

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">31507</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	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 <u>10</u> DD <u>20</u> YY <u>14</u>	DATE WELL COMPLETED MM <u>10</u> DD <u>14</u> YY <u>14</u>	Depth of Well 22 <u>300</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>4/13/15 SC</u> <u>40-14-0119</u>																																						
OWNER <u>Demacco</u> WELL SITE ADDRESS <u>1751 Underwood Rd</u> TOWN <u>West Friendship</u> SUBDIVISION <u>Stocaker</u> SECTION _____ LOT _____																																									
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Brown Shale</td> <td>0</td> <td>63</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>63</td> <td>230</td> <td></td> </tr> <tr> <td>White</td> <td>230</td> <td>232</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>232</td> <td>300</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Brown Shale	0	63		Gray Limestone	63	230		White	230	232		Gray Limestone	232	300		<b>GROUTING RECORD</b> yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>28</u> NO. OF POUNDS <u>280</u> GALLONS OF WATER <u>168</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>71</u> ft. (enter 0 if from surface) <b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAIN CASING TYPE <u>PL</u></td> <td>Nominal diameter top (main) casing (nearest inch)! <u>06</u></td> <td>Total depth of main casing (nearest foot) <u>73</u></td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 67 70</td> </tr> </table> <b>OTHER CASING (if used)</b> diameter inch _____ depth (feet) from _____ to _____ E A C H C A S I N G _____ <b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>		<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch)! <u>06</u>	Total depth of main casing (nearest foot) <u>73</u>	60 61	63 64	66 67 70	<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED yes no <b>Y</b> <b>N</b> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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. <u>M S D 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) _____		<b>C 2</b> DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 <u>40</u></td> <td>2 <u>73</u></td> <td>3 <u>300</u></td> </tr> <tr> <td>8 9 11 15 17 21</td> <td></td> <td></td> </tr> <tr> <td>23 24 26 30 32 36</td> <td></td> <td></td> </tr> <tr> <td>38 39 41 45 47 51</td> <td></td> <td></td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) 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 _____ 70 _____ 72 _____ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		1 <u>40</u>	2 <u>73</u>	3 <u>300</u>	8 9 11 15 17 21			23 24 26 30 32 36			38 39 41 45 47 51																												
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LATITUDE <u>39.3184357</u> LONGITUDE <u>76.9760590</u> (DEFAULT COORD. WGS 84) NOTES: <u>28 bags = 3.9 bags/10'</u> <u>160 gal = 6 gal water/bag</u>		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>03</u> PUMPING RATE (gal. per min.) <u>12</u> METHOD USED TO MEASURE PUMPING RATE <u>190 L</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>41</u> ft. WHEN PUMPING <u>75</u> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible <b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____ PUMP HORSE POWER 37 _____ 41 _____ PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____ CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above <b>-</b> below <u>02</u> (nearest foot) LAND SURFACE																																							

<b>B 1</b> 1 2 3 6 <u>25459</u>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>555257</u> please type	STATE PERMIT NUMBER <u>HO - 14 - 0119</u> <small>fill in this form completely</small>
<b>OWNER INFORMATION</b> Date Received (APA) <u>10/6/14</u> 8 MM DD YY 13 <u>Dimarco Paul</u> 15 Last Name Owner First Name 34 <u>1751 Underwood Rd.</u> 36 Street or RFD 55 <u>West Friendship Md. 21794</u> 57 Town 70 State 72 Zip 76		<b>B 3 LOCATION OF WELL</b> <u>Howard</u> 8 COUNTY 21 <u>Streater</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>West Friendship</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>Allen Compton</u> M S D 009 Driller's Name 76 License No. 81 <u>Fogles Well Drilling</u> Firm Name <u>580 Obrecht Rd</u> Address <u>Allen Compton</u> 9-25-14 Signature Date		<b>B 4 SOURCES OF DRILLING WATER</b> 1. <u>1751 Underwood rd.</u> 11 STREET ADDRESS 30 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>700</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>9</u> BLK: <u>21</u> PARCEL <u>328</u>	
<b>B 2 WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>10/8/14</u> <u>[Signature]</u> <u>10/8/15</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>MR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-POINT other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 14 - 0119</u> 70 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b> <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14-0119  
Location of property (road) 1951 Underwood Rd. West Friendship, Md  
Subdivision Streaker Property Lot      Block      Plat      Sec.       
Well Driller Logies - Allen Company Owner Paul Dimarco

Depth of well 300'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate \_\_\_\_\_  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

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

[illegible]

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: Allied Well Drilling Telephone #: 301-776-8370  
Address: PO Box 129  
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller

License # and name of individual responsible for the field installation:

Name (Print): Jorge Montes

Licensed Well Pump Installer

License# AWD918-

Waiting for Driller  
License # from  
State

\*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: Paul S. DiMarco Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 14 - 0119 ✓  
Site Address: 1751 Underwood Road  
Sykesville MD 21784

Submersible Pump Data

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

Pitless Adapter

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

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve 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: 5/26/17 Date Insp. Approved: 5/26/17 Inspector: SC  
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  
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License # and name of individual responsible for the field installation:

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Licensed Well Pump Installer Waiting for Driller  
License # AWD918 - License # from State

\*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: Paul S. DiMarco Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-14-0119 ✓  
Site Address: 1751 Underwood Road  
Sykesville MD 21784

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

Make: Grundfos Make: ES Two piece watertight cap: \_\_\_\_\_  
Model #: 10320-0420-230 Model #: \_\_\_\_\_ Screened, vented well cap: ✓  
Pump Capacity: 15 GPM Depth: 4.7 (36" min) Cap secured to casing: ✓  
Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: ✓ Conduit min 18" B.G.: 3.2"  
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, 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: \_\_\_\_\_

Piping to house

Type: 1/2" 50040"  
PSI: 160 (160 psi min)  
Depth of supply line: 40" (36" min)

House Connection

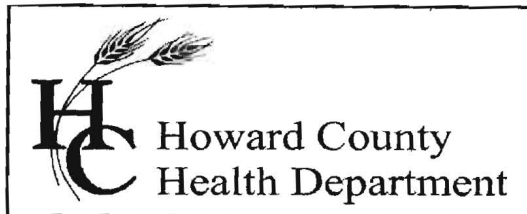
PVC sleeve to undisturbed soil at wall penetration: ✓  
Length of sleeve (5' minimum from foundation): 4.25  
Sleeve sealed properly: Yes Sealed / Hydraulic Cement

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

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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 ✓



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
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](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date - DECEMBER 28, 2017

**June 28, 2017**

Homeowner  
1751 Underwood Road  
West Friendship, MD 21794

**RE:** Streaker Property, P.2  
1751 Underwood Road  
**Building Permit: B16004992**  
**Well Permit: HO-14-0119**

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 **6/28/2017**. Final approval of the well line connection to the dwelling was granted on **5/26/2017**. The well construction was completed on **10/14/2014**. Water samples were collected on **6/22/2017**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

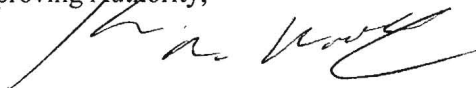
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-14-0119**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

## TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

STREAKER PROPERTY      PARCEL 2      UNDERWOOD ROAD  
Subdivision/Property Name      Lot #      Road Name

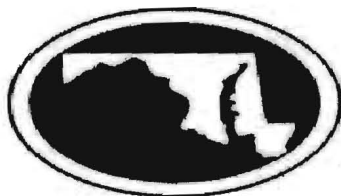
- ☐ The well site has been staked by DONALD MASON BENCHMARK  
(professional land surveyor or company employing professional land surveyors) ENGINEERING, INC.  
on 9-30-2014 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to 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.



# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

*State Certified Water Quality  
Laboratory # 106*

*State Certified Water Quality  
Laboratory # 139*

## Certificate of Analysis

Hague Quality Water  
814 E. College Parkway  
Annapolis, MD 21409

Project  
Date Received 6/22/2017  
Date Reported 6/26/2017

*This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.*

*Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.*

**Sample No:** 151421-01

**Sampled:** 6/22/2017 12:55:0

**Sampler:** TEdwards8309T (Exp. 5/18/2019)  
E

**Location:** 1751 Underwood Rd  
Sykesville, MD

**Sample Point:** Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	06/22/2017	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/22/2017	LC-106
Iron, Total	SM 3500 D	0.22		mg/l	0.05	06/26/2017	DB-139
Turbidity	EPA 180.1	2		NTU	0.5	06/26/2017	RM-139
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	06/23/2017	DB-139
pH	Field	7.2		pH Units	1	06/22/2017	Samp-ler

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By

Daniel J. Brumsted, Laboratory Director

**Annapolis**

**Ph 410-224-4304 Fax 443-926-0586**

**Waldorf**

**Ph 410-224-4304 Fax 443-926-0586**

# ENVIRONMENTAL TESTING LAB, INC

ANNAPOLIS

410-224-4304

FAX 443-926-0586



FORM

151421

Client: Hague Quality Water

Project:

Date Due: 6/26/2017

2586

Company Name, Address Phone & Fax

Hague

1751 UNOBERWOOD RD  
STREET  
SYKEVILLE, MO  
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

## FIELD COLLECTION INFORMATION

Collected: Date 6/22/17 Time 12:55 Well Tag #:

Collectors Name: TIM EDWARDS Certification # TE 8309 Expires 7/19

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 7.2 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES (NO) If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Upstairs Sink Chemicals: Upstairs Sink No Lead:

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions:

Released By: [Signature] Date: 6/22/17 Time 2:30 Received By:

Released By: Date: Time Received By:

(\*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

## LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 6-22-17 Time 1430