per Health Department Use Only—Not to be completed by Installer

Date Insp. Requested: 10/09/2018 Date Insp. Approved: 10/09/2018 Inspector: [Signature]

Inspection Date:

Pitless adapter watertight & water supply line at least 36" below grade

✓ 48" 10/09/2018

Two piece cap installed and attached to casing securely

✓ 34" 10/09/2018

Elec. conduit extends at least 18" below grade/attached to cap properly

✓ 14" 10/09/2018

Safety rope not outside of well cap/casing

✓ 25'-6" 10/09/2018

Correct well tag attached properly and casing 8" above finished grade

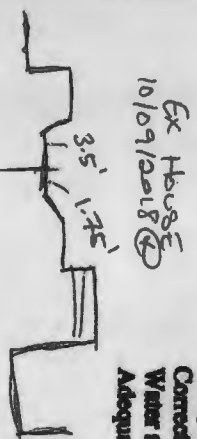
✓

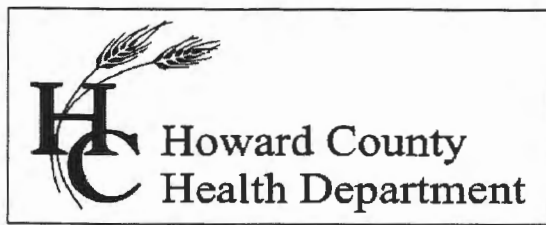
Water supply line sleeved adequately at house connection

✓

Adequate girth observed below pitless adapter

✓





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 27, 2020

November 27, 2019

James Smith
13280 Triadelphia Mill Road
Clarksville, MD 21029

RE: Jack's Landing, Parcel A
13280 Triadelphia Mill Road
Building Permit: B17003342
Well Permit: HO-14-0117

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 10/31/2019. Final approval of the well line connection to the dwelling was granted on 10/9/2018. The well construction was completed on 3/30/2015. Water samples were collected on 11/5/2019.

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-14-0117. 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>

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 11/06/2019
Report Number: 191106170124
Use and Occupancy
PERMIT #:

LAB#- E061080-01 SAMPLE ID- 13280 Triadelphia Mill Rd
LOCATION- Basement Bathroom Sink
DATE SAMPLED- 11/05/2019 TIME SAMPLED- 12:34
DATE RECEIVED- 11/05/2019 TIME RECEIVED- 14:25
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS-

WELL # HO 14-0117
SAMPLER- S Shelley #5510 SS
CHLORINE- <0.05 mg/L ✓

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	11/05/19 15:00	VPS	Absent ✓	PASS
E. Coli	SM 9223B	11/05/19 15:00	VPS	Absent ✓	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	11/05/19 22:53	SES	< 0.20 ✓	mg/L	PASS
pH	SM4500-H+B	11/05/19 16:00	FRD	7.2 ✓	SU	
Turbidity	EPA 180.1	11/05/19 16:00	FRD	0.3 ✓	NTU	

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 11/06/2019
Report Number: 191106170124
Use and Occupancy
PERMIT #:

LAB#- E061080-02 SAMPLE ID- 13280 Triadelphia Mill Rd WELL # HO 14-0117
LOCATION- Pressure Tank SAMPLER- S Shelley #5510 SS
DATE SAMPLED- 11/05/2019 TIME SAMPLED- 12:27 CHLORINE-
DATE RECEIVED- 11/05/2019 TIME RECEIVED- 14:25
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Wet Chemistry by Enviro-Chem					
Sand	EPA 160.5	11/05/19 15:15	VPS	< 0.5 ✓ ml/L/Hr	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 11/06/2019
Report Number: 191106170124
Use and Occupancy
PERMIT #:

LAB#- E061080-01 SAMPLE ID- 13280 Triadelphia Mill Rd WELL # HO 14-0117
LOCATION- Basement Bathroom Sink SAMPLER- S Shelley #5510 SS
DATE SAMPLED- 11/05/2019 TIME SAMPLED- 12:34 CHLORINE- <0.05 mg/L ✓
DATE RECEIVED- 11/05/2019 TIME RECEIVED- 14:25
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	11/05/19 15:00	VPS	Absent ✓	PASS
E. Coli	SM 9223B	11/05/19 15:00	VPS	Absent ✓	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	11/05/19 22:53	SES	< 0.20 ✓	mg/L	PASS
pH	SM4500-H+B	11/05/19 16:00	FRD	7.2 ✓	SU	
Turbidity	EPA 180.1	11/05/19 16:00	FRD	0.3 ✓	NTU	

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 11/06/2019
Report Number: 191106170124
Use and Occupancy
PERMIT #:

LAB#- E061080-02 SAMPLE ID- 13280 Triadelphia Mill Rd WELL # HO 14-0117
LOCATION- Pressure Tank SAMPLER- S Shelley #5510 SS
DATE SAMPLED- 11/05/2019 TIME SAMPLED- 12:27 CHLORINE-
DATE RECEIVED- 11/05/2019 TIME RECEIVED- 14:25
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Wet Chemistry by Enviro-Chem					
Sand	EPA 160.5	11/05/19 15:15	VPS	< 0.5 ml/L/Hr	✓

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 06/01/2015
Report Number: 150601105515

LAB#- E039578-03 SAMPLE ID- Parcel A WELL # HO 14-0117
LOCATION- SAMPLER- M Dixon
DATE SAMPLED- 05/21/2015 TIME SAMPLED- 12:30 Residual Chlorine-
DATE RECEIVED- 05/21/2015 TIME RECEIVED- 14:28
DELIVERED BY- M Dixon RECEIVED BY- Stephen Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Metals by Enviro-Chem					
*! Sodium	EPA 200.7	05/29/15 09:31	CHK	7.19	mg/L
Wet Chemistry by Enviro-Chem					
\$ Chloride	EPA 300.0	05/21/15 19:29	EJF	5.5	mg/L
\$ Dissolved Solids	SM 2540C	05/22/15 13:10	SES	115	mg/L

Send Report To: Bert Nixon

Howard Co. Env. Health

8930 Stanford Blvd.

Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
201 W. Preston Street, Baltimore, Maryland 21201

Lab No. Date Received



E15003326002

Received: 04/22/2015

Metals

14-0117

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: 14-0117 Site Name: Jacks Landing-Par A County: Howard

Sample Source: 13938 Highland Rd. Clarksville 21029 Collector: B. Baker
Street Town or City Name

Date Collected: 4/16/2015 Time Collected: 11:45 a.m. p.m. Phone #: (410) 313-2643

Sample Preserved By: ☒ Field ☐ ESRL ☐ Central Lab

Preservative Used: ☒ HNO₃ pH 2.0 4-22-15 SK

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals

Remarks: Sample Collected During Yield Test (field preparation required)

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)	6.3		Potassium (K)	
	Thallium (Tl)			Uranium (U)	

RECEIVED

Lab Supervisor: Sadea Henson

Date Reported: MAY 28 2015

DHMH 4432 (7/10)

• Phone: (410) 767-6186

• Fax: (410) 333-5122

SUBMITTER'S COPY

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E15003326 Date Coll.: 04/16/2015 Date Received 04/22/2015 Submitted By: BAKER

Field ID: 14-0117
Lab No.: E15003326002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.30	ppm	04/30/2015

Par A

Comments:

RECEIVED

MAY 28 2015

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

Approved by:

Sadia Muneeb

Approval date: 05/12/2015

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Howard Co. Env. Health
8930 Stanford Blvd.
Columbia, MD 21045

Laboratories Administration

201 W. Preston St

P.O. Box 2355, Baltimore, Maryland 21203

Robert A. Myers, Ph. D., Director

WATER ANALYSIS



E15003314002

Received: 04/22/2015

Inorganic

14-0117

SAMPLE ID	Bottle Number	14-0117		Name	Jacks Landing Par. A		County	Howard	County Code	13					
	Location	13938 Highland Road						Data Category Code	4F						
	Collected: Date	4/16/2015		Time	11:45 AM		Collector & Phone	B. Baker (410) 313-2643		Submitter Code					
	CHECK (one per box)														
	Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>			Community Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/>			Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>			Emergency Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>			Federal Project		

FIELD	Plant No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sampling Station	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/>	Type of Acid	<input type="text"/>
	pH	<input type="text"/>	<input type="text"/>	<input type="text"/>		Chlorine: Free	<input type="text"/>	<input type="text"/>	Total	<input type="text"/>	<input type="text"/>	
	Specific Conductance											
	Notes to Lab/Remarks: <u>Sample Collected During Yield Test</u>											

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
	See note for E15003314001		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of

Tests Requested

0	2
---	---

Section Chief

Date _____

Reported



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE15003314 Date Coll. 04/16/2015 Date Received 04/22/2015 Submitted By: B. Baker

Field ID: 14-0117
Lab No.: E15003314002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	04/27/2015
Total Dissolved Solids	SM 2540C	Rejected	mg/L	

Par A

Comments:

Approved by:

Approval date: 04/30/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org


Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

MEMORANDUM

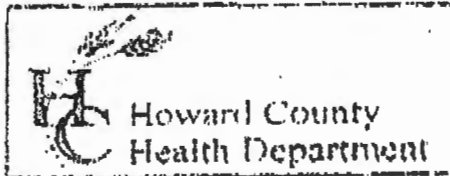
TO: Michael Barlow, MWD 355
Barlow Well Drilling

FROM: Ryan Rappaport, LEHS 
Well & Septic Program

RE: VOC Testing required of all wells at Jack's Landing Lots 1-8 & Parcel A

DATE: October 20, 2014

As per the approved and signed Percolation Certification Plan dated February 6, 2014, general note #13: VOC Testing will be required on all wells prior to health signature of final plat. See special condition on each well permit for specific requirements.



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

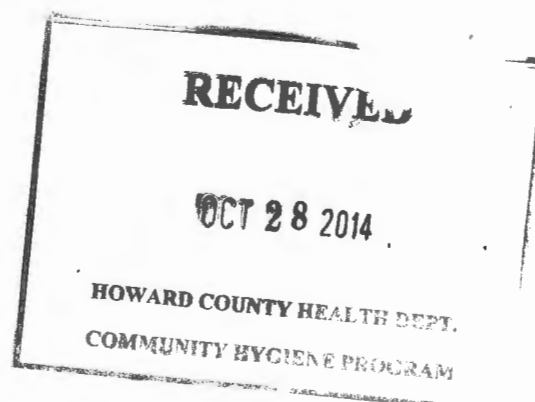
TO ALL INTERESTED PARTIES

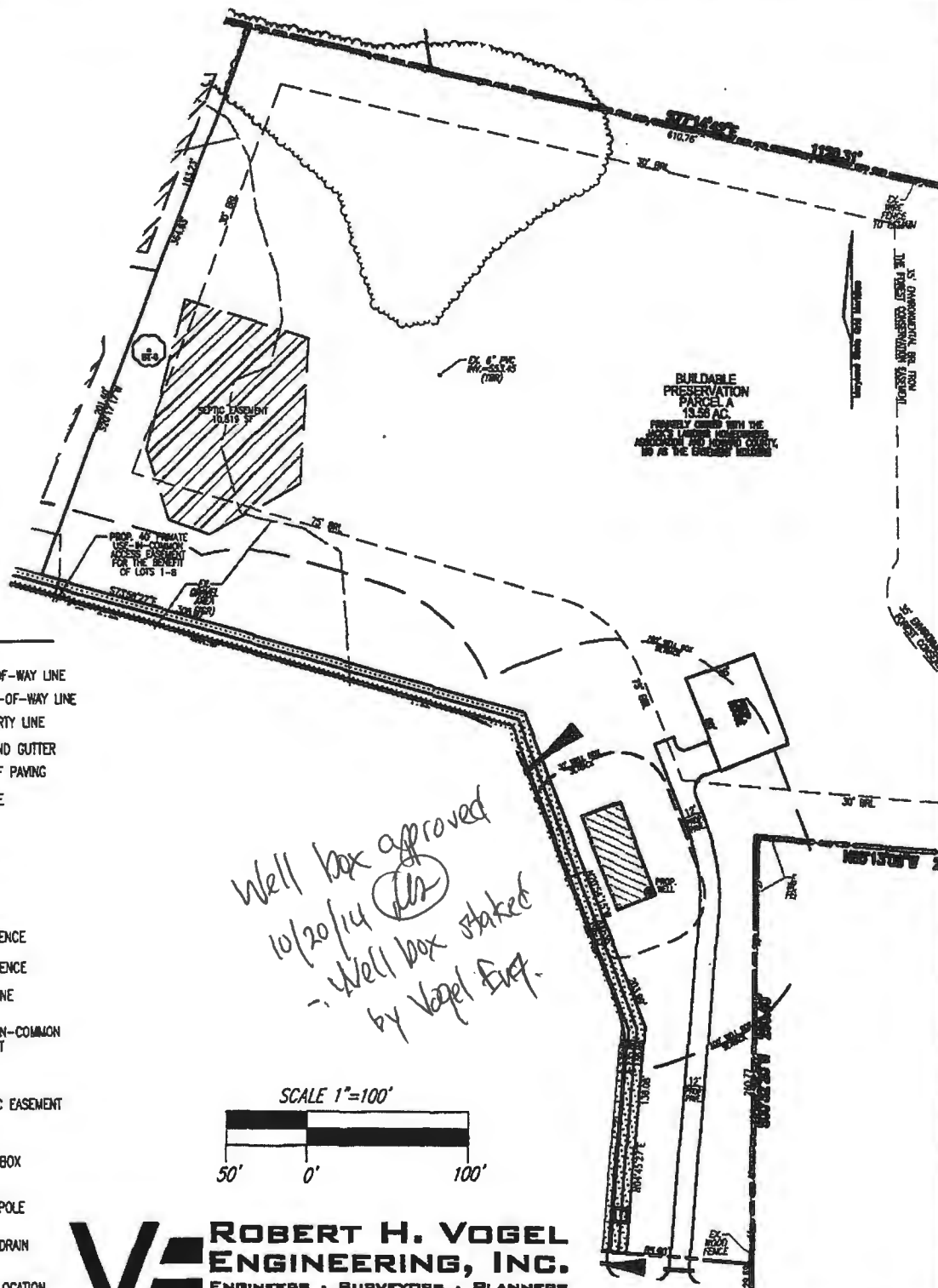
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- JACKS Landing Lots 1-8 + Parcel A
- ☒ The well site has been staked by Robert Vogel Engineering,
(professional land surveyor or company employing professional land surveyors)
on 10/29/2014 (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.

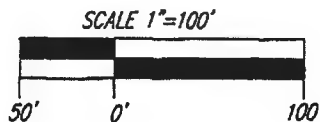
Revised 6/10/03





LEGEND:

- PROPERTY LINE
- - - EXISTING RIGHT-OF-WAY LINE
- - - PROPOSED RIGHT-OF-WAY LINE
- - - ADJACENT PROPERTY LINE
- == EXISTING CURB AND GUTTER
- == EXISTING EDGE OF PAVING
- ~ EXISTING TREELINE
- ~ PROPOSED TREELINE
- ~ EXISTING WOOD FENCE
- x - EXISTING METAL FENCE
- ~ PROPOSED USE-IN-COMMON ACCESS EASEMENT PLAT
- ~ PROPOSED SEPTIC EASEMENT
- ~ PROPOSED WELL BOX
- ~ EXISTING UTILITY POLE
- ~ PROPOSED STORMDRAIN
- ~ PROPOSED WELL LOCATION



ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.481.7666 FAX: 410.481.8981

SCALE: 1"=100'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MARCH 2014
 W. O. #: 13-31
 SHEET # 1 OF 1

WELL EXHIBIT - BUILDABLE PRESERVATION PARCEL A JACK'S LANDING

LOTS 1-8, BUILDABLE PRESERVATION PARCEL A,
 AND NON-BUILDABLE PRESERVATION PARCEL B
 A SUBDIVISION OF TAX MAP 34
 PARCEL 414 (L. 3172 / F. 336)

TAX MAP 34 BLOCK 03
 5TH ELECTION DISTRICT

PARCEL 414
 ZONED RR-DEO
 HOWARD COUNTY, MARYLAND

FILE INQUIRY NOTES

[illegible]