

C1

3189

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

A517336

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

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
5 2 2008

Depth of Well

22 320' 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

110-95-1505

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## 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

check  
if water  
bearing

FROM TO

Sand Stone 0 44 water 46

Gray Mica Rock 44 320 water 280'

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CMBENTONITE CLAY ☒ BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

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

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below☒ ST  
STEEL☒ CO  
CONCRETE☒ PL  
PLASTIC☒ OT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST 6 55

## OTHER CASING (if used)

diameter depth (feet)  
inch from to

EACH CASING

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)☒ ST  
STEEL☒ BR  
BRASS☒ HO  
OPEN  
HOLE☒ PL  
PLASTIC☒ OT  
OTHER

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

2 23 24 25 26 27 28 29 30 31 32 33 34 35 36

3 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

4 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

5 67 68 69 70 71 72 73 74 75 76 77 78 79 80

6 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95

7 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110

8 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125

9 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140

10 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155

11 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170

12 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185

13 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200

14 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215

15 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230

16 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245

17 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260

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 S D 0 2 4

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)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70

72

TELESCOPE  
CASINGLOG  
INDICATOR

74 75 76

OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

6

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.

WHEN PUMPING 205 ft.

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 YES ☒ NOIF 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.)

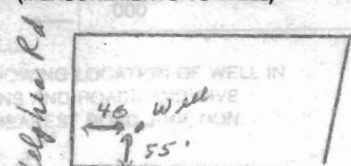
43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)☒ + above

LAND SURFACE

☒ - below2 (nearest  
foot)

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

<b>B 1</b> <b>1086</b>		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 527956 please type		STATE PERMIT NUMBER 140-95-1505 fill in this form completely	
Date Received (APA) 8 MM DD YY 13 Warfield, Jr. Kennard 15 Last Name Owner First Name 34 P.O. Box 30 36 Street or RFD 55 Glenelg Md. 21737 57 Town 70 State 72 Zip 76				<b>B 3</b> LOCATION OF WELL 8 COUNTY 21 The Warfields II 42 23 SUBDIVISION SECTION 2 LOT 9 44 46 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78			
<b>DRILLER INFORMATION</b> Driller's Name 76 License No. 81 Joseph L. Mayne M S D 024 Firm Name Joseph L Mayne Well Drilling 5512 Ridge Rd. Mt. Airy, Md. 21771 Address Signature Joseph L Mayne Date 12-10-2007				<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N W N E W TOWN E S W S E ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 40 37 DISTANCE FROM ROAD 51 ENTER FT OR MI 38 39 TAX MAP: 27 BLK: 23 PARCEL 114			
<b>B 2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20				<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL			
<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> Howard 13 A 517336 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 1/18/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 516 000 EAST GRID 0794 000 50 55 57 63				<b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b> SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7904 N 5196 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N Philadelphia Rd Michele Dr. Dayton			
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH				<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other			
<b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROX. PERMIT NUMBER 140 2006G 009 PERMIT No. 140-95-1505 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> min. casing depth to be set @ least below 1st water bearing fracture. (upper 200 ft to be sealed off)							

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Robert L. Feezer License# 2122

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Warfield Estates II Lot #: 8009 Well Tag #: HO - 95 - 1505  
Site Address: 14651 Triadelphia Road  
Glenelg, MD 21737

**Submersible Pump Data**

Make: Berkeley  
Model #: B7P4MS07221  
Pump Capacity 7 GPM  
Well Yield: 6 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 320 (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 N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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.**

Robert L. Feezer

Signature required by Robert L. Feezer  
and submitted to Howard County Health Department  
Date: 03/04/2013 10:17:00 AM

March 4, 2013

Signature of company representative responsible for installation

date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap 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 \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 9 Well Tag #: HO-95-1505  
Site Address: 1465 Triadelphia Road

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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 \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/28/2013 BB  
Inspection Data: Pitless adapter and 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 installed inside of well casing ☒  
Correct well tag attached properly and casing 8" above finished grade ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate grout observed below pitless adapter ☒

PROPERTY OF  
CHARLES T. FULCHER, JR.  
PARCEL NO. 43  
L. 1723 / L. 41  
ZONED RC-DEO

TRIADDELPHIA

MINOR COLLECTOR  
X60' R/W

N 578000

E 1306500

PROPERTY OF  
THOMAS A. HOWELL & WF.  
PARCEL NO. 85  
L. 534 / L. 51  
ZONED RC-DEO

EX. WELL

EXISTING DWELLING

EX. BARN

PROPERTY OF  
THOMAS A. HOWELL & WF.  
PARCEL NO. 59  
L. 815 / L. 270  
ZONED RC-DEO

E 1306500

N 577500

20' Public Drainage  
& Utility Easement

EX. DRIVEWAY

PROPERTY OF  
WENHARD & MARY ELLEN  
PARCEL NO. 10  
L. 275 / L. 290  
ZONED RC-DEO

EX. WELL

POOL

1/10/08  
well site  
OK

Non-Buildable  
Preservation  
Parcel 'F'

1" = 100'

LOT 14

LOT 15

LOT 13

LOT 12

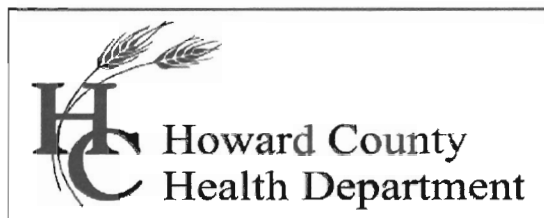
LOT 11

LOT 18

LOT 10

LOT 9

LOT 19



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
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**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – November 1, 2013

May 1, 2013

Homeowner  
14651 Triadelphia Road  
Glenelg, MD 21737

**RE: The Warfields II, Lot 9**  
**14651 Triadelphia Road**  
**Building Permit: B12003999**  
**Well Permit: HO-95-1505**

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 **4/10/2013**. Final approval of the well line connection to the dwelling was granted on **3/28/2013**. The well construction was completed on **5/2/2008**. Water samples were collected on **4/15/2013 & 4/23/2013**.

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.

The untreated water sample collected on **4/15/2013** indicated a nitrate level of **15.6 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **4/23/2013** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1505. 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 quality 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>

Approving Authority,



Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

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



TRACE LABORATORIES, INC  
5 North Park Drive  
Hunt Valley, MD 21030 USA  
Telephone: 410/584-9099 / Fax: 410/584-9117  
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

### CERTIFICATE OF ANALYSIS

**Requester:**

Rick Cross  
Robert L. Feezer Company  
6321 Barnett Avenue  
Sykesville, Maryland 21784

**S/O Number:** 88869**Report Date:** April 24, 2013*Nitrate Retest #1*

**Property Sampled:** 14651 Triadelphia Road, 21737  
**Sample Location:** Kitchen R/O Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12003999  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot #:** 9

**Date/Time Collected in Field:** April 23, 2013 @ 1:42 pm  
**Date/Time Received in Lab:** April 23, 2013 @ 2:34 pm

**Well Tag #:** HO-95-1505  
**Well Condition:** 2-Piece Cap, Satisfactory

*Nitrate OK  
4/30/13 HS*

**Water Treatment/Conditioning:** Softener, Neutralizer, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Katherine C. Higgs*  
Katherine C. Higgs  
Manager – Drinking Water Testing



## TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

## CERTIFICATE OF ANALYSIS

## Requester:

Rick Cross  
Robert L. Feezer Company  
6321 Barnett Avenue  
Sykesville, Maryland 21784

S/O Number: 88790

Report Date: April 16, 2013

Property Sampled: 14651 Triadelphia Road, 21737  
Sample Location: Pressure Tank Tap  
Residual Chlorine: <0.1 mg/L

Building Permit #: B12003999  
Sampler ID #: 7483AM  
Samples Iced: Yes

County: Howard  
Map: 27

Subdivision: The Warfields II S2 RSB  
Parcel: 114

Lot #: 9

Date/Time Collected in Field: April 15, 2013 @ 10:35 am  
Date/Time Received in Lab: April 15, 2013 @ 1:10 pm

Well Tag #: HO-95-1505  
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	15.6 mg/L as N X	FAIL
Turbidity	EPA 180.1	10 NTU	1.2 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.1 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs  
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

**REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: April 25, 2013 WELL PERMIT #: HO - 95 - 1505

PROPERTY OWNER: Nabeela and Shahzad Haider

SUBDIVISION & LOT #: Warfields II- lot # 9

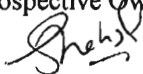
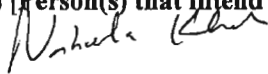
PROPERTY ADDRESS: 14651 Triadelphia Road

**CONDITIONS:**

- 1) The well installed under permit # HO -95 - 1505 has been documented to have a nitrate level of 15.6 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 4/22/2013 indicated that the nitrate contamination has been reduced to <1.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 1505. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Prospective Owner's Day Time Phone Number(s)

703.915.2053 240.593.6164



Howard County  
Health Department

Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

Friday, January 18, 2008

**IMPORTANT**

MEMORANDUM

To: WELL DRILLER,  
FILE

From: Kevin Wolf, Sanitarian  
Well and Septic Program

Re: The Warfield's II (F-07-040)  
Lot's 6-14

- In order to preserve the quality of ground drinking water, a special condition has been set for wells of lots 6 through 14 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (which ever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department.