C 1 0167 — SEQUENCE NO. (MDE 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 TYPE

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

COUNTY NUMBER 13

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 3 DD 13 YY 96

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-95-0202

OWNER Mascaro (last name) Dianne (first name)

STREET OR RFD 15921-Frederick Road TOWN Lisbon

SUBDIVISION ____ 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	FEET TO	check if water bearing
Brown Shale	0	55	
Gray Limestone	55	300	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) no (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.: M D 0015

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ D ____

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 31 NO. OF POUNDS 1994

GALLONS OF WATER 306

DEPTH OF GROUT SEAL (to nearest foot)

from 000 ft. (TOP) to 58 100 ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	08	63

OTHER CASING (if used)

	diameter inch	depth (feet) from	to
ST	5	24	105'

SCREEN RECORD
screen type or open hole insert appropriate code below

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

C 2

EACH SCREEN	DEPTH (nearest ft.) from	to
1	40	63 / 300
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Est

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25.6 ft.

WHEN PUMPING 93 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. S

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 7

PUMP HORSE POWER 3/4

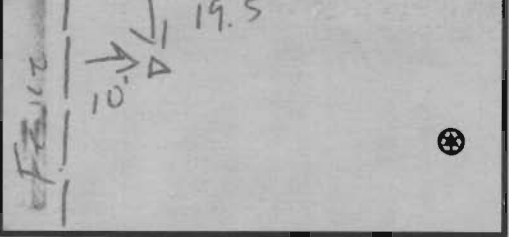
PUMP COLUMN LENGTH (nearest ft.) 280

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above LAND SURFACE | (–) below 02 (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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 0877 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: HO-95-0202 (70–79)

fill in this form completely

Date Received (APA): 12/29/2005 (8 MM DD YY 13)

OWNER INFORMATION

Mascaro (15 Last Name) Owner Diane (First Name 34)

15921 (36) Frederick Rd. (Street or RFD 55)

Lisbon (57 Town) MD (70 State) (72 Zip 76)

DRILLER INFORMATION

Allen Compton (Driller's Name 76) MSD 009 (License No. 81)

Fogler Well Drilling (Firm Name)

580 Obrecht Rd. (Address)

Signature: [signature] Date: 12-29-05

B 2 WELL INFORMATION

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)

22
- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- (I) INDUSTRIAL, COMMERICIAL, DEWATERING
- (P) PUBLIC WATER SUPPLY WELL
- (T) TEST, OBSERVATION, MONITORING
- (G) GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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

REPLACEMENT OR DEEPENED 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
- 39 (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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41: Hand Dug (52)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: ------G---

PERMIT No.: HO-95-0202 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

23 SUBDIVISION (42)

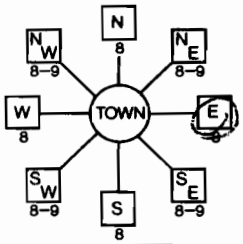
SECTION (44–46) LOT (48–50)

Lisbon (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 0 MI (73; 76 77 78)

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



15921 Frederick Rd (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37 DISTANCE FROM ROAD

ENTER FT OR MI: FT (38 39)

TAX MAP: 7 BLK: 12 PARCEL 234

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) 13 (COUNTY NO.)

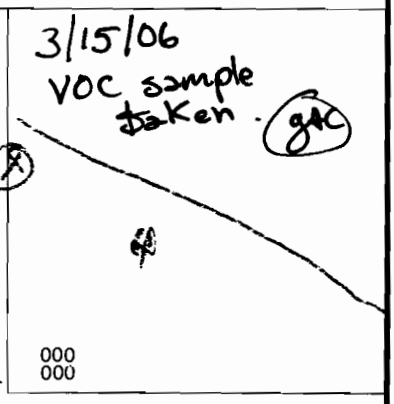
STATE SIGNATURE _____ INSERT S → (41)

DATE ISSUED 12/30/2005 (43 MM DD YY 48) Brian Baker (CO SIGNATURE) 12/30/2006 (EXP. DATE)

NORTH GRID 547 000 (50–55) EAST GRID 780 000 (57–63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

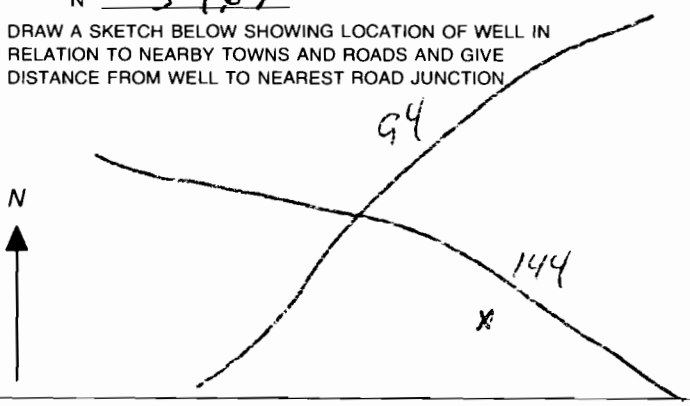


WRITE THE BOX NUMBER FROM THE MAP HERE

E 780

N 547

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: Seal Off Upper Aquifer and Double Case Well Down to 75'-100' ⊛

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NECESSARY

DENV-Permit 97 ② COUNTY

Yield Test Data Sheet

County File # 13

MD Well Permit #: Ho CL - 95-0202

Subdivision Name:

Section Lot #

Street Address: 15921 Frederick 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: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)
8:00	25.6 ft.	3 SCC. ( ) Time to fill 1 / gal. bucket ( ) Flow meter reading (if used)	20

	TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	25.6 ft.	3	20 GPM
2	8:15	93 ft.	6	10 GPM
3	8:30	93 ft.	6	10 GPM
4	8:45	93 ft.	6	10 GPM
5	9:00	93 ft.	6	10 GPM
6	9:15	93 ft.	6	10 GPM
7	9:30	93 ft.	6	10 GPM
8	9:45	93 ft.	6	10 GPM
9	10:00	93 ft.	6	18 GPM
10	10:15	93 ft.	6	10 GPM
11	10:30	93 ft.	6	10 GPM
12	10:45	93 ft.	6	10 GPM
13	11:00	93 ft.	6	10 GPM
14	11:15	93 ft.	6	10 GPM
15	11:30	ft.		GPM
16	11:45	ft.		GPM
17	12:00	ft.		GPM
18	12:15	ft.		GPM
19	12:30	ft.		GPM
20	12:45	ft.		GPM
21	1:00	ft.		GPM
22	1:15	ft.		GPM
23	1:30	ft.		GPM
24	1:45	ft.		GPM
25	2:00	ft.		GPM
26	2:15	ft.		GPM
27	2:30	ft.		GPM
28	2:45	ft.		GPM
29	3:00	ft.		GPM
30	3:15	ft.		GPM

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: _____ Telephone #: _____
Address: _____
_____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License#_____
***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:_____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag # : HO - 95-0202
Site Address: 15921 Frederick Rd
Lisbon

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: _____	Make: _____	Two piece watertight cap:_____
Model #: _____	Model#:_____	Screened, vented well cap:_____
Pump Capacity _____ GPM	Depth:____ (36" min)	Cap secured to casing:_____
Well Yield:_____GPM	NSF/WSC approved:____	Conduit min 18" B.G.:_____
Depth of well encountered at time of pump installation:_____(feet)		Conduit secured to well cap:_____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ____

Piping to house	**House Connection**
Type: _____	PVC sleeve to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	Approximate length of sleeve:_____
Depth of supply line: ___(36" min)	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 date

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

Date Insp. Requested: 4/18/06 Date Insp. Approved: 4/18/06 Inspector: GAC

Inspection Data:

Pitless adapter watertight & 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 not seen outside of well cap/casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	N/A Replacement
Adequate grout observed below pitless adapter	✓

SITE INSPECTION SHEET

OWNER: Dianne Mascaro PHONE #:

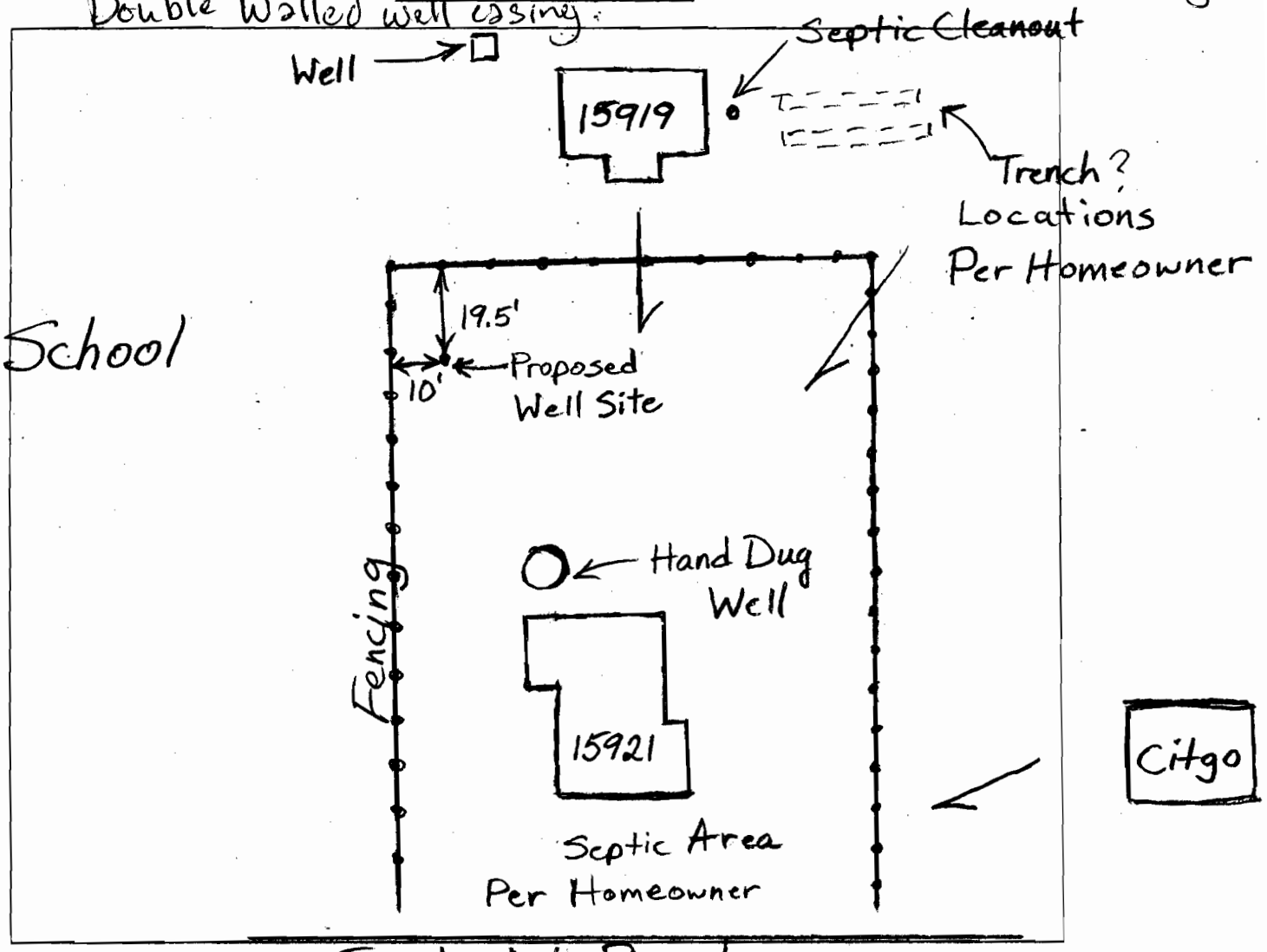
ADDRESS: 15921 Frederick Road CONTRACTOR: Fogles / Compton

WELL TAG #:

SUBDIVISION: LOT: COUNTY #:

PROPOSAL: Drill New to Replace Contaminated Hand Dug Well
3/10/06 Wellsite moved 10? per Conversation Between SO & Allen Compton of Fogles

LOCATION DIAGRAM



COMMENTS:

12/29/05 Well to be drilled in high left rear corner. Fence within property lines per homeowner. Seal old well. BB

DATE: 12/29/05 INSPECTOR: B. Baber

Send Report To:

Howard County Health Department
Bureau of Environmental Health
~~7178 Columbia Gateway Drive~~
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

Lab No. Date Received

961361 MAR 16

Do not write above this line

LABORATORY ANALYSIS REQUEST

HOGC315FR15921S(A)&(B)

Bottle No: _____ **Plant/Site Name:** ~~Turnberry Grove~~ Lisbon **County:** HOWARD

Sample Source: 15921 Fred. Rd (Street) ~~Clarksville~~ Lisbon (Town or City) **Location:** HO-95-0202 (well no., lab sink, sample tap, etc.)

Sampler ID: ☒☐☐☒☒☒ **PWSID:** ☐☐☐☐☐☐☐ **Plant ID:** ☐☐

Collector: G. Crighton (410) 313 2775 (include telephone number)

Date Collected: 3/15/2006 **Time Collected:** 11:45 a.m. _____ p.m.

Field Preserved: ☒Yes ☐No **Preservative Used:** ☒1:1 HCl ~~Ascorbic acid~~ ☐ Na_2SO_4 ☐ 6 mg NH_4Cl

Sample Type:
- ☒ Drinking Water
  - ☐ Community
  - ☐ Non-Community
  - ☒ Private
- ☐ Landfill
- ☐ Stream
- ☐ Sediment
- ☒ Source (Raw Water)
- ☐ Distribution (Treated)
- ☐ Water Treatment Plant POE
- ☒ Liquid
- ☐ Solid
- ☐ Other _____

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Test Requested: ☒ Trihalomethanes ☒ Volatiles ☐ Semi-volatiles ☐ Haloacetic Acids

FIELD DATA : 6.8 (pH) + (Free Cl) + (Total Cl)

Field Blank Bottle No.: HOGC 315FR 15921FB

Trip Blank Bottle No.: HOGC 31510TB

Remarks: Full DW Scan Incl. MTBE RAW WATER collected @ yield test

Section Chief: Deborah Miller-Dunn **Date Reported:** 3/31/06

●Phone: (410) 767 - 5643 ●Fax: (410) 333 - 5237

Form Revised 12/00
DHMH 4362

15921 Fred Rd ?

SUBMITTER'S COPY

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Sample had to be diluted

Certificate of Analysis - Volatiles

Sample Name: 961361 HOGC315FR15921S(A) **Method:** EPA 524.2
Date Analyzed: 03/23/06

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	72.1e
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	5.39
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	1.93
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	1.93
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	34.7e
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	1.12
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	210e
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	5.39

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Mulkerin Date Approved: 3/24/06

Phone: (410) 767-5896 ***Fax: (410) 225-9318***

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961361 FB
Date Analyzed: 03/23/06
Method: EPA 524.2

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	ND
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Millerchuk Date Approved: 3/29/06

Phone: (410) 767-5896 Fax: (410) 225-9318

Send Report To:

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

Lab No. Date Received

961330 MAR 14 06

Do not write above this line

LABORATORY ANALYSIS REQUEST

HOGCFR15921S(A)&(B)

Bottle No: _____ **Plant/Site Name:** 15921 Frederick Rd **County:** HOWARD

Sample Source: 15921 Frederick Rd (Street) Lisbon (Town or City) **Location:** H/O (well no., lab sink, sample tap, etc.)

Sampler ID: 2 7 7 4 G C **PWSID:** ☐☐☐☐☐☐☐ **Plant ID:** ☐☐

Collector: G. Creighton 410 313 2775 (include telephone number)

Date Collected: 3/13/2006 **Time Collected:** _____ a.m. 2 p.m.

Field Preserved: ☒Yes ☐No **Preservative Used:** ☒ 1:1 ~~HCl + Ascorbic acid~~ ☐ Na_2SO_4 ☐ 6 mg NH_4Cl

Sample Type:
- ☒ Drinking Water
- ☐ Community
- ☐ Non-Community
- ☒ Private
- ☐ Landfill
- ☐ Stream
- ☐ Sediment
- ☒ Source (Raw Water)
- ☐ Distribution (Treated)
- ☐ Water Treatment Plant POE
- ☐ Liquid
- ☐ Solid
- ☐ Other _____

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other _____

Test Requested: ☒ Trihalomethanes ☒ Volatiles ☐ Semi-volatiles ☐ Haloacetic Acids

FIELD DATA : 6.8 (pH) 0.0 (Free Cl) 0.0 (Total Cl)

Field Blank Bottle No.: HOGCFR15921FB

Trip Blank Bottle No.: HOGC31306TB

Remarks: Full DW Scan Including MTBE RAW H2O token @ yield test

Section Chief: Deborah Mullen-Drill **Date Reported:** 3/28/06

●Phone: (410) 767 - 5643 ●Fax: (410) 333 - 5237

Form Revised 12/00
DHMH 4362

SUBMITTER'S COPY

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961330 (H0GCFR15921SA) SAMPLE A **Method:** EPA 524.2
Date Analyzed: 03/23/06

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	6.69
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	0.51
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	6.07
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Nuller-Druck Date Approved: 3/28/06

Phone: (410) 767-5896 ***Fax: (410) 225-9318***

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961330 FB Field Blank
Date Analyzed: 03/23/06
Method: EPA 524.2

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	ND
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Miller-Jurk Date Approved: 3/28/06

Phone: (410) 767-5896 *Fax: (410) 225-9318*

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, MD 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis - Volatiles

Sample Name: 961330 TB Trip Blank
Date Analyzed: 03/23/06
Method: EPA 524.2

Contaminants	DL*	MCL*	Result*
TRIHALOMETHANES			
Bromodichloromethane	0.5	na	ND
Bromoform	0.5	na	ND
Chloroform	0.5	na	ND
Dibromochloromethane	0.5	na	ND
TOTAL THMs	-	80	-
REGULATED			
Benzene	0.5	5	ND
Carbon Tetrachloride	0.5	5	ND
Chlorobenzene	0.5	100	ND
1,4-Dichlorobenzene	0.5	75	ND
1,1-Dichloroethene	0.5	7	ND
1,2-Dichloroethane	0.5	5	ND
1,2-Dichlorobenzene	0.5	600	ND
1,2-Dichloropropane	0.5	5	ND
cis-1,2-Dichloroethene	0.5	70	ND
trans-1,2-Dichloroethene	0.5	100	ND
Ethylbenzene	0.5	700	ND
Styrene	0.5	100	ND
Tetrachloroethene	0.5	5	ND
Trichloroethene	0.5	5	ND
1,1,1-Trichloroethane	0.5	200	ND
Toluene	0.5	1000	ND
Vinyl Chloride	0.5	2	ND
o-Xylene	0.5	na	ND
m+p-Xylene	1.0	na	ND
Total Xylenes	1.5	10000	ND
Methylene Chloride	0.5	5	ND
1,1,2-Trichloroethane	0.5	5	ND
1,2,4-Trichlorobenzene	0.5	70	ND

Contaminants	DL*	MCL*	Result*
UNREGULATED			
Dichlorodifluoromethane	0.5	na	ND
Chloromethane	0.5	na	ND
Bromomethane	0.5	na	ND
Chloroethane	0.5	na	ND
Trichlorofluoromethane	0.5	na	ND
1,1-Dichloroethane	0.5	na	ND
1,3-Dichlorobenzene	0.5	na	ND
Dibromomethane	0.5	na	ND
1,1-Dichloropropene	0.5	na	ND
trans-1,3-Dichloropropene	0.5	na	ND
1,1,2,2-Tetrachloroethane	0.5	na	ND
1,3-Dichloropropane	0.5	na	ND
2,2-Dichloropropane	0.5	na	ND
cis-1,3-Dichloropropene	0.5	na	ND
2-Chlorotoluene	0.5	na	ND
4-Chlorotoluene	0.5	na	ND
Bromobenzene	0.5	na	ND
1,3,5-Trimethylbenzene	0.5	na	ND
1,2,4-Trimethylbenzene	0.5	na	ND
1,2,3-Trichlorobenzene	0.5	na	ND
n-Propylbenzene	0.5	na	ND
n-Butylbenzene	0.5	na	ND
Naphthalene	0.5	na	ND
Hexachlorobutadiene	0.5	na	ND
Isopropylbenzene	0.5	na	ND
1,2,3-Trichloropropane	0.5	na	ND
1,2-Dibromo-3-Chloropropane	0.5	na	ND
p-Isopropyltoluene	0.5	na	ND
tert-Butylbenzene	0.5	na	ND
sec-Butylbenzene	0.5	na	ND
Bromochloromethane	0.5	na	ND
1,1,1,2-Tetrachloroethane	0.5	na	ND
1,2-Dibromoethane	0.5	na	ND
Methyl-tert-Butyl Ether (MTBE)	0.5	na	ND
Ethyl-tert-Butyl Ether (ETBE)	0.5	na	ND
tert-Amyl Methyl Ether (TAME)	0.5	na	ND

*All results are in parts per billion (ppb)
ND = Less than the detection limit
na = not applicable
e = estimated value

Section Chief: Deborah Miller Date Approved: 3/28/06

Phone: (410) 767-5896 ***Fax: (410) 225-9318***

Howard County, MD Community Complaint Form

Complaint #.: C288
Date/Time Received: 10/28/2005
Category: Contaminated Water

Complaintant Information

Complaintant: Susan White
Address: 15878 Frederick Road
City, State, Zip: Woodbine MD 21797
Phone: (410) 489-9679

Complainee Information

Complainee: Susan White
Address: 15878 Frederick Road
City, State, Zip: Woodbine MD 21797
Phone: (410) 489-9679

Complaints

Could smell gasoline odor from well water 1 month ago. Presently, no odor can be detected. Occupant lives in the vicinity of a BP Gas station. A reverse osmosis system is installed at the home.

Other Information

Assigned Date: 10/31/2005
Inspected Date: 11/03/2005
Abated Date:

Sanitarian: Arron Hieatt

Investigation Report Records:
1. 11/03/2005
(3:40pm) Called complainant, no answer.

2. 11/07/2005
(8:50am) Spoke with complainant. She states she only noticed the odor after a recent dry spell. The odor was from a bathroom faucet that she would let run for a few minutes in the evening when taking her vitamins. She moved into the home April 2005, but the well water was tested January 2005. No VOCs were detected

at that time. Scheduled time to take additional VOC samples, 11/8 at 10:00am.

3. 11/08/2005
(9:30am) Visited site of complaint to take VOC water samples. Samples were obtained from the bathroom sink. An air freshner was in use in the bathroom that produced a fairly strong smell. A gasoline odor from the neighboring gas station was also noted while walking to the front door of the property. The water pipes in the home are CPVC, and a pump is connected to a hydropneumatic tank just inside the foundations in the basement. The location of the well on the property could not be determined during the inspection. The owner indicated the septic tank clean-out as the well, which was in the backyard. The home inspection report did contain the VOC readings from January 2005, none of which had detectable levels. I informed the complainant that the samples would go down to the lab, and I would contact her once I had received the results.

4. 11/09/2005
Received several phone calls from MDE. A summary of those calls follows: (7:57am) Received voicemail from John Myers, 410-365-7497 (cell), the compliance officer for Howard County. He stated that there has been MTBE found in some of the wells in the area. He also stated that he would refer my information to Yolande Norman, supervisor of the remediation section. (8:20am) Received a voicemail from Paul Wicks, the remediation officer for Howard County. His phone numbers are 410-365-2241 (cell) and 410-537-4151 (work) and 410-537-3092 (fax). (8:41am) Recevied a voicemail from Susan Bull, 410-537-3499, supervisor of the Western region of the remediation division. (9:06am) Left a voicemail with Ms. Bull stating I would be in the office for most of the morning. (9:08am) Spoke with Paul Wicks regarding the complaint. I provided him the complainant's contact information, and short history of the complaint. He requested a copy of the results once we have received them, and offered to work in cooperation with our office to ensure the complainant had safe drinking water. Additional samples and a further course of action is to be determined after results have been obtained. (9:38am) Received a call from Ms. Bull. I informed her that I had already spoken with Paul Wicks, and would be working with him to resolve the case. I provided her the location information for the complaint. She stated the existing compliance case would be reviewed shortly, and the additional information regarding this new complaint would be considered in that review.

D.I Control Program

(410) 537-3342

C288

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION Woodbine, MD. ZIP 21797

OWNER OCCUPANT Susan White ADDRESS 15878 Fredrick Rd PHONE (410) 489-9679

COMPLAINANT - Same - ADDRESS - Same - PHONE _____

REASON FOR INVESTIGATION Could smell gasoline ~~odor~~ odor from well-water 1 mo. ago. Presently, no odor can be detected. Occupant lives in the vicinity of a BP Gas Station | A reverse osmosis sys. is installed at the home. CODES _____

RECEIVED BY R. Martin DATE 10/28/05 ASSIGNED TO A. Heath DATE 10/31/05

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT

11/3/05, 3:40pm - Called complainant, no answer.

11/7/05, 8:50am - Spoke w/complainant She states she only noticed the odor after a recent dry spell. The odor was from a bathroom faucet that she would let run for a few minutes in the evening when taking her vitamins. She moved into the home Apr 2005, but the well water was tested Jan 2005. No VOC's were detected at that time. Scheduled time to take additional VOC samples, 11/8 @ 10:00 am

DATE SUBMITTED _____ SANITARIAN _____

HD-172

1/3/05 - Spoke to Allen @ Taylor. Told him not to drill until - talk to Eric @ MDE

1/6/05 - Spoke to Eric @ MDE. Rec. auth. having 2' into bedrock Inner casing 50' or more from auth
- Called Allen w/ Taylor w/ info

3/13/2006
Visited Site to test new well for VOC's. Outer casing not grouted (63')(8")
inner casing not grouted.
(lower water table compromised?)

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____ P _____

PERMIT

APPROVAL DATE: _____ A 523875

INDEXED

TAX ID # 04-326539

ON-SITE SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: 41

ADDRESS: 15921 Frederick Road PROPERTY OWNER: Dianne Mascaro

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	
NOTES:	REPLACEMENT WELL

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A523875

HOWARD COUNTY HEALTH DEPARTMENT
Completed Septic System

P _____ A 523875

DATE _____

LOCATION 15921 Frederick Road

LOT _____

APPLICANT _____

OWNER Dianne Mascaro

PERMITTEE _____

REPLACEMENT WELL

HD-11

APPLICATION
HOLD ( )
APPROVED ( )
REJECTED ( )

INSTALLATION
HOLD ( )
APPROVED ( )

APPROVED
DATE _____