

To: Howard County Health Department  
c/o: Mr. Robert Freemon

This letter is to serve as documentation that public water and sewer lines have been run to the homesite at 6044 Trotter Road, Clarksville, MD 21029. Furthermore, as requested, all old water supply lines from the agricultural well have been permanently removed from within the house.

Please let me know if you have any questions. Thank you for your support on this project.



Josh Reznick  
Iconic Builders Managing Partner  
e: [josh@iconicbuilders.com](mailto:josh@iconicbuilders.com)  
m: 443-882-4475

Abandoned  
Pit well Not  
Drilled well.  
Keeping Drilled  
Well For  
Agriculture

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

Pit Well

DATE WELL ABANDONED: 7-2-20 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

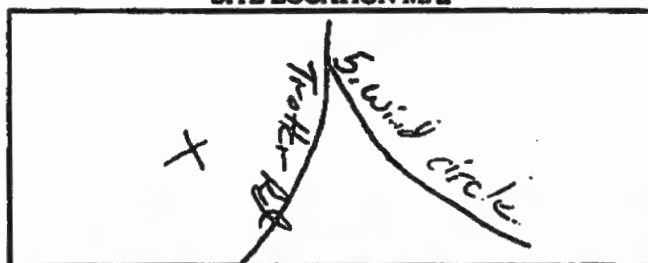
\* PERSON ABANDONING WELL: Andrea Husman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: James Foster

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Clarksville  
TAX MAP 0035 BLOCK 0007 PARCEL 0023  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 6044 Trotter PD



LATITUDE 39.203595

LONGITUDE 76.920223

LOG OF SEALING MATERIAL

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

MATERIAL	FEET	
	FROM	TO
Stone	34	15
Concrete	15	7

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

VOLUME OF MATERIAL USED

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

Stone 8 tons / 3.5 yds concrete

SIZE OF CASING: \_\_\_\_\_ INCHES IN DIAMETER

DEPTH OF WELL: 34 FEET DEEP

WAS ANY CASING REMOVED? YES  NO   
If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? YES  NO

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

[Signature]

224

MWD/MSD/MGD  
CIRCLE ONE

7-2-20  
DATE

DRILLER

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.

C1 4409

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER: P194082

DATE RECEIVED

DATE WELL COMPLETED 08/19/83

DEPTH OF WELL 163 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0231

OWNER: DUE last name, JOHN first name, TOWN: Clarksville

STREET OR RFD: 6044 Trotter Road, SUBDIVISION: tax map 35, parcel 23, SECTION: LOT

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): Brown Shale 0-57, Gray granite 57-163

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 13, NO. OF POUNDS: 1222

CASING RECORD: MAIN CASING TYPE: PL, Nominal diameter: 6, Total depth: 61

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

SCREEN RECORD: screen type or open hole: HO, DEPTH (nearest ft.): 60

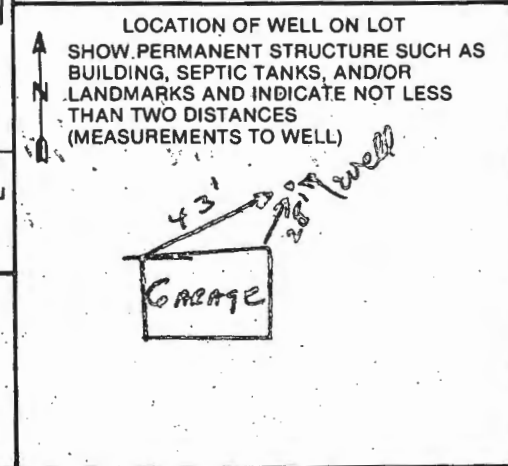
SLOT SIZE: 2, DIAMETER OF SCREEN: 4 (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), WQ (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: C3, HOURS PUMPED: 3, PUMPING RATE: 12, METHOD USED TO MEASURE PUMPING RATE: bucket, WATER LEVEL: 35

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED: A (air), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT: + above, LAND SURFACE



CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL. I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 238, DRILLERS SIGNATURE: [Signature], SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

May 07, 2012

John Due  
6044 TROTTER ROAD  
CLARKSVILLE, MD 21029

**RE: Water Sample Results  
6044 TROTTER ROAD  
Invoice #: 26082**

Dear John Due,

We have received the results from the testing of the water sample(s) taken from the above referenced property on April 19, 2012. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

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

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 2.55 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was 1.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

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



Howard County  
Health Department

Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

Sincerely,

Ramar Martin, R.S.  
Community Hygiene Program

Enclosures

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION

201 W. Preston Street  
P.O. Box 2355, Baltimore, MD 21203 162126  
John M. DeBoy, Dr. P.H., Director

Category Code 46 Lab. No. \_\_\_\_\_

Bacteriological Drinking Water Report 1-57 flow

Inv. No. 26087 Field Record DW in CLK ROOM

Sample Type: Source Town DWS  
 Community  Location 6094 The Her Rd.  
 Non-Community  Iced: Yes  No   a.m.  
 Non-Transient  Treated: Yes  No  Time Collected 10:00  p.m.  
 Private  Collector# 3174 BS Bottle No. HC6094  
 Check Sample  Collector Name B. Shklyar County Howard  
 C.O.P.

Test Requested:  
 Quantitative   
 P/A   
 MTF   
 SPC

County 13 Plant No.      Sampling Station      Date Collected 4 19 12  
 pH 6.6 Res. Cl: Free 0.0 Total 0.0 Card#     

LABORATORY RECORD

Thiosulfate: Pres.  Absent  Undetermined

PRESUMPTIVE MTF • P/A TEST\*

CONFIRMED • P/A TEST

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

P/A TEST (CONFIRMED) \*\*\*

QUANTITATIVE TEST (CONFIRMED) \*\*\*

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

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

SPC Plate: A      B       
 24.48.72 hrs/Heterotrophic Plate Count (HPC/ml) § =     

Temp. Control 4 °C

- \* using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- \*\*\* using ONPG-MUG at 35° C incubation

Remarks \_\_\_\_\_

Date & Hour  
APR 19 12 pm 2:30  
APR 19 12 pm 2:59  
APR 20 12 pm 3:21

Rec'd \_\_\_\_\_ E. SHORE REG.   
 Exam [Signature] CENTRAL  W. MD REG.   
 Rept. \_\_\_\_\_ Bacteriologist [Signature]

**SEND REPORT TO:**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Howard County Health Department  
 Bureau of Environmental Health  
 7478 Columbia Gateway Drive  
 Columbia, Maryland 21046

Laboratories Administration  
 201 W. Preston St.  
 P.O. Box 2355, Baltimore, Maryland 21203

  
**E12005493001**  
 Received: 04/19/2012  
 Inorganic HC 6044

**WATER ANALYSIS**

*Inv. No. 264-16-26087*

**SAMPLE ID**

Bottle Number HC 6044 Name John Doe County Howard County Code 13

Source 6044 Trotter Rd, Clarksville Data Category Code 4/6

Collected: Date 4/19/12 Time 10:00 AM Collector & Phone Pawel Slaw Skrzyrak 44 313 1747 Submitter Code

CHECK (one per box)

Drinking Water <input type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Federal Project <u>5</u>
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 type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>	

**FIELD**

Plant No.  Sampling Station  Preservation: Iced  Acid  Type of Acid H2SO4

pH 6.6 Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks: Sample taken from 1st floor shower room

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
✓	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
✓	Turbidity*		
	Other:		

RECEIVED  
 2012 MAY - 1 PM 1:53

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

Number of Tests Requested  Section Chief  Date Reported



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
Robert Myers, Ph.D., Director

**Certificate of Analysis**

HOWARD CO ENVIRONMENTAL HLTH  
7178 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

Lab Project No: E12005493 Date Coll. 04/19/2012 Date Received: 04/19/2012 Submitted By: Shklyar

Field ID: HC 6044  
Lab No.: E12005493001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	2.55	mg N/L	04/23/2012
Turbidity	EPA 180.1	1.5	NTU	04/19/2012

**Comments:**

RECEIVED  
DIVISION OF ENVIRONMENTAL CHEMISTRY  
2012 MY - 1 PM 1:53

Approved by:

*Shahin Aneli*

Approval date: 04/24/2012

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: (410) 767 - 6190

Fax: (410) 225 - 3175

S:\EnviroFinal-InorganicsA.rpt

# Charlie's Bobcat Service, Inc.

13 Energetic Endeavor Drive  
Sykesville, MD 21784  
410-549-8020 or 410-549-8021  
Fax 410-549-8022

Bureau of Environmental Health

8930 Stanford Blvd

Columbia, MD 21045

Attn: Robert Bricker or Kevin Wolf

May 14, 2020

To whom it may concern,

RE: Septic abandonment- 6044 Trotter Road

This letter is to confirm that we abandoned 2 septic tanks at 6044 Trotter Road located in Clarksville, MD 21029 on May 11, 2020 for Iconic Builders, as the homeowners are tying in to public sewer. One was for the main house and the other the guest house. We dug up, photographed, pumped out, and filled both tanks in place. I have provided the invoice for pumping and also our pictures for your records. If you should need anything in addition please let us know.

Thank you,

Charles Palmer, Jr.

President

15





*Prywell*



D-Box

GLOBE SANITATION  
 2882 FLORENCE RD.  
 WOODBINE, MD 21797  
 (410)255-4650  
 (410)442-5516

# Invoice

Date	Invoice #
5/13/2020	19692

Bill To
Charlie's Bobcat Service 13 Energetic Endeavor Drive Sykesville, MD 21784

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
	Septic Tank Pump on 05/11/20 at 6044 Trotter Rd Clarksville, MD 2500 gallons	490.00	490.00
	Sales Tax	6.00%	0.00
Thank you for your business.		<b>Total</b>	\$490.00



HOWARD COUNTY HEALTH DEPARTMENT

67278

DATE 1/15/2020

AS/PS

Received From

True Contractors

PHONE #

410 295-4840

For

Porc Repair / 6044 Trotter Rd.

CASH

CHECK

NO.

019151

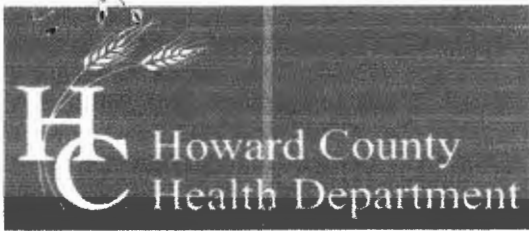
Three hundred thirty

Dollars

\$ 330 00

Received By

Keip



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

A567278

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Fox Trot man etc

PROPERTY ADDRESS 6644 Trotter Road

TAX ACCOUNT # 05/348938 TAX MAP 35 GRID 7 PARCEL 23 LOT NO. PROPOSED LOT SIZE (ACRES) 33.6 acres

ZONING CATEGORY TIER

PROPERTY OWNER(S) Jason James Trusdell

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 651 Ponte Villa Rown Baltimore MD 21230

APPLICANT Freedom Septic/Bruce Bapat RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 410-795-2947 CELL 410-984-6843 EMAIL

MAILING ADDRESS 2809 Liberty Rd Sykesville MD 21784

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

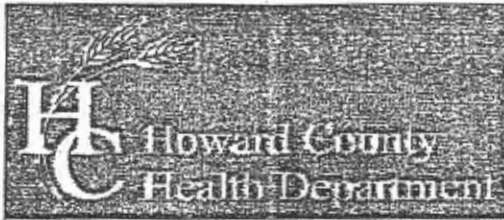
- PROPERTY:
SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)
MAJOR MINOR
CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS
BUILDING:
RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
YES
NO

- AS APPLICANT, I UNDERSTAND THE FOLLOWING:
THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Signature of Applicant: Bruce Bapat Date: 1/15/2020



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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
System relocation for proposed addition
System upgrade for proposed addition
Inadequate treatment zone
Collapsed septic tank
Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes Date pumped:
No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations:
No

Was a visual inspection of the sewage line conducted?

- Yes
Blockage leading to the tank
Yes Explain:
No
Blockage leading to the field
Yes Explain:
No

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Is discharge surfacing on the ground?

- Yes
No
Additional Comments:

\*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Freedom Septic Contractor's Phone: 410-984-6813
Contractor's Address: 2309 Liberty Rd Sykesville, MD 21784

Property Address: 6044 Trotter Rd County file:
Subdivision: Fwy Trout Manor Lot: Year Built: 1836
Owner's Name: James Foster Owner's Phone: 443-482-4475

Name of previous owners: Existing bedrooms:
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name):
Public Sewer available/nearby:

\*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

\*Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.\*

Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required: If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.

PENZA+BAILEY

ARCHITECTS

401 Woodbourne Avenue  
Baltimore, Maryland 21212  
T 410-435-6677 | F 410-435-6688  
www.PenzaBailey.com

Professional Civil Engineer I only the scope documents  
were prepared or approved by me, and that I am a duly  
licensed architect under the laws of the State of Maryland,  
license number 7285-A, Expiration Date 09/31/2020

ADDITION & RENOVATION

**FOXTROT  
MANOR**

6044 TROTTER RD,  
CLARKSVILLE, MD 21029

# DATE DESCRIPTION

ISSUED FOR:  
 REVIEW  SO SET  
 BID  DD SET  
 PERMIT  CD SET

320'x6 PENZA BAILEY ARCHITECTS, INC.

DRAWN LMP PROJECT # 19018

CHECKED: JEFFREY PENZA, AIA

CAD FILE: [unclear]

DATE 1/2/2020

ENLARGED SITE  
PLAN

**G1.2**

1 SITE PLAN - ENLARGED  
1/16" = 1'-0"

