

B 1 **6898** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-0265
 fill in this form completely

Date Received **9/16/83 9:30 AM**
 OWNER INFORMATION
 15 Last Name **KEOVER** Owner First Name **DONALD**
 36 Street or RFD **10194 BALF. HATZ PIKE**
 57 Town **ELLICOTT CITY** 70 State 72 **MD** Zip 76 **21093**

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD**
 23 SUBDIVISION **GLENELG MAJUK**
 SECTION **2** LOT **100**
 52 NEAREST TOWN **GLENELG**
 MILES FROM TOWN (enter 0 if in town) **3 MI**

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** 77 License No. 80 **293**
 Firm Name **Ralph Mayne (well Drilling)**
 Address **9120 Bryan Church Rd. Mt Airy Md.**
 Signature **Ralph Mayne** Date **8/30/83**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Folley Quarter Rd.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **2500**
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A28230**
 OEP SIGNATURE **Frank Shinn** STATE HEALTH INSERT S **41**
 DATE ISSUED **9/13/83** CO SIGNATURE **Frank Shinn** EXP. DATE **7/3/84**
 NORTH GRID **515000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8102**
 N **5105**
 Location of Folley Quarter Rd.
 30' casing
 X 1' above ground
 28' open
 6' cement
 9/16/83 JS

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0265**

SPECIAL CONDITIONS

WELL LINE AND PITLESS ADAPTER
INSTALLED 4' BELOW GRADE.

PRESSURE RELIEF VALVE ON TANK.
5/2/85 CWL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H9403 Name: Donald Renner County: Howard

Source of Sample: Glennly Manor lot 10D Collector: JL
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H081-0265

County
 Plant No.
 Sampling Station
 Date Collected
 Time
 Acid
 Iced

Field Data:
 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	4.5		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

Bruce L. Solnick, Ph.D. 03811

PROPERTY OWNER Joe Panichello DATE OF REQUEST 5 / 22 / 85
 TELEPHONE 685-5423 → wrong # NEW WELL NUMBER _____
531-3374
 DIRECTIONS OR INSTRUCTIONS _____

NAME Joe Panichello
 ADDRESS 12759 Folly Quarter Road
Glennely Manor Estates

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Physician's Advice
<input checked="" type="checkbox"/> U & O	<input checked="" type="checkbox"/> New Residence
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Treatment System Necessity
<input type="checkbox"/> Other	<input type="checkbox"/> Plumbing or Well Repair
	<input type="checkbox"/> Replacement Well
	<input type="checkbox"/> Curiosity

SETTLEMENT DATE / /
 SEPTIC SYSTEM: Approved Disapproved DATE / /
 CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public
 CONDITION: well ok (0265)

FIRST SAMPLE COLLECTOR Stanga TIME 10:45 DATE 5 / 27 / 85
 BACTERIA EE246, pH 5.5, Free Cl⁻ , Res. Cl⁻ , VOC
 CHEMICAL B27, LEAD & COPPER , NITRATES , PESTICIDE

ACTION: outside 6/6/85 T.C.C Ruth@ St. Water Bact. Lab. sample EE246
was 5 positive for ^{Total} Coliform; 0 for Fecal Coliform JS (I.C.O.P.)

RESAMPLE COLLECTOR Stanga DATE 6 / 10 / 85
 BACTERIA DD 226 pH , Free Cl⁻ , Res. Cl⁻ , TIME 11:30
 CHEMICAL , Other

ACTION: outside (COP) JS 6/21/85

RESAMPLE COLLECTOR _____ DATE / /
 BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /
 BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source PANICK 447 12759 1 447 CHURCH RD
 Bottle No. DD 226 Time Collected 11:30
 Treated 5058 Raw
 Iced: Yes No Collector STYER County HOWARD

13
 County Plant No. Sampling Station
0610 85
 Date Collected Card No.
 pH Res. Cl: Free Total

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	<u> </u> <u> </u> <u> </u> <u> </u>
Gas, 48 hours	<u> </u> <u> </u> <u> </u> <u> </u>

ml. of Sample	10ml.
Coliforms †	<u> </u> <u> </u> <u> </u> <u> </u>
Fecal Coliforms ‡	<u> </u> <u> </u> <u> </u> <u> </u>

No. of Pos.
<u> </u>
<u> </u>

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count 5/ml.

- ** using m Endo-Agar LES at 35°C. incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. Exam.

Rept. JUN 1 1985 Bacteriologist

Remarks

CENTRAL Laboratory Lab No. 21712

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: B27 Name: PANICHELLO County: HOWARD

Source of Sample: 12759 Folly QUARTER Collector: STAYER
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: 140 81-0265

County: 13 Plant No. Sampling Station Date Collected 052785 Time 1045^A Acid Iced
Field Data: pH* 5.6 Chlorine Residual Free Total Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	6.2	Arsenic	253	
Alkalinity (Total)	040	19	Barium	262	
Alkalinity (HCO ₃)	050		Cadmium	273	
Alkalinity (CO ₃)	060		Chromium	283	
Alk. Ca CO ₃ SAT	071		Lead	302	
Alkalinity, Ca CO ₃ SAT	080		Mercury	314	
Hardness	110	31	Selenium	323	
Ammonia N	143		Silver	333	
Nitrate-Nitrite N	162	4.9	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	15	Iron	122	0.08
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

* Results reported in units, all others in milligrams per liter (ppm).
Date Received MAY 27 1985 Date Reported JUN 3 1985 Chemist Bruce L. Solnick, Ph.D. Lab No. 015772

2

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source / PANACHELLO 12759 Fully Covered
 Bottle No. 22246 Time Collected 10:45
 Treated 5038 Raw
 Iced: Yes No Collector STAYER County HOWARD

County Plant No. Sampling Station

Date Collected Card No.

pH Res. Cl: Free Total

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.				
Gas, 24 hours	+	+	+	+	+
Gas, 48 hours					

ml. of Sample	10ml.				
Coliforms †	+	+	+	+	+
Fecal Coliforms ‡	-	-	-	-	-

No. of Pos.
5
0

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count \bar{s} /ml.

- ** using m Endo-Agar LES at 35°C. incubation
- using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. MAY 31 1985 7:55 235 Exam. Coan

Rept. 12 10 Bacteriologist

Remarks

Laboratory

Lab No. 23582

June 7, 1985

Mr. Joseph Panichello
12759 Folly Quarter Road
Glenelg, Maryland 21737

Dear Mr. Panichello:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0265. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

May 29, 1985
Date

Craig Williams per F.S.
Approving Authority
Craig Williams, Acting Director
Water and Sewerage Program

CW/JS:JR

Well approved: 9/16/83
Septic Approved: 5/01/85

June 26, 1985

Mr. Joseph Panichello
12759 Folly Quarter Road
Glenelg, Maryland 21737

Dear Mr. Panichello:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0265.

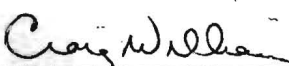
June 10, 1985

Date of Final Sampling

June 21, 1985

Date of Acceptance

CW/JS:JR


Craig Williams, Director
Water and Sewerage Program

Well Approved: 9/16/83
Septic Approved: 5/01/85

Water Sample Dates: 6/10/85
5/29/85

WELL PUMP INSPECTION

Owner's Name: *Joe Panichelle*

Address:
~~12759 Folley Quarters Rd.~~

Location of Property:

*12759 Follies Quarters Rd.
lot 100 J. Lundy Manor Estates*

Plumber or Certified Pump Installer:

Allen K. Mason

Well Tag Number:

H0-81-0265

Phone Number:

557-7110

License Number:

2159

Receipt Number:

34855

Date:

1/23/85

Comments:

OK to proceed L. Lommel

Inspection:

Date Well Pump Inspection was approved:

Inspector:

HD - 147-280

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health

Ellicott City, Maryland 21043

Phone: 992-2330

Date: 6/6/85

TO: Jim
FROM: Frank 531-3374

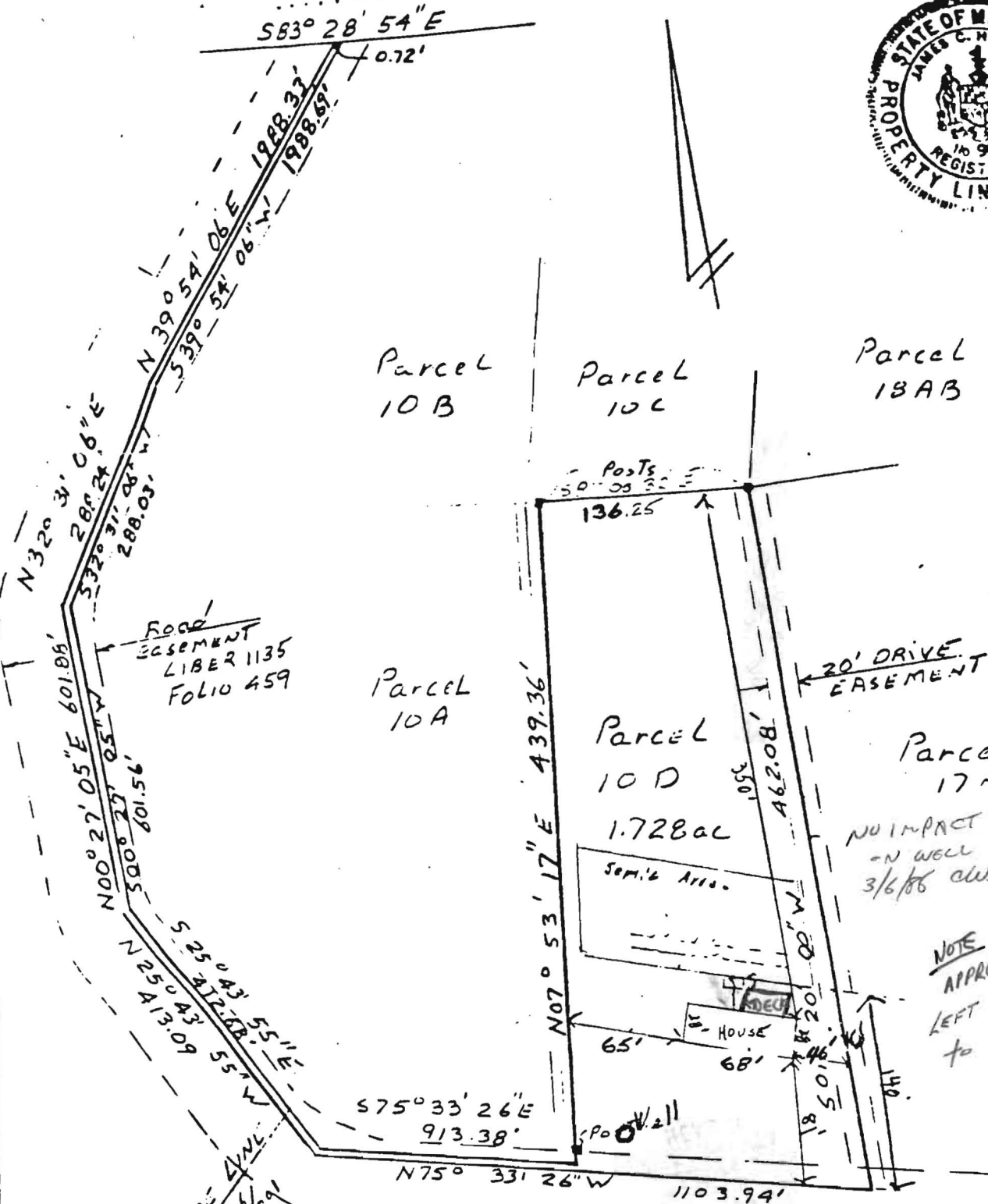
- | | |
|--|---|
| <input type="checkbox"/> Please Note & File | <input type="checkbox"/> Please Circulate |
| <input type="checkbox"/> For Your Information | <input type="checkbox"/> Please Comment |
| <input type="checkbox"/> Please Note & Return | <input type="checkbox"/> Please See Me |
| <input checked="" type="checkbox"/> Please Handle | |
| <input type="checkbox"/> Please answer, Sending me Copy of your letter | |
| <input type="checkbox"/> Please Prepare reply for my Signature | |

REMARKS:

Mr. Panichello is to call ^{around 3 pm} re. results of baet test. sample you took on 5/27/85 Lab confirmed 5 tubes positive for total coliform. He must check for leaks and re-disinfect & re-sample.
Frank

PANIKHELLO

1104U LIBER 1147 FOLIO 459 Exhibit "B"



NTT ASSOCIATES
16205 OLD FREDERICK RD
Mt Airy, Maryland 21771
442-2031

Approved
① [Signature]
② Donald K. [Signature]

PLAT OF SURVEY
PARCEL 10D
GLENELG MANOR II
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=100' DATE 4/10/84



