

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3499	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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER <u>A 516 405</u>	
ST/CO USE ONLY DATE Received MM DD YY		DATE WELL COMPLETED MM DD YY		Depth of Well 22 <u>300</u> 26 <u>6/24/04</u> (TO NEAREST FOOT) O.K. <u>BB</u>	
8 13		15 20		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO 94 - 3955</u> 28 29 30 31 32 33 34 35 36 37	
OWNER <u>Kenned Care Corp</u>		first name		TOWN <u>Fulton</u>	
STREET OR RFD <u>P.O. Box 229</u>		SUBDIVISION		LOT <u>4</u>	

WELL LOG Not required for driven wells			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC			PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)			FEET FROM TO		check if water bearing	HOURS PUMPED (nearest hour) <u>3</u>		
Top Soil			0	2		PUMPING RATE (gal. per min.) <u>15</u>		
Brown Shale			2	12		METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
Brown Mica			12	35		WATER LEVEL (distance from land surface)		
Sand Stone			35	56		BEFORE PUMPING <u>28</u> ft.		
Gray Mica			56	61		WHEN PUMPING <u>160</u> ft.		
Brown Mica			61	62		TYPE OF PUMP USED (for test)		
Gray Mica			62	190		A air P piston T turbine		
opening			190	191		C centrifugal R rotary O other (describe below)		
Gray Mica			191	300		J jet S submersible		

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			PUMP INSTALLED DRILLER INSTALLED PUMP YES NO		
WELL HYDROFRACTURED Y N			SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			DEPTH (nearest ft.) <u>10</u> <u>40</u> <u>300</u>			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
E ELECTRIC LOG OBTAINED			SLOT SIZE 1 <u>2</u> 3			CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
P TEST WELL CONVERTED TO PRODUCTION WELL			DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			PUMP HORSE POWER 37 41		
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			PUMP COLUMN LENGTH (nearest ft.) 43 47		
DRILLERS LIC. NO. <u>M WD 040</u>			T (E.R.O.S.) W Q			CASING HEIGHT (circle appropriate box and enter casing height) + above - below <u>2</u> (nearest foot)		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>George F. Erdemling</u>			70 72 74 75 76			LAND SURFACE		
LIC. NO. <u>JS D 038</u>						LOCATION OF WELL ON LOT		
SITE SUPERVISOR (sign. of driller or journeyman) <u>Bruce Thompson</u>						SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) <u>see plat</u>		

B 1	9743	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520 142 please type	STATE PERMIT NUMBER HO-94-3955 <small>fill in this form completely</small>
Date Received (APA) 04/13/04		9696		
OWNER INFORMATION				
8 MM DD YY Kenwood Care Corporation				
15 Last Name O. Box 229 Owner		34 First Name		
36 Fulton, Md 20759 or RFD		55		
57 Town		70 State		72 Zip
DRILLER INFORMATION				
Driller's Name George F. Easterday M W D 040				
Firm Name L. Franklin Easterday, Inc.				
Address 9265 Brown Church Rd., MT. Airy, Md. 21771				
Signature George F. Easterday Date 4/8/04				
WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
8		500		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. A 516 405 STATE SIGNATURE Howard INSERT S 41 DATE ISSUED 5/19/04 CO SIGNATURE 5/19/05 EXP. DATE NORTH GRID 505 000 EAST GRID 797 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL 300 FEET		NEAREST TOWN Dayton		
APPROXIMATE DIAMETER OF WELL 6 INCH		MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78		
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<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 <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				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____				
PERMIT No. HO-94-3955				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

B 3		Howard LOCATION OF WELL CC#	
8 COUNTY		21	
Triadelphia Mill Rd Prop			
23 SUBDIVISION		42	
SECTION 46		LOT 48 50	
Dayton			
52 NEAREST TOWN		71	
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78			
B 4		Triadelphia Mill Rd	
1 2		11 NEAR WHAT ROAD 30	
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
TAX MAP: 27 BLK: 24 PARCEL 15		DISTANCE FROM ROAD 300 ENTER FT OR MI 38 39	

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		6/3/04	
SOURCES OF DRILLING WATER		No Insp (S)	
1. wells			
2.			
3.			
WRITE THE BOX NUMBER FROM THE MAP HERE			
797			
E 505 7		000 000	
N			

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		13 E 4	

HOWARD COUNTY WELL YIELD TEST

11 Permit No. HO - 94-3753
 Location of property (road) Fredericksburg
 Subdivision Kenwood Lot 4 Block 24 Plat 24 Sec. 24
 Well Driller Easton Owner Easton

Depth of well 300 109pm
Distance of measuring point (M.P.) (above ground) 2Ft
Static water level (S.W.L.) below M.P. 28Ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 17 gpm
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
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: 141261 Triadelphia Mill Rd Lot #: 2 Well Tag #: HO-94-3955
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)

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

Torque arrestors or Cable guards are required - Must circle one

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

Piping to house

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

House Connection

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

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 9/4/08 Date Insp. Approved: 9/4/08 KE
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 _____

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: 141261 Tridelphia Mill Rd Lot #: 2 Well Tag #: HO-94-3955
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

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

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

Torque arrestors or Cable guards are required - Must circle one

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

Piping to house

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

House Connection

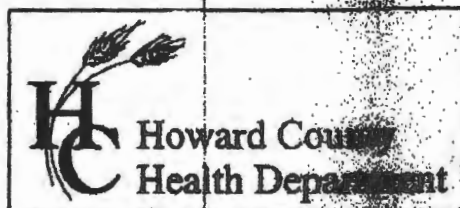
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 9/4/08 Date Insp. Approved: 9/4/08 JK
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 _____



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

Attn: *Stewart* 313-2648

ATTENTION WELL DRILLERS!!!

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

- ☒ The well ~~has~~ has been staked by *Mildenberg, Brander & Assoc*
Engineer
on *3/22/04* 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 ~~the~~ sheet when submitting your green application.
This should ~~help~~ improve communication allowing a more timely
service for our citizens.

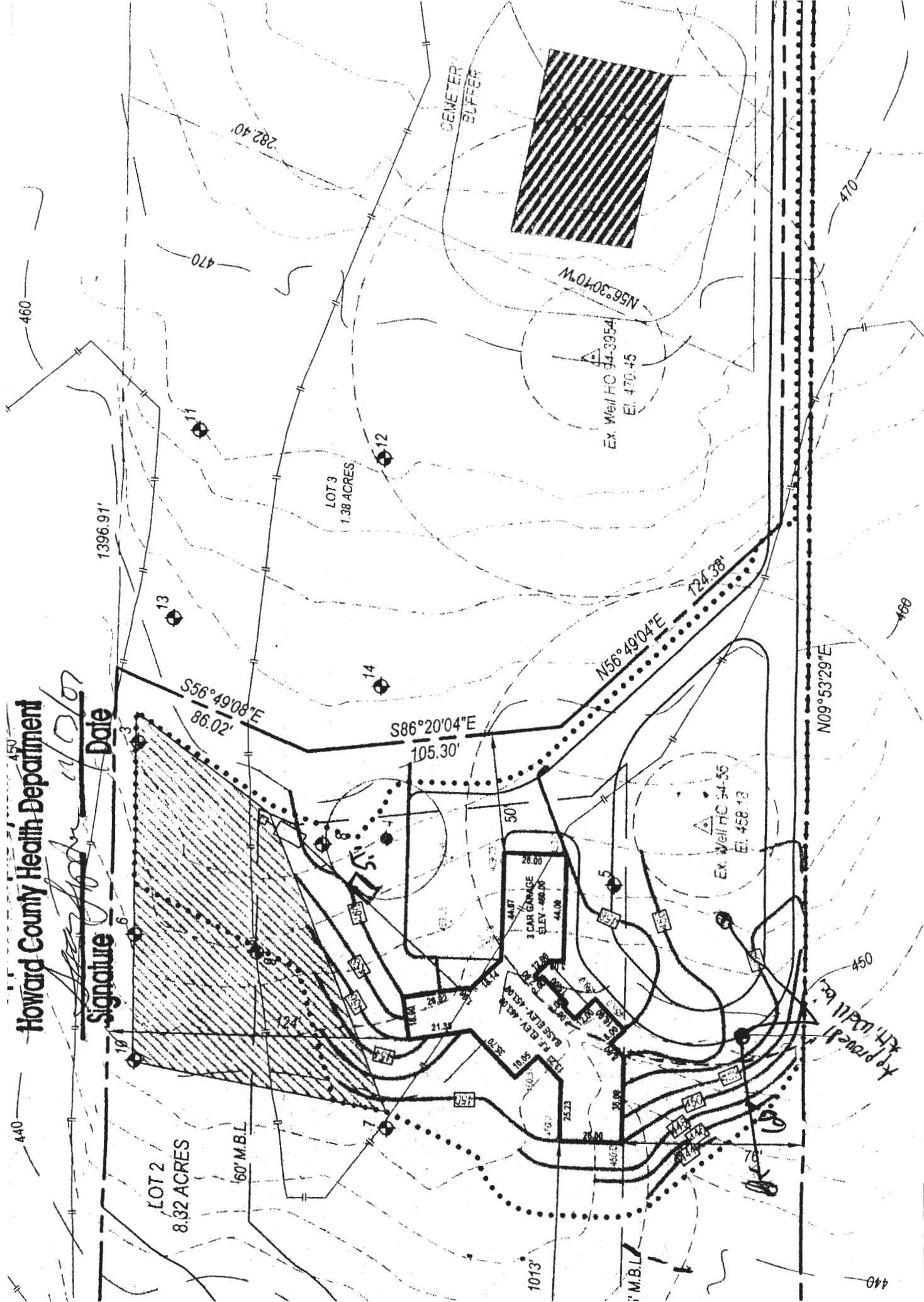
KN

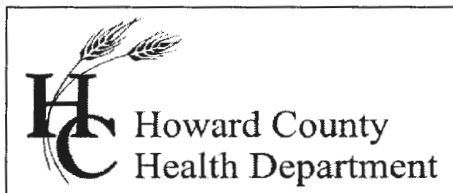
From Sara C. Easterday
for Fenwood Care Corp
Eugene Valentine
Indiantown Mills Road
lots 3 & 4

Howard County Health Department
450
140607

Signature _____ Date _____

Signature _____ Date _____





* KEEP WITH FILE *

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

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

DATE: 1-7-11 WELL PERMIT #: HO - 94 - 3955

PROPERTY OWNER: Gregory A & MaryBeth Culver

SUBDIVISION & LOT #:

PROPERTY ADDRESS: 14261 Tringalethia Mill Rd Dayton Md 21036

CONDITIONS:

1) The well installed under permit # HO - 94 - 3955 has been documented to have a nitrate level of 18.2 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to <1 ppm at the primary drinking tap.

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

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

Benny A. Culver

MaryBeth Culver

Prospective Owner's Day Time Phone Number(s)

240-731-0060

301-512-4305



Howard County
Health Department

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

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

January 10, 2011

Homeowner
14261 Triadelphia Mill Road
Dayton, MD 21036

RE:

14261 Triadelphia Mill Road
Dayton, MD 21036
BP #B07004175
Well Permit #HO-94-3955

Dear Sir/Madam,

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 09/17/2008. Final approval of the well line connection to the dwelling was approved on 09/04/2008.**

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 raw nitrate sample results were previously documented to be 18.2 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 1/6/2011 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

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

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

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

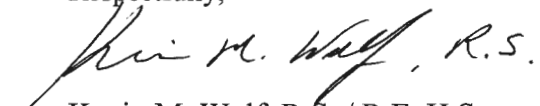
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3955 **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0757 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s): 9/2/2009, 9/29/2010, & 1/6/2011
Date of Well Completion: 06/3/2004

Respectfully,



Kevin M. Wolf, R.S. / R.E. H.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	78099	Account #:	1930
Reference:	Greg Culver	Company:	Fogle's Well Drilling
Location:	14261 Triadelphia Mill Road	Requested By:	Dave Fogle
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	1/6/2011 0900	Site:	R/O Tap
Date/Time Rec'd:	1/6/2011 0950	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	K.Cassell 7238KC	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/7/2011 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/7/2011 / 0800 / KME
Nitrate	<1.0	mg/L	10	601	1/6/2011 / 1505 / CCU

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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND = None Detected; N/A: Not Available
- 5 Sample collected by client, analyzed as received
- 6 pH & Chlorine level tested in lab

Reason for Test : Real Estate

Date Reported: 1/7/2011

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 77016 Account #: 1930
Reference: Greg Colvert Company: Fogle's Well Drilling
Location: 14261 Triadelphia Mill Road Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 9/29/2010 1035 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/29/2010 1215 Submitted By: J. Fogle

PARAMETERS	RESULTS	UNITS	DL *	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/30/2010 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/30/2010 / 0800 / CCH
Nitrate	18.2	mg/L	10	601	9/29/2010 / 1305 / CCH
Turbidity	3.45	NTU	<10	SM18 2130B	9/29/2010 / 1250 / BCD
Sand	NS	mg/L	5	Visual/Gravimet	9/29/2010 / 1250 / CCH

*Original test***NOTES**

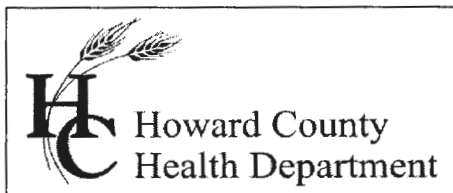
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory 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 on site

Reason for Test : Real Estate

* DL: Detection Limit

Date Reported: 9/30/2010

MD State Certification # 133



* KEEP WITH FILE *

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

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 1-7-11 WELL PERMIT #: HO - 94 - 3955

PROPERTY OWNER: Gregory A & MaryBeth Culver

SUBDIVISION & LOT #:

PROPERTY ADDRESS: 14261 Tringdelphia Mill Rd Dayton Md 21036

CONDITIONS:

1) The well installed under permit # HO - 94-3955 has been documented to have a nitrate level of 18.2 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to <1 ppm at the primary drinking tap.

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

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

Benny A Culver

MaryBeth Culver

Prospective Owner's Day Time Phone Number(s)

240-731-0060

301-512-4305

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*

REPORT OF ANALYSIS

Well Water Solutions, Inc.
6437 Richardson Farm Lane
Clarksville, MD 21029

Lab Number: 85044
Date Received: 9/2/2009 12:00
Project:

Sample No: 85044-01 Sampled: 9/2/2009 9:30:00 AM
Client ID: 14261 Triadelphia Mill Rd
Dayton, MD Sampler: JEM0130

Parameter	Method	Result	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test ✓	Absent/PASS	Per/100ml	1	9/2/2009	LH
Bacteria-E.coli	Colitag Test ✓	Absent/PASS	Per/100ml	1	9/2/2009	LH
Nitrate-N	EPA 353.2	* 15.6	mg/l	1.00	9/3/2009	PM
Sand ✓	Visual	0	g/L		9/2/2009	
Turbidity ✓	EPA 180.1	0.5	NTU	0.5	9/3/2009	PM

Reviewed and Approved by:

Daniel J. Brumsted
Laboratory Director