

C 1 46075

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM 04 DD 05 YY 17

DATE WELL COMPLETED

MM 3 DD 3 YY 17

Depth of Well

22 300 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0 - 17 - 0016

OWNER Boardman, George

WELL SITE ADDRESS last name Andrew St first name

SUBDIVISION Pauper Folly

SECTION

TOWN West Friendship

LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Top Soil	0	2	
Brown Shale	2	10	
Brown Mica	10	48	✓
Sand Stone	48	75	✓
Gray Mica	75	300	

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 45 46 7 NO. OF POUNDS 45 46 350

GALLONS OF WATER 161

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPE

ST

Nominal diameter
top (main) casing
(nearest inch)

6

Total depth
of main casing
(nearest foot)

60

60 61 63 64 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

inch

depth (feet)

from to

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PL

PLASTIC

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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
WELLI 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. 1

M W D 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

J S D 038

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
TELESCOPE
CASING

72

LOG
INDICATOR

74 75 76

OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

8.5

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

25

WHEN PUMPING

101

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other
(describe
below)

J jet

S submersible

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)

+ above

LAND SURFACE

- below

(nearest
foot)LATITUDE 39.270934
LONGITUDE 76.984210
(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.

TAG: 3/17/17 (S)

B 1

SEQUENCE NO.
(MDE USE ONLY)

47510

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-17-0016
fill in this form completely

please type

1 2 3 6

Date Received (APA)

012317
8 MM DD YY 13

OWNER INFORMATION

13319

15 Last Name BORMAN BOARMAN Owner First Name GEORGE36 3625 ANDREA DRIVE Street or RFD 5557 WEST FRIENDSHIP MD 21794 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name George F. Easterday M W D 040
76 License No. 81Firm Name L. Franklin Easterday, Inc.Address 9265 Brown Church Rd., Mt. Airy, Md. 21771Signature George F. Easterday Date 1/23/2017

B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 5
8 12AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
- ☐ PUBLIC WATER SUPPLY WELL
- ☐ TEST, OBSERVATION, MONITORING
- ☐ OPEN LOOP GEOTHERMAL
- ☐ CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 28APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
- 37 CABLE REVERSE-ROTARY DRIVE-POINT
- other

REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- ☐ THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER GPERMIT No. H0-17-0016
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

The Health Dept must receive advance notification of all drilling, grouting, + yield tests.

B 3

LOCATION OF WELL CC#

Howard
8 COUNTY 21Paupers Folly
23 SUBDIVISION 42SECTION 44 46 LOT 7 48 50West Friendship
52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

1. wells
2. ACHD
3. 3/3 Bentonite
360' deep
60' casing

Andrea Drive
11 STREET ADDRESS 30ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)DISTANCE FROM ROAD 925 Ft.
ENTER FT OR MI 38 39TAX MAP: 22 BLK: B PARCEL 116NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVALHoward (13)
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 2/7/17 CO SIGNATURE Sub. Call. EXP. DATE 2/7/18
43 MM DD YY 48DNI
DON: 3/2/17 (S) DOG: 3/3/17 (S) DOY: 3/6/17 (S)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

3/6

- 8.5 gpm

- 101' m.p.

- 25' static

- started pump

- 11:45 am

- collected sodium, chloride

- +TDS samples

(@ 2:30 pm)

N

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.

Sodium, chloride, + TDS samples
req'd at yield.

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-17-0016 Election District 2

Location of Property (road) Andrew Dr.

Subdivision Pandora Valley Lot 7 Block Plat 1 Sec.

Well Driller G. H. Hurler Owner George Doorman

Depth of Well 0 300-5

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

Static Water Level (S.W.L.) below M.P. 25'

I. High Rate Pumping -- reservoir drawdown

Time pump started 11:20 Pumping rate 15
Total time to reach pumping water level _____ ft. below M.P.

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

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

[illegible]



HOWARD COUNTY HEALTH DEPARTMENT

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: Fogleswell Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5800 Obrecht Rd
Sykesville, MD 21784

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): David C Fogles License# MSD226

*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: NVR INC Telephone #: _____
Subdivision: BELLEVUE ESTATES Lot #: 7 Well Tag #: HO-17-0016
Site Address: 3039 POWERS FARM LANE
WRT Friendship, MD 21764

06/05/2020

Submersible Pump Data

Make: GW105
Model #: 7H507422
Pump Capacity: 7
Well Yield: 8.5
Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Camplix II+
Model #: NA
GPM Depth: 36 (36" min)
GPM NSF/WSC approved: Y/S

Well Cap and Electric Conduit

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

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 NA

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y/S
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: Y/S

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

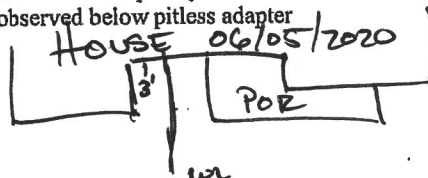
6-5-2020
date

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

Date Insp. Requested: 06/05/2020 Date Insp. Approved: 06/05/2020 Inspector: [Signature]
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

45" 06/05/2020
40" 06/05/2020
26" 06/05/2020
19' 06/05/2020

(Revised form 10/24/2018)



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 31, 2021

July 31, 2020

Homeowner
3639 Paupers Folly Lane
West Friendship, MD 21794

**RE: Belvedere Estates, Lot 7
3639 Paupers Folly Lane
Building Permit: B20000939
Well Permit: HO-17-0016**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/10/2020**. Final approval of the well line connection to the dwelling was granted on **6/5/2020**. The well construction was completed on **3/3/2017**. Water samples were collected on **7/24/2020, 7/29/2020**.

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-17-0016. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

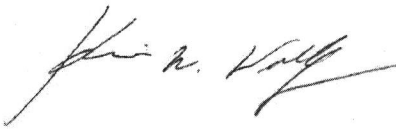
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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

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

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

February 26, 2018

Homeowner
3639 Paupers Folly Lane
West Friendship, MD 21794

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 7.04 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 81 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

Send Report To: Bert Nixon

Howard Co. Health Dept.

Bureau of Environmental Health

9930 Stanford Blvd.

Columbia, MD 21045

State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Ave
Baltimore, Maryland 21205
WATER ANALYSIS



E17003478001

Received: 03/08/2017

Inorganic

HO-17-0016

SAMPLE ID	Bottle Number	HO-17- 0016 0016		Name	Pampers Folly - Lot X ⁷		County	Howard	County Code	1 3		
	Location	Andrea Drive			Dayton				Data Category Code	4 F		
	Collected: Date	3/6/17		Time	2:30 pm		Collector & Phone	S. Collins 410-313-6287		Submitter Code		
	CHECK (one per box)											
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>				Federal Project
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input checked="" type="checkbox"/>				
	Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>				
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>				

FIELD	Plant No.				Sampling Station				Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid		
	pH				Chlorine: Free				Total				Specific Conductance		
	Notes to Lab/Remarks: Sample collected during yield test														

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:		

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

Number of Tests Requested

Section Chief

Date Reported

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 #:	138756	Account #:	1933
Reference:	Belvedere Lot 7	Company:	Fogles Well Pump & Treatment
Location:	3639 Paupers Folly Lane	Requested By:	Dave Fogle
	West Friendship, MD 21794	Source:	Well Water
Date/ Time Collected:	7/24/2020 1445	Site:	Pressure Tank
Date/Time Rec'd:	7/24/2020 1556	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.5
Collected By:	J. Evans 0309JE	Well #:	HO-17-0016

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/25/2020 / 1630 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/25/2020 / 1630 / CCH
Nitrate	<1.0	mg/L	10	601	7/24/2020 / 1615 / CRS
Turbidity	13.0	NTU	<10	SM20 2130B	7/24/2020 / 1635 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/24/2020 / 1615 / CRS
Iron	1.01	mg/L	0.3*	FR, 45 (126)	7/24/2020 / 1645 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy**Building Permit # :** 20000939Date Reported: 7/27/2020



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17003478 Date Coll. 03/06/2017 Date Received 03/08/2017 Submitted By: S. Collins

Field ID: HO-17-0016
Lab No.: E17003478001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/13/2017
Total Dissolved Solids	SM 2540C	81	mg/L	03/09/2017

Comments:

Approved by:

Approval date: 03/15/2017

*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.

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) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E17003487001

Received: 03/08/2017

Metals

HO-17-0016

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HA-17-0016 Site Name: Paupers Folly - Lot 7 County: Howard
Sample Source: Andrea Drive Dayton Collector: S. Collins
Street Town or City Name
Date Collected: 3 / 6 / 20 17 Time Collected: 2:30 a.m. 2:30 p.m. Phone #: 410-313-6207
Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab
Preservative Used: ☒ HNO₃ mL pH: <2, SHS, 3/8/17
Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Data Category ☐ 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
(field preparation required)
Remarks: Sample collected during yield test.

✓	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) <u>24X</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ____/____/____

• Phone: (443) 681-3857

• Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E17003487 Date Coll.: 03/06/2017 Date Received 03/08/2017 Submitted By: Collins

Field ID: HO-17-0016
Lab No.: E17003487001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.04	ppm	03/10/2017

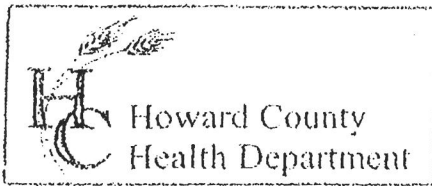
Comments:

Approved by: Sadia Muneer

Approval date: 03/15/2017

**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.



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:

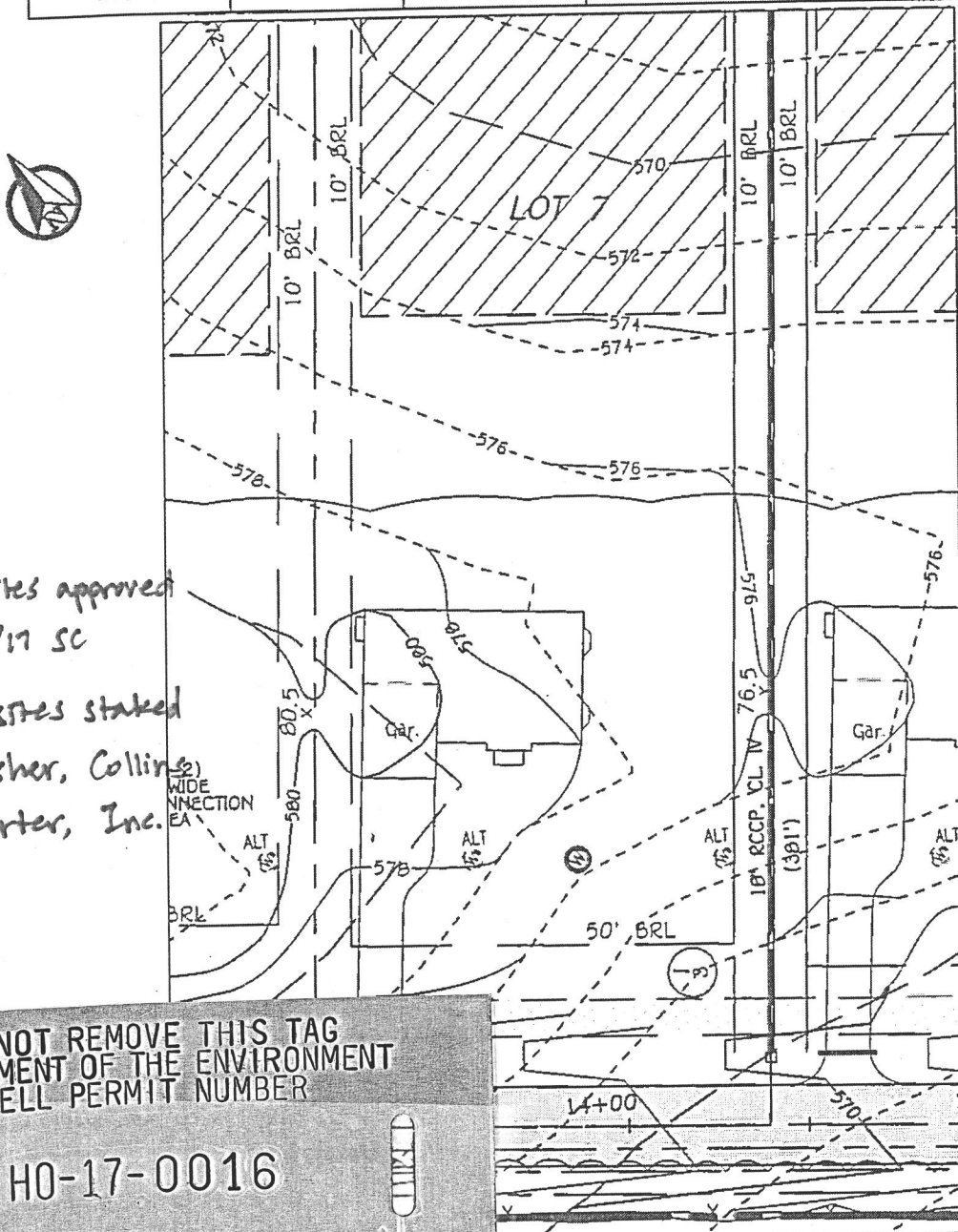
- ☒ The well site has been staked by Fisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 1-25-17 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health
Department to schedule a time to meet 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

Paupers Folly

Lot #	Northing	Easting	Longitude	Latitude
LOT 7	584216.1673	1316824.3544	W76° 59' 02.89"	N39° 16' 14.90"



Well sites approved
2/7/17 SC

Well sites staked
by Fisher, Collins
& Carter, Inc.

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-17-0016

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

FOLLY LANE
ACCESS PLACE

LOT 7 WELL MAP

PAUPERS FOLLY

LOTS 1-11, BUILDABLE PRESERVATION PARCEL 'A'
AND NON-BUILDABLE PRESERVATION PARCEL 'B'

ZONED: RR-DEO

TAX MAP No. 22 GRID No. 8 PARCEL No. 116 & P/O No. 7

THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DATE: JANUARY 20, 2017

SHEET 7 OF 11

PLAN

Scale: 1" = 50'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2555

aps 8.5 x 11.dwg, 2/3/2017 9:20:50 AM, 1:1

K:\SPDKPROJ\71160 Boarman