

C16597

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
1520144

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
7/18/05

Depth of Well
22 600 26 10/13/05
(TO NEAREST FOOT) O.K. (BB)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0033

OWNER
last name first name
Son Thien Humes

STREET OR RFD
11789 WINDOLPHIA RD

TOWN
FELLSMITH CITY

SUBDIVISION

SECTION
16/30/26

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	20	
Brown Mica	20	50	
Gray Mica	50	135	
Brown Mica	135	136	
Gray Mica	136	600	

GROUTING RECORD

yes no
Y N
44 44

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 24 NO. OF POUNDS 3400

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL CO
PLASTIC OT

MAIN CASING TYPE
ST

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

Total depth
of main casing
(nearest foot) 60

OTHER CASING (if used)
diameter depth (feet)
inch from to

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

STEEL BR HO
PLASTIC BRONZE OPEN HOLE
OTHER

DEPTH (nearest ft.)
1 110 59 600

E A C H S C 3 R E N

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.85

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 ft.
WHEN PUMPING 208 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 NO

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

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

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

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)
+ above
- below
LAND SURFACE (nearest foot) 1

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
Y 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.: MWD 840

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JS D 038

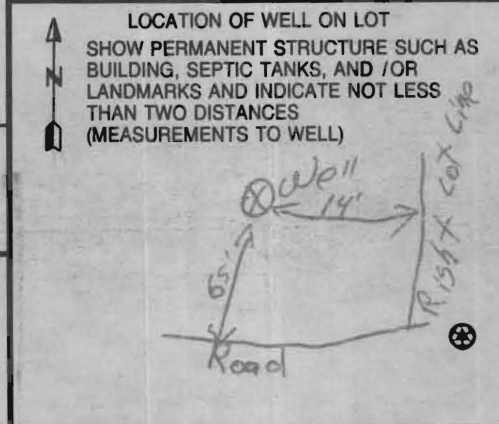
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

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 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	1471	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>522521</u>	STATE PERMIT NUMBER <u>HO-95-0033</u> <small>fill in this form completely</small>
Date Received (APA)		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> OWNER INFORMATION 9996 <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> 8 MM DD YY 13 <u>Southern Homes</u> 15 Last Name Owner First Name 34 <u>10149 Reed Lane</u> 36 Street or RFD 55 <u>Ellicott City, Md 21042</u> 57 Town 70 State 72 Zip 76 </div> </div> </div> <div style="width:45%;"> LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> B 3 <u>Howard</u> 8 COUNTY 21 <u>Kirszelbaum Property</u> 23 SUBDIVISION 42 SECTION <u>44</u> LOT <u>46</u> <u>West-Friendship</u> 52 NEAREST TOWN <u>Ellicott City</u> MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78 </div> </div> </div> </div>		
DRILLER INFORMATION <u>George F. Easterday</u> M W D <u>040</u> Driller's Name 76 License No. 81 <u>L. Franklin Easterday, Inc.</u> Firm Name <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u> Address <u>George F. Easterday</u> <u>6/6/05</u> Signature Date		11789 Triadelphia Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> 34 300 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 </div> <div style="width:45%;"> TAX MAP: <u>16</u> BLK: <u>20</u> PARCEL <u>76</u> </div> </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"/> GEO-THERMAL</div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>9520144</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED <u>6/9/05</u> <u>6/9/06</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>531</u> 0 0 0 EAST GRID <u>823</u> 0 0 0 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>wells</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>820</u> 3 N <u>530</u> 1 000 000		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>10 H 5</u> <u>WEST FRIENDSHIP</u> 		
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input checked="" 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 DEEPEEN AN EXISTING WELL</div> </div> 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) APPROX. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-95-0033</u> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

Page _____ of _____
Date _____

7-15.05 8:00

Review _____

**FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-0033
Location of property (road) 11789 Tridolphie Rd
Subdivision _____ Lot _____ Block 20 Plat 16 Sec. 36 76
Well Driller Easterday's Owner San. Thru Homes

Depth of well 600 38pm
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 9:45 Pumping rate 156pm
Total time 30min to reach pumping water level 205' ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1015	205	21 sec	1gal bucket	< 2.85pm
1030	205	21		2.85
1045	205	21		2.85
1100	205	21		2.85
1115	205	21		2.85
1130	206	21		2.85
1145	206	21		2.85
1200	206	21		2.85
1215	206	21		2.85
1230	206	21		2.85
1245	206	21		2.85
100	207	21		2.85
115	207	21		2.85
130	207	21		2.85
145	207	21		2.85
200	207	21		2.85
215	207	21		2.85
230	207	21		2.85
245	208	21		2.85
300	208	21		2.85
315	208	21		2.85
330	208	21		2.85
345	208	21		2.85
400	208	21		2.85
HD-415	208	21		2.85

ATTN:

DAVE

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: Schaefer Mechanical Services Telephone #: 410-876-6825
Address: 620 Old Westminster Pike
Westminster 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): David Wells License# State Lic #5914 Master Plumber

*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: Southern Homes Telephone #: 443-253-3985
Subdivision: _____ Lot #: _____ Well Tag #: HO - _____
Site Address: 11739 Tridelphia Rd

Submersible Pump Data

Make: Lancaster
Model #: 2SPJ 100172
Pump Capacity: 5 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: Cumblad
Model #: 1PA800
Depth: 42" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: _____
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: _____ (feet)

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

Torque arrestors of Cable guards are required - Must circle one

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

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 12'
Sleeve caulked and sealed properly: yes

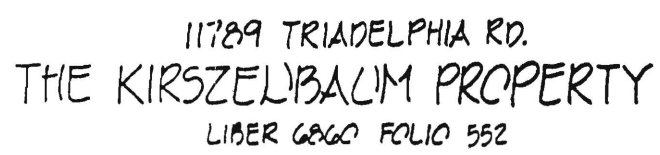
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Wells date: 6-25-09

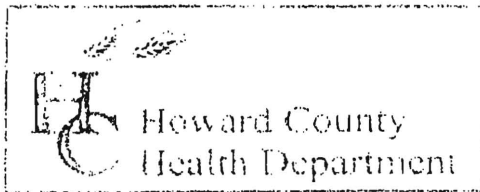
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 4/15/00 (RB)
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 _____

SCALE: 1" = 30'



3RD. ELECTION DISTRICT HOWARD COUNTY, MD.
TAX MAP 16, GRID 20, PARCEL 76
APRIL, 2005 SCALE: 1" = 50'



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 owner,
(professional land surveyor or company employing professional land surveyors)
on 6-2-05 (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

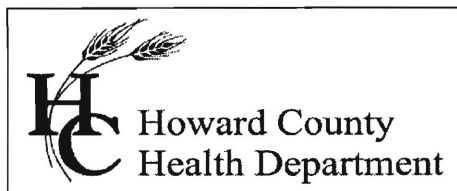
SOUTHERN HOMES

BRIAN ROBERTS

443-253-3985 - cell

(410) 461-6122

11789 TRIADELPHIA RD



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

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

July 2, 2009

Homeowner
11789 Triadelphia Road
Ellicott City, MD 21042

SENT BY FACSIMILE 410-379-2430

RE: 11789 Triadelphia Road
BP #: B00157157
Well Permit # HO-95-0033

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/25/2009. Final approval of the well line connection to the dwelling was approved on 04/15/2008.**

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 water sample results were found to be in compliance with COMAR water quality standards.

TEMPORARY INTERIM CERTIFICATE OF POTABILITY

This is a **Temporary Deviation** to allow additional time for radium testing to be done, and if needed appropriate treatment installed so that levels meet EPA recommendations.

This temporary deviation is good for **30 days** to allow time for radium testing. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents a **Gross alpha, Gross Beta, short and long term (Before treatment).**

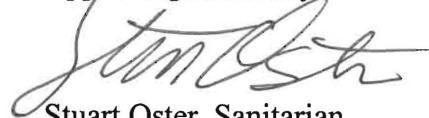
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0033. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.

Date of Water Samples: 06/19/2009 & 06/29/2009
Date of Radium Tests: **GROSS ALPHA, GROSS BETA (Short and Long term pre- treatment)**
Date of Well Completion: 07/18/2005

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over the printed name.

Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Jul 02 09 09:27a

Catoctin Labs

301-271-9060

p. 1



CATOCTIN LABS, INC.
3800 AMES CHURCH ROAD
THIRDMONT, MARYLAND 21788-1017
(301) 271-9060
FAX (301) 271-9060

Reporting Date: July 02, 2009

Date/Time Collected: June 29, 2009 at 0955 hours

Address: Sample# 906-9778

Collected by: M. Blackwood

Date/Time Received: June 30, 2009 at 1600 hours

Received from: Kappe Associates
100 Worman's Mill Court
Frederick, Md. 21701

Sample Location: First Floor Bathroom Sink

ANALYSIS	RESULTS pCi/l	ANALYSIS DATE/TIME	STANDARD METHOD	ANALYST
Radon In Water	1,459	07/01/09 1025	Sm7500-RnB (Modified)	BDD

** EPA Proposed level of Radon in Water is 4,000 pCi/l. for Private Wells.

** 10,000 pCi/l of radon in water will raise the level of radon in the air by 1.0 pCi/l.

Respectfully submitted,
CATOCTIN LABS, INC.

H. Allen Haines
Laboratory Director



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT • FREDERICK, MD 21701 • P 301-846-0210 • F 301-846-0808 • E kappe@erols.com

July 2, 2009

Alban Home Inspection
593 Lancaster Place
Frederick, Maryland 21704

Subject: Report of Analysis
"11789 Triadelphia Road"
Well Tag #HO-95-0033

Gentlemen:

The results of the analyses performed on the water samples received from you on June 29, 2009 are given below and in the attached report.

<u>Parameter</u>	<u>Result</u>
Turbidity (NTU's)	1.0
Sand (as mg TSS/L)	<1
Radon*	See attached report

*Analysis was subcontracted.

Thank you for this opportunity to serve you. Should you have any questions concerning this report, please do not hesitate to call.

Very truly yours,

KAPPE ASSOCIATES, INC.
Scientific Research Division

Julia M. Patel
Laboratory Administrator

JMP/mau



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO: Alban Home Inspection
573 Lancaster Place
Frederick, MD 21701

Sample Ident. No.: 902-9250
Type of Water: Drinking Water
Date (Time) Collected: 06-19-09 (1255)
Date (Time) Received: 06-19-09 (1345)
Date (Time) Examined: 06-19-09 (1355)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: Kitchen Sink Source Type: Well
Mun., Inst., Co., Owner: Bryan Roberts pH (pH Units)(Field) = 7
Address: 11789 Triadelphia Road Chlorine Residual: 0.0 mg/L
City, County: Ellicott City Turbidity (NTU's) = 73
State, Zip Code: MD 21042 Disinfection: None
Sand (as mg TSS/L) = 20

Well Tag #HO-95-0033

Collector's Name: Martin Blackwood Affiliation: Alban Home Inspection

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		0.1 mg/L
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	SM4500NO3-E

THIOSULFATE IN SAMPLE: Present SAMPLE HOLDING TIME: Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE	24HR						
TEST *	48HR						
COLIFORM	Total						
CONFIRMED	48HR #						
TEST	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: ** This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

BACTERIOLOGIST'S NAME

DATE

Julia M. Patel

Julia M. Patel

06/23/09

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DELAWARE	MARYLAND	PENNSYLVANIA	VIRGINIA	WEST VIRGINIA
Dover, DE 302-698-1414 Middletown, DE 302-378-7880	Aberdeen, MD 410-273-7155 Baltimore East 410-675-5664 Baltimore West 410-728-1133 Bel Air, MD 410-569-2800 410-515-1900 Brentwood, MD 301-779-3800 410-792-7199 Easton, MD 410-770-4480 (CDC) Edgewood, MD 410-671-9900 Eldersburg, MD 410-756-3000 410-781-7260 Elkton, MD 410-398-0671 Hagerstown, MD 301-739-7474 Jessup, MD 301-490-0170 410-880-3041 Leonardtown, MD 301-475-2828 Ocean City, MD 410-629-1772	Owings Mills, MD 410-363-7900 Prince Frederick, MD 410-535-4375 Salisbury, MD 410-219-1188 Timonium, MD 410-252-9610 Westminster, MD 410-548-7044 410-876-5855 Carlisle, PA 717-243-1789 Hanover, PA 717-637-2238 Lancaster, PA 717-560-4099 York, PA 717-854-5534	Alexandria, VA 703-922-5355 Christiansburg, VA 540-382-8550 Dulles, VA 703-661-0304 Roanoke, VA 540-342-4060 Winchester, VA 540-662-4158	Martinsburg, WV 304-754-8014

Warehouse : 3
NORTHEASTERN SUPPLY INC.
1430 PROGRESS WAY UNIT 114
ELDERSBURG, MD 21784

Order # : 488741 Printing # 1
Driver :
Counter :
Warehouse : 3
Picked by : Checked by :

Ship To: B3S2
ELDERSBURG CASH CUSTOMER
DO NOT MAIL

Sold To:
ELDERSBURG CASH CUSTOMER
DO NOT MAIL

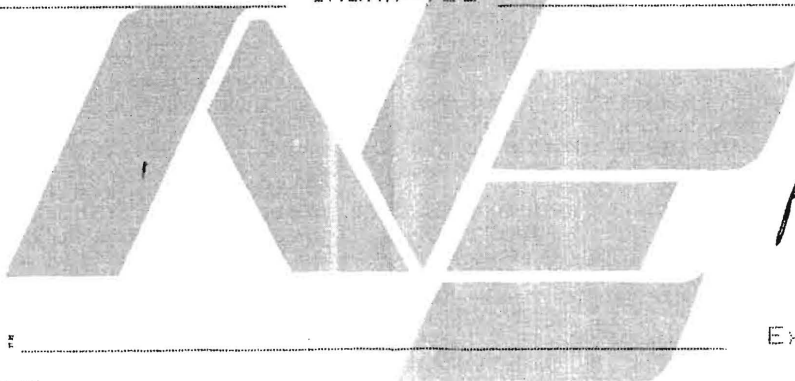
Freight Allowed YES
Customer Purchase Order # : Quoted To
11789

Phone # :
Printed at 16:22:07 24 JUN 2009
Ship-Via

Order Date	Prod Date	Tax Juris.	Wrttr	Slam	Truck#	Pieces	Weight	Page
06/24/09	06/25/09	MD		1310 13		11	1.49A	1

Instructions: SMALL REPAIR PLUMBER									
Order	Pick	B/O					Ship	Net	
Ln	Quant	Quant	Quant	EDP Code / Description			Quant	UM	Price
1	1	1		OTHER15806 - 4B1			1		
				1/2PT MEGALOC THREAD SEALANT				EA	9.844
2	1	1		OAMP152080 - 5B4			1		
				W10-BC 1" CLEAR FILTER HOUSING				EA	72.980
				SAME AS W10-PR					
3	2	2		OAMP155184-51 - 5B5			2		
				W5CPHD SED CARTRIDGE F/W10-PR				EA	15.318
4	3	3		OPVC40901 - 6A6			3		
				11 PVC SCH40 90 ELL				EA	0.694
5	2	2		OPVC40ADM1 - 6A8			2		
				11 PVC SCH40 MAL ADP				EA	0.620
6	2	2		OLEG201-405 - 804			2		
				11 S40 COMP PVC BALL VLV SXS				EA	3.490

thank you



pick # 1988

Customer Signature : _____	Ext Total	\$123.76
Date : ____/____/____	Tax	\$7.43
	Total	\$131.19

This signed receipt acknowledges that the above merchandiss
has been delivered and/or received in perfect condition.

Cartons	Coils	Bundles	Reels	Packages	Specials



alban inspections

A FULL SPECTRUM OF SERVICES

property environmental energy education

DRINKING WATER SAMPLE FOR BACTERIOLOGICAL EXAMINATION

Client's Name: Bryan Roberts

Address: 11789 Triadelphia Road

Ellicott City MD 21042

Sampling location: Kitchen Sink

Collection Information:

Collection Date: 06-19-09

Collection Time: 12:55 pm

Collector's Name: Martin Blackwood

MD Certificate No: #0904-00-950

Source of Drinking Water: (check one) Well X
Spring _____
Public Supply _____
Other _____

RESULTS:

Coliform: Absent

Chlorine: 0.0mg/L

Bacteria: N/A

Iron: N/A

E Coli: Absent

Lead: N/A

Nitrate Nitrogen: 0.1mg/L

Sand: 20 TSS/L

Nitrite N/A

Turbidity 73 NTU's

PH: 7

MCL 5
10

BACTERIOLOGICAL TESTING: SAFE / UNSAFE

S:\Home Insp\DRINKING WATER SAMPLE (client copy).doc

Alban Inspections, Inc. • www.albaninspect.com

P.O. Box 693 • Frederick, Maryland 21705 • 301.662.6565 • 1.800.822.7200 • 301.662.8421 [f]



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property environmental energy education

June 24, 2009

ADDENDUM

This letter serves as an addendum to the drinking water bacteriological examination. Upon installation of a sediment filter by the builder, these water results are deemed safe according to EPA standards for drinking water.

Sincerely,

MARTIN BLACKWOOD, Chief Inspector
Alban Inspections, Inc.

4/2/04

Ray
Dachuba
from CEE

11.789
Tridulphia
E.C. 2104.2

4/23/04

PROPOSED SEPTIC
AREA 10,000 SF.

T/C W/ OWNER L. Ver C 860
+ ENG'R: F-1,0 552
2 Holes Added as shown.

NEW WELL TO BE
DRILLED IN VICINITY
OF EX. WELL

Ex. SEPTIC

Tax ID 279952
Dist 3

NEW HOUSE TO BE
BUILT IN VICINITY OF EX. HOUSE

EX. WELL
IN PIT TO BE AB.

Ex. WELL

PLAN OK FOR TESTING

(MR)

match this side
Ex. House for
more room
to construct
new House

Lot ≥ 1.0 Ac. < 2.0 Ac.

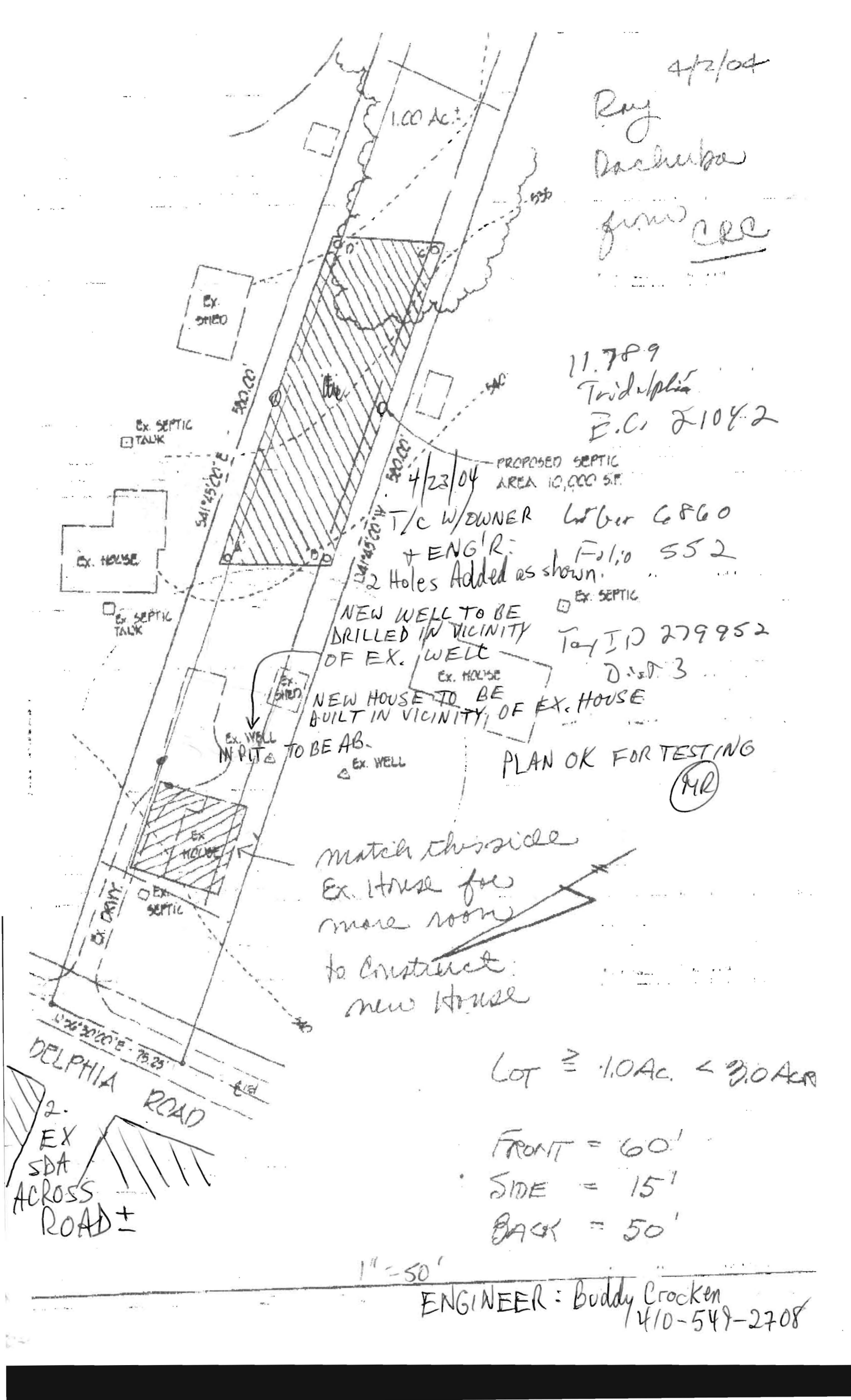
FRONT = 60'

SIDE = 15'

BACK = 50'

1" = 50'

ENGINEER: Buddy Crocker
410-549-2708



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7/28/05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

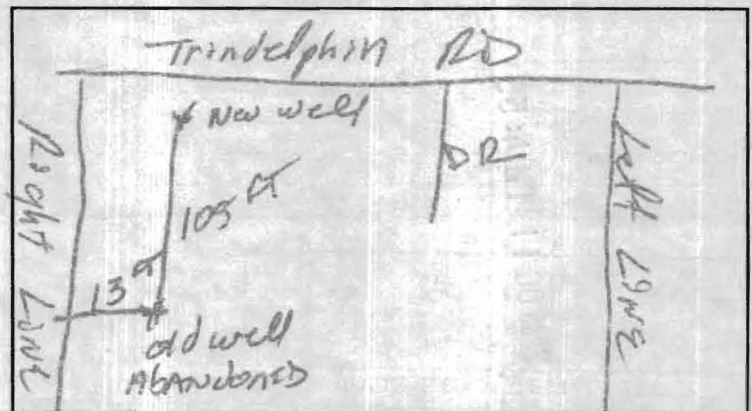
* PERSON ABANDONING WELL: Richard H. Crummitt WELL DRILLERS LICENSE NUMBER: W1R0 014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Southern Homes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: ELLICOTT CITY
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: KIRSZELBAUM PROP
SECTION: _____ LOT: _____
NEAREST ROAD: 11789 TRIADELPHIA RD



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 60 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite well pit	60	6
	6	0
VOLUME OF MATERIAL USED		
3 Bag Bentonite		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

D40
MWD/MSD/MGD
CIRCLE ONE

DATE