c 1 46071	SEQUENC (MDE USE		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE P IN COLS. 3-6 ON ALL CAR			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
DATE Received 13	DATE WELL	13-	17 22 hoo 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" 124/17 SC 28 29 30 31 32 33 34 35 36 3
OWNER BOA	RMAN	620	First name	
WELL SITE ADDRESS	ma	iveh	TOWN WE	ST Friend ship
SUBDIVISION_FAL	ipes to	eles	SECTION	LOT _3
WELL Not required for	-	()	WELL HAS BEEN GROUTED (Circle Appropriate Box)	<u>C 3</u>
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES		THEIR	(Circle Appropriate Box)  44  44  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 2
	S AND IF WATER BE	Check	CEMENT CM BENTONITE CLAY BLC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FROM TO	if water bearing	NO. OF BAGS 48 7 NO. OF POUNDS 350	PUMPING RATE (gal. per min.)
Top 5011	0 2		DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Buchet
Brown Llas	26	1	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Brown Clay	6 50	6	(enter 0 if from surface)  Casing CASING RECORD	BEFORE PUMPING 20 ft.
17 rowh	50 65		types insert appropriate STEEL CONCRETE	WHEN PUMPING 97 tt.
Sand Stor Gray Mica Brown Mica Gray Mica	1/75		below PLASTIC OTHER	TYPE OF PUMP USED (for test)
Gray Mica	96 76	4	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine
Brown Mica	75 76		TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describ
MICA	76 600	,	60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible
G-ray "			diameter depth (feet) H inch from to	PUMP INSTALLED
			Š	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
			G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
			screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
			appropriate BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
			below PLASTIC OTHER	(to nearest gallon) 31 31 PUMP HORSE POWER
NUMBER OF UNSUCCESS	FUL WELLS:		C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH
WELL HYDROFRACTURED	yes	no	E 1 40 59 600	(nearest ft.)  CASING HEIGHT (circle appropriate box
	PRIATE LETTER	N	Ĉ <sub>2</sub>	and enter casing height)  LAND SURFACE
A WELL WAS ABANDO	NED AND SEALED		23 24 26 30 32 36 S C 3	below / (nearest foot)
P TEST WELL CONVERTIN		N	R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	49 50 51 1000) 1 ATITUTE 2 2 3 1 3 0 3 3
I HEREBY CERTIFY THAT THIS WACCORDANCE WITH COMAR 26.00 IN CONFORMANCE WITH ALL COCAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND COKNOWLEDGE.	4.04 "WELL CONSTRUCT INDITIONS STATED IN THE INFORMATION P	TION" AND THE ABOVE RESENTED	DIAMETER (NEAREST OF SCREEN 56 60	LONGITUDE 7 4. 183919 (DEFAULT GOORD WGS 84)
DRILLERS LIC. NO. 1	MWD040	erdia	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	Pursuant 10-624 of the otate Govt. Article of the Maryand Code of the otate of requested on his form pursuant R. Hure to provide the info.
DRILLERS SIGNATURE (MUST MATCH SIGNATURE	ON APPLICATION)  J S D O	8	INSERT F IN BOX 68  MDE USE ONLY (NOT TO BE FILLED IN BY DRILLED  T (E.R.O.S.) W Q	form. The Maryland Department of the Environment is subject to the Maryland Public
Eruco G	homason		70 72	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
SITE SUPERVISOR (sign. responsible for sitework if of	of driller or journey different from permit	man Itee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.
MDE/WMA/PER.071			COUNTY	

### PPLICATION FOR PERMIT TO DRILL WELL    Date Peccined UPA    DATE   D	SEQUENCE NO.	STATE OF M	ARYLAND	STATE PERMIT NUMBER
Date Processed UPA)  Date Processed UPA  Date Processed U	(MDE USE ONLY)	142-17-14		110- 17 - 0017
DAMP RECIDIOR OF WELL  SOURCE AND TO SHE PER Name  SHORMAN BOAR MAN  GEORGE  15 Lat Name  Owner  Shoes or 1970	~ 47506 E/			110 11 0010
OWNER INFORMATION SOUTH PROPERTY NAME  TO SHAPE OF THE STORY OF THE ST		00100		
BORNMAN DAR MAN GEORGE  10 Lat Name Owner George Fig. 18 Later Name State Stat	6 111111	4077		
Paugers Folly  Stand Name  38		"	3-1	Bald
See or PRO PRILLER NO PRILLING CIPCLE PROPORTIAL ENGANCES OF DELLING WATER COUNTY MADE  Segretary Town 70 Same 72 20 75  DRILLER INFORMATION 9265 Brown Church Rd, Mt. Airy, Md. 2171  Addisses L. Franklin Easterday, Inc.  Fern Name 9265 Brown Church Rd, Mt. Airy, Md. 2171  Addisses L. Franklin Easterday, Inc.  Segretary 123/2017  Segretary 123/2	BORMAN BOARMAN GEO	RGE		marr Folly
Section Later Service of BPD 2/1594  WEST FRIENDSHIP MD 2/1594  TO TOM 70 State 77 20 76  DRILLER INFORMATION September Service Sected by March 2010  DRIFF Shame 2  LFranklin Easterday, Inc.  Firm Name 9256 Brown Church Rd, Mt. Airy, Md. 21771  Address American State 1 1/22/2017  Well Information APPROX Pluffing Rate (CAL PER Nins)  Franklin County Needed  APPROXIMATE COMMERCIAL, DEWATERING A AGRICULTURAL PROMOTIVE THE STATE OF TH		ame 34		
WEST FRIENDSHIP, MD 2/754  7 ON 70 Suite 72 Zip 76  DRILLER INFORMATION  Engineering F. Easterday W. D. Done No. 99  Firm Name  9265 Brown Church Rd, Mt. Airy, Md. 21771  Addiese J. J. J. J. Lowes No. 99  1/2372017  Addiese J.		<b>N</b> .		3
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DRILLER INFORMATION  DO DRIEG'S Name  L. Franklin Easterday  DO DRIEG'S Name  L. Franklin Easterday  DO DRIEG'S Name  See Service  L. Franklin Easterday  DO DRIEG'S Name  See Service  Signature  Segnature  Seg	The state of the s	A STATE OF THE PARTY OF THE PAR	West	A M. S. Carlotte and Carlotte a
Beorge F. Easterday, Inc.  Fram Name  Septime  S	The transfer of the second of	Zip 76	52 NEAREST TOWN	71
Drief's Name  L. Franklin Easterday, No.  Fram Name  See See Brown Church Rd., Mt. Airy, Md. 21771  Address  J. J	George F. Easterday	MV OND	6 4	4
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FITTI Name  9265 BITOWIT CHUITCH Rd., Mt. Airy, Md. 21771  Address  J. J		8.7		Andrea Drive
9265 Brown Church Rd., Mt. Airy, Md. 2171  Address J.		1.		
Address J.		ry, Md. 21771 2.		MOGTH
Spring WELL INFORMATION  STATE  WELL INFORMATION  STATE  WELL INFORMATION  STATE  GAL PER MIN)  STATE MAPPEN, PUMPING RATE  GAL PER NAN)  STATE MAPPEN, PUMPING RATE  GAL PER NAN)  WERAGE DALY  DOMESTIC POTABLE SUPPLY & RESIDENTIAL  REGISTRON  WELL STATE  PUBLIC WATER (CIRCLE APPROPRIATE BOX)  DOMESTIC POTABLE SUPPLY & RESIDENTIAL  REGISTRON  FARMANCI (LIVESTOCK WATERING & AGRICULTURAL  REGISTRON  PUBLIC WATER SUPPLY WELL  T TEST, GOSERWATOR, MONTORING  OPEN LOOP GEOTHERMAL  C. CLOSED LOOP GEOTHERMAL  C. CLOSED LOOP GEOTHERMAL  DATE ISSUED  L. 1/1/10  APPROXIMATE DIAMETER OF WELL  APPROXIMATE DIAMETER OF WELL  APPROXIMATE DIAMETER OF WELL  APPROXIMATE DIAMETER OF WELL  METHOD OF DRILLLING (circle one)  SOME DIED (or Augored)  JETTED  JOHN S / 3/13  JOHN S / 3 STANGBY-CONTACT LOCAL APPROVING MUTHORITY  OTHER WELL WILL REPLACE A WELL THAT WILL BE USED  TOR POLICY ON STANGBY WELLS  THIS WELL WILL REPLACE A WELL THAT WILL BE USED  TOR POLICY ON STANGBY WELLS  THIS WELL WILL DEPPENACE AN EXISTING WELL  THE WATER OF T		3.7		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
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3.22.7 FIELD DATA SHEET HYDROGEOLOGIC AREA (3) WELL YIELD	) TEST
Maryland Well Permit No. Ho-17-0012 Electi	on District
Location of Property (road) Andrew Dr.	
Subdivision Pauper : 70 // Lot 3 Block	Plat Sec
	u Boar wan
Depth of Well 600 21/2	
Distance of Measuring Point (M.P.) above ground	10
Static Water Level (S.W.L.) below M.P. 20'	
I. High Rate Pumping reservoir drawdown pump set	- AT 375
Time pump started ///00 Pumping ra	
Total time Zoro reach pumping water level 2	7 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW
11:30	97 CT	12 Sec	·	4.6 Gpm
11:45	97 et	13 Sec		4.6 Gpm
12:00	97 ST	13 Sec		4,6 Gpm
12115	97 C+	13 sec		4,6 Gpm
12:31	97 st	13 sec	•	4.6 Gpm
12145	97 tt.	13 Sec		4,6 Gpa
1:00	97 AT	13 SEC		4,6 Gpm
1:15	97 4	17 Sec		4,6 Gpm
1130	97 64	13 sec	·	4.6 0pm
1145	97 45	13 Sec		4:6 copm
2100	97 60	13 sec		4,6 Gpm
2515	97 8+	13 sec		
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			No. to leave the	



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

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. Trelephone #: 410 745 5676 Company Name: FOOK WILL Address: Krsville, mp Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer License # and name of individual responsible for the field installation: MINIC C Name (Print): 0010 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 #: Lot #: 3 Well Tag #: HO - 17 - 0017 Subdivision: Site Address: Well Cap and Electric Conduit Submersible Pump Data Pitless Adapter Make: Julas Make: \_ Camptx Two piece watertight cap: \_\_\_\_\_\_ Model#: NA Screened, vented well cap: Model #: GPM Depth: 36 1 (36" min) Cap secured to casing: Pump Capacity GPM NSF/WSC approved: \\/ Conduit min 18" B.G.: Well Yield: Conduit secured to well cap: Depth of well encountered at time of pump installation: (a()) (feet) If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Must circle one: Torque arrestors / Cable guards / Other acceptable method used Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing **House Connection** Piping to house PVC sleeve to undisturbed soil at wall penetration: Type: 1" 00 h Length of sleeve(5' minimum from foundation): PSI: 7(1)(160 psi min) (36" min) Depth of supply line: 130 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 For Health Department Use Only - Not to be completed by Installer Date Insp. Approved: 3 Inspector: Date Insp. Requested: 13/20

(Revised form 10/24/2018)

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade

Elec. conduit extends at least 18" below grade/attached to cap properly

Correct well tag attached properly and casing 8" above finished grade

Two piece cap installed and attached to casing securely

Water supply line sleeved adequately at house connection

Safety rope not outside of well cap/casing

Adequate grout observed below pitless adapter



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

February 23, 2018

Homeowner 13719 Tergeo Drive West Friendship, MD 21794

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); sodium from your well measured 6.60 mg/L.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; chloride from your well measured 25 mg/L. The secondary maximum contaminant level for TDS is 500 mg/L; TDS from your well measured 215 mg/L.

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

Sarah Collins, L.E.H.S. Howard County Health Department

Well & Septic Program

Sah alli

 $\underline{SCollins@howardcountymd.gov}$ 

410-313-6287

Cc: Community Hygiene Program
File



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

### **INTERIM CERTIFICATE OF POTABILITY**

Expiration Date - NOVEMBER 21, 2020

May 21, 2020

Homeowner 13719 Tergeo Drive West Friendship, MD 21794

RE:

Belvedere Estates, Lot 3

13719 Tergeo Drive

Building Permit: B19004383 Well Permit: HO-17-0012

#### 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 3/23/2020. Final approval of the well line connection to the dwelling was granted on 3/13/2020. The well construction was completed on 3/13/2017. Water samples were collected on 5/7/02020, 5/18/2020.

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-17-0012. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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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

fin h. Wall

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File

## FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:

Reference:

Location:

137332

Belvedere Estates Lot 3

13719 Tergeo Drive

West Friendship, MD 21794

Date/Time Collected: 5/18/2020

Date/Time Rec'd: 5/18/2020

Free: ND B. Wilkerson

Total: ND

0730

1105

Account #: Company:

1933

Fogles Well Pump & Treatment Requested By: Dave Fogle

Source:

Well Water

Site:

Kitchen Sink Tap

Treatment:

Filter/Multi-Media Softener

Chlorine ppm: Collected By:

9315BW

pH:

6.4

Well #:

HO-17-0012

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	<0.30	NTU	<10	SM20 2130B	5/19/2020 / 1015 / RER
Sand	ND	mg/L	5	Visual/Gravimetri	c 5/19/2020 / 1015 / RER
Iron	0.02	mg/L	0.3*	FR, 45 (126)	5/18/2020 / 1645 / RER

#### NOTES

- \*SMCL = Secondary Maximum Contaminant Level 1
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test:

Use & Occupancy

Building Permit #:

19004383

Date Reported:

5/19/2020

## 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 #:

137139

Account #:

Reference:

Belvedere Estates Lot 3

Company:

Fogles Well Pump & Treatment

Location:

13719 Tergeo Drive

Source:

Requested By: Dave Fogle

West Friendship, MD 21794 Date/ Time Collected: 5/7/2020

1200

Site:

Well Water

Date/Time Rec'd:

5/7/2020

1252

Treatment:

Pressure Tank None

Chlorine ppm:

Free: ND

Total: ND

pH:

6.6

Collected By:

B. Wilkerson

9315BW

Well #:

HO-17-0012

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/8/2020 / 0930 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/8/2020 / 0930 / BCD
Nitrate	6.87	mg/L	10	601	5/7/2020 / 1615 / RER
Turbidity	131	NTU	<10	SM20 2130B	5/7/2020 / 1625 / RER
Sand	Present	mg/L	5	Visual/Gravimetri	c 5/8/2020 / 1130 / CRS
Iron	9.40	mg/L	0.3*	FR, 45 (126)	5/8/2020 / 1100 / CRS

#### NOTES

- 1 \*SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- MPN/100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 3
- 4 NTU = Nephelometric Turbidity Units
- 5 Present for sand indicates greater than 5 mg/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND:None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time) 10

Reason for Test:

Use & Occupancy

Building Permit #:

19004383

Date Reported:

5/8/2020

Send Report To: Bert Nixon Howard Co. Health Dept. Bureau of Environmental Health Division of Environmental Chemistry

Columbia MD

State of Maryland **DHMH** - Laboratories Administration

TRACE METALS LABORATORY

1770 Ashland Avenue Baltimore, Maryland 21205

LABORATORY ANALYSIS REQUEST

E17003703003 Received: 03/23/2017

Metals HO-17-0012

DO HOL WITH SHOOKE THIS THE

#### **Please Print**

Sou	Street	Drive	wn or Cit	y	Collector:	Name
olle	cted: 3 / 22/20	17 Time Collec	ted:	a.m. 12:30	p.m. Phone #	#: 410-
Pre	eserved By:   Field  Preserva	☐ ES	SRL	□ WMI	RL pH: <u>2</u> ,	□ Centra
Ty	pe: Drir	nking Water nmunity	□ Lar	ndfill Source	e (Raw Water)	
itego	□ Con □ Non □ Priv	n-Community	□ Stro	eam ☐ Distrib liment ☐ Other	bution (Treated)	) 🗆
		□ Total Metals			☐ Dissolved Mo	
	Sample collec	ted during yie	ld k	est.	(field preparation red	quired)
	Sample collect			Element		quired)
	Sample collect Element Antimony (Sb)	ted during yie	ld k	Element Copper (Cu)	(field preparation red	quired)
	Sample collect	ted during yie	ld k	Element	(field preparation red	quired)
	Element Antimony (Sb) Arsenic (As)	ted during yie	ld k	Element Copper (Cu) Lead (Pb)	(field preparation red	quired)
	Element Antimony (Sb) Arsenic (As) Barium (Ba)	ted during yie	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag)	(field preparation red	quired)
	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be)	ted during yie	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn)	(field preparation red	quired)
	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd)	ted during yie	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn) Aluminum (Al)	(field preparation red	quired)
ks:_	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr)	ted during yie	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn) Aluminum (Al) Iron (Fe)	(field preparation red	quired)
ks:_	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni) Selenium (Se)	Results (ppm)	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn) Aluminum (Al) Iron (Fe) Manganese (Mn)	(field preparation red	quired)
ks:_	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni) Selenium (Se) Sodium (Na)	Results (ppm)	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn) Aluminum (Al) Iron (Fe) Manganese (Mn) Calcium (Ca) Magnesium (Mg) Potassium (K)	(field preparation red	quired)
ks:_	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni)	Results (ppm)	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn) Aluminum (Al) Iron (Fe) Manganese (Mn) Calcium (Ca) Magnesium (Mg)	(field preparation red	quired)
ks:_	Element Antimony (Sb) Arsenic (As) Barium (Ba) Beryllium (Be) Cadmium (Cd) Chromium (Cr) Mercury (Hg) Nickel (Ni) Selenium (Se) Sodium (Na)	Results (ppm)	ld k	Element Copper (Cu) Lead (Pb) Silver (Ag) Zinc (Zn) Aluminum (Al) Iron (Fe) Manganese (Mn) Calcium (Ca) Magnesium (Mg) Potassium (K)	(field preparation red	quired)

DHMH 4432 (05/15)

SUBMITTER'S COPY

## Send Report To: Bert Nixon Howard Ga Health Pept. Bureau of Environmental

F

I

E

L

D

Plant No.

Number of

Tests Requested

DHMH 90-A 6/15

pH

# rt To: Bert Nixon Ga Health Rept. Of Environmental Health Division of Environmental Chemistry INORGANICS ANALYTICAL LABORATORY

ANICS ANALYTICAL LABORATOR 1770 Ashland Ave Baltimore, Maryland 21205

			HAN BAN I	<b>1888</b> (188	H
E170	03702	2003	11 BES & 4 STATE B	DIN DIN	100

Type of

Acid

Received: 03/23/2017

Inorganic

Acid

**Specific** 

Date

Reported

Conductance

HO-17-0012

MD Do not write above this new. WATER ANALYSIS Bottle S HO-17-0012 Panpert Folly - Lot 2 County Number Code A **Data Category** M Drive Dayton Code P Collector & **Submitter** L 3/22/17 S. Collins 12:30 pm 410-313-6287 Collected: Date **Phone** E CHECK (one per box) **Drinking Water** Community Source (raw water) Emergency I Routine Recheck Landfill Non-community Distribution (treated) Stream MCL Federal Private D Other Other Special

Total

Preservation: Iced

144

Sampling

Station

Chlorine: Free

Notes to Lab/Remarks: Sample collected during

\* Results reported in Units, all others in milligrams per liter (ppm)

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
1	Chloride		
	Conductance*, Spec.		
/	Dissolved Solids (Total)		
	Hardness		
	Fluoride		100
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
The f			-

**Section Chief** 



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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 NoE17003702 Date Coll. 03/22/2017 Date Received 03/23/2017 Submitted By:S. Collins

Field ID: HO-17-0012

Lab No.: E17003702003

<u>Analyte</u> Chloride Method SM 4500-CI E Result 25 Units mg/L Date Analyzed

03/27/2017

Total Dissolved Solids

SM 2540C

215

mg/L

03/24/2017

**Comments:** 

Approved by:

Shahler andi

Approval date: 04/03/2017

\*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.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
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: E17003703 Date Coll.: 03/22/2017 Date Received 03/23/2017 Submitted By: Collins

Field ID: HO-17-0012

Lab No.: E17003703003

Method Element Result Units Date Analyzed

EPA 200.7

Sodium

6.60

ppm

03/24/2017

Comments:

Approved by: Bacia Muneca

Approval date: 04/04/2017

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

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Telephone: (443) 681 - 3853

Fax: (443) 681-4507

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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

## TO ALL INTERESTED PARTIES

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

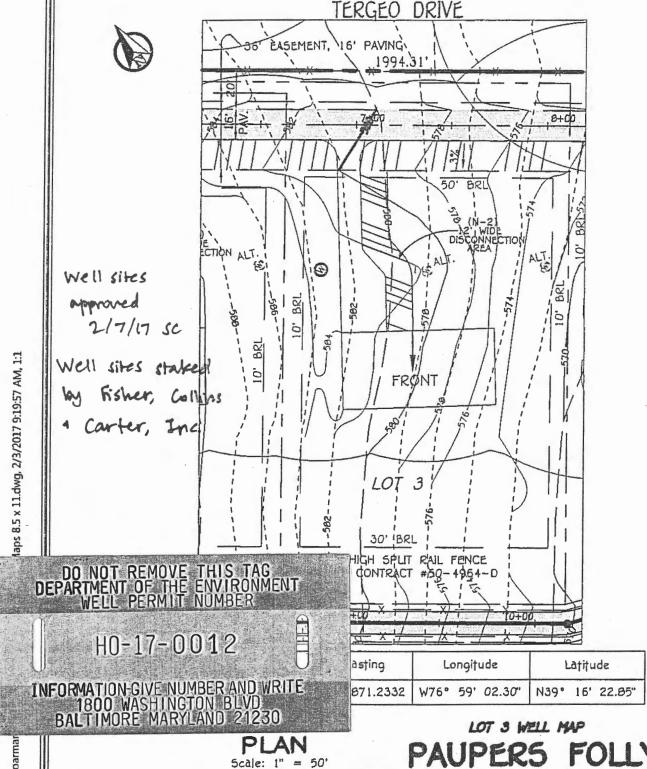
The well site has been staked by Fisher Collins 7 Carter, (professional land surveyor or company employing professional land surveyors) on 1-25-17 (date) and does not require a site inspection.

☐ 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.

Revised 6/10/03

Paupers Folly



PRIVATE USE-IN COMMON DRIVEWAY

K:\SDSKPROJ\71160 Boarma

FISHER, COLLINS & CARTER, INC. CMIL ENGINEERING CONSULTANTS & LAND SURVEYORS CENTENNAL SQUARE OFFICE PARE - 10272 BALTHORE NATIONAL PICE ELICOTI CITY, HARTLAND 21042 (410) 461 - 2055

LOTS 1-11, BUILDABLE PRESERVATION PARCEL 'A AND NON-BUILDABLE PRESERVATION PARCEL "B"

ZONED: RR-DEO

TAX MAP No. 22 GRID No. B PARCEL No. 116 & P/O No. 7

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND DATE: JANUARY 20, 2017

SHEET 3 OF 11