

<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C 1</div><div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">56590</div></div>		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.	
ST/CO USE ONLY DATE RECEIVED MM <u>06</u> DD <u>25</u> YY <u>19</u>		DATE WELL COMPLETED MM <u>06</u> DD <u>25</u> YY <u>19</u>		Depth of Well <u>250</u> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>10-18-0061</u>	
OWNER <u>Pfefferkorn River Mills LLC</u>		TOWN <u>West Friendship</u>		LOT <u>5</u>			
WELL SITE ADDRESS <u>Pfefferkorn Rd</u>							
SUBDIVISION <u>River Mills Estates</u>		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	
<u>Soft brown</u> 0 50 <u>Grey limestone</u> 50 84 <u>Fracture</u> 84 85 ✓ <u>Grey limestone</u> 85 118 <u>Fracture</u> 118 120 ✓ <u>Grey limestone</u> 120 200 <u>Fracture</u> 200 202 ✓ <u>Grey limestone</u> 202 250		GRROUTING RECORD WELL HAS BEEN GRROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> TYPE OF GRROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2068</u> GALLONS OF WATER <u>132</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>57</u> ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>192</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>26</u> ft. WHEN PUMPING <u>35</u> 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		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <u>29</u> 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 } <u>3</u> (nearest foot)	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		C 2 DEPTH (nearest ft.) <u>60</u> <u>250</u>			
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		SCREEN RECORD screen type or open hole <input checked="" type="checkbox"/> (insert appropriate code below) STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> BRONZE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to			
DRILLERS LIC. NO. <u>M 3 D 224</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>		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			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

MDE/WMA/PER.071

COUNTY

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.

TAE - 6/4/2019

B 1 <div style="font-size: 2em; font-weight: bold; text-align: center;">59796</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 1.5em;">504848-1</div>	STATE PERMIT NUMBER <div style="font-size: 1.5em;">Ho - 18 - 0061</div> <div style="font-size: 0.8em;">fill in this form completely</div>
OWNER INFORMATION Date Received (APA) <u>04/18/19</u> <div style="font-size: 0.8em;">8 MM DD YY 13</div> <div style="display: flex; justify-content: space-between;"> <div> <u>Pfefferkorn River Mill LLC</u> 15 Last Name <u>12668 Frederick Rd</u> 36 Street or RFD <u>West Friendship Md 21794</u> 57 Town 70 State 72 Zip 76 </div> <div> Owner First Name 34 Street or RFD 55 Town State Zip 76 </div> </div>		LOCATION OF WELL <div style="font-size: 1.5em; text-align: center;">Howard</div> <div style="display: flex; justify-content: space-between;"> <div> 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 </div> <div> <u>River Mill Estates</u> <u>5</u> <u>West Friendship</u> </div> </div>	
DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> <u>Allen Campbell</u> Driller's Name 76 <u>Fogles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine, Md 21797</u> Address <u>Allen Campbell</u> Signature 418-19 Date </div> <div> <u>MS D 009</u> License No. 81 </div> </div>		SOURCES OF DRILLING WATER 1. <u>Well water</u> 2. 3. <div style="text-align: center;"> <u>Pfefferkorn Rd</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center;"> NORTH N W E S E S O U T H </div> <div style="margin: 0 10px;"> 34 250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> </div>	
WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <u>5</u> </div> <div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 <u>500</u> </div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> <u>Howard</u> COUNTY NAME STATE SIGNATURE DATE ISSUED <div style="font-size: 0.8em;">43 MM DD YY 48</div> </div> <div> <u>STC</u> COUNTY NO. INSERT S → 41 <u>05/01/2019</u> CO SIGNATURE EXP. DATE <div style="font-size: 0.8em;">43 MM DD YY 48</div> </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> OPEN LOOP GEOTHERMAL</div> <div><input type="radio"/> CLOSED LOOP GEOTHERMAL</div> </div>		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; font-size: 1.5em;">Pfefferkorn Rd</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>Pro Garage</u> <u>125'</u> </div> <div style="text-align: center;"> <u>6/4/2019</u> <u>Pump @ 200'</u> <u>10 gpm</u> <u>26 SWL</u> </div> <div style="text-align: center;"> <u>River Mill</u> <u>20'</u> </div> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> BORED (or Augered) <input checked="" type="radio"/> AIR-ROTary <input type="radio"/> CABLE other </div> <div> JETTED AIR-PERCussion REVerse-ROTary </div> <div> Jetted & DRIVEN ROTARY (Hydraulic Rotary) Drive-POINT </div> </div>		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><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</div> <div><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</div> </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <div style="font-size: 0.8em;">24 28</div>		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <div style="font-size: 0.8em;">NEAREST INCH</div>	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>Ho - 18 - 0061</u> <div style="font-size: 0.8em;">70 71 72 73 74 75 76 77 78 79</div>		<div style="text-align: center;"> N ↑ </div>	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <div style="font-size: 2em; text-align: center;">NONE</div>			

FOGLE'S WELL DRILLING, LLC
P.O. Box 202
Woodbine, Md 21797
443-609-4195

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-18-0061

Location of Property: Pfefferkorn Rd West Friendship, Md 21794

Subdivision: Rover Mill Estates Lot: 5

Well Driller/Tech: Fogles Well Drilling/ Andrew Houseman MSD224 OwnerBuyer: Pfefferkorn Rover Mill, LLC

Well Depth: 250' Casing: 60' Steel

Distance of measuring point (M.P.) above ground: 3'

Static water level (S.W.L.) below M.P.: 26'

High rate pumping –reservoir Drawdown

Time pump started: 7:45 **Pumping rate:** 10

Total time 15 mins to reach pumping water level 35 ft. below M.P.

pump set @ ~~200~~
M.P. 230

Recovery pump test data – observations to be recorded every 15 minutes

[illegible]

104 106 6

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410) 340-4640 FAX: (410) 313-1648
313-1774**

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 (and Well Construction Regulations). Submission of a complete form is required prior to the inspection.

Company Name: Atlantic Blue, LLC Telephone #: 410-840-2583
Address: 1902 KATHARINE BLVD
WATSONVILLE, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): VINCE SWENSON License: 70788

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. License may be subjected to field verification.

Name of Property Owner: SECURITY DEVELOPMENT Telephone #: 410-465-4244
Subdivision: CLONK MEADOW Lot #: 5 Well Tag #: RD-18-0041 (S)
Site Address: 3007 CLONK MEADOW WAY
WELL FRIENDSHIP, MD 21794

Submersible Pump Data

Make: BOWD

Model #: _____

Pump Capacity: 7 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 160 (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 inside of well casing with eye bolt _____

Pitless Adapter

Make: Lambert II

Model #: _____

Depth: 42" (36" min)

NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 1/2" R.G.: ✓

Conduit secured to well cap: ✓

Enter to house

Type: DDV

PSI: 20 (160 psi min)

Depth of supply line: 3' (36" min)

House Connection

PVC cleaved to undisturbed soil at well penetration: ✓

Approximate length of sleeve: 20"

Sleeve caulked 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, 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: _____ date: 11/2/2021

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

Date Insp. Requested: 11/4/21 Date Insp. Approved: 11/4/21 (S)

Inspection Data: Pitless adapter and water supply line at least 18" below grade ✓ 40"

Two piece cap installed and attached to casing securely ✓

Elect. conduit extends at least 18" below grade/attached to cap properly ✓ 42"

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓ 21"

Water supply line cleaved adequately at house connection ✓ 9'

Adequate grout observed below pitless adapter ✓

HD-215 (Rev. 8/00)

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – August 15, 2022

February 15, 2022

Homeowner
3007 Underwood Road
West Friendship, MD 21794

RE: Rover Mill Est., Lpot 5
3007 Skye Meadow Way
Building Permit: B21001403
Well Permit: HO-18-0061

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 **12/15/2021**. Final approval of the well line connection to the dwelling was granted on **11/4/2021**. The well construction was completed on **6/4/2019**. Water samples were collected on **2/10/2022**.

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-18-0061. 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

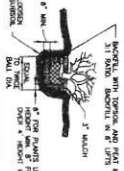
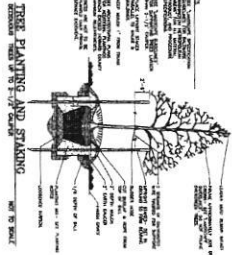
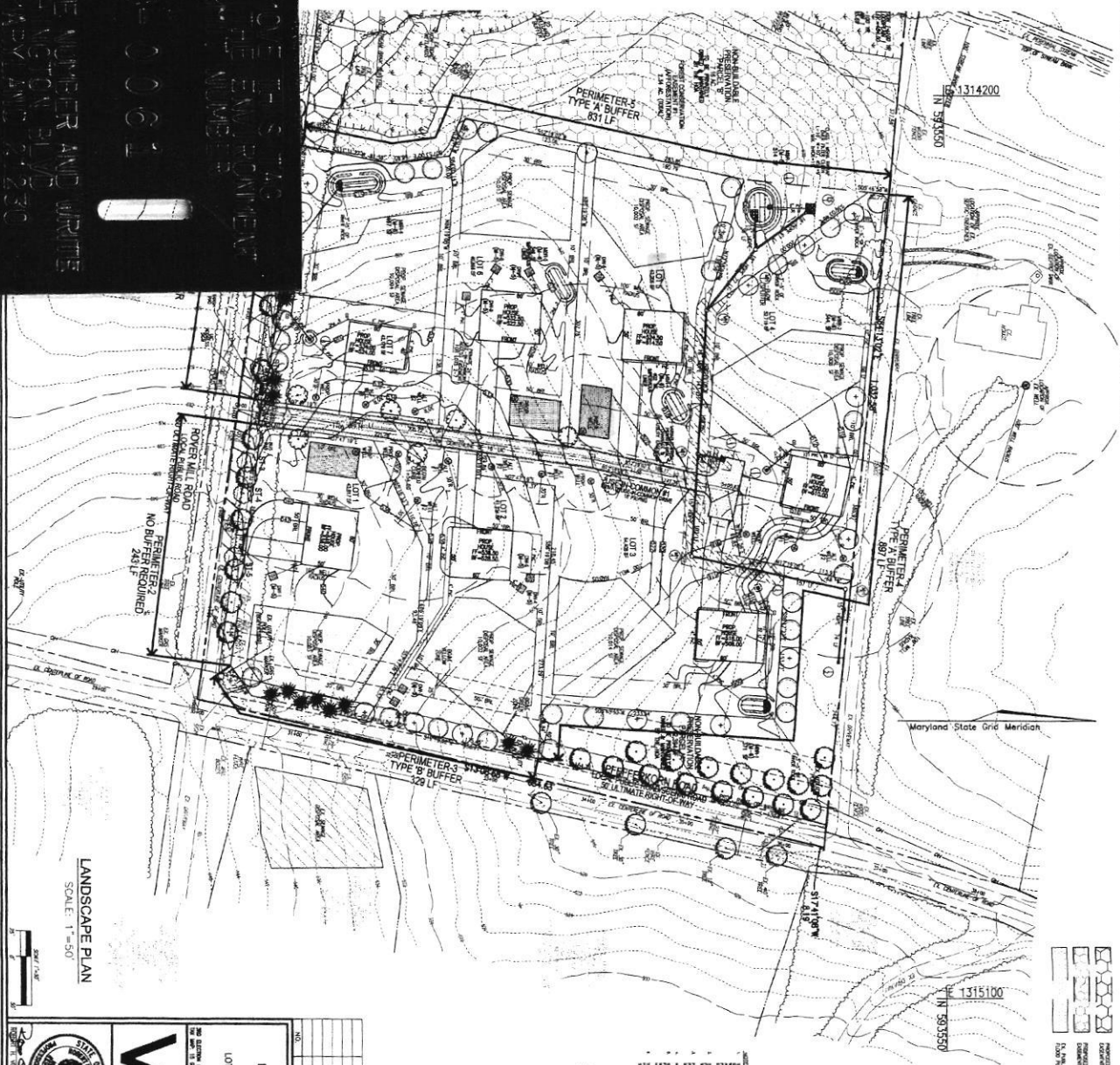


SPECIMEN TEST CHART					
NO.	SIZE	CMC	COMMON NAME	CONDITION	COMMENTS
1	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
2	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
3	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
4	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
5	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
6	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
7	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
8	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
9	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
10	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
11	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
12	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
13	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
14	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
15	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
16	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
17	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
18	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
19	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
20	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
21	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
22	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
23	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
24	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
25	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
26	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
27	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
28	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
29	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
30	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
31	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
32	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
33	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
34	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
35	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
36	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
37	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
38	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
39	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
40	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
41	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
42	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
43	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
44	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
45	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
46	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
47	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
48	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
49	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED
50	12"	1.5	SOFTWOOD WHITE	GOOD	TO BE REPAIRED

[illegible]

STREET TREE CALCULATIONS				
SHEET NAME	LENGTH OF THE REQUIRED NO.	PROPOSED		
STREET TREE PAD	0152.00	15		
PROPOSED DIA.	6602.40	18		12


TRASH PAD LANDSCAPING				
STATION	QTY.	DESCRIPTION	SIZE	REMARKS
5	3	ORIENT JAPANESE YEW	3'-4" (12)	0.8.0.0

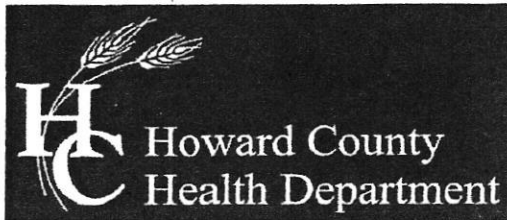
[illegible][illegible]

OWNER/DEVELOPER
PETERSON POWER MFG., LLC
C/O BOA KATHANA
12655 FREDRICK ROAD
WEST FRIENDSHIP, MD 21794
(443) 574-1600

LANDSCAPE PLAN

APPROVED 05/02/2019 (F) 001997
STAKED BY VOGEL
LOT 5 - POWER MILL

	NO. _____	
	DATE _____	
PRELIMINARY EVALUATION SKETCH PLAN		
LANDSCAPE PLAN, NOTES AND DETAILS		
ROYER MILL ESTATES LOTS 17 AND NON-BUILDABLE PRESERVATION PARCELS A & B WEST PRESERVATION LOT 17A L. 100' x 100'		
THE LUTHERAN CHURCH OF THE 100' x 100' LOT 17A		
ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS AND LANDSCAPE ARCHITECTS 644277 HIGHWAY DRIVE, WEST BRIDGE FARM 41 BOX 242, 20000		
SCALE: 8" = 1'	DESIGNED BY: _____	DRAWN BY: _____
DATE: _____	CHECKED BY: _____	DATE: _____
APPR. BY: _____	APPROVED: AULB.	DATE: _____
8.6.00	12.26	12.26
PROFESSIONAL CERTIFICATE I, _____, a duly Licensed Professional Engineer, do hereby certify that the above is a true and correct copy of the original as filed in my office. _____ State of Maryland, _____ 12.26		
7 11		



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
Subdivision/Property Name

1 thru 7
Lot #

Pfefferkorn Rd
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.



HOWARD COUNTY HEALTH DEPARTMENT

WS
64848

DATE 4/15/19

Received From

PHONE # 443-874115

☐ CASH
☒ CHECK

NO.

012855

For

160 Wells
Peller Korn
12668 Peller Korn Road

\$

1120.00

Received By

J. D. King

Dollars

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150413 Account #: 1045
Reference: CBI Homes Clover Meadow Lot 5 Client: Atlantic Blue Water Services
Location: 3007 Skye Meadow Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 2/10/2022 1010 Site: Powder Room
Date/Time Rec'd: 2/10/2022 1224 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: M. Mather 0258MM Well #: HO-18-0061

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/11/2022 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/11/2022 / 0830 / CRS
Nitrate	3.76	mg/L	10	Hach 10206	2/10/2022 / 1545 / CRS
Turbidity	0.66	NTU	<10	SM20 2130B	2/11/2022 / 0850 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	2/11/2022 / 0845 / CRS

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 # :** B21001403Date Reported: 2/11/2022