

C 1 2986

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER AS24041

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 440

PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-95-0400

OWNER Jones Griffith + Betty - Judd, Richard + Helen STREET OR RFD 14680 Dorsey Mill Rd TOWN Glenwood Md

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Coray Granite.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields for diameter inch, depth (feet) from, to.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

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

DRILLERS LIC. NO. 1 MSD024

DRILLERS SIGNATURE: Joseph E. Mayne

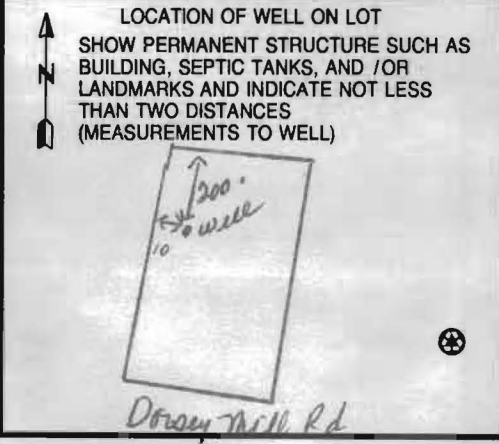
LIC. NO. 1 D

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Includes entries for Ho 19, 440.

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

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 1043  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER  
HO-95-0400  
fill in this form completely

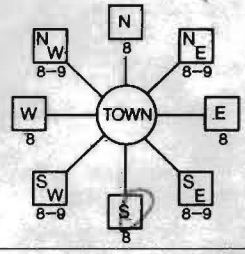
W524489 please type

Date Received (APA) 05/30/06  
OWNER INFORMATION  
8 MM DD YY 13  
15 Last Name Owner First Name  
Griffith D. + Betty A. Jones  
36 Street or RFD  
West Friendship Md 21794  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY Howard 21  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN Glenwood 71  
MILES FROM TOWN (enter 0 if in town) 3 1/2 M I  
73 76 77 78

DRILLER INFORMATION  
Driller's Name Joseph L. Mayne M SD 024 76 License No. 81  
Firm Name Joseph L. Mayne Well Drilling  
Address 5512 Ridge Rd Mt. Airy Md 21771  
Signature Joseph L. Mayne Date 5-24-06

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 NEAR WHAT ROAD 14680 Dorsey Mill Rd 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 650 37 DISTANCE FROM ROAD FT 38 39  
ENTER FT OR MI  
TAX MAP: 21 BLK: 16 PARCEL 30



B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)  
AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

- 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

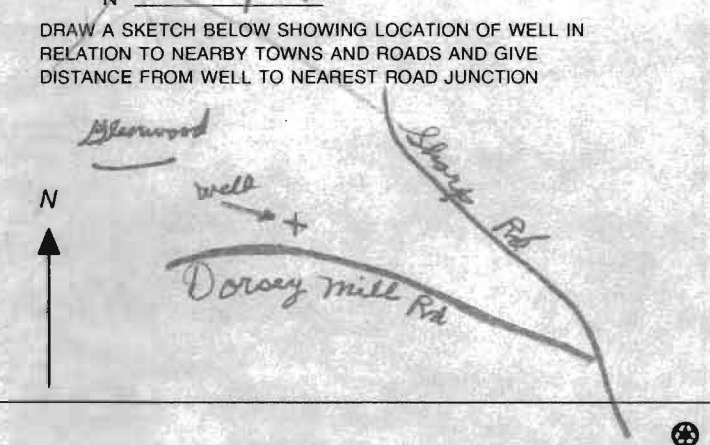
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD (13) AS24041  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 6/12/06 9/24/06 6/13/07  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 521 000 EAST GRID 793 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 24 28 FEET  
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 79X3  
N 52X1  
000  
000

METHOD OF DRILLING (circle one)  
30 BORED (or Augered) JETTED Jetted & DRIVEN  
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  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEM 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)  
APPROX. PERMIT NUMBER - - - - - G - - - - -  
PERMIT No. HO-95-0400  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

C1 3449

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 35 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13 P58017A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 4 02

Depth of Well 320' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho- 94- 3509

Artesian well

OWNER Jones, Griff STREET OR RFD 14680 Dorsey Mill Rd TOWN Glenwood SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Yellow clay and Gray Micaceous Rock.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (14), NO. OF POUNDS (1316), GALLONS OF WATER (84), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (43).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

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

DRILLERS LIC. NO. 1 M SD 024

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 M D

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

DEPTH (nearest ft.) table with columns for depth intervals (1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 57-59, 63-65, 69-71, 75-77, 81-83, 87-89, 93-95, 99-101, 105-107, 111-113, 117-119, 123-125, 129-131, 135-137, 141-143, 147-149, 153-155, 159-161, 165-167, 171-173, 177-179, 183-185, 191-193, 197-199, 203-205, 209-211, 215-217, 221-223, 227-229, 233-235, 239-241, 245-247, 251-253, 257-259, 263-265, 269-271, 275-277, 281-283, 287-289, 293-295, 299-301, 305-307, 311-313, 317-319, 323-325, 329-331, 335-337, 341-343, 347-349, 353-355, 359-361, 365-367, 371-373, 377-379, 383-385, 391-393, 397-399, 403-405, 409-411, 415-417, 421-423, 427-429, 433-435, 439-441, 445-447, 451-453, 457-459, 463-465, 469-471, 475-477, 481-483, 487-489, 493-495, 499-501, 505-507, 511-513, 517-519, 523-525, 529-531, 535-537, 541-543, 547-549, 553-555, 559-561, 565-567, 571-573, 577-579, 583-585, 591-593, 597-599, 603-605, 609-611, 615-617, 621-623, 627-629, 633-635, 639-641, 645-647, 651-653, 657-659, 663-665, 669-671, 675-677, 681-683, 687-689, 693-695, 699-701, 705-707, 711-713, 717-719, 723-725, 729-731, 735-737, 741-743, 747-749, 753-755, 759-761, 765-767, 771-773, 777-779, 783-785, 791-793, 797-799, 803-805, 809-811, 815-817, 821-823, 827-829, 833-835, 839-841, 845-847, 851-853, 857-859, 863-865, 869-871, 875-877, 881-883, 887-889, 893-895, 899-901, 905-907, 911-913, 917-919, 923-925, 929-931, 935-937, 941-943, 947-949, 953-955, 959-961, 965-967, 971-973, 977-979, 983-985, 991-993, 997-999, 1003-1005, 1009-1011, 1015-1017, 1021-1023, 1027-1029, 1033-1035, 1039-1041, 1045-1047, 1051-1053, 1057-1059, 1063-1065, 1069-1071, 1075-1077, 1081-1083, 1087-1089, 1093-1095, 1099-1101, 1105-1107, 1111-1113, 1117-1119, 1123-1125, 1129-1131, 1135-1137, 1141-1143, 1147-1149, 1153-1155, 1159-1161, 1165-1167, 1171-1173, 1177-1179, 1183-1185, 1191-1193, 1197-1199, 1203-1205, 1209-1211, 1215-1217, 1221-1223, 1227-1229, 1233-1235, 1239-1241, 1245-1247, 1251-1253, 1257-1259, 1263-1265, 1269-1271, 1275-1277, 1281-1283, 1287-1289, 1293-1295, 1299-1301, 1305-1307, 1311-1313, 1317-1319, 1323-1325, 1329-1331, 1335-1337, 1341-1343, 1347-1349, 1353-1355, 1359-1361, 1365-1367, 1371-1373, 1377-1379, 1383-1385, 1391-1393, 1397-1399, 1403-1405, 1409-1411, 1415-1417, 1421-1423, 1427-1429, 1433-1435, 1439-1441, 1445-1447, 1451-1453, 1457-1459, 1463-1465, 1469-1471, 1475-1477, 1481-1483, 1487-1489, 1493-1495, 1499-1501, 1505-1507, 1511-1513, 1517-1519, 1523-1525, 1529-1531, 1535-1537, 1541-1543, 1547-1549, 1553-1555, 1559-1561, 1565-1567, 1571-1573, 1577-1579, 1583-1585, 1591-1593, 1597-1599, 1603-1605, 1609-1611, 1615-1617, 1621-1623, 1627-1629, 1633-1635, 1639-1641, 1645-1647, 1651-1653, 1657-1659, 1663-1665, 1669-1671, 1675-1677, 1681-1683, 1687-1689, 1693-1695, 1699-1701, 1705-1707, 1711-1713, 1717-1719, 1723-1725, 1729-1731, 1735-1737, 1741-1743, 1747-1749, 1753-1755, 1759-1761, 1765-1767, 1771-1773, 1777-1779, 1783-1785, 1791-1793, 1797-1799, 1803-1805, 1809-1811, 1815-1817, 1821-1823, 1827-1829, 1833-1835, 1839-1841, 1845-1847, 1851-1853, 1857-1859, 1863-1865, 1869-1871, 1875-1877, 1881-1883, 1887-1889, 1893-1895, 1899-1901, 1905-1907, 1911-1913, 1917-1919, 1923-1925, 1929-1931, 1935-1937, 1941-1943, 1947-1949, 1953-1955, 1959-1961, 1965-1967, 1971-1973, 1977-1979, 1983-1985, 1991-1993, 1997-1999, 2003-2005, 2009-2011, 2015-2017, 2021-2023, 2027-2029, 2033-2035, 2039-2041, 2045-2047, 2051-2053, 2057-2059, 2063-2065, 2069-2071, 2075-2077, 2081-2083, 2087-2089, 2093-2095, 2099-2101, 2105-2107, 2111-2113, 2117-2119, 2123-2125, 2129-2131, 2135-2137, 2141-2143, 2147-2149, 2153-2155, 2159-2161, 2165-2167, 2171-2173, 2177-2179, 2183-2185, 2191-2193, 2197-2199, 2203-2205, 2209-2211, 2215-2217, 2221-2223, 2227-2229, 2233-2235, 2239-2241, 2245-2247, 2251-2253, 2257-2259, 2263-2265, 2269-2271, 2275-2277, 2281-2283, 2287-2289, 2293-2295, 2299-2301, 2305-2307, 2311-2313, 2317-2319, 2323-2325, 2329-2331, 2335-2337, 2341-2343, 2347-2349, 2353-2355, 2359-2361, 2365-2367, 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4577-4579, 4583-4585, 4591-4593, 4597-4599, 4603-4605, 4609-4611, 4615-4617, 4621-4623, 4627-4629, 4633-4635, 4639-4641, 4645-4647, 4651-4653, 4657-4659, 4663-4665, 4669-4671, 4675-4677, 4681-4683, 4687-4689, 4693-4695, 4699-4701, 4705-4707, 4711-4713, 4717-4719, 4723-4725, 4729-4731, 4735-4737, 4741-4743, 4747-4749, 4753-4755, 4759-4761, 4765-4767, 4771-4773, 4777-4779, 4783-4785, 4791-4793, 4797-4799, 4803-4805, 4809-4811, 4815-4817, 4821-4823, 4827-4829, 4833-4835, 4839-4841, 4845-4847, 4851-4853, 4857-4859, 4863-4865, 4869-4871, 4875-4877, 4881-4883, 4887-4889, 4893-4895, 4899-4901, 4905-4907, 4911-4913, 4917-4919, 4923-4925, 4929-4931, 4935-4937, 4941-4943, 4947-4949, 4953-4955, 4959-4961, 4965-4967, 4971-4973, 4977-4979, 4983-4985, 4991-4993, 4997-4999, 5003-5005, 5009-5011, 5015-5017, 5021-5023, 5027-5029, 5033-5035, 5039-5041, 5045-5047, 5051-5053, 5057-5059, 5063-5065, 5069-5071, 5075-5077, 5081-5083, 5087-5089, 5093-5095, 5099-5101, 5105-5107, 5111-5113, 5117-5119, 5123-5125, 5129-5131, 5135-5137, 5141-5143, 5147-5149, 5153-5155, 5159-5161, 5165-5167, 5171-5173, 5177-5179, 5183-5185, 5191-5193, 5197-5199, 5203-5205, 5209-5211, 5215-5217, 5221-5223, 5227-5229, 5233-5235, 5239-5241, 5245-5247, 5251-5253, 5257-5259, 5263-5265, 5269-5271, 5275-5277, 5281-5283, 5287-5289, 5293-5295, 5299-5301, 5305-5307, 5311-5313, 5317-5319, 5323-5325, 5329-5331, 5335-5337, 5341-5343, 5347-5349, 5353-5355, 5359-5361, 5365-5367, 5371-5373, 5377-5379, 5383-5385, 5391-5393, 5397-5399, 5403-5405, 5409-5411, 5415-5417, 5421-5423, 5427-5429, 5433-5435, 5439-5441, 5445-5447, 5451-5453, 5457-5459, 5463-5465, 5469-5471, 5475-5477, 5481-5483, 5487-5489, 5493-5495, 5499-5501, 5505-5507, 5511-5513, 5517-5519, 5523-5525, 5529-5531, 5535-5537, 5541-5543, 5547-5549, 5553-5555, 5559-5561, 5565-5567, 5571-5573, 5577-5579, 5583-5585, 5591-5593, 5597-5599, 5603-5605, 5609-5611, 5615-5617, 5621-5623, 5627-5629, 5633-5635, 5639-5641, 5645-5647, 5651-5653, 5657-5659, 5663-5665, 5669-5671, 5675-5677, 5681-5683, 5687-5689, 5693-5695, 5699-5701, 5705-5707, 5711-5713, 5717-5719, 5723-5725, 5729-5731, 5735-5737, 5741-5743, 5747-5749, 5753-5755, 5759-5761, 5765-5767, 5771-5773, 5777-5779, 5783-5785, 5791-5793, 5797-5799, 5803-5805, 5809-5811, 5815-5817, 5821-5823, 5827-5829, 5833-5835, 5839-5841, 5845-5847, 5851-5853, 5857-5859, 5863-5865, 5869-5871, 5875-5877, 5881-5883, 5887-5889, 5893-5895, 5899-5901, 5905-5907, 5911-5913, 5917-5919, 5923-5925, 5929-5931, 5935-5937, 5941-5943, 5947-5949, 5953-5955, 5959-5961, 5965-5967, 5971-5973, 5977-5979, 5983-5985, 5991-5993, 5997-5999, 6003-6005, 6009-6011, 6015-6017, 6021-6023, 6027-6029, 6033-6035, 6039-6041, 6045-6047, 6051-6053, 6057-6059, 6063-6065, 6069-6071, 6075-6077, 6081-6083, 6087-6089, 6093-6095, 6099-6101, 6105-6107, 6111-6113, 6117-6119, 6123-6125, 6129-6131, 6135-6137, 6141-6143, 6147-6149, 6153-6155, 6159-6161, 6165-6167, 6171-6173, 6177-6179, 6183-6185, 6191-6193, 6197-6199, 6203-6205, 6209-6211, 6215-6217, 6221-6223, 6227-6229, 6233-6235, 6239-6241, 6245-6247, 6251-6253, 6257-6259, 6263-6265, 6269-6271, 6275-6277, 6281-6283, 6287-6289, 6293-6295, 6299-6301, 6305-6307, 6311-6313, 6317-6319, 6323-6325, 6

**B 7** 6734 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-3509 ✓

800-400-3787 please type *Artesian* fill in this form completely

Date Received (APA) 9/19/02 (30) 829-2164 OWNER INFORMATION

8 MM DD YY 13

15 Last Name Jones Owner First Name Griff 34

36 14680 Dorsey Mill Rd Street or RFD 55

57 Glenwood Md 21738 Town 70 State 72 Zip 76

**DRILLER INFORMATION**

Driller's Name Joseph L. Magee MS D 24 License No. 81

Firm Name Joseph L. Magee Well Drilling

Address 5512 Ridge Rd. Mt Airy Md. 21771

Signature Joseph L. Magee Date 9/19/02

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**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)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 52

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

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

PERMIT No. HO-94-3509

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**B 3** LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Glenwood 71

MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 14680 Dorsey Mill Road. 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 225 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 16 PARCEL 30

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard P58017A COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 9/19/02

9/19/02 Kasey Norman 9/19/03 CO SIGNATURE EXP. DATE

43 MM DD YY 48 NORTH GRID 50 520 000 EAST GRID 57 790 000

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 790

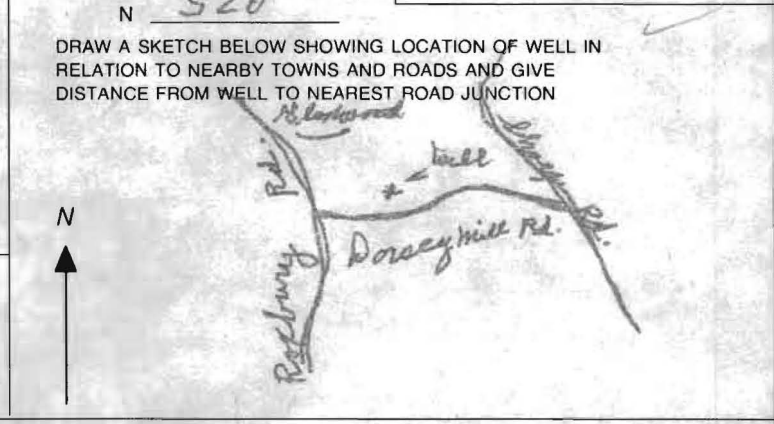
N 520

10/4/02 11:00

No one here

11 Bags of gravel

(50)



**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: Mr. & Mrs. Richard Judd Telephone #: 443-472-3918  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - -  
Site Address: 14680 Dorsey Mill Road  
Glenwood, MD 21738-9318

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>16S30-24 3 HP 3 PH</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>16</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>4</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>450</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> <small>N/A</small>		

<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 Public Agent for Robert L. Feezer  
2010-2012 License # 11112-2010  
Exp. 3/31/12 11 1112-2010 June 26, 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: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

**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**

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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: Mr. & Mrs. Richard Judd Telephone #: 443-472-3918  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95- 0400  
Site Address: 14680 Dorsey Mill Road  
Glenwood, MD 21738-9318

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>16S30-24 3 HP 3 PH</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>16</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>4</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>450</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 inside of well casing N/A

<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 (410) 313-1771 June 26, 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: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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

*not inspected due to scheduling problems.*  
*covered*  
*OK gwo*  
*7/11/12*  
*covered*  
*7/11/12*  
*I inspected visible components. (PB)*



Howard County  
Health Department

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

## ATTENTION WELL DRILLERS!!!

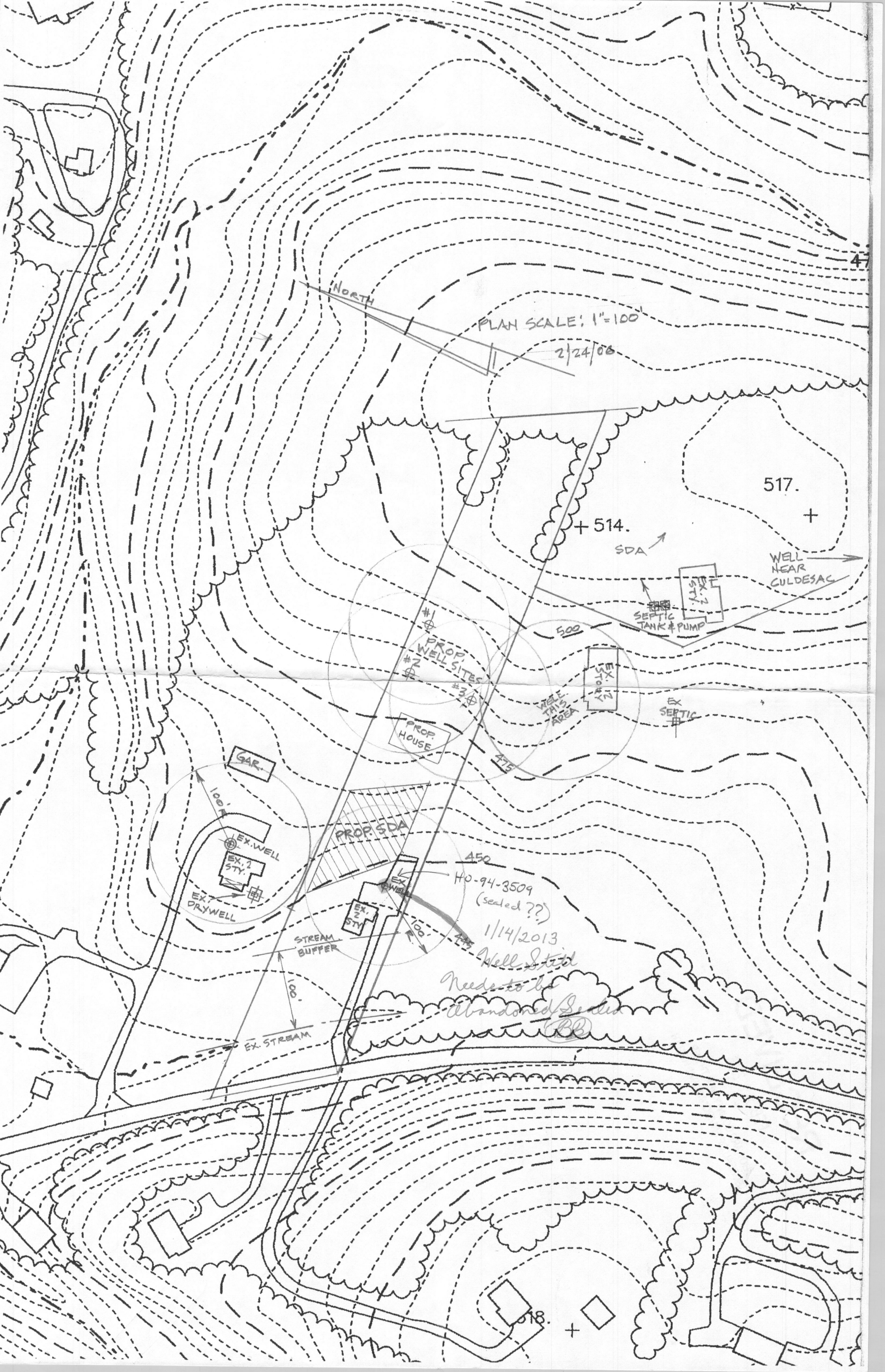
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by MTA ROBOTIC SURVEY - TODD ASHLEY on 5-24-06 and is ready for site inspection. 410.627.6384
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

RECEIVED  
MAY 24 2006  
HEALTH DEPARTMENT



NORTH

PLAN SCALE: 1"=100'

2/24/06

517.

+ 514.

SDA

WELL NEAR CULDESAC

SEPTIC TANK & PUMP

500

WELL TRIN. AREA

EX SEPTIC

PROP. HOUSE

PROP. WELL SITES  
#1  
#2  
#3

GAR.

100'

EX. WELL

EX. 2 STY.

EX. DRYWELL

PROP. SDA

450

HO-94-3509  
(sealed ??)

1/14/2013

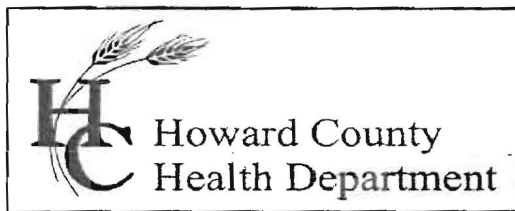
Well Still  
Needs to be  
Abandoned Sealed  
BB

STREAM BUFFER

100'

EX. STREAM

518.



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

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – July 14, 2013

1/14/2013

Richard Judd  
14680 Dorsey Mill Road  
Glenwood, MD 21738

**RE: Tax Map 21, Parcel 30**  
**Address**  
**Building Permit: B07001417**  
**Well Permit: HO-95-0400**

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 **7/11/2012**. Final approval of the well line connection to the dwelling was granted on **7/11/2012**. The well construction was completed on **6/22/2006**. Water samples were collected on **12/10/2012, 12/18/2012, and 1/8/2013**.

The water sample results indicate that the water samples submitted for testing on 1/8/2013 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 **12/10/2012** indicated a nitrate level of **15.7 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 **12/18/2012** and indicated a nitrate level of **1.07 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.

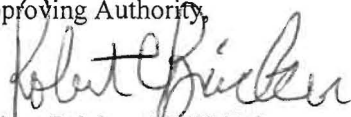
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0400. 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.**

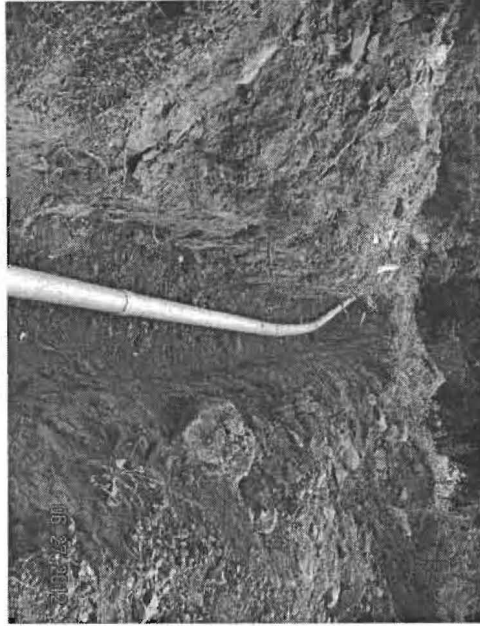
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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





## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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

Expiration Date – January 2, 2013

December 13, 2012

Richard Judd  
14680 Dorsey Mill Road  
Glenwood, MD 21738

**RE: 14680 Dorsey Mill Road  
Building Permit: B07001417  
Well Permit: HO-95-0400**

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 **7/11/2012**. Final approval of the well line connection to the dwelling was granted on **7/11/2012**. The well construction was completed on **6/22/2006**. Water samples were collected on **12/10/2012**.

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

In addition, The untreated water sample collected on 12/10/2012 indicated a nitrate level of 15.7 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:

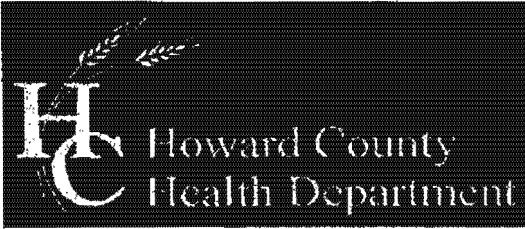
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Jeff Williams  
Program Manager  
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
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12-13-12 WELL PERMIT #: HO - 95 - 0400

PROPERTY OWNER: RICHARD E. LADD

SUBDIVISION & LOT #: N/A

PROPERTY ADDRESS: 14680 DORSEY MILL RD, GLENWOOD 21738

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)

CHLORINATED WELL + ALL FIXTURES & PIPES

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)

RE-CHLORINATE STARTING TODAY. RESET WATER TUESDAY (12-18-12)

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO-95-0400 will meet the bacteria standard resulting from approved disinfection procedures.

2

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

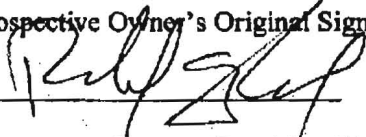
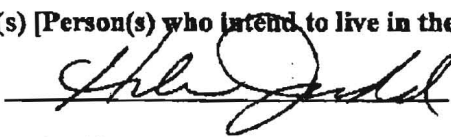
- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

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 - 0400. 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]

Prospective Owner's Day Time Phone Number(s)

443.472.3918      410.489.2632

# 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 #: 87680 Account #: 16438  
Reference: Richard Judd Company: CASH ACCOUNT  
Location: 14680 Dorsey Mill Road Requested By: Richard Judd  
Glenwood, MD 21738 Source: Well Water  
Date/ Time Collected: 1/8/2013 0930 Site: Pressure Tank ✓  
Date/Time Rec'd: 1/8/2013 1200 Treatment: Prior to Reverse Osmosis  
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 6.0  
Collected By: J. Yeager 6176JY Well #: HO-95-0400

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	1/9/2013 / 0900 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	1/9/2013 / 0900 / CCH

OK  
rub 1/10/2013

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B07001417

Date Reported: 1/9/2013

**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 #:	87483	Account #:	16438
Reference:	Richard Judd	Company:	CASH ACCOUNT
Location:	14680 Dorsey Mill Road Glenwood, MD 21738	Requested By:	Richard Judd
Date/ Time Collected:	12/18/2012 1112	Source:	Well Water
Date/Time Rec'd:	12/18/2012 1520	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Reverse Osmosis
Collected By:	C. Holland 0547CH	pH:	5.6
		Well #:	HO-95-0400

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	12/19/2012 / 1000 / JKW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/19/2012 / 1000 / JKW

*Fail, Coliform*  
*E. coli 'OK'*  
*RB 12/21/12*

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B07001417

Date Reported: 12/19/2012

**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 #:	87484	Account #:	16438
Reference:	Richard Judd	Company:	CASH ACCOUNT
Location:	14680 Dorsey Mill Road Glenwood, MD 21738	Requested By:	Richard Judd
Date/ Time Collected:	12/18/2012 1105	Source:	Well Water
Date/Time Rec'd:	12/18/2012 1520	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis ✓
Collected By:	C. Holland 0547CH	pH:	5.8
		Well #:	HO-95-0400

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	1.07 ✓	mg/L	10	601	12/18/2012 / 1600 / CCH

'OK', Permanent Deviation  
 JCB. 12/21/12

**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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B07001417

Date Reported: 12/19/2012

## REPORT OF ANALYSIS

Laboratory ID #:	87336	Account #:	16438
Reference:	Richard Judd	Company:	CASH ACCOUNT
Location:	14680 Dorsey Mill Road Glenwood, MD 21738	Requested By:	Richard Judd
Date/ Time Collected:	12/10/2012 1010	Source:	Well Water
Date/Time Rec'd:	12/10/2012 1310	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.6
		Well #:	HO-95-0400

Bacteria, Coliform, Total, MPN	45.3	MPN/ 100 ml	<1.0	SM18 9223	12/11/2012 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/11/2012 / 0800 / BCD
Nitrate	15.7	mg/L	10	601	12/11/2012 / 1625 / CCH
Turbidity	4.02	NTU	<10	SM18 2130B	12/11/2012 / 0824 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	12/11/2012 / 0824 / JKW

### 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit #: B07001417

Date Reported: 12/11/2012

(9)

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1415 Old Tahreytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	87336	Account #:	16438
Reference:	Richard Judd	Company:	CASH ACCOUNT
Location:	14680 Dorsey Mill Road Glenwood, MD 21738	Requested By:	Richard Judd
Date/ Time Collected:	12/10/2012 1010	Source:	Well Water
Date/Time Rec'd:	12/10/2012 1310	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.6
		Well #:	HO-95-0400

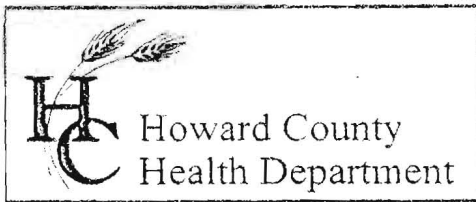
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	45.3	MPN/ 100 ml	<1.0	SM18 9223	12/11/2012 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/11/2012 / 0800 / BCD
Nitrate	15.7	mg/L	10	601	12/11/2012 / 1625 / CCH
Turbidity	4.02	NTU	<10	SM18 2130B	12/11/2012 / 0824 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	12/11/2012 / 0824 / JKW

**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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B07001417

Date Reported: 12/11/2012



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

October 3, 2003

Griff Jones  
14680 Dorsey Mill Road  
Glenwood, MD 21738

RE: **Replacement Well Issues**  
14680 Dorsey Mill Road  
Well Permit #: HO-94-3509

Dear Mr. Jones:

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The sampling is free of charge.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing hand dug well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Steven R. Krieg  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Community Services Program  
File

SITE INSPECTION SHEET

OWNER: Griff Jones PHONE #: 410-489-4005

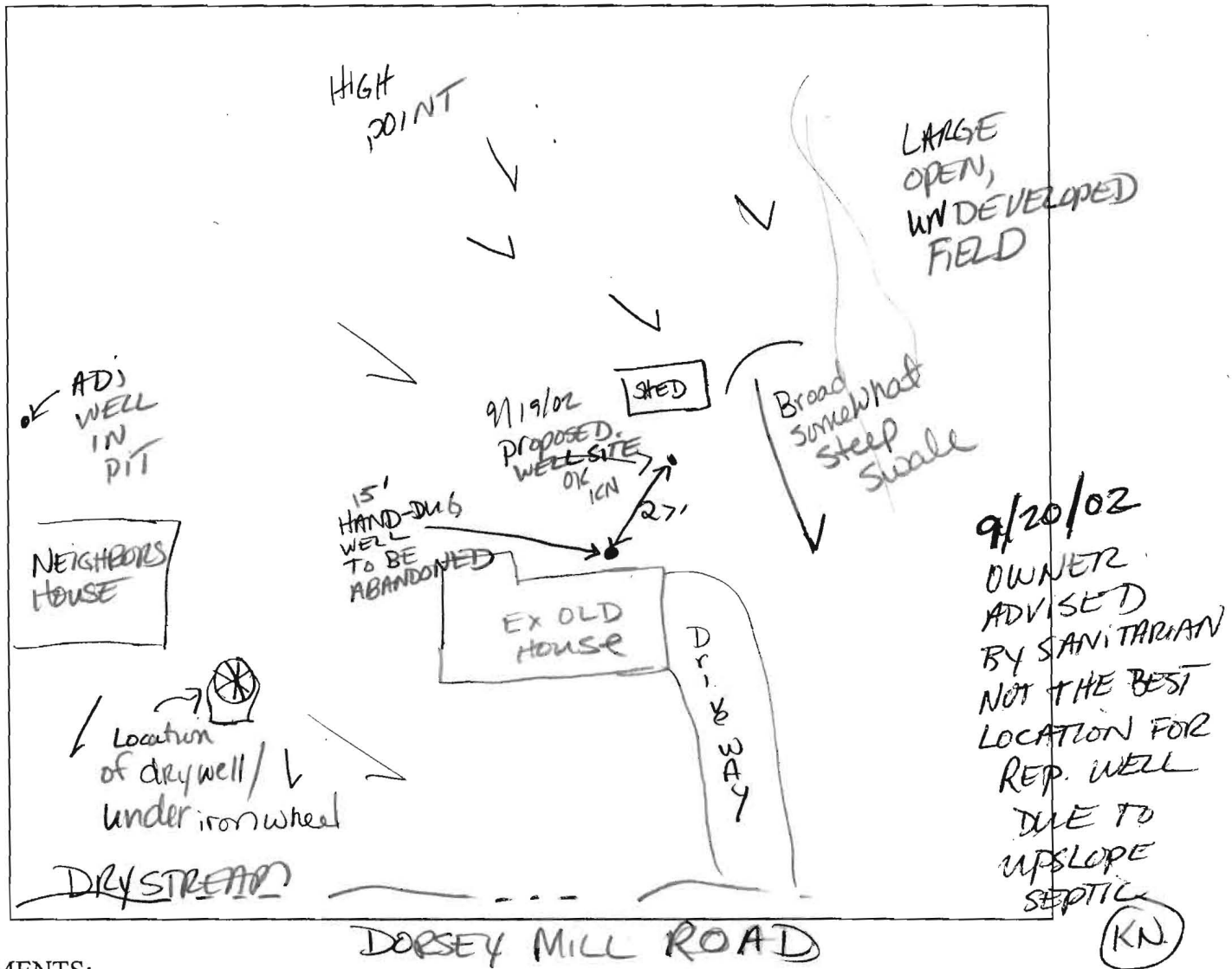
ADDRESS: 14680 Dorsey Mill Road CONTRACTOR: J. Mayne

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: 13

PROPOSAL: Dry hand dug well 15' deep. Will be abandoned

LOCATION DIAGRAM



COMMENTS:

9/19/02 DISCUSSED LOCATION NEAR FRONT OF PROPERTY - J. Mayne concerned about turbidity. J. Mayne says 40' grant for new proposed well. Proposed well just left of Broad swale

DATE: 9/19/02 INSPECTOR: K. Noonan