

C 1	56591	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 WELL COMPLETED MM DD YY 06 25 19		Depth of Well 22 275 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE RECEIVED MM DD YY 06 25 19		DATE WELL COMPLETED MM DD YY 06 25 19		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-18-0060		

OWNER	Pfefferkorn River Mill, LLC		TOWN		West Friendship	
WELL SITE ADDRESS	Pfefferkorn Rd		SECTION		LOT 4	
SUBDIVISION	River Mill Estates		SECTION		LOT	

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
Soft brown	0 70	
Gray Limestone	70 90	
Broken	90 92	✓
Gray Limestone	92 110	
Broken	110 112	✓
Gray Limestone	112 201	
Broken	201 203	✓
Gray Limestone	203 275	

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL (Circle one)		
CEMENT	BENTONITE CLAY	
CM	BC	
NO. OF BAGS 40 NO. OF POUNDS 3760		
GALLONS OF WATER 240		
DEPTH OF GROUT SEAL (to nearest foot)		
from 48 TOP 52 54 BOTTOM 58 ft. to 77 ft.		
(enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below		
ST STEEL CO CONCRETE PL PLASTIC OT OTHER		
MAIN CASING TYPE		
Nominal diameter top (main) casing (nearest inch) 06		
Total depth of main casing (nearest foot) 80		
OTHER CASING (if used)		
diameter inch depth (feet) from to		
EACH CASING		
SCREEN RECORD		
screen type or open hole		
insert appropriate code below		
ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER		

C 3	
PUMPING TEST	
HOURS PUMPED (nearest hour)	3
PUMPING RATE (gal. per min.)	10+
METHOD USED TO MEASURE PUMPING RATE	1 gal
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	18 ft.
WHEN PUMPING	26 ft.
TYPE OF PUMP USED (for test)	
A air	P piston
C centrifugal	R rotary
J jet	S submersible

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 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. 1	M S D 224
DRILLERS SIGNATURE	(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1	D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2	
DEPTH (nearest ft.)	
1	2
8	9
11	15
17	21
23	24
26	30
32	36
38	39
41	45
47	51
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	
70 72 74 75 76	
TELESCOPE CASING LOG INDICATOR 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)	
+ above	
LAND SURFACE	
- below	
3 (nearest foot)	
LATITUDE 39.295953	
LONGITUDE 76.991778	
(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 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">59837</div>	SEQUENCE NO. (MDE USE ONLY) <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">59837</div>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">HO - 18 - 0060</div>
OWNER INFORMATION Date Received (APA) <u>04/18/19</u> <div style="display: flex; justify-content: space-between;"> 8 MM DD YY 13 15 Last Name Owner First Name 34 </div> <div style="display: flex; justify-content: space-between;"> 36 12668 Frederick Rd Street or RFD 55 </div> <div style="display: flex; justify-content: space-between;"> 57 West Friendship Md 21794 Town 70 State 72 Zip 76 </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION 44 46 LOT 48 50 </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div>	
DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> Driller's Name 76 M S D 009 81 </div> <div style="display: flex; justify-content: space-between;"> Firm Name Franks Well Drilling, LLC </div> <div style="display: flex; justify-content: space-between;"> Address P.O. Box 202 Woodbine, Md 21797 </div> <div style="display: flex; justify-content: space-between;"> Signature Date </div>		B 4 SOURCES OF DRILLING WATER 1. <u>Pfefferkorn Rd</u> 2. 3. <div style="text-align: center; margin-top: 10px;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> NORTH N WEST W SOUTH S EAST E </div> <div style="text-align: center;"> 34 250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> </div>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		TAX MAP: <u>2015</u> BLK: <u>0014</u> PARCEL <u>0169</u>	
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 COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>21</u> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>05/07/2019</u> CO SIGNATURE _____ EXP. DATE _____ <div style="display: flex; justify-content: space-between;"> 43 MM DD YY 48 41 </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		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="text-align: center; margin-top: 10px;"> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY (Hydraulic Rotary)</u> CABLE <u>REVERSE-ROTARY</u> DRIVE-POINT		REPLACEMENT OR DEEPENED 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 18 - 0060</u>			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>NONE</u>			

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Well Permit No. HO-18-0060
Location of Property: Pfefferkorn Rd West Friendship, Md 21794
Subdivision: Rover Mill Estates Lot: 4
Well Driller/Tech: Fogles Andrew Houseman MSD 224 Owner: Pfefferkorn Rover Mill, LLC

Total time 15 Mins to reach pumping water level 71 ft. below M.P.

2551

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWAGE PROGRAM**

TEL: (410) 313-1640 FAX: (410) 313-1648
313-1741

Information Form for the Installation of the Well Pump, Pile Adapter, and Supply Lines

NOTE: The installer is responsible for requesting an inspection prior to 5 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 and well Construction Regulations. Substitution of a complete form is required prior to this and otherwise approval.

Company Name: HYANTIC BLUE LLC Address: 1802 BALTIMORE BLVD
Telephone #: 410-840-2593 License #: MD 21157

(Must circle one) Licensed Number: MAIR MATHIS
License # and name of individual responsible for the field installation: MAIR MATHIS
A licensed individual must perform the actual installation. Approver must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licensees may be subjected to field verification.

Name of Property Owner: JOHN MCGADAY Telephone #: 410-465-4244
Substitution: JOHN MCGADAY License #: MD 21194
Site Address: 5011 STYCE MCGADAY WAY

Model #: 100000011 Pile Adapter: MAIR MATHIS
Pump Capacity: 3 GPM Depth: 34 (36" min)
Well Yield: 10 GPM NSF approved: 75 (feet)
Depth of well encountered at time of pump installation: 75 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or cable gauges are required - Must circle one
Safety rope, if used, attached to handle of well casing with eye bolt

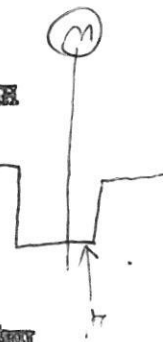
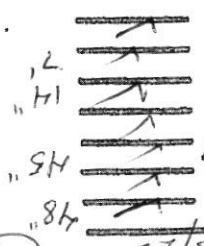
Plumber to house: MAIR MATHIS PSI: 112 (160 psi min)
Depth of supply line: 34 (36" min)
PVC sleeve to undisturbed soil at well penetration: ✓
Approximate length of sleeve: 900
Sleeve sealed and sealed properly: ✓

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: MAIR MATHIS
Date: 3/22/22

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

Date Insp. Requested: 3/23/22 Date Insp. Approved: 3/23/22
Inspection Date: 3/23/22
Two phase cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well log attached properly and casing 5" above finished grade
Water supply line sleeved adequately at house connection
Adequate ground observed below pile adapter



3/23/22 VM
Final inspect -

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – December 23, 2022**

June 23, 2022

Homeowner
3011 Skye Meadow Way
West Friendship, MD 21794**RE: Rover Mill Est., Lot 4**
3011 Skye Meadow Way
Building Permit: B21003658
Well Permit: HO-18-0060

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 **4/29/2022**. Final approval of the well line connection to the dwelling was granted on **3/23/2022**. The well construction was completed on **5/31/2019**. Water samples were collected on **6/21/2022**.

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-18-0060. 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>



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

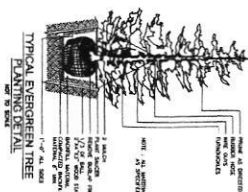
Maura J. Rossman, M.D., Health Officer

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



TYPICAL EVERGREEN TREE
1" = 10' HORIZ.
1" = 10' VERT.

SPECIMEN TREE CHART

NO.	DATE	COMMON NAME	COMMENTS
1	11/1/13	SPRING BURNING	10' HIGHEST
2	11/1/13	SPRING BURNING	10' HIGHEST
3	11/1/13	SPRING BURNING	10' HIGHEST
4	11/1/13	SPRING BURNING	10' HIGHEST
5	11/1/13	SPRING BURNING	10' HIGHEST
6	11/1/13	SPRING BURNING	10' HIGHEST
7	11/1/13	SPRING BURNING	10' HIGHEST
8	11/1/13	SPRING BURNING	10' HIGHEST
9	11/1/13	SPRING BURNING	10' HIGHEST
10	11/1/13	SPRING BURNING	10' HIGHEST

SCHEDULE A PERIMETER LANDSCAPE EDGE

COMMENTS	PERIMETER	TYPE	PLANTING
PERIMETER 1 - 10' BUFFER	10'	1	10'
PERIMETER 2 - 10' BUFFER	10'	2	10'
PERIMETER 3 - 10' BUFFER	10'	3	10'
PERIMETER 4 - 10' BUFFER	10'	4	10'
PERIMETER 5 - 10' BUFFER	10'	5	10'
PERIMETER 6 - 10' BUFFER	10'	6	10'
PERIMETER 7 - 10' BUFFER	10'	7	10'
PERIMETER 8 - 10' BUFFER	10'	8	10'
PERIMETER 9 - 10' BUFFER	10'	9	10'
PERIMETER 10 - 10' BUFFER	10'	10	10'

STREET TREE CALCULATIONS

STREET	DATE	COMMENTS
1	11/1/13	10' HIGHEST
2	11/1/13	10' HIGHEST
3	11/1/13	10' HIGHEST
4	11/1/13	10' HIGHEST
5	11/1/13	10' HIGHEST
6	11/1/13	10' HIGHEST
7	11/1/13	10' HIGHEST
8	11/1/13	10' HIGHEST
9	11/1/13	10' HIGHEST
10	11/1/13	10' HIGHEST

GENERAL NOTES:

1. LANDSCAPE DESIGNER IS RESPONSIBLE FOR THE DESIGN OF THE LANDSCAPE AND THE PLANTING OF THE TREES AND SHRUBS.
2. THE LANDSCAPE DESIGNER SHALL BE RESPONSIBLE FOR THE DESIGN OF THE LANDSCAPE AND THE PLANTING OF THE TREES AND SHRUBS.
3. THE LANDSCAPE DESIGNER SHALL BE RESPONSIBLE FOR THE DESIGN OF THE LANDSCAPE AND THE PLANTING OF THE TREES AND SHRUBS.
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LANDSCAPE NOTES:

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LANDSCAPE SCHEDULE NOTES:

1. THE LANDSCAPE DESIGNER SHALL BE RESPONSIBLE FOR THE DESIGN OF THE LANDSCAPE AND THE PLANTING OF THE TREES AND SHRUBS.
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DEPARTMENT OF PLANNING
OFFICE OF PLANNING
1000 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004
202-241-2000
WWW.DCPLANNING.GOV



LANDSCAPE PLAN
SCALE: 1" = 50'

LEGEND:

- 1. PLANTING
- 2. PLANTING
- 3. PLANTING
- 4. PLANTING
- 5. PLANTING
- 6. PLANTING
- 7. PLANTING
- 8. PLANTING
- 9. PLANTING
- 10. PLANTING

PRELIMINARY EQUIPMENT SCHEDULE PLAN

LANDSCAPE PLAN NOTES AND DETAILS

ROVER MILL ESTATES

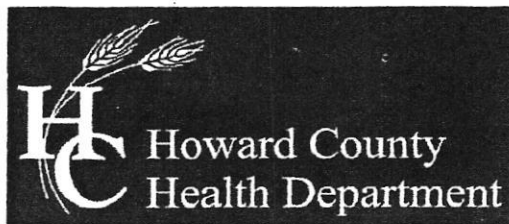
LOTS 17 AND NON-BUILDABLE PRESERVATION PARCELS 1 & 8

ROBERT H. VOGEL ENGINEERING, INC.
1000 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004
202-241-2000
WWW.DCPLANNING.GOV

REVISIONS:

NO.	REVISION	DATE
1	10/1/13	10/1/13
2	10/1/13	10/1/13
3	10/1/13	10/1/13
4	10/1/13	10/1/13
5	10/1/13	10/1/13
6	10/1/13	10/1/13
7	10/1/13	10/1/13
8	10/1/13	10/1/13
9	10/1/13	10/1/13
10	10/1/13	10/1/13

APPROVED 05/07/2019 001997
STAKED BY VOGEL
LOT 4 - ROVER MILL



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

Dr. Maura J. Rossman, M.D., 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:

Well Site Location:

Rover Hill Estates 1447 Pfefferkorn Rd
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by Robert H. Vogel
(professional land surveyor or company employing professional land surveyors)
on 4-18-19 (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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 152750 Account #: 1045
Reference: CBI Homes Lot 4 Client: Atlantic Blue Water Services
Location: 3011 Skye Meadow Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 6/21/2022 1145 Site: Powder Room
Date/Time Rec'd: 6/21/2022 1523 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: M. Mather 0258MM Well #: HO-18-0060

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/22/2022 / 1045 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/22/2022 / 1045 / TSD
Nitrate.	4.94	mg/L	10	EPA 300.0	6/21/2022 / 1555 / TSD
Turbidity	6.58	NTU	<10	SM2130B	6/21/2022 / 1635 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/21/2022 / 1615 / TSD

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B21003658

Date Reported: 6/22/2022



HOWARD COUNTY HEALTH DEPARTMENT

WS

64848

DATE 4/15/19

Received From

PHONE # 443-674115

☐ CASH
☒ CHECK

For

NO.

012855

167 Wells
Peller Korn
12668 Peller Korn Road

\$ 1120.00

Received By

1/15/19

Dollars