

C1 7285 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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 1 15 08

Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1364

OWNER Ewell last name Malcolm first name STREET OR RFD Underwood rd. TOWN 2/8/3ville SUBDIVISION Good Neighborhood SECTION LOT 1

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand shale (0-75) and Gray Limestone (75-300).

GROUTING RECORD yes no Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 81

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y 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 M S D 009 DRILLERS SIGNATURE LIC. NO. 1 D

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

DEPTH (nearest ft.) Table with columns 1-21 and rows A-C, R-E. Includes slot size and diameter of screen information.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE 19 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft. WHEN PUMPING 78 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 21 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) No survey stakes see plans

B 1 8089

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528405 please type

STATE PERMIT NUMBER HO-95-1364 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Ewell Malcolm 15 Last Name Owner First Name 34 36 1251 Underwood Ct Street or RFD 55 57 Sikesville Md. 21784 Town 70 State 72 Zip 76

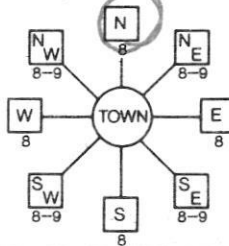
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Goose Neighborhood 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Sikesville 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009 Driller's Name 76 License No. 81 Firm Name Fogler's Well Drilling 580 Obrecht rd. Address Signature Date 12/11/07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Underwood rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 125 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 9 BLK: 8 PARCEL 34

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A523467 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/13/07 CO SIGNATURE 12/13/08 EXP. DATE 41 NORTH GRID 547 000 EAST GRID 805 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REverse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM 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)

APPROP. PERMIT NUMBER G PERMIT No. HO-95-1364 70 71 72 73 74 75 76 77 78 79

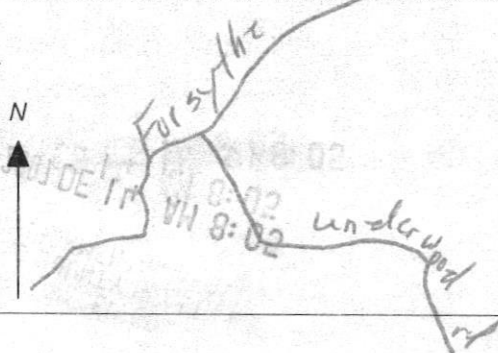
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8005 N 5407

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. HO-95-1364

Date of Test: 1-15-08

Subdivision Name: Good Neighborhood

Section _____ Lot # 1

Street Address: Underwood rd.

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>2:00</u>	Static Water level: <u>12</u> ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL ft.	PUMPING RATE bucket	CALCULATED FLOW GPM
1	2:00	12	3	20 GPM
2	2:15	85	4	15 GPM
3	2:30	78	6	10 GPM
4	2:45	78	6	10 GPM
5	3:00	78	6	10 GPM
6	3:15	78	6	10 GPM
7	3:30	78	6	10 GPM
8	3:45	78	6	10 GPM
9	4:00	78	6	10 GPM
10	4:15	78	6	10 GPM
11	4:30	78	6	10 GPM
12	4:45	78	6	10 GPM
13	5:00	78	6	10 GPM
14		ft.		GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES: 15 bags

BOWLING GREEN FARMS, INC.
L. 1121, F. 575

SELENE A. SMITH ET AL
L. 1800, F. 622

LANDS CONVEYED TO
MALCOLM W. & DUSTY W. EWELL
TRUSTEES OF THE EWELL FAMILY REVOCABLE TRUST
LINES 8132 AT FOLD 183
845,730 SQ. FT. OR
18,4153 AC.±

LOT 2
9.9666 Ac.±

Primary site OK

LOT 1
9.1094 Ac.±

MALCOLM W. & DUSTY W. EWELL
TRUSTEES OF THE EWELL FAMILY REVOCABLE TRUST
LINES 8132 AT FOLD 197
P. 74

JAMES T. WELLS
RUTH WILLIAMS WELLS, TRUSTEES
OF THE WELLS FAMILY REVOCABLE TRUST
L. 1422, F. 263

JAMES E. & BONNIE ZIMMERMAN
L. 3669, F. 166

JOHN & THERESA WITKOWSKI
L. 3893, F. 132

STEWART M. & JOAN M. SMITH
L. 1489, F. 25
LOT 6

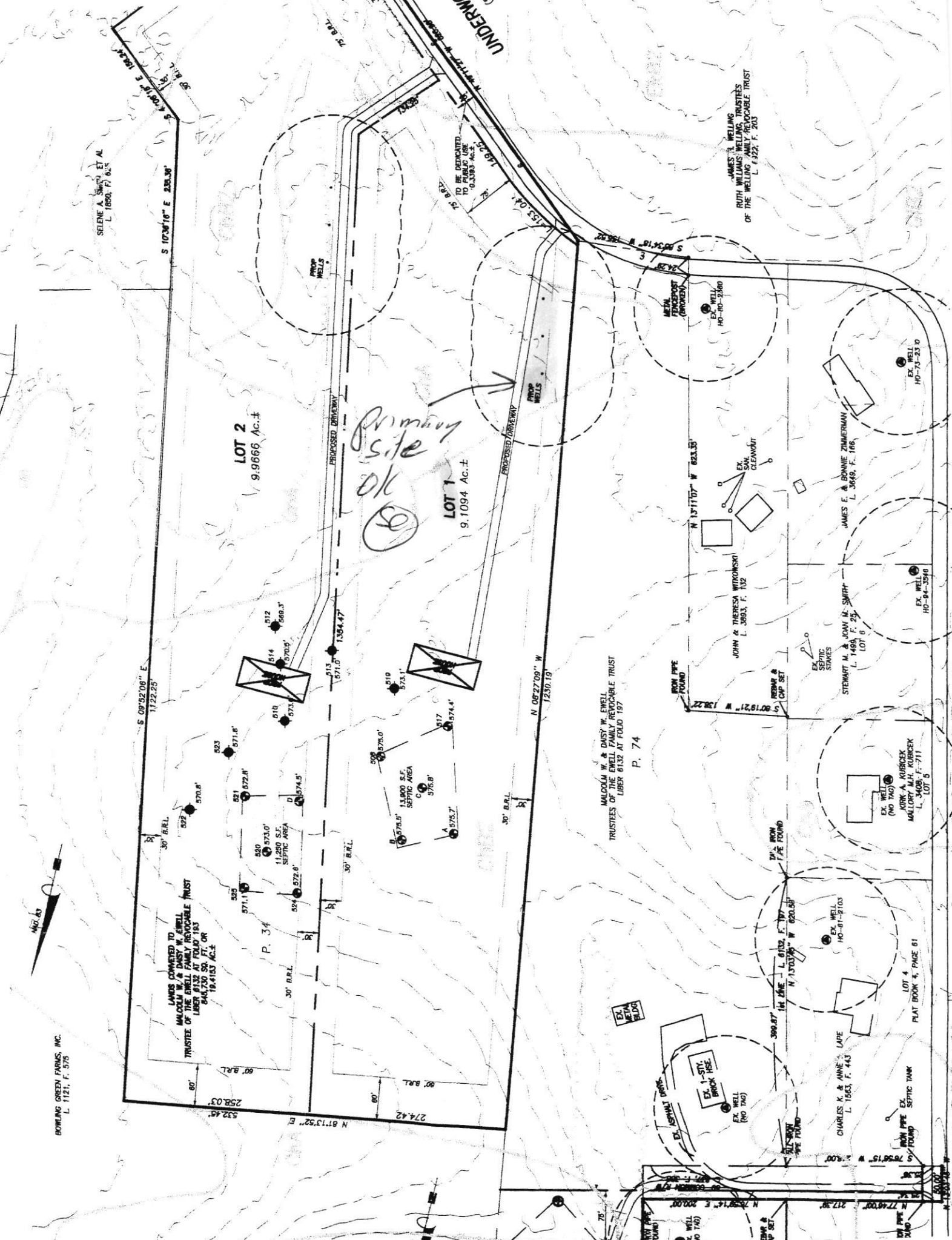
MIRK A. KUBICEK
MALLORY M.J. KUBICEK
L. 3026, F. 711
LOT 6

CHARLES K. & ANNE S. LAPE
L. 1563, F. 443

LOT 4
PLAT BOOK 3, PAGE 61

IRON PIPE EX. FOUND
SEPTIC TANK

IRON PIPE EX. FOUND
SEPTIC TANK



Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by Van Mar Associates on 12-16-07 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 this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Madewood Rd
Good Neighborhood Lots 1 & 2*

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

INTERIM CERTIFICATE OF POTABILITY
[PERMANENT DEVIATION FOR NITRATES]

Expiration Date – *AUGUST 23, 2022*

February 23, 2022

Homeowner
1421 Underwood Road
Sykesville, MD 21784

RE: Good Neighborhood, Lot 1
1421 Underwood Road
Building Permit: B20003733
Well Permit: HO-95-1364

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 **2/22/2022**. Final approval of the well line connection to the dwelling was granted on 10/1/2021. The well construction was completed on **1/15/2008**. Water samples were collected on **1/7/2022, 1/27/2022**.

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 untreated water sample collected on **1/7/2022** indicated a nitrate level of **11.2 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **1/27/2022** and indicated a nitrate level of **<.30 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L 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 Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

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-95-1364. 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 quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

Approving Authority,



Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

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

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: Foale's Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 530 Obrecht Rd
Sykesville, MD 21784

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): David C Foale License#: MSD226

*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: Michael Smith Telephone #: 410 991 6193
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1364 (SD)
Site Address: 1471 Underwood Rd
Sykesville, MD 21784

Submersible Pump Data
Make: Grundfos
Model #: BSC607-150
Pump Capacity: 15
Well Yield: 10

Pitless Adapter
Make: Campbell +
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: Y/S

Well Cap and Electric Conduit
Two piece watertight cap: N/S
Screened, vented well cap: Y/S
Cap secured to casing: Y/S
Conduit min 18" B.G.: Y/S
Conduit secured to well cap: Y/S

Depth of well encountered at time of pump installation: 300 (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 NA

Piping to house
Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Y/S
Length of sleeve (5' minimum from foundation): 6'
Sleeve 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: [Signature] date: 9/30/2021

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

Date Insp. Requested: 10/1/21 Date Insp. Approved: 10/1/21 Inspector: (SD)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 38"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 34"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 18"
Water supply line sleeved adequately at house connection ✓ 19"
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 149777 Account #: 1933
Reference: Michael Smith Client: Fogle's Well Pump & Treatment
Location: 1421 Underwood Road Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/7/2022 0850 Site: Bath Faucet
Date/Time Rec'd: 1/7/2022 1112 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Evans 0309JE Well #: HO-95-1364

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM20 9223B	1/8/2022 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/8/2022 / 1000 / CRS
Nitrate	11.2	mg/L	10	Hach 10206	1/7/2022 / 1450 / CRS
Turbidity	1.96	NTU	<10	SM20 2130B	1/7/2022 / 1530 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	1/7/2022 / 1300 / TSD

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 NTU = Nephelometric Turbidity Units
- 4 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 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
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20003733

Date Reported: 1/10/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150115 Account #: 1933
Reference: Michael Smith Client: Fogle's Well Pump & Treatment
Location: 1421 Underwood Road Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/27/2022 0800 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/27/2022 1143 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 0309JE Well #: HO-95-1364

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/28/2022 / 0830 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/28/2022 / 0830 / MEH

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20003733

Date Reported: 1/28/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150116 Account #: 1933
Reference: Michael Smith Client: Fogle's Well Pump & Treatment
Location: 1421 Underwood Road Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/27/2022 0800 Site: R/O Tap @ Kitchen Sink
Date/Time Rec'd: 1/27/2022 1143 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Evans 0309JE Well #: HO-95-1364

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<0.30	mg/L	10	Hach 10206	1/28/2022 / 0845 / CRS

OK
-Lund
2/22/22

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20003733

Date Reported: 1/28/2022

Wolf, Kevin

From: Wolf, Kevin
Sent: Tuesday, February 22, 2022 12:58 PM
To: Michael Smith
Subject: RE: 1421 Underwood Road
Attachments: Nitrate Agreement 2.11.19.pdf; 2022_01_28 Passing Bacteria test - kitchen sink.pdf; 2022_01_28 Passing Nitrate Test - RO unit.pdf; Analysis Report.pdf

Mr. Smith,

Based on the water test results, the property failed for high Nitrates and there for requires treatment (which you have installed), and post treated samples (which you have done). Based on these results, per COMAR 26.04.04.30 a nitrate agreement must be signed by the owners and reviewed and signed by the approving authority, then recorded with Land Records. I have attached the nitrate agreement for your convenience. Let me know if you have any questions regarding this matter. Best via email. Also, you must keep the document in its original form and cannot be copied or scanned. You will bring or mail this agreement to our office for review and signature, then you will take to the Office of Land Records to record with the deed of the property.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org
kwolf@howardcountymd.gov



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From: Michael Smith <smith@smithpllc.com>
Sent: Tuesday, February 22, 2022 12:05 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Marshall, Rodney <romarshall@howardcountymd.gov>; harnold412212@gmail.com
Subject: 1421 Underwood Road
Importance: High

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good afternoon Kevin –

I left you a voicemail a few minutes ago; apologies for the redundancy.

My wife and I are building a house at the above address in Sykesville; our builder tells us the final inspection was today and everything's cleared for a Certificate of Occupancy except for one thing – the inspector still needs a letter from Environmental Health clearing our water as OK.

Carrie Condon of Fogle's tells me the lab on January 28 emailed passing Bacteria and Nitrate test results to you and Sharhonda; I've attached another copy of each. Can your office put together whatever approval letter needs to be done and forward it to Rod Marshall, the inspector? I've copied him on this.

Hannah and I have been sleeping on the floor of our empty old house for four nights now, so if there's any way this can be done ASAP so a C.O. can be issued, we would appreciate it!

Thanks very much. If you have any questions, feel free to email back or call me at 202-669-0249.

Mike Smith