

C1 8090 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. COUNTY NUMBER

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 4 3 07 Depth of Well 22 205 26 5/31/07 (TO NEAREST FOOT) O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER TOIT Brothers last name first name STREET OR RFD CORNS COURT TOWN GLENVIEW SUBDIVISION Edgewood Farms SECTION LOT #18

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Dirt (0-3), Gold Brown (3-49), Hard Grey (49-60), Soft Tan (60-62), Hard Grey (62-205).

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 13 NO. OF POUNDS 1000 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 32

OTHER CASING (if used) diameter inch depth (feet) from to (PL) 4 51 71

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

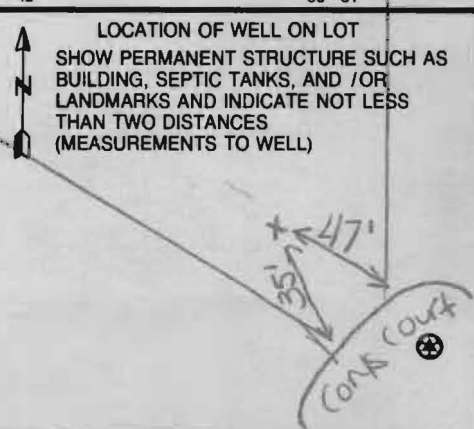
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8 9 58 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE timer/bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 20 ft. WHEN PUMPING 40 25 ft. 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 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 () LAND SURFACE (-) below (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (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 W D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 9367

SEQUENCE NO. (MDE USE ONLY)

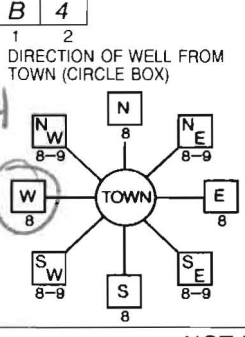
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526283

STATE PERMIT NUMBER 40-95-0775 fill in this form completely

OWNER INFORMATION Toll Brothers 764 Columbia Parkway Dr. Ste 230 Columbia MD 21046

LOCATION OF WELL Howard Edgewood Farms 18 Glenelg 2 MI

DRILLER INFORMATION Michael Barlow MWD 355 Barton Well Drilling Serv 600 Underwood Ln, Bel Air, Md 21014 3/13/07



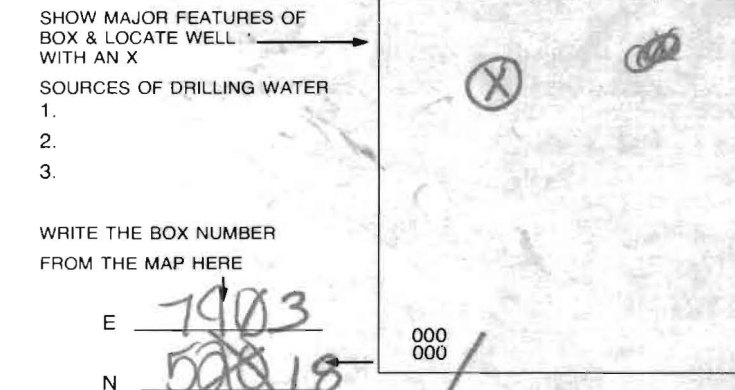
CORNS COURT 40 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 21 BLK: 22 PARCEL 90

WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

- 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 (13) A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 3/28/07 CO SIGNATURE 3/28/2008 NORTH GRID 518 000 EAST GRID 793 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH



METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary AIR-PERCussion JETTED ROTARY (Hydraulic Rotary) 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02006 G004 PERMIT No. 40-95-0775

SPECIAL CONDITIONS



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed: **April 3, 2007**

Well Depth: **205** feet

Customer	<u>Toll Brothers</u>	Permit #	<u>HO-95-0775</u>
Road	<u>Edgewoods Way</u>	Subdivision	<u>Edgewood Farms</u>
City	<u>Glenelg</u>	Section	
State	<u>Maryland</u>	Lot #	<u>18</u>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	40	7	8.57
9:15 AM	46	7	8.57
9:30 AM	46	7	8.57
9:45 AM	46	7	8.57
10:00 AM	46	7	8.57
10:15 AM	46	7	8.57
10:30 AM	46	7	8.57
10:45 AM	46	7	8.57
11:00 AM	46	7	8.57
11:15 AM	46	7	8.57
11:30 AM	46	7	8.57
11:45 AM	46	7	8.57
12:00 PM	46	7	8.57
12:15 PM	46	7	8.57

**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: Fogles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 202
Woodbine, Md 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

*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: Tall Brothers Telephone #: 410-992-5978
Subdivision: Edgewood Lot #: 18 Well Tag #: HO-95-0775
Site Address: 14620 Coors Ct
Glenn, Md

Submersible Pump Data

Make: Grundfos
Model #: 1550E07-180
Pump Capacity 15 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36" (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 265' (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 NA

Piping to house

Type: 1" Black Plastic
PSI: M.C. (160 psi min)
Depth of supply line: 42' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: yes

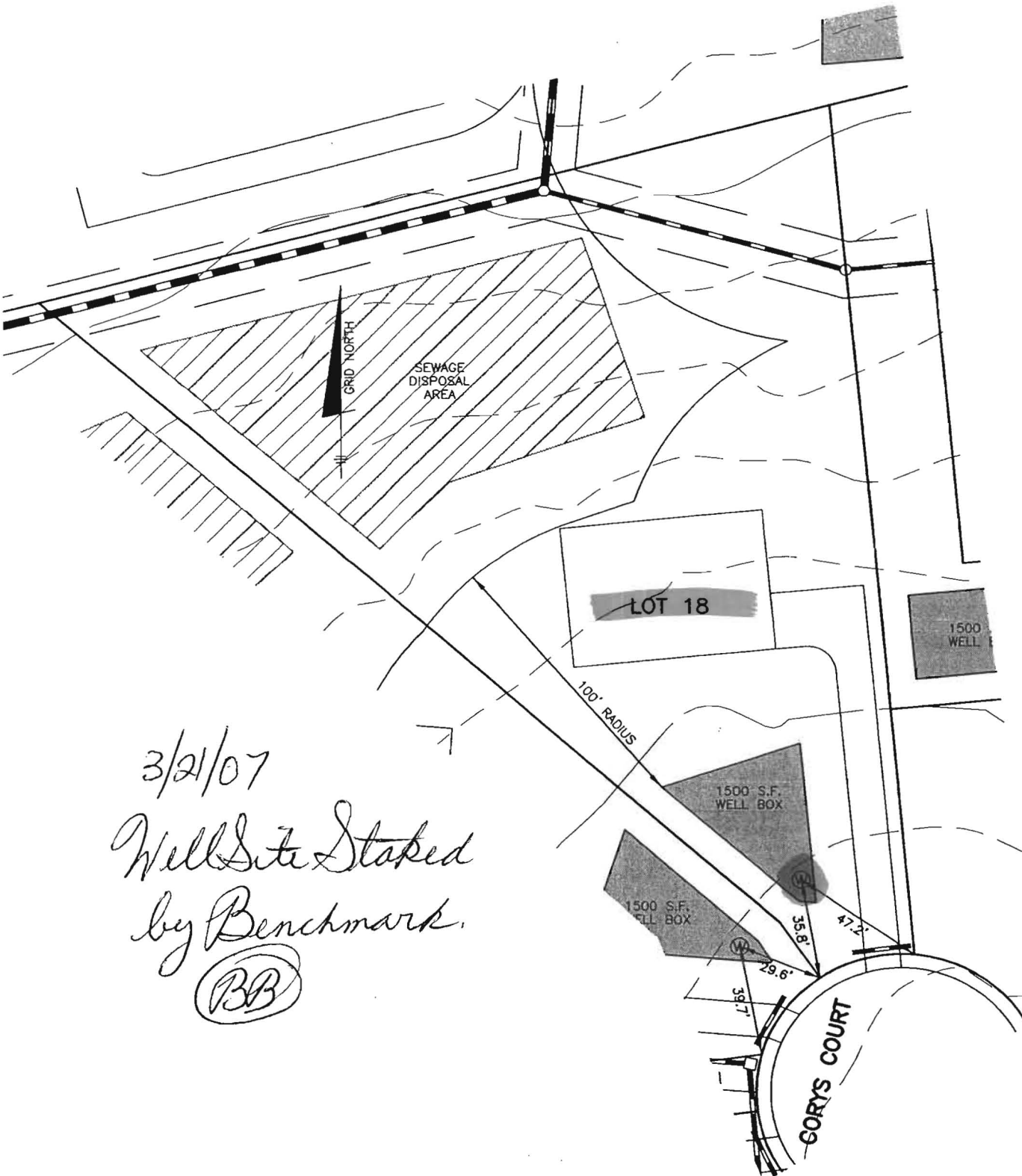
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 6/27/11
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: OK (P) 5/10/11

Inspection Date: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 3" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

ELLICOTT CITY, MARYLAND 21043

PHONE: 410-465-6105

FAX: 410-465-6644

EDGEWOOD FARM

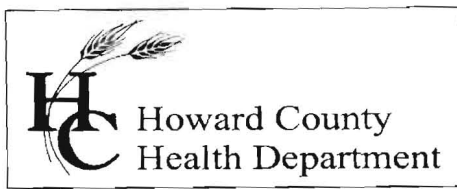
WELL LOCATION PLAN

LOT 18

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



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

July 20, 2011

Homeowner
14620 Cory's Court
Glenelg, MD 21737

RE: Edgewood Farm, Lot 18
14620 Cory's Court
BP #: B10003386
Well Tag: HO-95-0775

Dear Sir:

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 05/11/2011. Final approval of the well line connection to the dwelling was approved on 05/10/2011.**

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 raw nitrate sample results were previously documented to be 10.1ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 07/19/2011 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm 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 laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-95-0775 **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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-94-4138 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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: 06/28/2011, 07/06/2011, 7/12/2011, 7/18/2011
Date of Well Completion: 04/03/2007

Respectfully,



Kevin M. Wolf, R.E.H.S., R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File

07/17/2011 07:33 4100400230 FOUNTAIN VALLEY LAB 1 PAGE 01/01

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 #: 80427 Account #: 1930
Reference: Toll Brothers Lot 18 Company: Fogle's Well Drilling
Location: 14620 Cory's Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 7/18/2011 1520 Site: Laundry Tub - OK
Date/Time Rec'd: 7/18/2011 1630 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Fogle 1974JF Well #: HO-94-0775

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2011 / 1130 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2011 / 1130 / KME

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 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 10003386

Date Reported: 7/19/2011

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 #: 80336 Account #: 1930
Reference: Toll Brothers Lot 18 Company: Fogle's Well Drilling
Location: 14620 Cory's Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 7/12/2011 1455 Site: Laundry Room Sink Tap
Date/Time Rec'd: 7/12/2011 1600 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 4.9
Collected By: J. Fogle 1974JF Well #: HO-94-0775

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	19.2	MPN/ 100 ml	<1.0	SM18 9223	7/13/2011 / 1030 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/13/2011 / 1030 / KME

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 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 10003386

Date Reported: 7/13/2011

POUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Farm road Rd. Westminster, MD 21157-1004 (410) 848-1004 (410) 876-4553 FAX: (410) 848-1005

REPORT OF ANALYSIS

Laboratory ID #:	80248	Account #:	1930
Reference:	Toll Brothers Lot 18	Company:	Fogle's Well Drilling
Location:	14620 Cory's Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	7/6/2011 1000	Source:	Well Water
Date/Time Rec'd:	7/6/2011 1420	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	5.1
		Well #:	HO-94-0775

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE
Bacteria, Coliform, Total, MPN	59.1	MPN/ 100 ml	<1.0	SM18 9223	7/7/2011 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/7/2011 / 0900 / CCH

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 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : 10003386

Date Reported: 7/7/2011

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 #: 80159 Account #: 1930
Reference: Toll Brothers Lot 18 Company: Fogle's Well Drilling
Location: 14620 Cory's Court Requested By: Dave Fogle
Glencg, MD 21737 Source: Well Water
Date/ Time Collected: 6/28/2011 1430 Site: 1st Floor Powder Room
Date/Time Rec'd: 6/28/2011 1605 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: J. Fogle 1974JF Well #: HO-94-0775

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	65.9	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 1015 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/29/2011 / 1015 / KME
Nitrate	10.1	mg/L	10	601	6/29/2011 / 1600 / CCH
Turbidity	2.09	NTU	<1.0	SM18 2130B	6/29/2011 / 1000 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	6/29/2011 / 1010 / KME

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 10003386

Date Reported: 6/29/2011

REPORT OF ANALYSIS

Laboratory ID #:	80247	Account #:	1930
Reference:	Toll Brothers Lot 18	Company:	Fogle's Well Drilling
Location:	14620 Cory's Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	7/6/2011 1000	Source:	Well Water
Date/Time Rec'd:	7/6/2011 1420	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	5.8
		Well #:	HO-94-0775

PARAMETERS	RESULTS	UNITS	REFERENCE	DATE/TIME	ANALYST
Nitrate	<1.0	mg/L	10	601	7/6/2011 / 1800 / CCH

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 ND:None Detected
 - 4 Sample collected by client, analyzed as received
 - 5 pH & Chlorine level tested in lab
- Reason for Test : Use & Occupancy
 Building Permit # : 10003386

Date Reported: 7/7/2011

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 7.19.11 WELL PERMIT # : HO - 95 - 0775


PROPERTY OWNER: Toll Brothers, Inc.
SUBDIVISION & LOT #: Edgewoods Farm
PROPERTY ADDRESS: 14620 Corys Court

CONDITIONS:

1) The well installed under permit # HO -95 - 0775 has been documented to have a nitrate level of 10.1 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to >1.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO -95 - 0775. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [**Person(s) that intend to live in the dwelling**]



Prospective Owner's Day Time Phone Number(s)

443.676.6747
