

B 1 0743
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0483
70 fill in this form completely 79

524110

please type

Date Received (APA)

02 22 06
8 MM DD YY 13

OWNER INFORMATION

Ricks, Ron
15 Last Name, Owner First Name 34
13509 Narrowleaf Ct
36 Street or RFD 55
Clarksville Md 21029
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

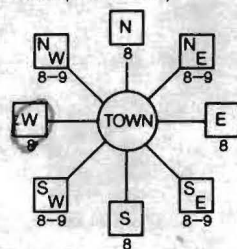
Howard
8 COUNTY 21
Wood Ridge
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 7 M I 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Egles Well Drilling
Firm Name
580 Obrecht RD
Address
Allen Compton 2-22-06
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brighton Dam Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 14 PARCEL 18140
Lot 10

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A523837
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 7/19/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 495 000 EAST GRID 803 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G

PERMIT No. HO-95-0483
70 71 72 73 74 75 76 77 78 79

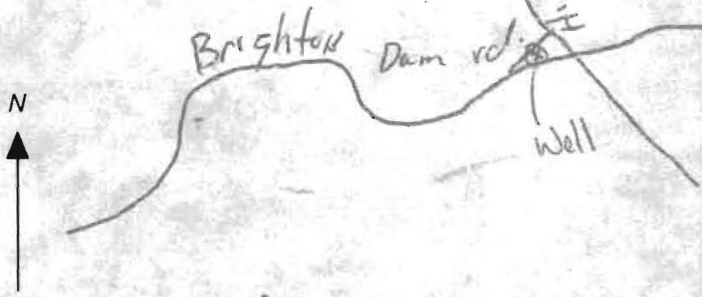
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 805
N 491

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE FORMS IF NEEDED

Well site must be staked by engineer
Should a different well site be needed Health Dept inspection will be required

C1 0249 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Kicks 95-04 STREET OR RFD 13505 Brighton Dam TOWN Highland SUBDIVISION Wood Ridge SECTION LOT 10

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), check if water bearing. Includes handwritten entries: Brown Shale (0-35), Gray Limestone (35-325).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD

caseing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 42

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

screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) HO 42 325 E A C H S C R E N 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

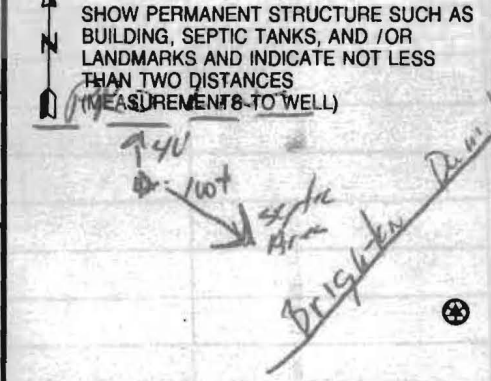
PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 68 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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 07 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 009 1

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

Invoice

Fogle's Well Drilling, LLC
 P.O. Box 202
 Woodbine, Maryland 21797

Date	Invoice #
5/15/2013	1038852

PAID

Bill To:

Jennifer Ipsen
 11847 Clarksville Pike
 Clarksville, Md 21029

Job Location:

13505 Highland Rd
 Clarksville, Md 21029

Amount of Remittance

P.O. Number	Terms	Project	**1-1/2% Late charge due on balances outstanding more than 15 days from date of invoice** (18% per annum)			
	Due on receipt	13505 Highland Rd				
Quantity	Description	U/M	Price Each	Serviced	Amount	
1	Water Testing ~ Passing ~ Results are considered satisfactory and within potable water limits at the time of sampling Payment for Well Pump [REDACTED]		200.00	5/10/2013	200.00	
			-200.00	5/15/2013	-200.00	
	Questions or Concerns 443-609-4195 {Theresa}					
It's been a pleasure working with you!					Total	\$0.00

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1443 Old Timetown Rd. Westminster, MD (410) 848-4013 (410) 876-4553 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	64229	Account #:	1930
Reference:	Ron Ricks	Company:	Fogle's Well Drilling
Location:	13505 Highland Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	7/2/2007 1230	Source:	Well Water
Date/Time Rec'd:	7/3/2007 0936	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	D. Fogle 8194DF	pH:	7.3
		Well #:	HO-95-0483

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/4/2007 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/4/2007 / 1000 / BCD
Nitrate	<1.0	mg/L	10	601	7/3/2007 / 1630 / CWM
Turbidity	0.54	NTU	<10	SM18 2130B	7/3/2007 / 1315 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	7/3/2007 / 1315 / AD/BD

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

Reason for Test : Use & Occupancy
 Building Permit # : B06003406

Date Reported: 7/6/2007



Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(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

October 05, 2010

Peter Bonnett
13505 HIGHLAND ROAD
CLARKSVILLE, MD 21029

RE: Water Sample Results
13505 HIGHLAND ROAD
Invoice #: 5-13370

Dear Peter Bonnett,

We have received the results from the testing of the water sample(s) taken from the above referenced property on September 22, 2010. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 4.80 parts per million. The MCL for nitrate is 10.0 parts per million.

The results from the **Bacteria** testing found that your well water sampled from the powder room faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Hank Oswald, R.S.
Community Hygiene Program

Enclosures

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION**

281 W. Preston Street

P.O. Box 2355, Baltimore, MD 21203

John M. DeBoy, Dr. P.H., Director

Inv. No. 5-13370

Category Code 46

Lab. No. 141298

**Bacteriological Drinking Water Report
Field Record**

1-5A floor
Powder Room

Sample Type: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> C.O.P. <input type="checkbox"/>	Source <u>Peter Bonnett</u>
	Location <u>13505 Highland Rd.</u>
	Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input type="checkbox"/> Time Collected <u>9:00</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Collector# <u>3179 BS</u> Bottle No. <u>HIC 13505</u>
	Collector Name <u>B. SHANK</u> County <u>HOWARD</u>
Test Requested: Quantitative <input checked="" type="checkbox"/> P/A <input type="checkbox"/> MTF <input type="checkbox"/> SPC <input type="checkbox"/>	County <u>13</u> Plant No. <u> </u> Sampling Station <u> </u> Date Collected <u>9 22 10</u>
	pH <u>6.8</u> Res. Cl: Free <u> </u> Total <u> </u> Card# <u> </u>

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST*

CONFIRMED • P/A TEST

ml of Sample	10 ml.	100 ml.	ml of Sample	10 ml.	100 ml.	No. of +
Gas 24 hours			Coliforms †			
Gas 48 hours			Fecal Coliforms ‡			

P/A TEST (CONFIRMED) ***

QUANTITATIVE TEST (CONFIRMED) ***

ml. of Sample	100 ml.
Total Coliforms	
E. coli	

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<1
E. coli	0	<1

SPC B

24.48.72 Heterotrophic Plate Count (HPC/ml) § =

Temp. 3 °C
Control °C

- * 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
- *** using ONPG-MCG at 35° C incubation

Remarks

Date & Hour
SEP 22 '10 PM 2:07

SEP 22 '10 PM 2:15

SEP 23 '10 PM 2:51

Rec'd

Exam

Rept

Laboratory

E. SHORE REG.

CENTRAL

W. MD REG.

Bacteriologist A. Payer

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
1770 Ashland Avenue, Baltimore MD 21205
Robert A. Myers, Ph.D., Director

004186

PHONE NO. _____ MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Category Code: 4F Invoice No.: _____ Lab No.: _____

FIELD RECORD

Sample Type:

- Community
- Transient
- Non-Transient
- Private
- Repeat Sample
- C.O.P.
- Bottled Water
- OTHER: _____

Source Address: Jennifer Ipsen, 13505 Highland Rd
 Sampling Site: Powder Room 1st floor Bottle No.: HC13505
 Iced: Yes No Treated: Yes No County: HOWARD
 Date Collected: 9/3/15 Time Collected: 11:00 am pm
 Collector Name: BOLESLAV SKHLYAK Collector ID No.: 3179 BS
 Collector Tel. No.: 410-313-1787 PWS ID No.: _____

Test Requested:

- Quantitative: Colilert®-QT Enterolert®
- P/A: Colilert® Enterolert®
- Multiple Tube Fermentation: MTF MTF (All Method-Source Waters Only)
- Heterotrophic Plate Count (HPC-Pour Plate Method)
- OTHER: _____

1	3				
County		Plant No.		Sampling Station	
	6.5	0.0	0.0	0.0	0.0
pH		Res. Cl:		Free	Total

REMARKS:

LABORATORY RECORD (DHMH Use Only)

Test SM 9223 Colilert® SM 9223 Colilert®QT SM 9223 Colilert®-18 Temperature Control: 40 °C Thiosulfate: Present
 Method(s): SM 9221 B (MTF) SM 9221 B, E (MTF) SM 9221 E (A1) Absent
 (Check all that apply) SM 9215B (HPC) Enterolert® ASTM D6503-99 Undetermined
 OTHER: _____

P/A TEST (Colilert®/Enterolert®)

100 mL sample	(+/-)
Total coliforms	
E. coli	
Enterococci	

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100 mL
<input type="checkbox"/> 1:10	Total coliforms	0	<1
<input type="checkbox"/> 1:100	E. coli	0	<1
<input type="checkbox"/> 1:1000	Enterococci		

HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

Plate A: Plate B:
 Incubate 24.48.72 hrs @ 35°C (CFU/ml) =
 Average:

PRESUMPTIVE MTF TEST

mL of Sample	10	1	0.1
Gas/24h			
Gas/48h			

CONFIRMED MTF TEST (MTF/A1 Method)

mL of Sample	10	1	0.1
Total Coliforms			
Fecal Coliforms			

RECEIVED
 SEP 3 '15 PM 2:49
 SEP 3 '15 PM 4:30
 PLACED IN INCUBATOR
 SEP 4 '15 AM 10:48
 RESULTS READ/REPORTED

RESULTS

No. of Positives (+)	MPN/100 mL	Recorded Value

SAMPLE INVALIDATION:

- Sample Rejection
- Laboratory Accident
- Other: _____

RESAMPLE REQUIRED:

YES NO

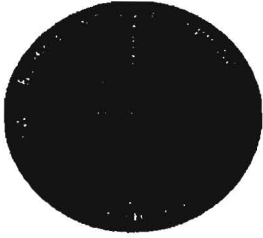
DATE:

BACTERIOLOGIST: E. Kenney REVIEWED BY/DATE: C. Payer 9-4-15

REMARKS: _____ FAX EMAIL PHONE

LABORATORY: CENTRAL (410) 767-6145 ES REGIONAL (410) 219-9005 WMD REGIONAL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis

HOWARD CO ENVIRON HEALTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E11001447 Date Coll. 09/22/2010 Date Received: 09/22/2010 Submitted By: B. Shklyar

Field ID: HC 13505
Lab No.: E11001447001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	4.80	mg N/L	09/28/2010

Comments:

Approved by: _____

Shahin Aneli

Approval date: 09/28/2010

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-5034 and arrange for return or destruction.

Telephone: (410) 767 - 5034

Fax: (410) 225 - 7297

S:\EnviroFinal-InorganicsA.rpt



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 10, 2015

Jennifer Ipsen
13505 HIGHLAND ROAD
CLARKSVILLE, MD 21029

**RE: Water Sample Results
13505 HIGHLAND ROAD**

Dear Ms. Ipsen,

We have received the results from the testing of the water sample(s) taken from the above referenced property on September 03, 2015. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the powder room faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Ramar Martin, R.S.
Community Hygiene Program

Enclosures

REPORT OF ANALYSIS

Laboratory ID #:	89143	Account #:	1930
Reference:	Fogle's Well Drilling	Company:	Fogle's Well Drilling
Location:	13505 Highland Road Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	5/10/2013 1002	Source:	Well Water
Date/Time Rec'd:	5/10/2013 1545	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.6
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/11/2013 / 1600 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/11/2013 / 1600 / BCD
Nitrate	6.35	mg/L	10	601	5/10/2013 / 1600 / CCH
Turbidity	0.57	NTU	<10	SM18 2130B	5/10/2013 / 1630 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	5/10/2013 / 1630 / JKW

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Real Estate

Date Reported: 5/13/2013

3/2/07
Kelsey
7/12/07

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obercht RD
Sylkesville 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): Allen Compton License# MSD009

*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: Ron Ricks Telephone #: 410-627-5038
Subdivision: Wood Ridge Lot #: 10 Well Tag #: HO-95-0483
Site Address: 13505 Highland RD

Submersible Pump Data

Make: Grundfos
Model #: 155a610-220
Pump Capacity: 15 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (36" min)
NSF 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: 325 (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: N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

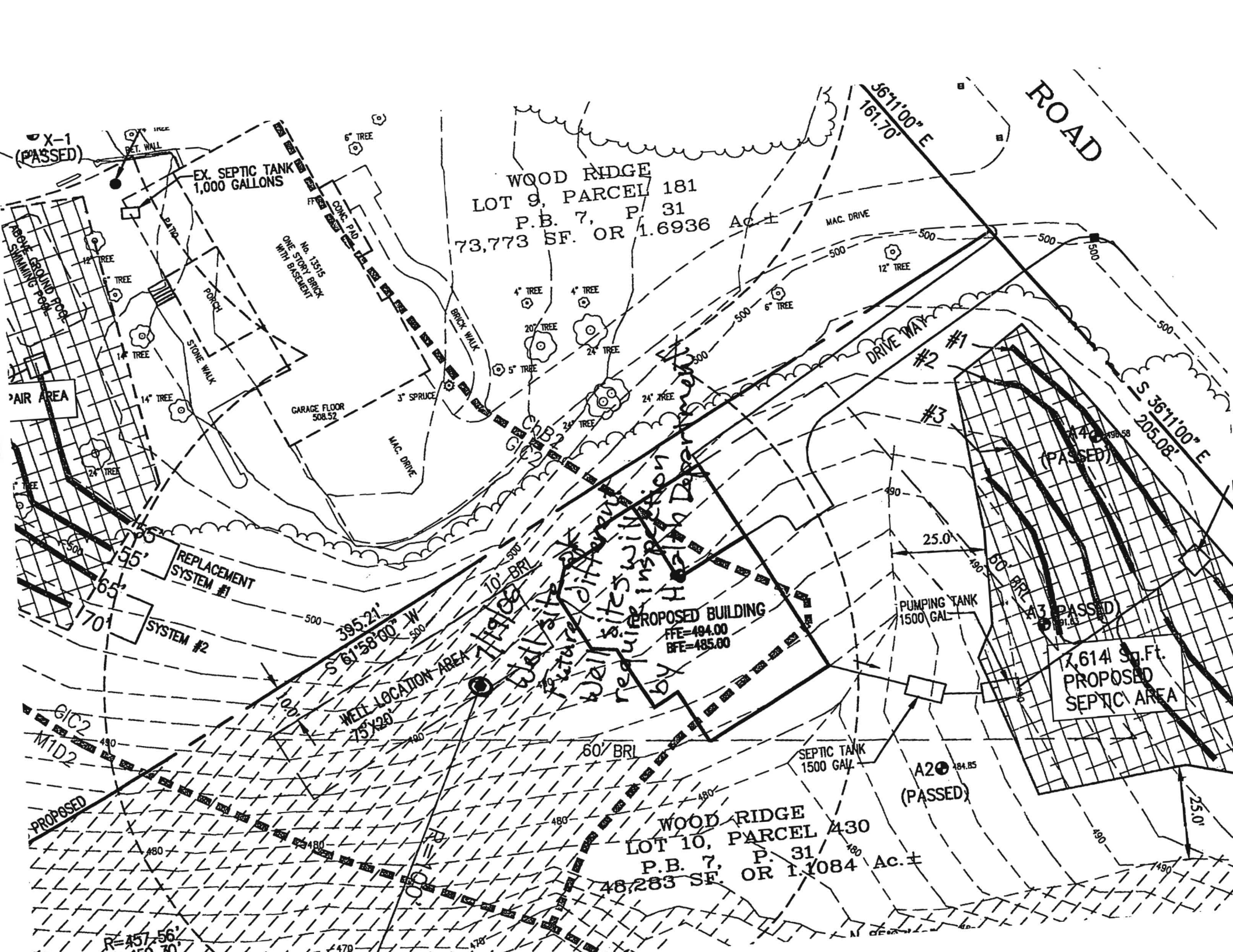
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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.

Allen Compton Signature of company representative responsible for installation
5/2/07 date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____



WOOD RIDGE
LOT 9, PARCEL 181
P.B. 7, P. 31
73,773 SF. OR 1.6936 Ac ±

WOOD RIDGE
LOT 10, PARCEL 430
P.B. 7, P. 31
48,283 SF. OR 1.1084 Ac ±

ROAD

56°11'00" E
161.70'

S 36°11'00" E
205.08'

X-1
(PASSED)

EX. SEPTIC TANK
1,000 GALLONS

No. 13515
ONE STORY BRICK
WITH BASEMENT

GARAGE FLOOR
508.52

PROPOSED BUILDING
FFE=494.00
BFE=485.00

PUMPING TANK
1500 GAL.

SEPTIC TANK
1500 GAL.

7,614 Sq.Ft.
PROPOSED
SEPTIC AREA

*Well site
Future ditto
Well sites ditto
require inspection
by Health Department*

ROCK GROUND TOP
SUMMING POOL

AIR AREA

REPLACEMENT
SYSTEM #1

SYSTEM #2

WELL LOCATION AREA
75'x20'

DRIVE WAY #1

#2

#3

(PASSED)

(PASSED)

(PASSED)

PROPOSED
G/C2
M/D2

R=457.56'

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by KCE
on 1-23-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Brighton Dam Rd
Bennett Prop

**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 #: _____ Well Tag #: HO - _____
Site Address: 13500 Highland Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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 _____

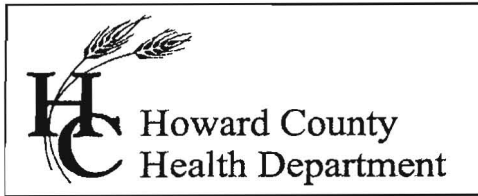
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

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: 5/1/07 Date Insp. Approved: 5/1/07 (RW)
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
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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 _____



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

July 12, 2007

Ron Ricks
13505 Highland Road
Highland, MD 20777

RE: Peter Bonnett Property, Lot 10
13505 Highland Road
Highland, MD 20777
BP # B06003406
Well Permit #HO-95-0483

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 June 18, 2007. Final approval for the well installation was granted on May 1, 2007.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations.

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 department will grant temporary deviation to that section of the regulation on condition that a Radium removal system is installed within a period of 15 days from receipt of this letter. The Radium removal system must effectively maintain the Radium level below the EPA established maximum contaminant level. Documentation of a Gross Alpha/ Gross Beta (short term and long term respectively), Pre and Post treatment shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.

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 laboratory certified for water testing perform a yearly nitrate analysis. (Must be certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

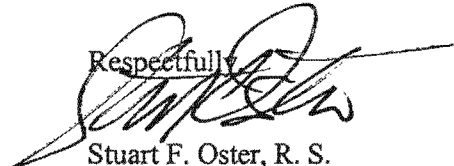
By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the Radium standard of COMAR 26.04.04.09 and issue an Interim Certificate of Potability or issue an order that the well be abandoned and sealed. **An Interim Certificate of Potability may be issued upon submission of a water sample report that documents a Radium level in compliance with COMAR 26.04.04.09.**

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. **By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.**

Date of Water Sample(s): July 2, 2007

Date of Well Completion: August 11, 2006
(HO-95-0483)

Respectfully



Stuart F. Oster, R. S.
Well and Septic Program

cc: Building Inspector's office
Community Services
File