

C11 **6803** SEQUENCE NO. (DENV USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **P31506**

ST/CO USE ONLY
 DATE Received

0	7	7	1	9	4
---	---	---	---	---	---

 DATE WELL COMPLETED

0	7	7	1	9	4
---	---	---	---	---	---

Depth of Well

2	0	0
---	---	---

 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"

H	0	-	9	4	-	0	1	2	5
---	---	---	---	---	---	---	---	---	---

OWNER Allen Christopher + Jo Ann
 STREET OR RFD 14910 Bushy Park Rd TOWN Cooksville
 SUBDIVISION _____ SECTION _____ LOT Tax Map 8, Par. 69

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Shale	2	74	
tan mch	74	90	✓
Brown mch	90	125	✓
tan mch	125	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 35 NO. OF POUNDS 3500
 GALLONS OF WATER 125
 DEPTH OF GROUT SEAL (to nearest foot)
 from

0	0	0
---	---	---

 ft. to

7	9	0
---	---	---

 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below

ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER

 MAIN CASING TYPE

ST

 Nominal diameter top (main) casing (nearest inch)

4

 Total depth of main casing (nearest foot)

7	9	0
---	---	---

OTHER CASING (if used)
 diameter inch

--

 depth (feet) from

--

 to

--

SCREEN RECORD
 screen type or open hole insert appropriate code below

ST	BR	HO
STEEL	BRASS	OPEN HOLE
PL	BRONZE	HOLE
PLASTIC	OTHER	OTHER

C2
 DEPTH (nearest ft.)

1	4	0	7	7	2	0	0
8	9	11	15	17	21	23	24
2	26	30	32	36	38	39	41
3	45	47	51	53	55	57	59

 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN

--	--	--	--

 (NEAREST INCH)
 from _____ to _____

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 IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Allen Christopher

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.)

70	72
----	----

 W Q

74	75	76
----	----	----

 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour)

3

 PUMPING RATE (gal. per min. to nearest gal.)

2	0
---	---

 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING

5	0
---	---

 WHEN PUMPING

2	0	0
---	---	---

 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)

--	--	--	--

 PUMP HORSE POWER

--	--	--	--

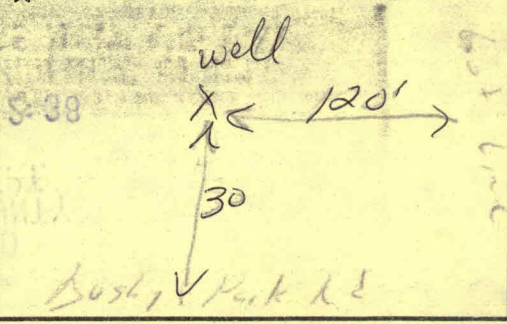
 PUMP COLUMN LENGTH (nearest ft.)

--	--	--	--

 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }

5	0
---	---

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 1 **07786** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-0125
70 fill in this form completely 79

Date Received (APA) **07/13/94**
8 13
ALLEN JO ANN
15 Last Name Owner First Name 34
14910 BUSHY PARK RD
36 Street or RFD 55
WOODBINE RD 21797
57 Town 70 State 72 Zip 76

OWNER INFORMATION

B 3 LOCATION OF WELL
1 2
HOWARD
8 COUNTY 21
23 SUBDIVISION 42
SECTION **44** 46 LOT **48** 50 Tax Map 8 Parcel 69
COOKSVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78

DRILLER INFORMATION
George F. Easterday 40
Driller's Name 77 License No. 80
G. F. Easterday Inc
Firm Name
517. Hwy Md. 21771
Address
George F. Easterday Date **7/13/94**
Signature

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH N
WEST W 8-9 EAST E 8
SOUTH S
S W 8-9 S E 8-9 S 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
NEAR WHAT ROAD **14910 BUSHY PARK RD** 11 30
DISTANCE FROM ROAD **200** 34 37
ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
P31506 COUNTY NO.
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **07/13/94** Mark E. R. Klein 7/13/95
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **541000** EAST GRID **0791000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **99X1**
N **54X1**
000
000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
144
Coxsville
2nd 7th 1st 6th IS: 13
Park Rd
HEALTH DEPT
HOWARD COUNTY
RECEIVED

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ 54 G A P _____ 63
FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-94-0125**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: HAFER Plumbing INC Telephone #: 240-367-7514
Address: 4939-A. GREEN VALLEY Rd
Monrovia MD 21770

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): KRIS W HAFER License# 7920

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Christopher Allen Telephone #: 443-745-3631
Subdivision: N/A Lot #: N/A Well Tag #: HO-94-0125
Site Address: 14910 Bushy Park Rd
Woodbine, MD 21797

EXISTING WELL & PUMP

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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: Kris W Hafer date: 5-26-11

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

Date Insp. Requested: _____ Date Insp. Approved: 6/1/2011 MJ
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter
Under Footer



Bureau of Environmental Health
7178 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 L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 14, 2012

February 14, 2012

Christopher Allen
14910 Bushy Park Road
Woodbine, MD 21797

**RE: Tax Map 8, Parcel 69
14910 Bushy Park Road
Building Permit: B00156290
Well Permit: HO-94-0125**

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 **2/14/2012**. Final approval of the well line connection to the dwelling was granted on **6/1/2011**. The well construction was completed on **7/21/1994**. Water samples were collected on **9/6/2011 and 1/20/2012**.

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-94-0125. 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>

Approving Authority,

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrle Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7838 - 1-1

Field Record

Site visit performed on: Friday, January 20, 2012 10:50 AM
by: John Hipkins State ID No. 7331JH
Affiliation: Fredericktowne Labs, Inc.

Property Owner: Hank Oswald
Property Address: 14910 Bushy Park Road
Woodbine, MD 21797

Sample Source: Kitchen Sink
Treatment Devices Noted: RO System
Sample taken after treatment: No
Well No.: HO-94-0125
Field pH: 5.3
Res. Cl.: <0.1 mg/l

REVISED
2/14/12

OK
vclB
2/14/2012

Laboratory Report

Sample Received at laboratory: 1/20/2012 2:40 PM

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u> <u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Sand	<2 mg/l	5	1/23/2012	0.065mmFilter	JD
Turbidity	2.2 NTU'	10	1/20/2012	180.1	KMW

Reported by: Gloria Pappas 2/14/12
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7838 - 1-1

Field Record

Site visit performed on: Friday, January 20, 2012 10:50 AM
 by: John Hipkins State ID No. 7331JH
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: Hank Oswald
 Property Address: 14910 Bushy Park Road
 Woodbine, MD 21797
 Sample Source: Kitchen Sink
 Treatment Devices Noted: No Treatment Devices
 Sample taken after treatment: No
 Well No.: HO-94-0125
 Field pH: 5.3
 Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 1/20/2012 2:40 PM

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u> <u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Sand	<2 mg/l	5	1/23/2012	0.065mmFilter	JD
Turbidity	2.2 NTU'	10	1/20/2012	180.1	KMW

OK RB 2/7/12

Reported by: Gloria P. Ops 1/24/12
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Ct., P.O. Box 245, Myersville, MD 21773 (301)293-3340 or 694-7133 FAX 293-2366

INVOICE

To:
Christopher Allen
14910 Bushy Park Road
Woodbine, MD. 21797

Project:
Hank Oswald
14910 Bushy Park Road
Woodbine, MD. 21797

Re: Acct. No. 7838-1-1

Invoice Date: Tuesday, January 24, 2012

Job Received: 1/20/12 - 1/20/12

<u>Quantity</u>	<u>Description</u>	<u>Unit price</u>	<u>Price</u>
1	Sand	\$10.00	\$10.00
1	Turbidity	\$10.00	\$10.00
1	Site Visit Charge	\$55.00	\$55.00

Total Due \$75.00

PAID

CK. NO. 7583
DATE 1/20/12

Thanks!

-----><-----
Please Return With Payment

Check No. _____

Amt. \$ _____

Acct. No. 7838-1-1

Please remit to:
Fredericktowne Labs, Inc.
P.O. Box 245
Myersville, MD 21773

Due in 30 days - 1.5% per month thereafter



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION

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

Category Code 4-G Lab. No. _____

Bacteriological Drinking Water Report

#24291

Field Record

Source CHRISTOPHER ALLEN
 Location 14910 BUSHY PARK ROAD
BASEMENT BATHROOM SINK
 Iced: Yes No a.m. p.m.
 Treated: Yes No Time Collected 11:00
 Collector# 656710 Bottle No. HC14910
 Collector Name JORESANYA County HOWARD

Test Requested:
 Quantitative
 P/A
 MTF
 SPC
 pH 6.5 Res. Cl: Free 000 Total 00 Card# _____
 County 13 Plant No. _____ Sampling Station _____ Date Collected 09 06 11

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST*

CONFIRMED • P/A TEST

ml. of Sample	10 ml.		100 ml.		No. of +
	Gas, 24 hrs.	Gas, 48 hrs.	Coliforms	Typ. 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	21
E. coli	0	21

OK reb 7/12

SPC Plate: A _____ B _____

24.48.72 hrs/Heterotrophic Plate Count (HPC/ml)§ = _____

Temp. Control 4.0

- * 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: _____

Laboratory

Rec'd E. SHORE REG.
Exam CENTRAL W. MD REG.

Rept. Bacteriologist [Signature]

PROGRAM - COPY 1



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

Certificate of Analysis

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

Lab Project No E12001189 Date Coll. 09/06/2011 Date Received: 09/06/2011 Submitted By: I. Oresanya

Field ID: HC 14910
 Lab No.: E12001189001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	5.63	mg N/L	09/08/2011

*OK
 reb 2/7/12*

Comments:

Approved by: *Shahin Amini* Approval date: 09/08/2011

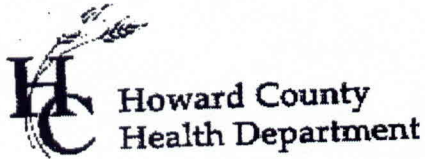
This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-5034 and arrange for return or destruction.

Acct. No.: 7838 - 1-1		Chain of Custody				Fredericktowne Labs 3020 Ventrice Ct. P. O. Box 245 Myersville, MD 21773- www.Fredericktownelabs.com (301) 293-3340 / FAX (301) 293-2366					
Project: Hank Oswald 14910 Bushy Park Road Woodbine, MD 21797			Collected by: <i>J. Hepkins</i>			Affiliation: FREDERICKTOWNE LABS, INC.					
Sample Number	Source	Matrix	Grab/ Composite	Collection		Field Observation			Analysis Requested	Preservation	Verify By:
				Date	Time	pH	Cl	Temp			
7838 - 1-1 - 1	Raw Tap <i>Kitchen Sink</i>	Drinking Water	Grab	<i>1/20/12</i>	<i>10:50</i>	<i>5.3</i>	<i>0.0</i>		Sand Turbidity	4 degrees C	
If lead or copper are sample collection forms attached? Yes <input type="checkbox"/> No <input type="checkbox"/> Water last used: _____ (Date) _____ (Time)											
For Potability testing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Well Number: <i>HO 94-0125</i> Verified Water System: Yes <input type="checkbox"/>											
Water treatment systems present? <input type="checkbox"/> None <input type="checkbox"/> UV <input checked="" type="checkbox"/> RO <input type="checkbox"/> Water Softener <input type="checkbox"/> Other _____ Treatment: _____											
Comments/Treatment Info. etc.											
Relinquished by: <i>J. Hepkins</i>			Received by: <i>Dan Stally</i>			Date/Time: <i>1/20/12 1440</i>			Iced: Yes <input type="checkbox"/> No <input type="checkbox"/> Temp <input type="checkbox"/>		
Relinquished by:			Received by:			Date/Time:			Method of Shipment:		
Relinquished by:			Received by:			Date/Time:			Lab Comments:		
Note: This is for Howard Co. U&O. We are only doing sand and turbidity.											
Please get Payment from Diane or Albona (who will be at the house for entry) gave an appt range of 11-2pm											
Please get Well # and Check for system (take from raw)											

PAID

CK. NO. *7563* \$ *75.00*

DATE *1/20/12*



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

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

September 13, 2011

Christopher Allen
14910 BUSHY PARK ROAD
WOODBINE, MD 21797

RE: Water Sample Results
14910 BUSHY PARK ROAD
Invoice #: 24291

Dear Christopher Allen,

We have received the results from the testing of the water sample(s) taken from the above referenced property on September 06, 2011. 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 bathroom 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 5.63 parts per million. The MCL for nitrate is 10.0 parts per million.

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.

Sincerely,

Hank Oswald, R.S.
Community Hygiene Program

Enclosures

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
2/13/12	Spoke with Chris Allen. He was not aware of dry well.
	I advised him that it is believed to be under driveway, and Health Dept has concerns that it may collapse, and it remains proximate to the 100 ft setback from existing water well, and it will likely never be used for septic discharge again.
<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> X </div>	<p>The 'old' house remains but will be demolished after occupancy of new house. I stated that Health Dept. will require dry well to be abandoned as condition for approval of demolition. R. Buckner</p>
2/14/12	Water Sample Results and Lab Report indicate that owner has installed an optional 'RO' Tap at the kitchen sink.
<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> X </div>	<p><i>Abriker</i></p>