

B 1 2668

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1987

Date Received (APA) 12 02 98

OWNER INFORMATION

Maisel Brad 12789 Folly Quarter Road Ellicott City Md. 21042

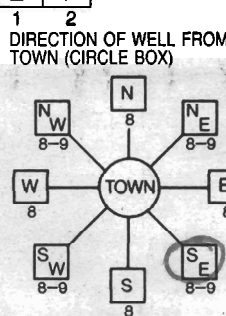
LOCATION OF WELL

Howard 8 COUNTY 21 Maisel Prop. 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Gleneig 52 NEAREST TOWN 71 MILES FROM TOWN 4 MI

DRILLER INFORMATION

Robert L. Cline M W D 139 Driller's Name License No. Cline and Duvall, Inc. Firm Name 8093 Hillmark Ct., Frederick 21704 Address Robert L. Cline Signature 12/2/98 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folly Quarter Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD ENTER FT OR MI 38 39

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 300 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 Co A56380 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12 03 98 CO SIGNATURE EXP. DATE 1999 NORTH GRID 510 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 5 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PE Percussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

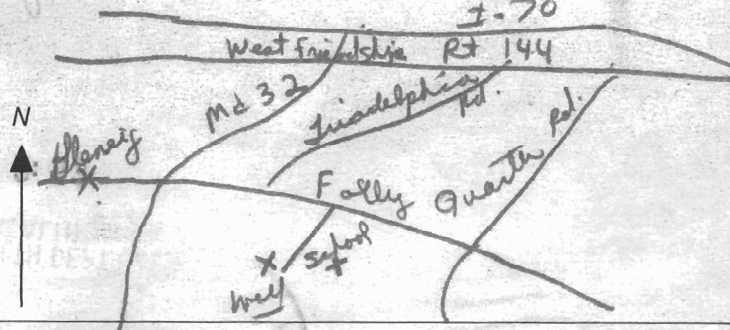
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. WELL 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 510

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-1987

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

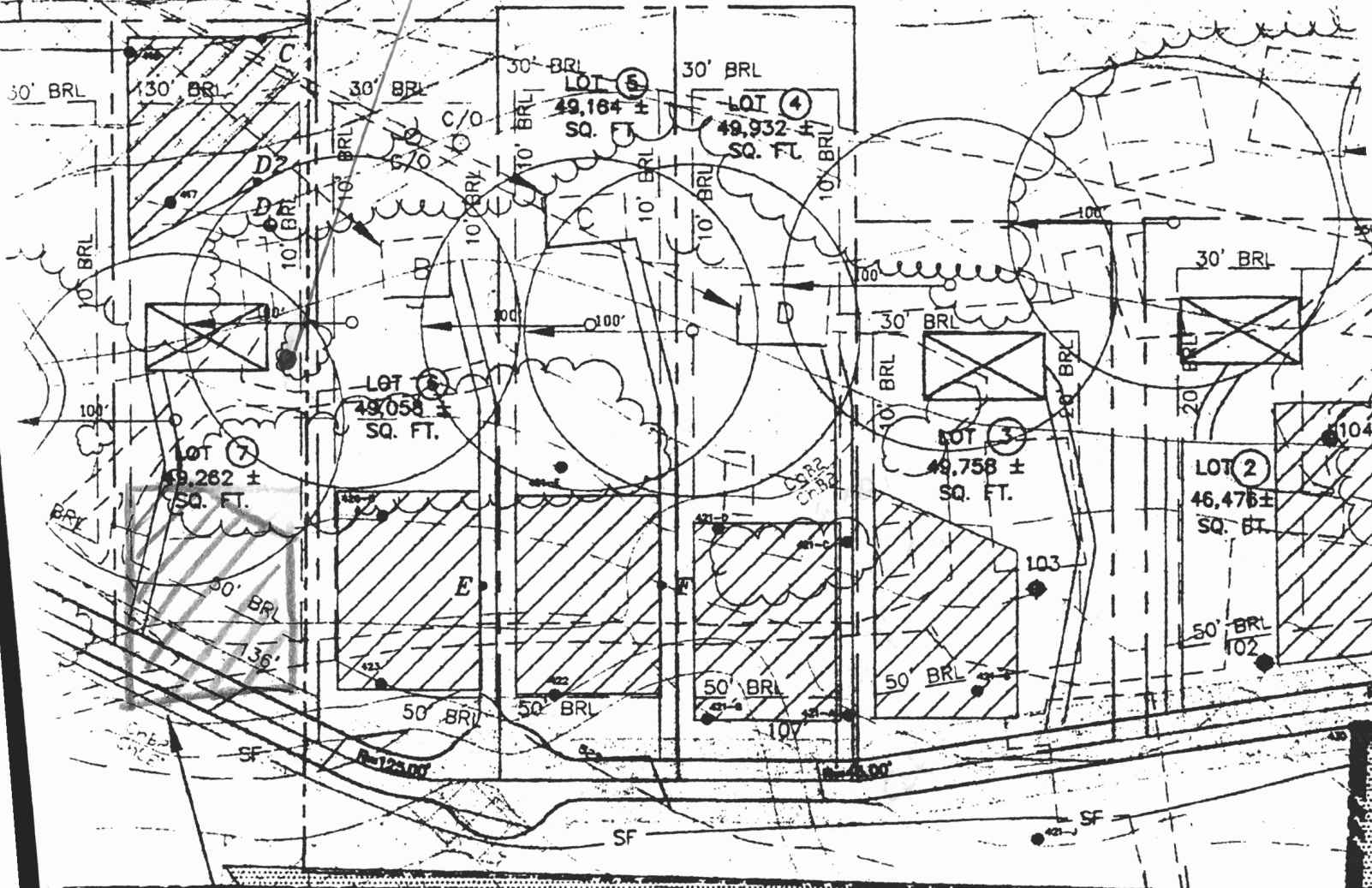
LOT 53

6/20/97
WELL SITE OK
AS STAKED
FILE

S37°35'30"W

889.70'

NON-BUILDABLE
PRESERVATION PARCEL A
7.16 AC ±
TO BE DEDICATED TO H.O.A.



PROPOSED USE-IN-COMMON DRIVEWAY EASEMENT
FOR LOTS 1-8, PRESERVATION PARCEL A,
PARCELS 354, 356, AND 380.
(SEE NOTE 29)

GLENELG MANOR II
LOT 29C

F
Feb 27 04 11:03a

HO CO FNV HFAI TH

14103132648

P.1

**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: NATIONAL WATER SERVICES Telephone #: 301-854-1333
Address: PO BOX 138
ASHTON MD 20563

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: GRIFFMORE GROUP Telephone #: 410-531-5105
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-1987
Site Address: 12787 FOLLY QUARTER Rd
ELICOTT CITY 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDOS</u> SEE	Make: <u>DIT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 SGEIC-250</u>	Model #: <u>P100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>40'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4.4</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

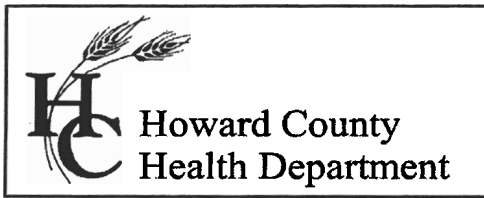
house House Connection
PVC sleeve to undisturbed soil at wall penetration:
PSI: 160 (160 psi min), Approximate length of sleeve: 6'
Depth of supply line: 40 (36" min) Sleeve caulked and sealed properly:

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.

David Rycke 3/23/06
Signature of company representative responsible for installation date

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

Insp. Requested: _____ Date Insp. Approved: 3/24/06 Inspector: 690
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 _____
Adequate grout observed below pitless adapter _____



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

November 22, 2006

Eugene Schaffer
14120 Twisting Lane
Dayton, MD 21036

SENT VIA FACSIMILE 410-531-8070

RE: Maisel Property, Lot 5
12787 Folly Quarter Road
Ellicott City, MD 21042
BP #: B00156433
Well Permit # HO-94-1987

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 03/29/2006. Final approval of the well line connection to the dwelling was approved on 03/24/2006.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1987. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

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

Date of Water Samples: 10/27/2006, 11/09/2006 & 11/21/2006
Date of Well Completion: 12/22/1998

Approving Authority,



Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	61391	Account #:	3123
Reference:	National Water Servicing	Company:	National Water Servicing
Location:	12787 Folley Quarter Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	11/21/2006 1030	Source:	Well Water
Date/Time Rec'd:	11/21/2006 1300	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis/Softener/Sed.Filter
Collected By:	J.Yeager 6176JY	pH:	5.9
		Well #:	HO-94-1987

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Nitrate	<1.0	mg/L	10	601	11/21/2006 / 1330 / BCD

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 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 61290
 Building Permit # : B00156433

Date Reported: 11/21/2006

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 #:	61290	Account #:	3123
Reference:	National Water Servicing	Company:	National Water Servicing
Location:	12787 Folley Quarter Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	11/9/2006 1143	Source:	Well Water
Date/Time Rec'd:	11/9/2006 1236	Site:	Laundry Room Utility Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	nH:	5.7
		Well #:	HO-94-1987

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/10/2006 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/10/2006 / 0815 / AD/BD
Nitrate	14.0	mg/L	10	601	11/10/2006 / 1005 / BCD

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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 **Visual well check:** Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 61141
 Building Permit # : B00156433

Date Reported: 11/10/2006

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 #: 61141	Account #: 3123
Reference: National Water Servicing	Company: National Water Servicing
Location: 12787 Folley Quarter Road Ellicott City, MD 21042	Requested By: Dave Rycke
Date/ Time Collected: 10/27/2006 1035	Source: Well Water
Date/Time Rec'd: 10/27/2006 1325	Site: Laundry Room Utility Tap
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J.Yeager 6176JY	pH: 5.6
	Well #: HO-94-1987

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	118.4	MPN/ 100 ml	<1.0	SM18 9223 B.	10/28/2006 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/28/2006 / 1000 / AD/BD
Nitrate	14.3	mg/L	10	601	10/27/2006 / 1400 / GN
Turbidity	5.32	NTU	<10	SM18 2130B	10/27/2006 / 1415 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	10/27/2006 / 1410 / GN

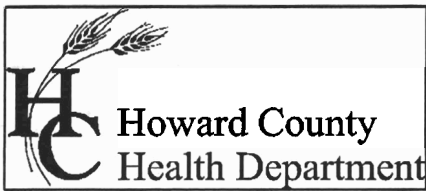
NOTES

- 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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B00156433

Date Reported: 10/30/2006



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

November 21, 2006

Eugene Schaffer
14120 Twisting Lane
Dayton, MD 21036

SENT VIA FACSIMILE 410-531-8070

RE: Maisel Property, Lot 5
12787 Folly Quarter Road
Ellicott City, MD 21042
BP # B00156433
Well Permit #HO-94-1987

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 03/29/2006.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations.

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 nitrate sample results were previously documented to be **14.3 ppm** on 10/27/2006. A nitrate device **has not** been installed to treat the excessive nitrate contamination. 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 temporary deviation to that section of the regulation on condition that a nitrate removal system is installed within a period of 15 days from receipt of this letter. The nitrate removal system must effectively maintain the nitrate-nitrogen contaminant level of 10 ppm or below at the primary drinking tap. Documentation of a nitrate level of 10 ppm or below shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

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. (Must be 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.

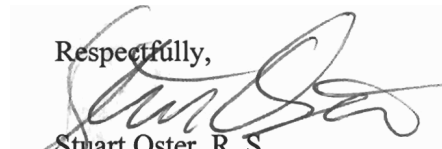
By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the nitrate standard of COMAR 26.04.04.09Bdi and issue an Interim Certificate of Potability or issue an order that the well be abandoned and sealed. **An Interim Certificate of Potability may be issued upon submission of a water sample report that documents a nitrate level in compliance with COMAR 26.04.04.09Bdi (10 ppm or less).**

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Sample(s): 10/27/2006 & 11/09/2006

Date of Well Completion: 12/22/1998
(HO-94-1987)

Respectfully,



Stuart Oster, R. S.
Well and Septic Program

mlb

cc: Building Inspector's office
Community Services
File



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

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

DATE: 11/21/06 WELL PERMIT #: HO - 94 - 1987

★ PROPERTY OWNER: Eugene G. Schaffer + Wei-ming Lin
 SUBDIVISION & LOT #: _____
 PROPERTY ADDRESS: 12787 Folly Quarter Rd
Mixed Prop - Lot 7

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)

INSTALLING Reverse Osmosis System

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 94-1987 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 94-1987. 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]

★ Eugene G. Schaffer ★ Wei-ming Lin

Prospective Owner's Day Time Phone Number(s)

★ 443-604-4017 ★ 410-531-2045

NATIONAL WATER SERVICING CO

Water Conditioner
Installer License #

MDE WCI-0138

Pump Installer
License #

MDE PI-0145

MARYLAND OFFICE:
P.O. BOX 138
ASHTON, MD
20861-0138

301) 854-1333 Mont. Co (410) 379-1993 Howard/Balt Co
(540) 882-4006 Virginia (301) 854-1538 fax
1-800-232-3506 toll free

PROPOSAL

CLIENT: Fax 410-531-8070

Installation Address :

**Griffmore Group
4231 Linthicum Rd
Dayton, MD 21034

ATTN: Mitch**

**Schafer Residence
12787 Folly Quarter Rd
Glenelg, MD 21042**

Licensed through Maryland Department of the Environment (MDE)

Date:

DESCRIPTION

REVERSE OSMOSIS PURIFICATION SYSTEM - Installation of an RO Purification system capable of removing up to 18 million possible contaminants up to 99%. This system will be installed in basement or kitchen or any other location deemed appropriate by client. Included in installation will be a 4.4 gal. pressurized holding tank (for purified water) which will be placed on a self supporting shelf provided by us. A separate faucet for dispensing comes with unit as well as hookup to refrigerator / icemaker (if possible). See below for exact specs.

\$975.00

System has up to six (6) stages:

- 1> **SEDIMENT FILTER** - .5 Micron Sediment Pre-Filtration
- 2> **HIGH GRADE (SOLID) CARBON BRIQUETTE** - 5 micron Carbon Briquette Pre-Treatment
- 3> **HIGH GRADE (SOLID) CARBON BRIQUETTE** - 1 micron Carbon Briquette Pre-Treatment
- 4> **REVERSE OSMOSIS UNIT** (membrane) - 36 gpd TFC membrane
- 5> **POST CARBON FILTER** - polish filter
- 6> **Ultraviolet light** - greater than 99.9% bacteria kill

Type of RO: Standard WFS Merlin Other _____

of Stages: 2 3 4 5 6 GPD _____

Faucet: Type _____ Color _____ Style _____ Other _____

Install Details: Under Sink Basement Other _____

WARRANTY:

1 year guarantee on installation and parts. Low cost maintenance policy (\$95.00 per year, filters and media additional) and periodic monitoring of system and water for life. We carry a lifetime warranty package on all hardware if annual service is performed by us each and every year. This warranty does not apply to hardware that is damaged due to conditions beyond our control.

INSTALLATION

MISC

TOTAL

\$975.00

All work is to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above or attached specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Owner/Reciter expected to carry necessary insurance. Delinquent accounts will be charged a 2% service charge per month on past due balances, plus all collector's related expenses.

NOTE:

CUSTOMER SIGNATURE

DATE

PROPOSAL MAY BE WITHDRAWN BY US WITHOUT NOTICE.