

C18667

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

1 2 3 4 5 6 7 8  
(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

Depth of Well  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

TOWN

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)

FEET  
FROM TO

check  
if water  
bearing

Brown Shale

0 15

Blue Rock

15 440

✓ 340

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from TOP ft. to BOTTOM ft.

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

OTHER CASING (if used)

EACH CASING

SCREEN RECORD

screen type  
or open hole

STEEL BRASS OPEN HOLE

BRONZE PLASTIC OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

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

DRILLERS SIGNATURE

LIC. NO. 1

C 2

DEPTH (nearest ft.)

EACH CASING

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN

GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 66

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

PUMP INSTALLED

DRILLER INSTALLED PUMP  
(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)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)

CASING HEIGHT (circle appropriate box  
and enter casing height)

above

below

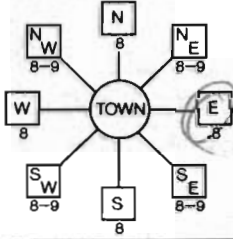

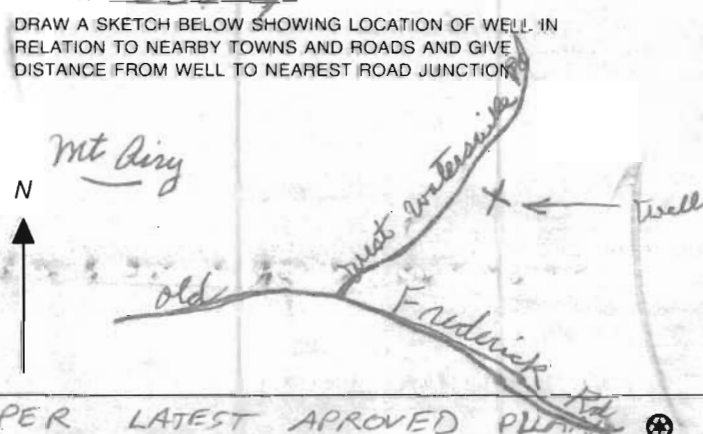
LAND SURFACE

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)

<b>C1</b> <span style="float:right;">SEQUENCE NO. (MODE USE ONLY)</span>		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER <b>13</b> <b>A58096</b>	
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-8 ON ALL CARDS)		DATE WELL COMPLETED MAY 2 2007		Depth of Well 440 (TO NEAREST FOOT)	
STATE USE ONLY DATE RECEIVED MM DD YY 5 15		PERMIT NO. FROM "PERMIT TO DRILL WELL" HQ-95-1062		21 22 23 24 25 26 27	
OWNER <u>La Shopp - Green Harbor</u> STREET OR RFD <u>66 W. Waterville Rd</u> TOWN <u>MD. Arty</u> SUBDIVISION <u>Sharp Farm</u> SECTION <u></u> LOT <u></u>					
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle appropriate box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>7</u> NO. OF POUNDS <u>858</u> GALLONS OF WATER <u>42</u> DEPTH OF GROUT SEAL (to nearest foot) from 0 to 19 ft. (enter 0 if from surface) (48 50 52 54 56 58 60 62 64 66 68 70)			
DESCRIPTION (Use additional sheets if needed): Brown Shale 0 15' Blue Rock 15 440'		<b>CASING RECORD</b> casing type (insert appropriate code below) STEEL <b>ST</b> CONCRETE <b>CO</b> PLASTIC <b>PL</b> OTHER <b>OT</b> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6"</u> Total depth of main casing (nearest foot) <u>20</u> (60 61 62 63 64 65 66 67 68 69 70)			
		<b>OTHER CASING (if used)</b> diameter inch <u>4"</u> depth (feet) from 0 to 440 (48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70)			
		<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) STEEL <b>ST</b> BRASS <b>BR</b> OPEN HOLE <b>HO</b> PLASTIC <b>PL</b> OTHER <b>OT</b>			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C2</b> DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70			
WELL HYDROFRACTURED <b>Y</b> <b>N</b>		SLOT SIZE 1 <u>2</u> 2 <u>3</u> 3 <u></u> DIAMETER OF SCREEN (NEAREST INCH) 58 60 62 64 66 68 70			
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 86.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		GRAVEL PACK IF WELL DILLED WAS FLOWING WELL INSERT F IN BOX 68 MODE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			
DRILLERS LIC NO: <u>M5D024</u> DRILLERS SIGNATURE <u>Joseph L Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		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) 			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

ATT: JAKA

B 1	<b>9895</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>526 266</b>	STATE PERMIT NUMBER <b>HO - 95 - 1062</b> <small>fill in this form completely</small>
1 2 3 6				
Date Received (APA) <b>3/6/07</b> <small>8 MM DD YY 13</small>			B 3 LOCATION OF WELL <b>Howard</b> <small>8 COUNTY 21</small>	
OWNER INFORMATION <b>Crosen</b> <b>Homes Inc</b> <small>15 Last Name Owner First Name 34</small> <b>3785 Shady Lane</b> <small>36 Street or RFD 55</small> <b>Glenwood Md 21738</b> <small>57 Town 70 State 72 Zip 76</small>			23 SUBDIVISION <small>44 46</small> SECTION <b>44</b> LOT <b>4667</b> <small>48 50</small> 52 NEAREST TOWN <b>Mt Airy</b> <small>71</small> MILES FROM TOWN (enter 0 if in town) <b>3</b> <small>73 76 77 78</small>	
DRILLER INFORMATION <b>Joseph L Mayne</b> <b>M S D 024</b> <small>Driller's Name 76 License No. 81</small> <b>Joseph L Mayne Well Drilling</b> <small>Firm Name</small> <b>5512 Ridge Rd Mt. Airy Md 21711</b> <small>Address</small> <b>Joseph L Mayne</b> <b>3-2-07</b> <small>Signature Date</small>			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  667 West Watersville Rd <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 <b>600</b> 37 DISTANCE FROM ROAD <b>FT</b> <small>ENTER FT OR MI 38 39</small> TAX MAP: <b>2</b> BLK: <b>30</b> PARCEL: <b>247</b>	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE <b>5</b> <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED <b>500</b> <small>(GAL. PER DAY) 14 20</small>			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>(13)</b> <b>A 58096</b> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED <b>4/19/07</b> <b>4/19/08</b> <small>43 MM DD YY 48 EXP. DATE</small> NORTH GRID <b>554</b> <b>000</b> EAST GRID <b>0767</b> <b>000</b> <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <b>7607</b> N <b>5504</b> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>				
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <b>HO - 95 - 1062</b> <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <b>WELL TO BE DRILLED PER LATEST APPROVED PLAN</b>				

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1062  
Location of property (road) 667 West Watersville Rd  
Subdivision Sharp Property Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Joseph Mayne Owner Chuck Sharp & Closen Homes Inc

Depth of well 440'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 33'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm  
Total time 45 min to reach pumping water level 394 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5' gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	169'	3 sec	N/A	20 gpm
7:30	270	3		20
7:45	394	3		20
8:00	393	40		1.5
8:15	392	40		1.5
8:30	392	40		1.5
8:45	391	40		1.5
9:00	391	40		1.5
9:15	391	40		1.5
9:30	391	40		1.5 OK
9:45	391	40		1.5
10:00	391	40		1.5 ↓
10:15	391	40		1.5
10:30	391	40		1.5
10:45	391	40		1.5
11:00	391	40		1.5
11:15	391	40		1.5
11:30	391	40		1.5
11:45	391	40		1.5
12:00	391	40		1.5
12:15	391	40		1.5
12:30	391	40		1.5
12:45	391	40		1.5
1:00	391	40		1.5
1:15	391	40		1.5

Page 5 of 2  
Date 5-2-07

Review

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

ATT: SARA

Well Permit No. HO - 95-1062Location of property (road) 667 West Waterville RdSubdivision Sharp PropertyWell Driller Joseph MayneLot        Block        Plat        Sec.       Owner Chuck Sharp + Christopher WintersDepth of well 440'Distance of measuring point (M.P.) above ground 1'Static water level (S.W.L.) below M.P. 33'

## I. High rate pumping -- reservoir drawdown

Time pump started 7:00Pumping rate 20 gpmTotal time 45 min to reach pumping water level 394 ft. below M.P.

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

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7:15	169'	3 sec	N/A	20 gpm
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9:00	391	40		1.5
9:15	391	40		1.5
9:30	391	40		1.5
9:45	391	40		1.5
10:00	391	40		1.5
10:15	391	40		1.5
10:30	391	40		1.5
10:45	391	40		1.5
11:00	391	40		1.5
11:15	391	40		1.5
11:30	391	40		1.5
11:45	391	40		1.5
12:00	391	40		1.5
12:15	391	40		1.5
12:30	391	40		1.5
12:45	391	40		1.5
1:00	391	40		1.5
1:15	391	40		1.5
1:30	391	40		1.5
1:45	391	40		1.5

ATT:



Well Permit No. HO - 95-1062  
Location of property (road) 667 W. Waterville Rd.  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block 20 Plat P.247 Sec. \_\_\_\_\_  
Well Driller J. Mayo Owner C. Sharp

Depth of well \_\_\_\_\_  
Distance of measuring point (M.P.) above ground \_\_\_\_\_  
Static water level (S.W.L.) below M.P. \_\_\_\_\_

Time pump started \_\_\_\_\_ Pumping rate \_\_\_\_\_  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2649**

**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 26.06.07 (and any Construction Regulations). Submission of a complete form is required prior to the end of the inspection.

Company Name: Willoughby PLUMB Telephone #: 410-781-7051  
Address: 6203 POPECK DR  
SCREWSVILLE, MD

(Must circle one) Licensed Plumber ☒ Licensed Well Driller ☐ Licensed Well Pump Installer ☒  
License # 12992 Name (Print): Chris Willoughby

\*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. Licensed may be subjected to field verification.

Name of Property Owner: Chris Willoughby Telephone #: 410-552-5502  
Subdivision: 12 Lot #: 12 Well Tag #: HD 45-1062  
Site Address: 667 West Waterville Rd  
MT AIRY, MD 21771

Submersible Pump Data  
Make: JACOZZI  
Model #: 12  
Pump Capacity: 12 GPM  
Well Yield: 12 GPM

Pitless Adapter  
Make: HALVARD  
Model #: 12  
Depth: 48" (36" min)  
NSF approved: 12

Well Cap and Electric Conduit  
Two piece watertight cap: ☒  
Screened, vented well cap: ☒  
Cap secured to casing: ☒  
Conduit min 18" H.G.: ☒  
Conduit secured to well cap: ☒

Depth of well encountered at time of pump installation: 48" (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 - 12 (feet) min  
Safety rope, if used, attached to inside of well casing with eye bolt

Pipeline to house  
Type: CRESTLINE  
FSL: 1" (160 psi min)  
Depth of supply line: 36" (min)

House Connection  
PVC secured to underground soil at wall penetration: ☒  
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly: ☒

The water supply line is required to be at least 18" below the bottom of the pump chamber, screen, or distribution box, or minimum, and average 18" below grade. If this cannot be accomplished, contact this office for approval prior to installation.

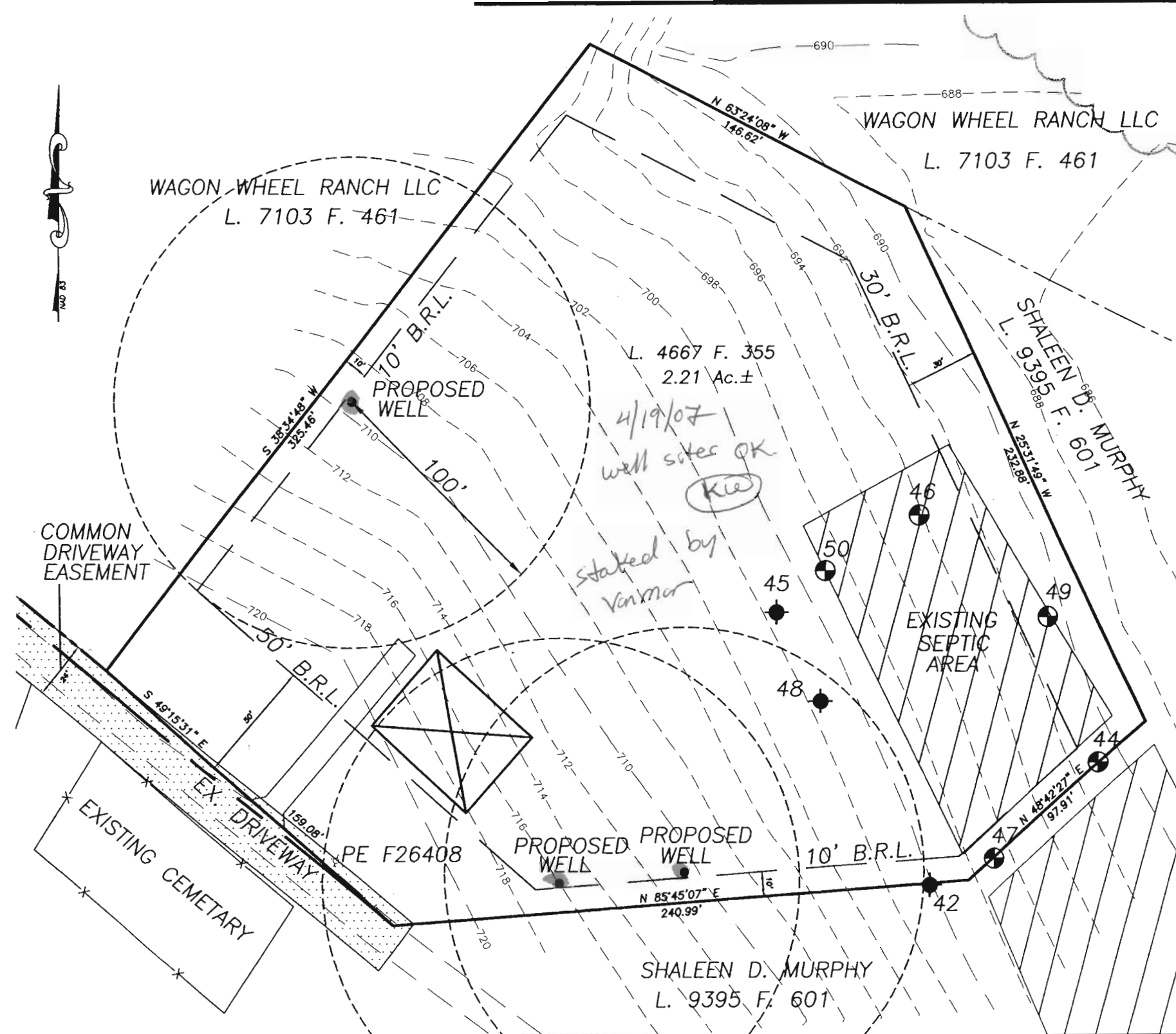
Signature of company representative responsible for installation: Chris Willoughby

Date: 11/2/07

**For Health Department Use Only - Not to be completed by installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/12/07  
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 cap attached properly and casing 8" above finished grade ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate ground observed below pitless adapter ☒

HD-215 (Rev. 8/00)



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

(PASSED) PERCOLATION TEST SITE:

(FAILED) PERCOLATION TEST SITE:

EXISTING WELL:

PROPOSED HOUSE SITE:

PROPOSED WELL SITE:

## WELL SITE PLAN SHARP PROPERTY

LIBER 4667 FOLIO 355

#667 WEST WATERSVILLE ROAD

ELECTION DISTRICT No. 4

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' APRIL, 2007



**VANMAR  
ASSOCIATES, INC.**

Engineers Surveyors Planners  
310 South Main Street P.O. box 328 Mount Airy, Maryland 21771  
(301) 829 2890 (301) 831 5015 (410) 549 2751





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

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

November 13, 2007

Chris & Beth Winters  
1507 Searchlight Way  
Mount Airy, MD 21771

***SENT VIA FACISIMILE 410-489-5242***

RE: 667 West Watersville Road  
Mount Airy, MD 21771  
BP # B07001629  
Well Permit # HO-95-1062

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/12/2007. Final approval of the well line connection to the dwelling was approved on 07/12/2007.**

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 water sample results were found to be in compliance with COMAR water quality standards.

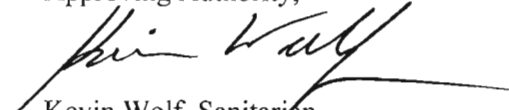
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-1062. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Samples: 10/26/2007  
Date of Well Completion: 05/02/2007

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

## CERTIFICATE OF ANALYSIS

Trace Laboratories, Inc.  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: tracelab@connect.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Crosen Homes  
Attn: Don  
3785 Shady Lane  
Glenwood, Maryland 21738

**S/O Number:** 65849  
**Report Date:** October 29, 2007

**Property Sampled:** 667 West Watersville Road

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B07001629

**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** October 26, 2007 at 10:30 am  
**Date/Time Received:** October 26, 2007 at 3:00 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-1062  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Kate Cannon* For  
Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

**VANMAR  
ASSOCIATES, INC.****Engineers • Surveyors • Planners**

310 South Main Street, P.O. Box 328, Mount Airy, Maryland 21771

(301) 829-2890  
(301) 695-0600

(301) 831-5015

(410) 549-2751  
FAX: (301) 831-5603**FAX TRANSMISSION**

To: Kevin From: Jim Bailey  
Fax: \_\_\_\_\_ Pages: 6 (PLUS COVER SHEET)  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

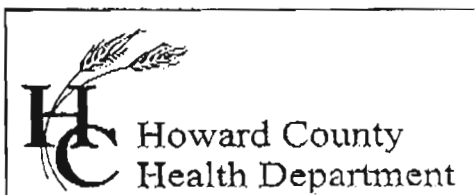
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● **Comments:**

per phone conversation


VANMAR ASSOCIATES, INC.

BY: \_\_\_\_\_, DATE: \_\_\_\_\_



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

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:

Well Site Location:

Subdivision/Property Name

Lot#

Road Name

667 West Watersville Rd

☒ The well site has been staked by Van Mar,  
(professional land surveyor or company employing professional land surveyors)  
on 3-2-2007 (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 3/11/05

Crosen Homes