

C1 51186 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 575 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-17-0198

OWNER Vawter Ellen M, Michael A Etal WELL SITE ADDRESS 1470 Philadelphia Mill Rd TOWN Dayton Md SUBDIVISION SECTION LOT 3

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Silt	2	30	
Grey mica	30	580	✓
Water Zones	62	33	✓
	440	1	

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 30 NO. OF POUNDS 2220 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55

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

SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT] STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER DEPTH (nearest ft.) 52 400

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MDD 512 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 WPD 064

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST PUMPING TEST 3 HOURS PUMPED (nearest hour) 4.3 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE 1 gal Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 131 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 40 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [4] above LAND SURFACE below 3 (nearest foot)

LATITUDE 39.226413 LONGITUDE 77.003046 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

TAG 11/15/17

B 1		SEQUENCE NO. (MDE USE ONLY) <b>57011</b>		STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>560531-B</b>		STATE PERMIT NUMBER <b>HO-17-0198</b> <small>fill in this form completely</small>	
Date Received (APA) <b>09/21/17</b> <small>8 MM DD YY 13</small>		OWNER INFORMATION		B 3 LOCATION OF WELL			
15 Last Name, <b>Vawter, Ellen M. Michael A ETAL</b>		34 First Name		8 COUNTY <b>Howard</b>		21	
36 Street or RFD <b>14170 Triadelphia Road</b>		55		23 SUBDIVISION		42	
57 Town <b>Dayton</b>		76 State <b>MD</b>		SECTION <b>44</b> 48		LOT <b>3</b> 48 50	
70 Zip <b>21036</b>		76		52 NEAREST TOWN <b>Dayton</b>		71	
DRILLER INFORMATION				B 4 SOURCES OF DRILLING WATER			
76 Driller's Name <b>Samuel A Connelly</b>				76 License No. <b>MWD 572</b>			
81 Firm Name <b>Connelly &amp; Associates, Inc.</b>				1. <b>Private</b>			
Address <b>1518 T. Ico Dr., Frederick, MD 21704</b>				2. <b>10/23/17</b>			
Signature <b>Samuel A Connelly</b>				3. <b>53' steel cas 12" above ~280' and drilling - 280' to ~30'</b>			
Date <b>9/21/17</b>				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
B 2 WELL INFORMATION		11 STREET ADDRESS <b>14170 Triadelphia Rd</b>		30		NORTH	
1 APPROX. PUMPING RATE (GAL. PER MIN.)		8		12		WEST	
2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14		20		EAST	
USE FOR WATER (CIRCLE APPROPRIATE BOX)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				COUNTY NAME <b>Howard</b> COUNTY NO. <b>13</b>			
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				STATE SIGNATURE _____ INSERT S →			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				DATE ISSUED <b>10/10/17</b> EXP. DATE <b>10/10/18</b>			
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				CO SIGNATURE <b>A-L-X</b>			
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				10/23/17 Doc 10/25/2017 Doc 11/15/17			
<input type="checkbox"/> OPEN LOOP GEOTHERMAL				SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL			
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL							
APPROXIMATE DEPTH OF WELL <b>400</b> FEET				NEAREST INCH			
APPROXIMATE DIAMETER OF WELL <b>6</b>				METHOD OF DRILLING (circle one)			
<input type="checkbox"/> BORED (or Augered)				<input checked="" type="checkbox"/> JETTED			
<input type="checkbox"/> AIR-ROTARY				<input checked="" type="checkbox"/> Jettied & DRIVEN			
<input type="checkbox"/> CABLE				<input checked="" type="checkbox"/> AIR-PERCUSION			
<input type="checkbox"/> other				<input type="checkbox"/> ROTARY (Hydraulic Rotary)			
<input type="checkbox"/> REVERSE-ROTARY				<input type="checkbox"/> DRIVE-POINT			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.			
<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 _____ G _____							
PERMIT NO. <b>HO-17-0198</b>							
SPECIAL CONDITIONS				*SEE ATTACHED MEMO*			

[illegible]

Drawdown time 9:25 - 10:00  
pump set @ 300'  
test pumped by Jerry Henning

ing

\* Drawdown

Time	Depth (water level)
9:25	10'
9:45	80'

pumping rate for

draw down.

10 gpm

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: NATIONAL WATER SVC Telephone #: 301-854-1333  
Address: PO Box 138  
ASHTON, MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller  
License # and name of individual responsible for the field installation:

Name (Print): DAVID RYCKE

Licensed Well Pump Installer

License# PI 0145

\*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: THE RIVAS GROUP Telephone #: 240-686-9853  
Subdivision: \_\_\_\_\_ Lot #: 3 Well Tag #: HO-17-0198  
Site Address: 14176 TRIADELPHIA MILL RD  
DAYTON

Submersible Pump Data

Make: FRANKLIN

Model #: 1.5 HI

Pump Capacity 10 GPM

Well Yield: 4.3 GPM

Depth of well encountered at time of pump installation: 50 (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 \_\_\_\_\_

Pitless Adapter

Make: Campbell

Model#: PA 800

Depth: 48" (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: ✓

Piping to house

Type: poly

PSI: 200 (160 psi min)

Depth of supply line: 4' (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.

Signature of company representative responsible for installation

12-10-18  
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 \_\_\_\_\_

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

**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: NATIONAL WATER 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: VAWTER Lot #: 3 Well Tag #: HO-17-0198  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_ Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM Depth: \_\_\_\_\_ (36" min)  
Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: \_\_\_\_\_

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

**Pitless Adapter**

Make: \_\_\_\_\_ +

Model#: \_\_\_\_\_

**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: \_\_\_\_\_

**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: 12/11/2018 Date Insp. Approved: 12/11/2018 Inspector: [Signature]

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 ✓

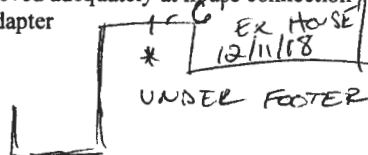
Safety rope not outside of well cap/casing ✓

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 ✓

(Revised form 10/24/2018)



WELL SLEEVED W/ 10' SEPTIC CROSSING  
40" 12/11/2018  
36" 12/11/2018  
32" 12/11/2018



**INTERIM CERTIFICATE OF POTABILITY****Expiration Date – NOVEMBER 21, 2019**

May 21, 2019

Homeowner  
14176 Triadelphia Mill Road  
Clarksville, MD 21029**RE: Vawter Property, Lot 3**  
**14176 Triadelphia Mill Road**  
**Building Permit: B18000818**  
**Well Permit: HO-17-0198**

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 **5/21/2019**. Final approval of the well line connection to the dwelling was granted on **12/11/2018**. The well construction was completed on **10/25/2017**. Water samples were collected on **5/1/2019**.

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-17-0198. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

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:

Vawter Property

Subdivision/Property Name

1-3

Lot #

Thadephia Mill Rd

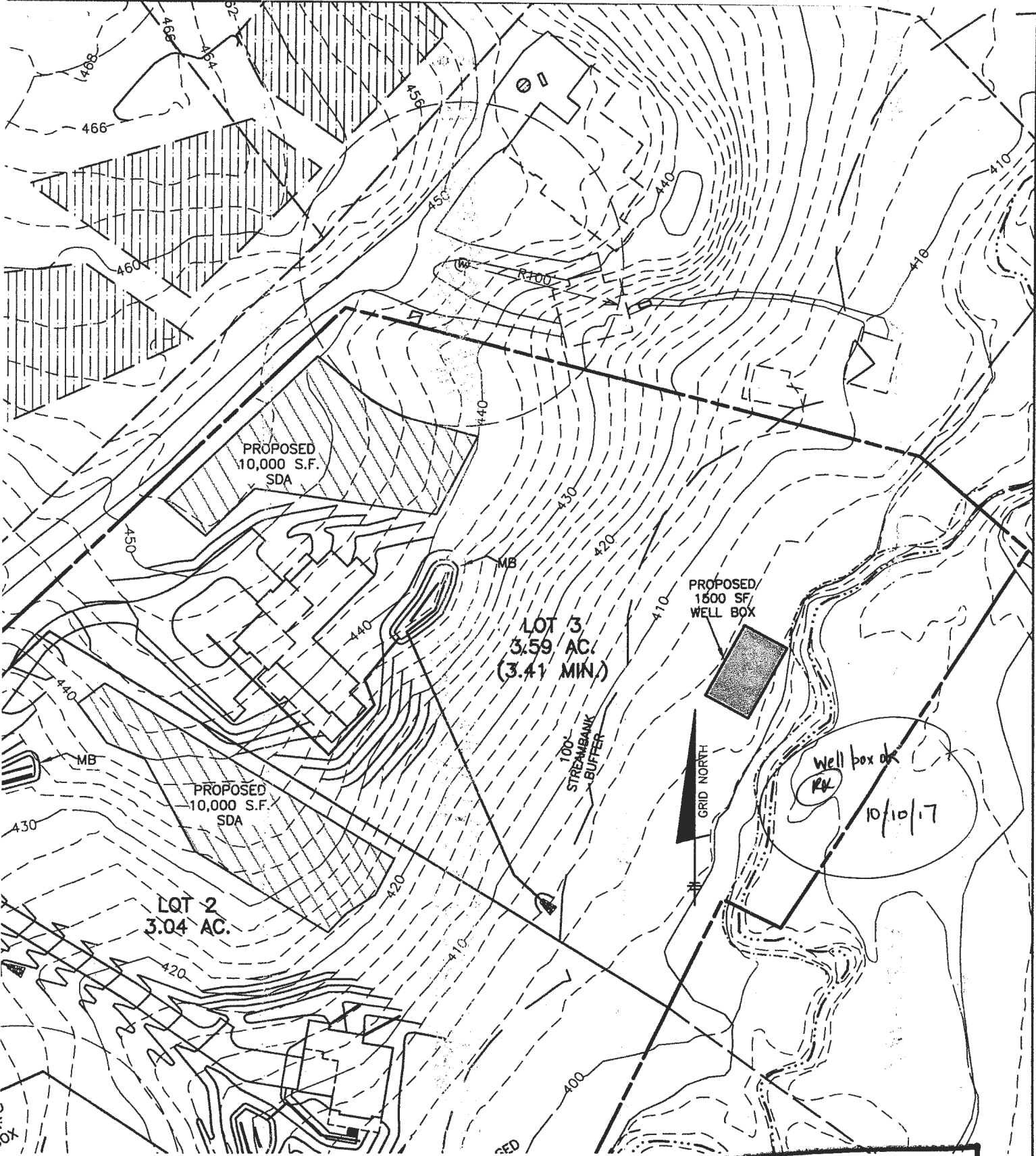
Road Name

☒ The well site has been staked by Benchmark Engineering, Inc.  
(professional land surveyor or company employing professional land surveyors)  
on 9/27/17 (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.





**BENCHMARK**

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 315 ▲ ELLICOTT CITY, MARYLAND 21043  
(P) 410-485-8105 (F) 410-485-8844

WWW.BEL-CIVILENGINEERING.COM

J:\2766 VAWTER PROPERTY\dwg\7094 Well Location Plans.dwg, 3/17/2017 10:35:20 AM, Kycera CS 3051.dl KX.pcl

**H0-17-0198**

WELL EXHIBIT LOT 3  
VAWTER PROPERTY

SCALE: 1" = 80'

Send Report To:

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

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Sciences  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205



E18001988002

Received: 11/16/2017

Metals

HOJC0198Na

## LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: H0JC0198Na Site Name: H0-17-0198 County: Howard

Sample Source: 1470 Triadelphia Mill - Vawter Prop Collector: Caballero  
Street Town or City Name

Date Collected: 11/15/2017 Time Collected: 10:00 a.m./p.m. Phone #: 410 33 7643

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☐ HNO<sub>3</sub> mL pH: < 2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code: 116 ☐ Non-Community ☐ Sediment ☐ Other  
☒ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)

Remarks:

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>24</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: \_\_\_\_\_

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project No: E18001988    Date Coll.: 11/15/2017    Date Received: 11/16/2017    Submitted By: Cabahug

Field ID: HOJC0198Na  
Lab No.: E18001988002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.13	ppm	11/21/2017

### Comments:

Approved by: Yingtao Chai

Approval date: 11/22/2017

\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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) 767-6944 and arrange for return or destruction.

State of Maryland  
MDH-Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205  
**WATER ANALYSIS**

HOJC019801

Bottle Number	#05C01984	Name	Ho-17-0198 R	County	Howard	County Code	13
Location	14170 Tridelphia Mill - Vawter Prop. Lot 3			Data Category	4 F		
Collected: Date	11/15/17	Time	10:00	Collector & Phone	CABAHUG 410 313 2643		
CHECK (one per box)				Submitter Code			
Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)?	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>
Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input checked="" type="checkbox"/>
Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>
							Federal Project

Plant No. [ ] [ ] [ ] [ ] Sampling Station [ ] [ ] [ ] [ ] Preservation: Iced ☒ Acid ☐ Type of Acid \_\_\_\_\_

pH [ ] [6] [5] Chlorine: Free [0] [0] Total [0] [0] Specific Conductance [ ] [ ] [ ] [ ] [ ] [ ]

Notes to Lab/Remarks:

RECEIVED  
NOV 30 2017  
HOWARD COUNTY HEALTH DEPT.  
COMMUNITY HYGIENE PROGRAM

SUBMITTER'S COPY



State of Maryland  
Department of Health  
Laboratories Administration  
Division of Environmental Sciences  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

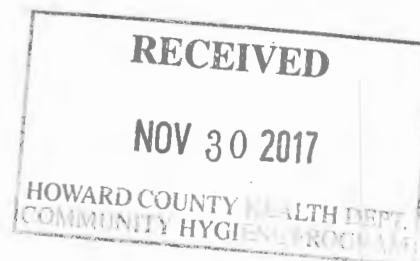
HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE18001989 Date Coll. 11/15/2017 Date Received 11/16/2017 Submitted By: Cabahug

Field ID: HOJC0198  
Lab No.: E18001989001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	11/21/2017
Total Dissolved Solids	SM 2540C	114	mg/L	11/20/2017

Comments:



Approved by: *Shabir Aneli*

Approval date: 11/29/2017

\*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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) 767-6190 and arrange for return or destruction.

**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 #:	129851	Account #:	3123
Reference:	Rivas Group Lot 3	Company:	National Water Servicing
Location:	14176 Triadelphia Mill Road	Requested By:	Dave Rycke
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	5/1/2019 1400	Site:	Pressure Tank
Date/Time Rec'd:	5/1/2019 1515	Treatment:	**
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	J. Yeager 6176JY	Well #:	HO-17-0198

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/2/2019 / 1030 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/2/2019 / 1030 / RER
Nitrate	1.06	mg/L	10	601	5/2/2019 / 0900 / CRS
Turbidity	1.32	NTU	<10	SM20 2130B	5/2/2019 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/2/2019 / 0945 / CRS

**NOTES**

- 1 \*\*Sample collected prior to Sediment Filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B18000818

Date Reported: 5/2/2019




## 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)

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

### **MEMORANDUM**

**TO:** Connelly & Associates, Inc.  
**FROM:** Ryan Rappaport, L.E.H.S.   
Well and Septic Program  
**DATE:** October 4, 2017  
**RE:** **SPECIAL CONDITIONS: Vawter Property Well Permits**

There are special conditions for all three well permits associated with the Vawter Property. See specific requirements below for each lot.

#### **LOT 1**

- The existing well on Lot 1 must be abandoned and sealed after the establishment of the replacement well.
- The replacement well on Lot 1 must be at least 200 feet from the sewage disposal area on **14190 Triadelphia Mill Road (Tax Map 27, Parcel 52).**
- The replacement well on Lot 1 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.
- The replacement well on Lot 1 will require TDS, sodium and chloride water samples during the yield test.

#### **LOT 2**

- The well on Lot 2 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.
- The well on Lot 2 must have casing extending to at least 24 inches above grade and shall be fitted with a flood resistant well cap.
- The well on Lot 2 will require TDS, sodium and chloride water samples during the yield test.

#### **LOT 3**

- The well on Lot 3 must be drilled using steel casing that extends to at least 50 feet depth or 10 feet into competent bedrock, whichever is deeper.
- The well on Lot 3 must have casing extending to at least 24 inches above grade and shall be fitted with a flood resistant well cap.
- The well on Lot 3 will require TDS, sodium and chloride water samples during the yield test.

**All drilling, grouting and yields must be called into the Health Department for inspection. Call 410-313-1771 for scheduling.**

Feel free to contact me with any questions at 410-313-1781 or [RRappaport@howardcountymd.gov](mailto:RRappaport@howardcountymd.gov).

Cc: File