



B 1 5761

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 520326 please print or type

STATE PERMIT NUMBER

HO-95-0091 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Compton Marion 18720 Penn Shop Rd. Mt Airy MD 21771

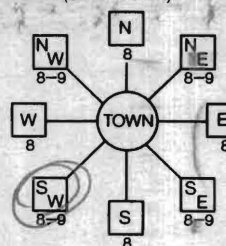
LOCATION OF WELL

Howard 18220 Penn Shop Rd. MT Airy 3 miles from town

DRILLER INFORMATION

Aller Compton MS D 009 Eagles Well Drilling 580 Obrecht Rd. 4-21-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Penn Shop Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 60 FT DISTANCE FROM ROAD TAX MAP: 6 BLK: 4 PARCEL 22

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (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 (13) A520123 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 8/17/2005 Brian Baker 8/17/2006 CO SIGNATURE EXP. DATE NORTH GRID 550 000 EAST GRID 756 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

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 (circled) 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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-95-0091

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

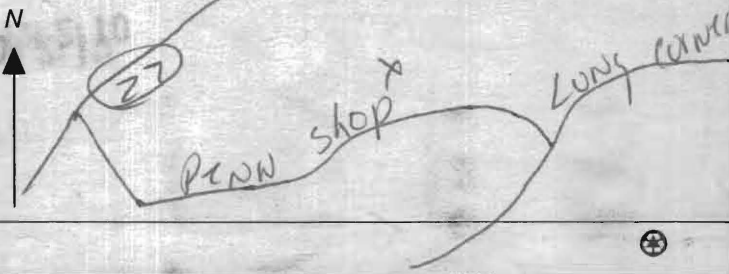
SOURCES OF DRILLING WATER

- 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7506 N 550

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

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0091  
 Location of property (road) 18220 Penn Shop Road  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Compton/Egles Owner Marion Compton

Depth of well 600'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 6'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate, 12  
 Total time 15 min to reach pumping water level 78 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 51 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	6	5		12
8:15	78	58		1.1
8:30	78	58		1.1
8:45	78	58		1.1
9:00	78	58		1.1
9:15	78	58		1.1
9:30	78	58		1.1
9:45	78	58		1.1
10:00	78	58		1.1
10:15	78	58		1.1
10:30	78	58		1.1
10:45	78	58		1.1
11:00	78	58		1.1
11:15	78	58		1.1
11:30	78	58		1.1
11:45	78	58		1.1
12:00	78	58		1.1
12:15	78	58		1.1
12:30	78	58		1.1
12:45	78	58		1.1
1:00	78	58		1.1
1:15	78	58		1.1
1:30	78	58		1.1
1:45	78	58		1.1
HD-2242:00	78	58		1.1
2:15	78	58		1.1

**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: \_\_\_\_\_ 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-0091  
Site Address: 18220 Penn Shop Road

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

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

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and 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 installed inside of well 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

4/27/07  
 Cap Broken - Fogles  
 Yes  
 Yes  
 Under Footer  
Going to Fix  
**BB**

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2648 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Filter Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 5 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 (NSP Well Construction Regulations). Submittals of a complete form is required prior to the said Occupancy Approval.

Company Name: WALTER KING PLUMBING Telephone #: 301-834-8573  
Address: 2835 FLY RD.

Obtain circle one: Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): GERALD WALKER License # 6952

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subject to field verification.

Name of Property Owner: MARKON (DORIS) Telephone #: 301-742-3550  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO

Site Address: (18220 Penn) 5140P RD.

18220 PENN  
5140P ROAD

Submittable Pump Unit Filter Adapter Well Cap and Electric Conduit

Make: SITA-RUSE Make: ROSCHE Two piece watertight cap:   
Model #: SP4024HL Model #: FB10 Screened, vented well cap:   
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 14 GPM NSF approved: Yes Conduit min 1 1/2" B.O.:   
Depth of well encountered at time of pump installation: 50 (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  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Filter to be used: \_\_\_\_\_ Filter Connections: \_\_\_\_\_  
Type: POLYMER PVC sleeved to undisturbed soil at well penetration: \_\_\_\_\_  
PSI: 20 (160 psi min) Approximate length of sleeve: \_\_\_\_\_  
Depth of supply line: 42 (36" min) Sleeve installed and sealed properly: \_\_\_\_\_  
SLEEVE UNDER FOOTING

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: Gerald Walker Date: 5/24/07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Date: Filter adapter and water supply line at least 16" 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 installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 1" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate ground observed below filter adapter \_\_\_\_\_

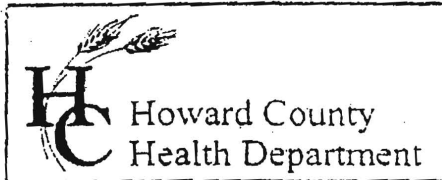
for the well installed under permit # HO-95-009. I am fully aware of the conditions under which this deviation will be granted and my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an iron removal device if applicable.

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

MRS MARION R. COMPTON

Prospective Owner's Day Time Phone Number(s)

307483559



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](http://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 Vanmar Associates,  
(professional land surveyor or company employing professional land surveyors)  
on 4-21-04 (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



Bureau Of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-6300 Fax (410) 313-6303  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

May 30, 2007

Marion Compton  
18220 Penn Shop Road  
Mount Airy, MD 21771

RE: Compton Property  
18220 Penn Shop Road  
Mount Airy, MD 21717  
BP # B06000195  
Well Permit #HO-94-3800

Dear Sirs:

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 04/27/2007.

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 turbidity sample results were previously documented to be 56.3 NTUs on May 15, 2007. A treatment device **has not** been installed to treat the excessive turbidity. COMAR 26.04.04.07 prohibits the approval of any water supply with a turbidity level of 10 NTUs or greater. **This department will grant a temporary deviation to that section of the regulation on condition that the turbidity level be lowered to below the limit either over time naturally or through the use of an approved treatment device (iron removal). Documentation of a turbidity level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

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 turbidity standard of COMAR 26.04.04.07J2b and issue an Interim Certificate of Potability, or issue an order that the well be abandoned and sealed. 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): 05/07/2007, 05/15/2007, & 05/22/2007  
Date of Well Completion: 05/21/2006

Respectfully,

Stuart Oster, R. S.  
Well and Septic Program

MLB

cc: Building Inspector's office

**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 #:	63193	Account #:	9206
Reference:	Debbie & Russ Compton	Company:	CASH ACCOUNT
Location:	18220 Penn Shop Road Mount Airy, MD 21771	Requested By:	Debbie & Russ Compton
Date/ Time Collected:	5/22/2007 1030	Source:	Well Water
Date/Time Rec'd:	5/22/2007 1444	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-95-0091

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/23/2007 / 0910 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/23/2007 / 0910 / AD/BD
Turbidity	19.7	NTU	<10	SM18 2130B	5/22/2007 / 1525 / AD/BD
Iron	1.29	mg/L	0.3	FR, 45 (126)	5/22/2007 / 1530 / AD/BD

*Gery Richard's*

**NOTES:**

- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 retest 63003  
 Building Permit # : B06000195

Date Reported: 5/23/2007

**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 #:	63194	Account #:	9206
Reference:	Debbie & Russ Compton	Company:	CASH ACCOUNT
Location:	18220 Penn Shop Road Mount Airy, MD 21771	Requested By:	Debbie & Russ Compton
Date/ Time Collected:	5/22/2007 1030	Source:	Well Water
Date/Time Rec'd:	5/22/2007 1444	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter
Collected By:	J. Yeager 6176JY	pH:	6.8
		Well #:	HO-95-0091

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	11.8	NTU	<10	SM18 2130B	5/22/2007 / 1525 / AD/BD
Iron	0.59	mg/l.	0.3	FR. 45 (126)	5/22/2007 / 1530 / AD/BD

**NOTES:**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 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 63003  
 Building Permit # : B06000195

Date Reported: 5/23/2007

**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 #:	63088	Account #:	9206
Reference:	Debbie & Russ Compton	Company:	CASH ACCOUNT
Location:	18220 Penn Shop Road Mount Airy, MD 21771	Requested By:	Debbie & Russ Compton
Date/ Time Collected:	5/15/2007 1038	Source:	Well Water
Date/Time Rec'd:	5/15/2007 1150	Site:	Powder Room Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	6.4
		Well #:	HO-95-0091

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	4.60	mg/L	0.3	FR, 45 (126)	5/15/2007 / 1225 / AD/BD
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.	5/16/2007 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/16/2007 / 0830 / AD/BD
Turbidity	56.3	NTU	<10	SM18 2130B	5/15/2007 / 1435 / AD/BD

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

Reason for Test : Use & Occupancy retest 63003

Building Permit # : B06000195

Date Reported: 5/16/2007

**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 #:	63003	Account #:	9206
Reference:	Debbie & Russ Compton	Company:	CASH ACCOUNT
Location:	18220 Penn Shop Road Mount Airy, MD 21771	Requested By:	Debbie & Russ Compton
Date/ Time Collected:	5/7/2007 1100	Source:	Well Water
Date/Time Rec'd:	5/7/2007 1337	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Ycager 6176JY	pH:	6.5
		Well #:	HO-95-0091

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223 B.	5/8/2007 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/8/2007 / 0800 / AD/BD
Nitrate	3.05	mg/L	10	601	5/7/2007 / 1500 / AD/BD
Turbidity	55.8	NTU	<10	SM18 2130B	5/7/2007 / 1505 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetr	5/7/2007 / 1505 / AD/BD

*Sediment Filter***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 # : B06000195

Date Reported: 5/8/2007

**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 #:	63088	Account #:	9206
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Date/ Time Collected:	5/15/2007 1038	Source:	Well Water
Date/Time Rec'd:	5/15/2007 1150	Site:	Powder Room Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	6.4
		Well #:	HO-95-0091

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	4.60	mg/L	0.3	FR, 45 (126)	5/15/2007 / 1225 / AD/BD
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.	5/16/2007 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/16/2007 / 0830 / AD/BD
Turbidity	56.3	NTU	<10	SM18 2130B	5/15/2007 / 1435 / AD/BD

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- 7 pH tested on-site

Reason for Test : Use &amp; Occupancy retest 63003

Building Permit # : B06000195

Date Reported: 5/16/2007

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*

WATER WELL ABANDONMENT-SEALING REPORT FORM

\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-17-07 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

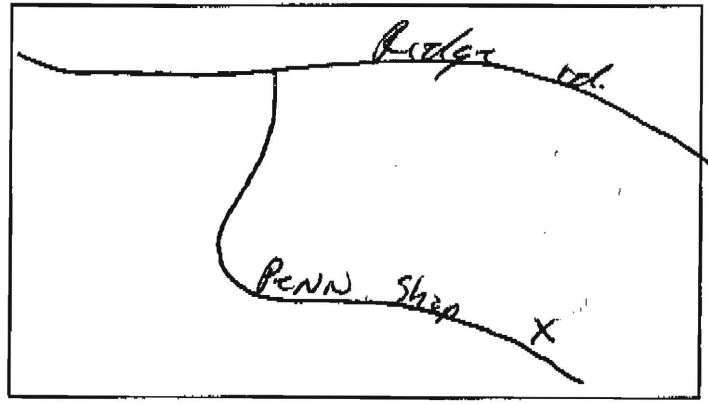
\* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009  
CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Marion Compton

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Mt Airy  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 18220 Penn Shop RD

SITE LOCATION MAP



\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:  
 \_\_\_\_\_ STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify)  
Paracoda Pipe

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 30' FEET DEEP

\* WAS ANY CASING REMOVED? YES \_\_\_\_\_ NO   
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES \_\_\_\_\_ NO

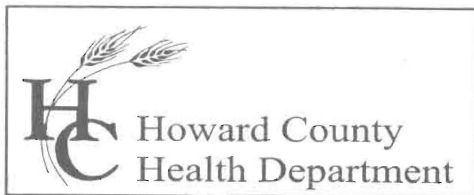
LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>30</u>
VOLUME OF MATERIAL USED		
<u>10 bags</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
 DENV 828 JULY 1997

009 LICENSE #  
 MWD/MSD/MGD CIRCLE ONE  
5-17-07 DATE






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

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Penny E. Borenstein, M.D., M.P.H., Health Officer  
January 19, 2007

**MEMORANDUM**

TO: Marion R. Compton  
18220 Penn Shop Road  
Mount Airy, Maryland 21771-3926  
Faxed to 703-689-2767

FROM: Stuart F. Oster, R.S.   
Bureau of Environmental Health  
Well and Septic Program

RE: 18220 Penn Shop Road  
Mount Airy  
1.5Ac.  
Map 6, Grid 4, Parcels 22  
(Demolition of Existing House)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. Mr. Compton has agreed to the following conditions set forth by the Health Department:

The well on Parcel 22 is in the basement of the existing house. The property owner has requested that the house be torn down before the well is abandoned. This is acceptable as long as the well is properly protected during demolition to prevent contamination from entering the hand dug well. COMAR requires this well to be abandoned/sealed (by a licensed well driller) and documentation provided. Also, the septic system will need to be properly abandoned; i.e. pumped, collapsed and filled in with clean fill. This can be completed during the demolition phase and documentation submitted to this office.

If any other wells or septic systems are found during site work, please notify this office immediately.

C: File

Stuart Oster,

My name is Marion Compton and I am currently building a single family home at 18220 Penn Shop Rd in Mount Airy, MD 21771. I am trying to apply for a demolition permit because I have an existing structure that must be torn down in order to get my occupancy permit. The existing structure is a two story colonial with a hand dug well located in the laundry room. The well is approximately 25 ft deep but is inside the structure. After our conversation it's my understanding I need a variance to take the house down before or as I close the hand dug well. Please advise me if you need more information before granting the above variance.

Thank You,

Russ Compton

Cell 301-748-3559

Fax 703-689-2767

REQUEST FOR TEMPORARY DEVIATION TO  
TURBIDITY STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: \_\_\_\_\_ WELL PERMIT # : HO - \_\_\_\_\_ - \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

SUBDIVISION & LOT #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TESTIMONIAL: (Steps taken thus far by well owner or agent to eliminate excessive turbidity)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEDGE: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.07 (J) within fifteen (15) days)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - - will be documented to have a turbidity level of less than 10 NTUs as a result of implementation of approved procedures. Approvable procedures include raising the well pump, additional well pumping, or further well development or other construction techniques performed by a licensed well driller. Filtration to remove dissolved iron, which frequently lowers turbidity levels, is also an approvable procedure. **Filtration to remove sediment unrelated to iron is not an acceptable means of establishing turbidity compliance for wells being approved for service.**
  
- 2) If the turbidity condition cannot be remediated to a level below 10 NTUs through approved procedures, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is concluded.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.07 J2b be granted

for the well installed under permit # HO - - . I am fully aware of the conditions under which this deviation will be granted and my responsibilities as the well owner which will include advising any future buyer/tenant of the installation , condition and maintenance responsibilities of an iron removal device if applicable.

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

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Prospective Owner's Day Time Phone Number(s)

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REQUEST FOR TEMPORARY DEVIATION TO  
TURBIDITY STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 06/31/07 WELL PERMIT #: HO - 95 - 0091

PROPERTY OWNER: MARION RUSSELL COMPTON

SUBDIVISION & LOT #:

PROPERTY ADDRESS: 18720 PENN SHOP RD.  
MOUNT AIRY MD 21771

TESTIMONIAL: (Steps taken thus far by well owner or agent to eliminate excessive turbidity)

FLUSHED WATER  
IN LINE CONE FILTER

PLEDGE: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.07 (J) within fifteen (15) days)

INSTAL M30 WATER SOFTENER

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 95 - 0091 will be documented to have a turbidity level of less than 10 NTUs as a result of implementation of approved procedures. Approvable procedures include raising the well pump, additional well pumping, or further well development or other construction techniques performed by a licensed well driller. Filtration to remove dissolved iron, which frequently lowers turbidity levels, is also an approvable procedure. **Filtration to remove sediment unrelated to iron is not an acceptable means of establishing turbidity compliance for wells being approved for service.**
- 2) If the turbidity condition cannot be remediated to a level below 10 NTUs through approved procedures, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is concluded.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.07 J2b be granted