

C1 0750 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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name Builders first name Stevens TOWN Highland

STREET OR RFD Golden Corn Dr SUBDIVISION Ollant Farms Estates SECTION 4 LOT 33

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include red clay, sand mud, Brown mica, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (Steel, Concrete, Plastic, Other) Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other) insert appropriate code below

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, rows for casing and screen diameters and depths.

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

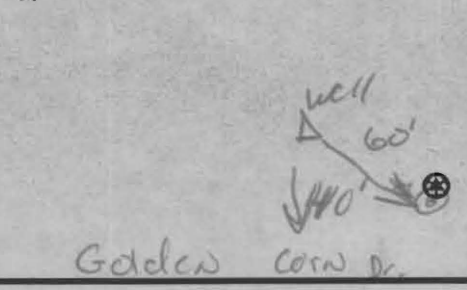
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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)



B 1 9577
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
534009 please type

STATE PERMIT NUMBER

HO-95-1980
70 fill in this form completely 79

Date Received (APA)
8/30/10

OWNER INFORMATION

8 MM DD YY 13
15 Last Name First Name
Stevens Builders
36 Street or RFD
4914 Lanthicum Rd
57 Town 70 State 72 Zip 76
Dayton, Md 21036

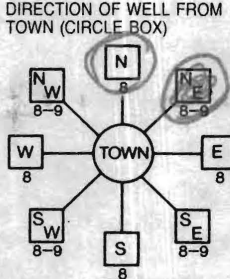
B 3 LOCATION OF WELL

8 COUNTY 21
Howard
23 SUBDIVISION 42
Allnut Farms Estates
SECTION 4 LOT 33
44 46 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0.1 MI
73 76 77 78

DRILLER INFORMATION

Allen Compton M SD 009
76 Driller's Name 81 License No.
Fogles Well Drilling, LLC
P.O. Box 202 Woodbine Md 21797
C. Compton 8/25/10
8/25/10

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
Golden Corn Drive
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH
WEST EAST
34 42 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 34 BLK: 15 PARCEL 315

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A530961
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/7/2010 Brian Baker 10/7/2011
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 496 0 0 0 EAST GRID 810 0 0 0
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

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

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1980
70 71 72 73 74 75 76 77 78 79

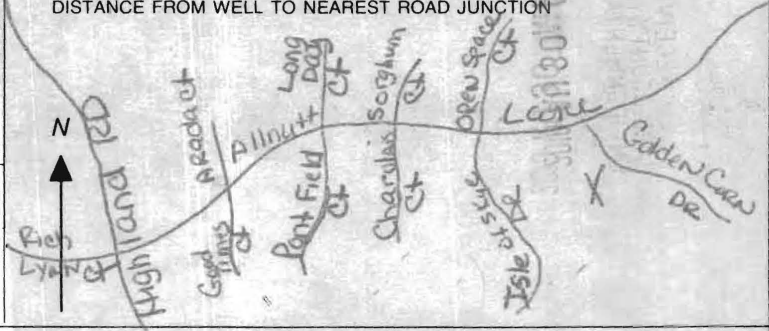
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 496

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

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FOGLE'S WELL DRILLING & PUMP SERVICE'S

**P.O. Box 202
Woodbine, Md 21797
(443)609-4195**

Date: 10-15-10

Name: Steven Builders

Address Golden Corn **Lot#** 33 **Tag#** H0-95-1980

Well Yield Test Results:

TIME	WATER LEVEL	TIME TO FILL 1 GAL	GPM
9:00	24	4	15
9:15	118	5	12
9:30	205	6	10
9:45	301	6	10
10:00	306	25	2.4
10:15	307	25	2.4
10:30	306	25	2.4
10:45	306	25	2.4
11:00	305	25	2.4
11:15	305	25	2.4
11:30	304	25	2.4
11:45	304	25	2.4
12:00	303	25	2.4
1:15	302	25	2.4
1:30	301	25	2.4
1:45	297	25	2.4
2:00	296	25	2.4

FOGLE'S WELL DRILLING & PUMP SERVICE'S

P.O. Box 202
Woodbine, Md 21797
(443)609-4195

Date: 10-15-10

Name: Stevens Builders

Address Golden Corn Lot# 33 Tag# HO-95-1980

Well Yield Test Results:

TIME	WATER LEVEL	TIME TO FILL 1 GAL	GPM
:00			
2:15	296	25	2.4
2:30	296	25	2.4
2:45	296	25	2.4
3:00	296	25	2.4
3:15	295	25	2.4
3:30	294	25	2.4
3:45	294	25	2.4
4:00	293	25	2.4
:15			
:30			
:45			
:00			
:15			
:30			

**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: _____ 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 - 1980
Site Address: 13504 Golden Cross Ct

Submersible Pump Data

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

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, 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

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

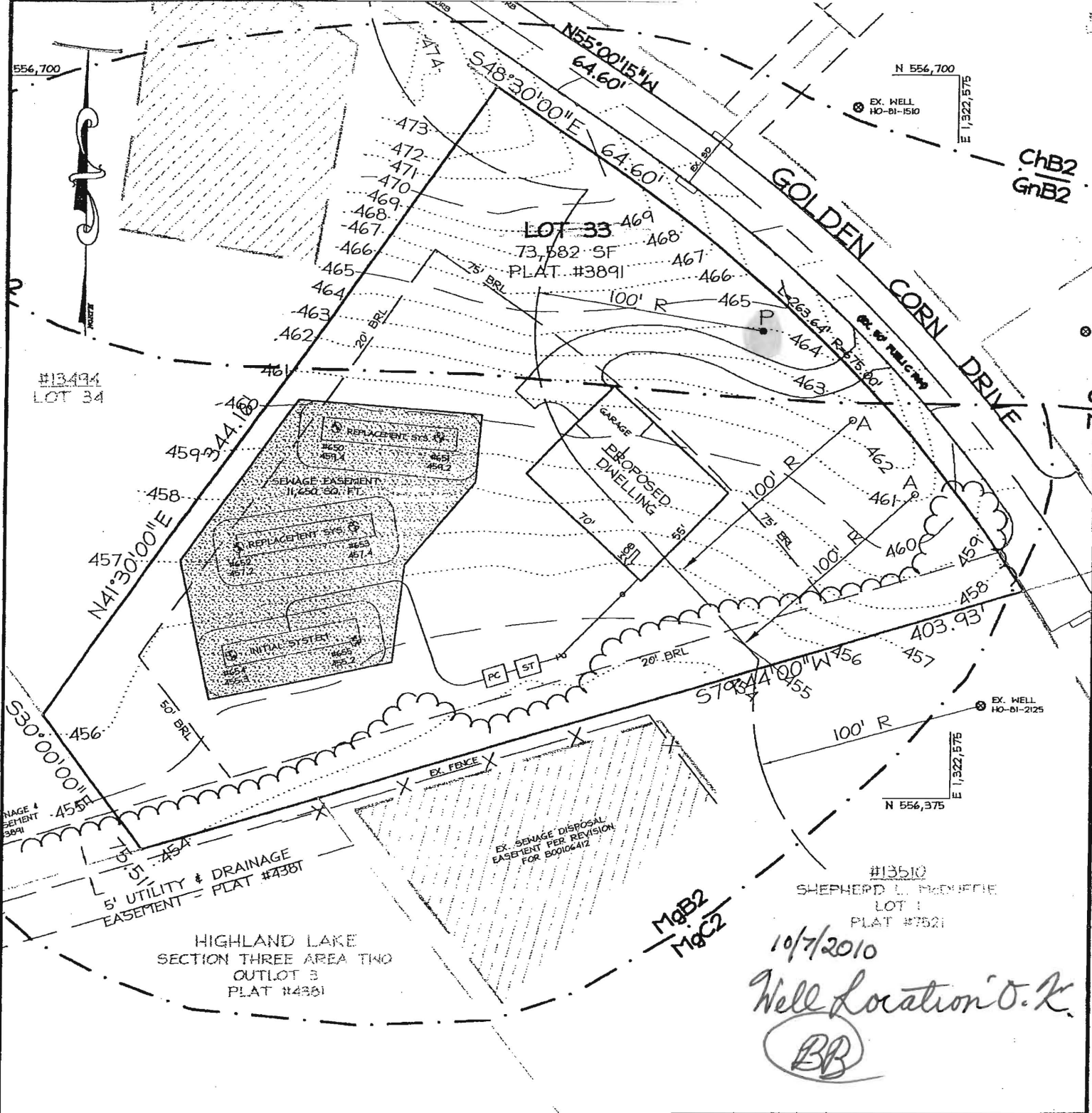
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 8/3/11 Date Insp. Approved: 8/3/11 Inspector: (LW)

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 _____



10/7/2010
 Well Location O.K.
 (BB)

SCALE: 1"=60' DATE: 8/2010

WELL EXHIBIT

ALLNUTT FARMS ESTATES
 SECTION FOUR
 LOT 33
 A#530961
 TAX MAP 34 GRID 15 P/O PARCEL 375
 5th ELECTION DISTRICT HOWARD COUNTY, MD

LDE INC.
 Planning/Engineering/Surveying
 9250 Rumsey Road Suite 106/Columbia, Maryland/21045
 (410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

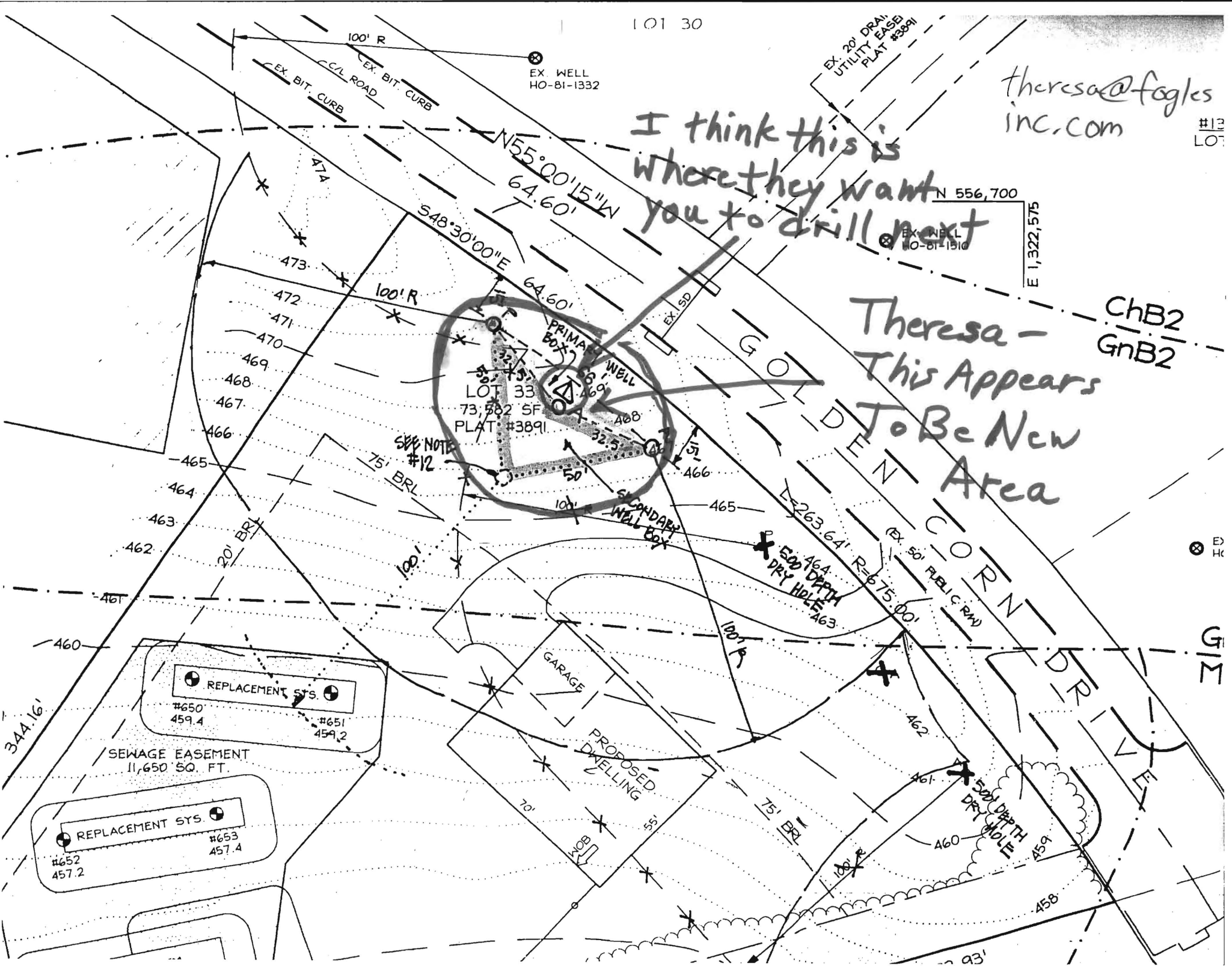
F:\05-0028\dwg\05-0028 WELL EXHIBIT.dwg LAYOUT1 5/19/2010 8:54:42 AM

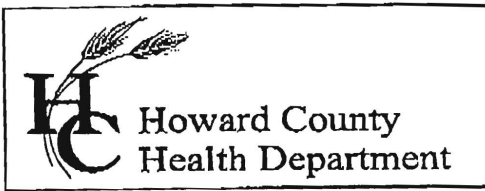
theresa@fogles
inc.com

#13
LOT

I think this is
where they want
you to drill next

Theresa -
This Appears
To Be New
Area





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:

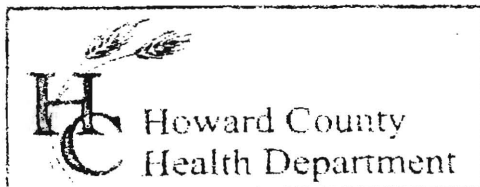
Well Site Location:
ALLNUTT FARM ESTATES 33 GOLDEN CORN DRIVE
 Subdivision/Property Name Lot# Road Name

The well site has been staked by LDE, INC.,
 (professional land surveyor or company employing professional land surveyors)
 on 10/6/10 (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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

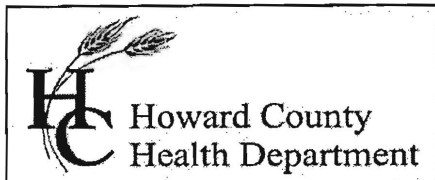
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by LDE, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 8-19-10 (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 6/10/03

11311



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

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR BACTERIA

Expiration Date – June 7, 2012

December 7, 2011

Avery & Michelle Van Gieson
13504 Golden Corn Drive
Highland, MD 20777

RE: 13504 Golden Corn Drive
Building Permit: B10003821
Well Permit: HO-95-1980

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 **11/29/2011**. Final approval of the well line connection to the dwelling was granted on **8/3/2011**. The well construction was completed on **10/15/2010**. Water samples were collected on **9/12/2011, 9/26/2011, 10/3/2011, and 11/21/2011**.

Gross Alpha and Beta samples were also collected on **12/1/2011**. Results showed a Gross Alpha level of **10.7 ± 1.5 pCi/L** and **Gross Beta** level of **16.9 ± 1.3 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. At the time of testing and with respect to these parameters, the well water is safe for all uses.

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

After installation of a water disinfection device (UV light disinfection system), a post-treatment water sample was collected on **11/21/2011** and indicated that the treated water was free from coliform bacteria and is bacteriologically safe for drinking.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the water disinfection system effectively maintains the water free from bacteria.

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 bacteriological analysis perform a yearly potability 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-95-1980. 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,



Jeff Williams
Program Supervisor
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.tracelabs.com / Email: info@tracelabs.com
 Maryland State Certified Laboratory #S18

CERTIFICATE OF ANALYSIS

Requester: Michelle Van Gieson
 13504 Golden Corn Drive
 Highland, Maryland 20777

S/O Number: 83517

Report Date: December 7, 2011

Property Sampled: 13504 Golden Corn Drive
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003821
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 34
Subdivision: Alnutt Farms Estates
Parcel: 375
Lot #: 33

Date/Time Collected in Field: December 1, 2011 @ 3:05 pm
Date/Time Received in Lab: December 1, 2011 @ 5:00 pm

Well Tag #: HO-95-1980
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer, Sediment Filter, U/V Light

*OK
 12/7/11*

PARAMETER	METHOD	DETECTION LIMIT	MCL*	RESULT	ACCEPTABILITY
Gross Alpha	EPA 900.0	0.9 pCi/L	15 pCi/L	10.7 ± 1.5 pCi/L	MODERATE
Gross Beta	EPA 900.0	1.4 pCi/L	50 pCi/L	16.9 ± 1.3 pCi/L	Acceptable

*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report and the acceptability of this sample is based on these requirements. Gross Alpha levels under 5 pCi/L are acceptable. Levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

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

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 Analysis completed by Laboratory #278



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
Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester: Michelle Van Gieson
S/O Number: 83432
Report Date: November 22, 2011
Retest #3
Property Sampled: 13504 Golden Corn Drive
Sample Location: Foyer Bathroom Tap
Residual Chlorine: <0.1 mg/L
Building Permit #: B10003821
Sampler ID #: 0765AR
Samples Iced: Yes
County: Howard
Map: 34
Subdivision: Alnutt Farms Estates
Parcel: 375
Lot #: 33
Date/Time Collected in Field: November 21, 2011 @ 10:18 am
Date/Time Received in Lab: November 21, 2011 @ 2:00 pm
Well Tag #: HO-95-1980
Well Condition: 2-Piece Cap, Satisfactory
Water Treatment/Conditioning: Sediment Filter, U/V Light

Handwritten note: OK 9:00 12/2/11

Table with 5 columns: PARAMETER, METHOD, MCL, RESULT, PASS/FAIL. Rows include Total Coliform and E. coli.

Signature: 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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester: Stephen Forney
 Hamilton Reed
 3368 Brantley Court
 Glenwood, Maryland 21738

S/O Number: 82856

Report Date: October 4, 2011

Retest #2

Property Sampled: 13504 Golden Corn Drive, 20777
Sample Location: First Floor Powder Room Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003821
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Alnutt Farms Estates
Parcel: 375

Lot #: 33

Date/Time Collected in Field: October 3, 2011 @ 9:48 am
Date/Time Received in Lab: October 3, 2011 @ 2:05 pm

Well Tag #: HO-95-1980
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

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

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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Stephen Forney
Hamilton Reed
3368 Brantley Court
Glenwood, Maryland 21738

S/O Number: 82774

Report Date: September 27, 2011

Retest #1

Property Sampled: 13504 Golden Corn Drive, 20777
Sample Location: Powder Room Tap by Entrance
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003821
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Alnutt Farms Estates
Parcel: 375

Lot #: 33

Date/Time Collected in Field: September 26, 2011 @ 1:50 pm
Date/Time Received in Lab: September 26, 2011 @ 2:50 pm

Well Tag #: HO-95-1980
Well Condition: 2-Piece Cap, All Bolts Loose, Cap Removable

Water Treatment/Conditioning: None

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

Katherine C. Higgs
Manager – Drinking Water Testing



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 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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Stephen Forney
 Hamilton Reed
 3368 Brantley Court
 Glenwood, Maryland 21738

S/O Number: 82591

Report Date: September 13, 2011

Property Sampled: 13504 Golden Corn Drive, 20777
Sample Location: Powder Room Tap by Entrance
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003821
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Alnutt Farms Estates
Parcel: 375

Lot #: 33

Date/Time Collected in Field: September 12, 2011 @ 10:25 am
Date/Time Received in Lab: September 12, 2011 @ 1:53 pm

Well Tag #: HO-95-1980
Well Condition: 2-Piece Cap, Satisfactory

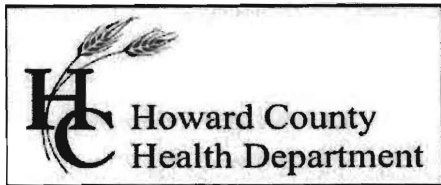
Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	2.4 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.0 Units	***
Sand		Absent	Absent	Pass

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
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

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

DATE: 12/11/11 WELL PERMIT #: HO - 95 - 1980

PROPERTY OWNER: Avery + Michelle Van Gieson

SUBDIVISION & LOT #: _____

PROPERTY ADDRESS: 13504 GOLDEN CORN DRIVE, HIGHLAND, MD 20777

CONDITIONS:

- 1) Results for water samples collected on 9/12/2011, 9/26/2011, and 10/3/2011 for the well installed under permit #HO- 95 - 1980 indicated that the water samples 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.
- 2) Repeated chlorination of the well failed to eliminate the presence of coliform bacteria in subsequent water samples.
- 3) After installation and operation of an ultraviolet light disinfection system, water samples collected on 11/21/2011 indicated that the coliform contamination has been reduced to "absent" 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 - 1980 . 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 water disinfection device.

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

Avery Van Gieson

Michelle Van Gieson

Prospective Owner's Day Time Phone Number(s)

240-461-5071

410-313-2856