

C1

3188

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A517336

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95 - 1581

OWNER Warfield Sr Kenneth last name first name STREET OR RFD Michele Dr TOWN Dayton SUBDIVISION The Warfields II SECTION 2 LOT 62

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. Includes handwritten entries: Sand (0-25), Gray Mica Rock (25-100), Large Mica Rock at 80 ft. Lined well.

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 15 NO. OF POUNDS 1470 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 37 ft.

CASING RECORD

casings types insert appropriate code below [ST] [CO] [PL] [OT] MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

PL 4 1/2 inch diameter, 70 to 100 depth (feet)

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT] insert appropriate code below

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, E, N. Includes handwritten values: 40, 37, 100.

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 S D 024 DRILLERS SIGNATURE Joseph E. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

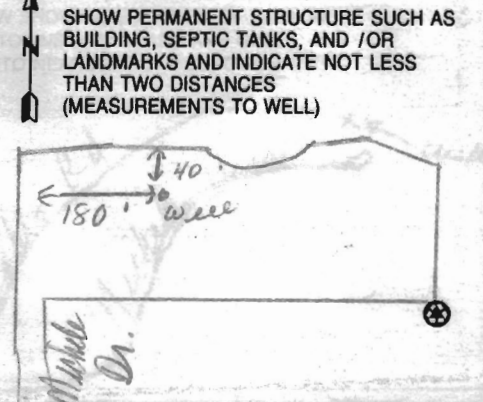
PUMPING TEST

HOURS PUMPED (nearest hour) 3/8 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 28 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [X] 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [ ] below LAND SURFACE 2 1/2 (nearest) foot

LOCATION OF WELL ON LOT



B 1 1047  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
528460 please type

STATE PERMIT NUMBER  
Ho - 95 - 1581  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
Warfield Jr Kennard  
15 Last Name Owner First Name 34  
P.O. Box 30  
36 Street or RFD 55  
Hlenelg md 21737  
57 Town 70 State 72 Zip 76

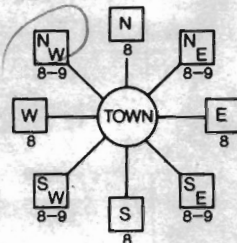
B 3 LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION The Warfields II 42  
SECTION 2 LOT 62  
44 46 48 50  
Dayton  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 4 M I  
73 76 77 78

DRILLER INFORMATION

Joseph L Mayne M S D 024  
76 Driller's Name License No. 81  
Joseph L Mayne Well Drilling  
Firm Name  
5512 Ridge Rd Mt. Airy Md 21771  
Address  
Joseph L Mayne 1-18-08  
Signature Date

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Michele Drine  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 475 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 21 BLK: PARCEL 114

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 500 12  
AVERAGE DAILY QUANTITY NEEDED 14 20  
(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 517 336  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 3/7/08  
43 MM DD YY 48 CO SIGNATURE 3/7/09 EXP. DATE  
NORTH GRID 518 000 EAST GRID 0796 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other

REPLACEMENT OR DEEPENEWED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEWED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER Ho 2006G 009  
PERMIT No. Ho - 95 - 1581  
70 71 72 73 74 75 76 77 78 79

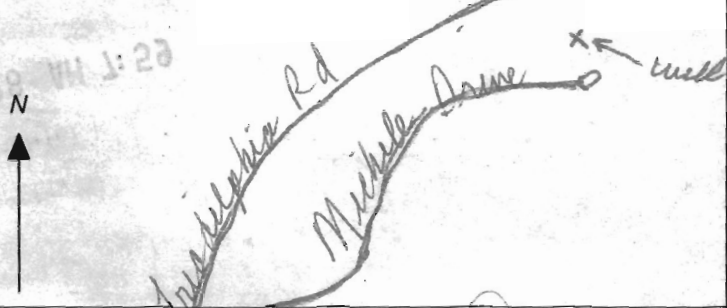
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. Well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 0796  
N 518

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 Maximize casing depth's to seal off upper Dayton strata. TDS Sample Needs to be collected by Health Dept @ Yield.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

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

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

Name (Print): Robert L. Feezer License# 2122

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Warfield Estates II Lot #: 8062 Well Tag #: HO - 95 - 1581 ✓  
Site Address: 14943 Michele Drive  
Glenelg, MD 21737

|   |                               |   |
|---|-------------------------------|---|
| <b><u>Submersible Pump Data</u></b>   | <b><u>Pitless Adapter</u></b> | <b><u>Well Cap and Electric Conduit</u></b> |
| Make: <u>Berkeley</u>   | Make: <u>Campbell</u>         | Two piece watertight cap: <u>Yes</u>        |
| Model #: <u>B7P4MS07221</u>   | Model#: <u>PT800</u>          | Screened, vented well cap: <u>Yes</u>       |
| Pump Capacity <u>7</u> GPM  | Depth: <u>42"</u> (36" min)   | Cap secured to casing: <u>Yes</u>           |
| Well Yield: <u>20</u> GPM   | NSF/WSC approved: <u>Yes</u>  | Conduit min 18" B.G.: <u>Yes</u>            |
| Depth of well encountered at time of pump installation: <u>100</u> (feet)   |                               | Conduit secured to well cap: <u>Yes</u>     |
| 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 <u>inside of well casing</u> <u>N/A</u> |                               |   |

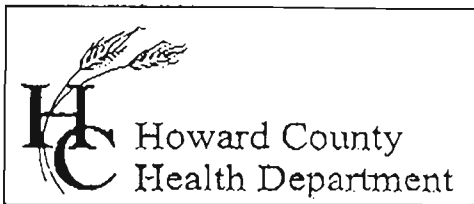
|  |  |
|--|--|
| <b><u>Piping to house</u></b>              | <b><u>House Connection</u></b>                                 |
| Type: <u>Poly</u>                          | PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u> |
| PSI: <u>200</u> (160 psi min)              | Length of sleeve(5' minimum from foundation): <u>10'</u>       |
| Depth of supply line: <u>42"</u> (36" min) | Sleeve sealed properly: <u>Yes</u>                             |

**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.**

Robert L. Feezer Digitally signed by Robert L. Feezer  
DN: cn=Robert L. Feezer, o=Howard County Health Department, ou= April 12, 2012  
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: 5/12/13 Inspector: [Signature]  
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 outside of well cap/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 ✓



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:

The Warfields II 10 lots Lreadelphia Rd  
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Fisher Carter Collins  
 (professional land surveyor or company employing professional land surveyors)  
 on 1-16-2008 (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.

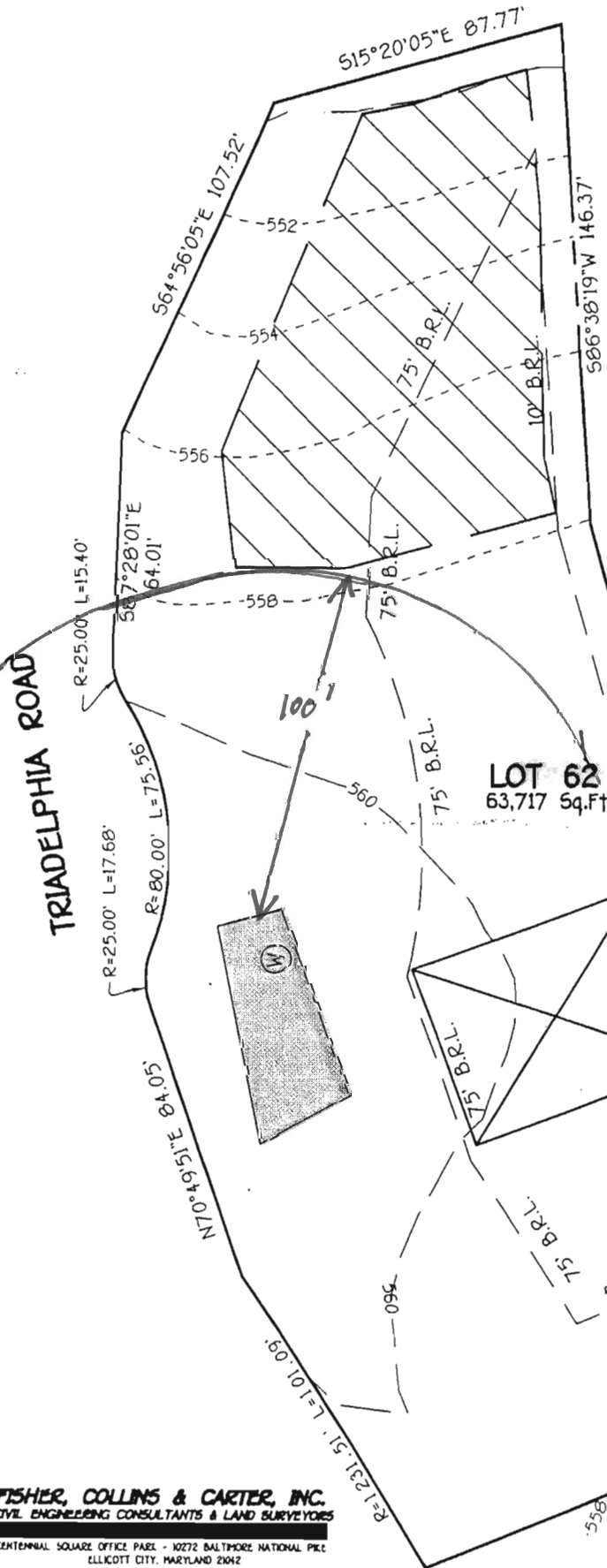
Revised 3/11/05

K:\Drawings 3\30310 Warfield Homestead\DWG\30310 Well Exhibit War II Section 2 Lot 62.dwg, 12/11/2007 5:22:25 PM



EXHIBIT TO ACCOMPANY  
WELL PERMIT  
LOT 62  
THE WARFIELDS II  
SECTION TWO  
Lots 6 Thru 68,  
Cemetery Open Space Lot 69, And  
Buildable Preservation Parcel 'A' And  
Non-Buildable Preservation Parcels 'B', Thru 'I'  
Tax Map: 21, Grid 23, Parcel: 55  
Tax Map: 27, Grid 5, Parcels: 56, 109 And 144  
Fourth Election District  
Howard County, Maryland  
Date: December 6, 2007  
F-07-040

TRIADELPHIA ROAD



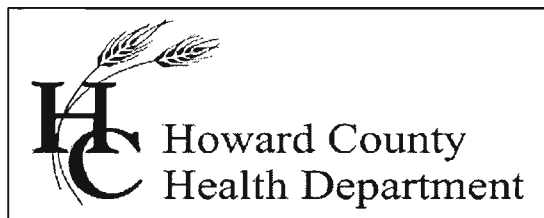
LOT 62  
63,717 Sq.Ft.

3/6/08  
well box OK.  
(KWC)

100' Deep  
H<sub>2</sub>O @ 30' and 80'  
Casing @ 40'  
90' lining

MICHELE DRIVE  
521°33'40\"/>

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
410 461 - 2855



**Bureau of Environmental Health**  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**  
**Expiration Date – FEBRUARY 7, 2014**

August 7, 2013

Suresh Parumalla  
14943 Michele Drive  
Glenelg, MD 21737

**RE: The Warfields II, Lot 62**  
**14943 Michele Drive**  
**Building Permit: B12001258**  
**Well Permit: HO-95-1581**

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 **5/17/2013**. Final approval of the well line connection to the dwelling was granted on **5/18/2013**. The well construction was completed on **4/22/2008**. Water samples were collected on **6/17/2013 and 7/3/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The untreated water sample collected on **6/17/2013** indicated a nitrate level of **11.3 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **7/11/2013** and indicated a nitrate level of **< 1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-1581. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:** Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 89779

**Report Date:** July 12, 2013

*Nitrate Retest #1*

**Property Sampled:** 14943 Michele Drive, 21737  
**Sample Location:** Kitchen R/O Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12001258  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114  
**Lot #:** 62

**Date/Time Collected in Field:** July 11, 2013 @ 11:33 am  
**Date/Time Received in Lab:** July 11, 2013 @ 2:24 pm

**Well Tag #:** HO-95-1581  
**Well Condition:** 2-Piece Cap, Satisfactory ✓

**Water Treatment/Conditioning:** Softener, Neutralizer, Reverse Osmosis (R/O) ✓

| PARAMETER | METHOD   | MCL          | RESULT         | PASS/FAIL |
|-----------|----------|--------------|----------------|-----------|
| Nitrate   | SM 4500D | 10 mg/L as N | <1.0 mg/L as N | Pass      |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

'OK'  
 reb 8/2/13

Katherine C. Higgs  
 Katherine C. Higgs  
 Manager - Drinking Water Testing



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: [info@tracelabs.com](mailto:info@tracelabs.com)

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 89585 Amended

**Report Date:** August 6, 2013

**Bacteria Retest #1**

**Property Sampled:** 14943 Michele Drive, 21737  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12001258  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot #:** 62

**Date/Time Collected in Field:** July 3, 2013 @ 11:53 am  
**Date/Time Received in Lab:** July 3, 2013 @ 1:54 pm

**Well Tag #:** HO-95-1581  
**Well Condition:** 2-Piece Cap, Satisfactory ✓

**Water Treatment/Conditioning:** Bypassed

| PARAMETER      | METHOD   | MCL    | RESULT   | PASS/FAIL |
|----------------|----------|--------|----------|-----------|
| Total Coliform | SM 9223B | Absent | Absent ✓ | Pass      |
| <i>E. coli</i> | SM 9223B | Absent | Absent ✓ | Pass      |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*'OK' RB 8/7/13*

*Katherine C. Higgs*

Katherine C. Higgs  
 Manager – Drinking Water Testing



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

**S/O Number:** 89468

Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**Report Date:** June 18, 2013

**Property Sampled:** 14943 Michele Drive, 21737  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12001258  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** The Warfields II S2 RSB  
**Parcel:** 114 **Lot #:** 62

**Date/Time Collected in Field:** June 17, 2013 @ 11:13 am  
**Date/Time Received in Lab:** June 17, 2013 @ 12:30 pm

**Well Tag #:** HO-95-1581 ✓  
**Well Condition:** 2-Piece Cap, Satisfactory ✓

**Water Treatment/Conditioning:** Softener, Neutralizer

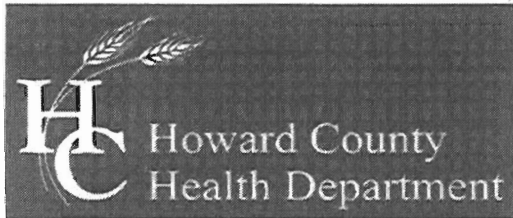
| PARAMETER      | METHOD    | MCL/*SMCL      | RESULT           | PASS/FAIL |
|----------------|-----------|----------------|------------------|-----------|
| Total Coliform | SM 9223B  | Absent         | PRESENT ✓        | FAIL      |
| E. coli        | SM 9223B  | Absent         | Absent ✓         | Pass      |
| Nitrate        | SM 4500D  | 10 mg/L as N   | 11.3 mg/L as N ✓ | FAIL      |
| Turbidity      | EPA 180.1 | 10 NTU         | 1.2 NTU ✓        | Pass      |
| pH             | EPA 150.1 | *6.5-8.5 Units | 5.7 Units ✓      | ***       |
| Sand           |           | Absent         | Absent ✓         | Pass      |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Fail Bacteria  
 Fail Nitrate  
 Others 'OK' MB 6/20/13*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

**REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: June 21, 2013 WELL PERMIT #: HO - 95 - 1581

PROPERTY OWNER: Suresh Perumalla

SUBDIVISION & LOT #: Warfields II- lot # 62

PROPERTY ADDRESS: 14943 Michele Drive

**CONDITIONS:**

- 1) The well installed under permit # HO -95 - 1581 has been documented to have a nitrate level of 11.3 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 6/26/13 indicated that the nitrate contamination has been reduced to <1.0 ppm at the primary drinking tap.

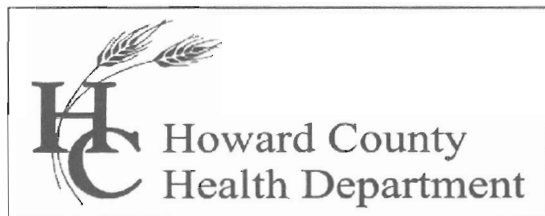
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 1581 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of 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]

P. Suresh

Prospective Owner's Day Time Phone Number(s)

301-873-0905



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR BACTERIA**  
**TEMPORARY DEVIATION FOR NITRATES**

**Expiration Date – JULY 13, 2013**

June 28, 2013

Homeowner  
14943 Michele Drive  
Glenelg, MD 21737

**RE: The Warfields II, Lot 62**  
**14943 Michele Drive**  
**Building Permit: B12001258**  
**Well Permit: HO-95-1581**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **5/17/2013**. Final approval of the well line connection to the dwelling was granted on **5/10/2013**. The well construction was completed on **4/22/2008**. Water samples were collected on **6/17/2013**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**
- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**
- c) Issue an order that the well is abandoned and sealed

The untreated water sample collected on **6/17/2013** indicated a nitrate level of **11.3 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.**

This is a **temporary deviation** to allow additional time for installation of a nitrate removal system and submission of water sample results indicating that the treated water meets COMAR requirements.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that a nitrate removal system is installed and a water sample result for post-treatment nitrate level at the primary drinking tap is submitted to this Department **within 15 days**. Those results must indicate that the nitrate removal system is effectively maintaining a nitrate level of less than **10 mg/L**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

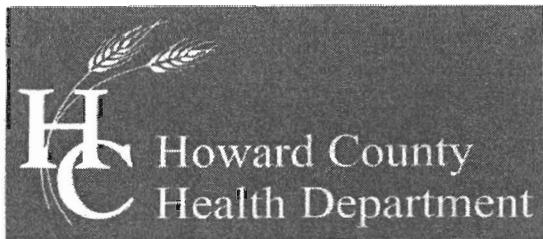
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
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Maura J. Rossman, M.D., Health Officer

REQUEST FOR TEMPORARY DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 6-28-2013 WELL PERMIT #: HO - 95 - 1581

PROPERTY OWNER: Suresh Perumalla

SUBDIVISION & LOT #: Warfields lot 62

PROPERTY ADDRESS: 14943 Michele Drive

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

A reverse osmosis system has been installed and is fully operational. A new sample was taken today (6-28) and we are expecting a passing nitrate result report by 7-1-2013.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO -95 -1581 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.
- 2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO -95-1581. 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)

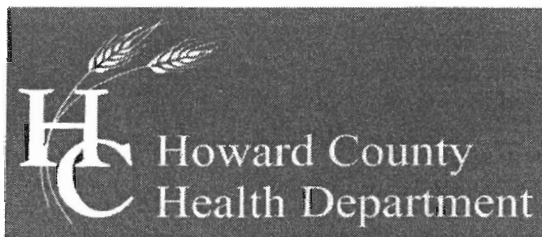
P. Suresh Perumalla

K. Madhusri

Prospective Owner's Day Time Phone Number(s)

301-873-0905

301-957-5555



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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REQUEST FOR TEMPORARY DEVIATION TO  
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 6/28/2013      WELL PERMIT #: HO - 95 - 1581

PROPERTY OWNER: Suresh Perumalla  
SUBDIVISION & LOT #: Warfields lot 62  
PROPERTY ADDRESS: 14943 Michele Drive

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The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

The well was chlorinated and processed on the week of 6/10/2013. The water in the house was turned on prematurely causing bacteria to multiply in the water after the run off was complete causing a positive test result. The well was chlorinated and processed a second time, resulting in another positive result.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

NVHomes will work with Feezer to investigate why the bacteria is still present. We will inspect the casing for damage. Any damages will be repaired. The well will be force chlorinated and re processed. We are prepared to install any systems needed to create a negative bacteria result.

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO – 95 - 1581 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - 95 - 1581 . I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

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

P. Suresh                      K. Madhuri

Prospective Owner's Day Time Phone Number(s)

301-873-0905                      301-957-5555

SEND REPORT TO:

Bert Nixon

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St.  
 P.O. Box 2355, Baltimore, Maryland 21203

Lab No. Date Received

C003620 23 8

**WATER ANALYSIS**

Do not write above this line.

S  
A  
M  
P  
L  
E  
I  
D

Bottle Number HO-95-1581 Name HCHD County Howard County Code 13

Source Worfield's II - lot 62 (corner of Howard and Philadelphia) Data Category Code 4/F

Collected: Date 4/22/08 Time 12 pm Collector & Phone K. Wolf 410-313-2645 Submitter Code

CHECK (one per box)

|  |  |  |   |  |
|--|--|--|---|--|
| Drinking Water <input checked="" type="checkbox"/> | Community <input type="checkbox"/>     | Source (raw water) <input checked="" type="checkbox"/> | Emergency <input type="checkbox"/>          | Federal Project <input type="checkbox"/> |
| Landfill <input type="checkbox"/>                  | Non-community <input type="checkbox"/> | Distribution (treated) <input type="checkbox"/>        | Routine <input type="checkbox"/>            |  |
| Stream <input type="checkbox"/>                    | Private <input type="checkbox"/>       | MCL <input type="checkbox"/>                           | Recheck <input type="checkbox"/>            |  |
| Other <input type="checkbox"/>                     | Other <input type="checkbox"/>         |  | Special <input checked="" type="checkbox"/> |  |

F  
I  
E  
L  
D

Plant No.      Sampling Station      Preservation: Iced  Acid  Type of Acid     

pH 7.0 Chlorine: Free      Total      Specific Conductance     

Notes to Lab/Remarks: sample collected @ field test.

| CHECK TESTS                         | TESTS                | ERROR CODE | RESULTS      |
|-------------------------------------|----------------------|------------|--------------|
|                                     | Alkalinity (Total)   |            |              |
|                                     | Ammonia - N          |            |              |
|                                     | Chloride             |            |              |
|                                     | Color*               |            |              |
|                                     | Conductance*, Spec.  |            |              |
| <input checked="" type="checkbox"/> | Dissolved Solids     |            | 280. 4/28/08 |
|                                     | Hardness             |            |              |
|                                     | Fluoride             |            |              |
|                                     | Nitrite, N           |            |              |
|                                     | Nitrate - Nitrite, N |            |              |
|                                     | Sulfate              |            |              |
|                                     | Total Solids         |            |              |
|                                     | Turbidity*           |            |              |
|                                     | Other:               |            |              |

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested     

Section Chief Asoka I. Katumuluwa

Date Reported MAY 01 2008