

C 1 15964 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A-528518-A

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 180 26 (TO NEAREST FOOT) 10/6/2010

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-95-1923

OWNER Fisher Ruth last name first name STREET OR RFD 17.32 BOX 1585 TOWN SYKESVILLE MD 21284 SUBDIVISION SHIPLEYS PAUP SECTION Part of 1585 et. al. 32 LOT I

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 65

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

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

C 2 DEPTH (nearest ft.) 170 63 180

E A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to

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

C 3 PUMPING TEST

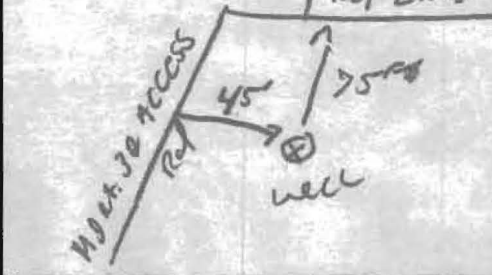
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft. WHEN PUMPING 40 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [+] above LAND SURFACE 2 (nearest foot) [-] below

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N]

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M D H 3 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 5000

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

B 1 0880

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-1973 fill in this form completely

Date Received (APA)

08 16 10

OWNER INFORMATION

Fisher Ruth RT 32 Box 1585 SYKESVILLE MO. 21784

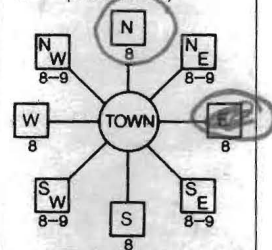
B 3 LOCATION OF WELL

Howard County Fishers Prop S Hopleys Lodge Part of 1585 Rt. 32 West Friendship

DRILLER INFORMATION

Ralph E. Wayne MS D 117 KALHE WAYNE WELL DRILLING 17024 Handy Rd. Mt. Airy MD 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD Rt. 32 ACCESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 120 FT DISTANCE FROM ROAD TAX MAP: 9 BLK: 17 PARCEL 889

B 2 WELL INFORMATION

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

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) A528518-A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/30/2010 Brian Baker 8/30/2011

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one)

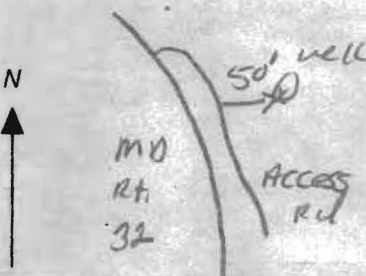
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE E 815 N 5454

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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



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

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-1973

SPECIAL CONDITIONS Case and Grout Any Upper Contaminated Layer

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1993
 Location of property (road) Part of 1585 Rt. 32
 Subdivision SHIPLEYS Prop Lot I Block _____ Plat _____ Sec. _____
 Well Driller Ralph MAYNE Owner Ruth Fisher

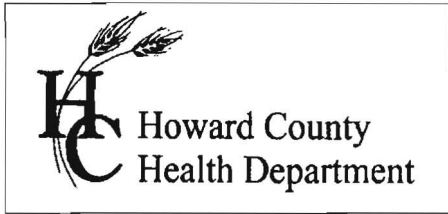
Depth of well 180
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 17 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 40 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	17 ft	5 Sec		12 GPM
			Test Started	
8:15	40 ft	5 Sec		12 GPM
8:30	40 ft	5 Sec		12 GPM
8:45	40 ft	5 Sec		12 GPM
9:00	40 "	5 "		12 "
9:15	40 "	5 "		12 "
9:30	40 "	5 "		12 "
9:45	40 ft	5 Sec		12 GPM
10:00	40 ft	5 Sec		12 GPM
10:15	40 ft	5 Sec		12 GPM
10:30	40 "	5 "		12 "
10:45	40 "	5 "		12 "
11:00	40 ft	5 Sec		12 GPM
11:15	40 ft	5 Sec		12 GPM
11:30	40			



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

ShIPLEY'S Lodge	1	Route 32
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Sill-Adcock Assoc.,
 (professional land surveyor or company employing professional land surveyors)
 on 8/6/10 (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 3/11/07

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: Hughes Plumbing Service Telephone #: 443-340-7994
 Address: 1108 Western Chapel Rd
New Windsor MD 21776

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

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

Name (Print): Daniel Hughes License# 23837

*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: Steve + Janet Boyce Telephone #: _____
 Subdivision: Shirley's Lodge Lot #: 1 Well Tag #: HO-95-1973 ✓
 Site Address: 1615 RT 32
Sykesville MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>Marvall</u>	Two piece watertight cap: <u>Y</u>
Model #: _____	Model#: <u>SS1150</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: <u>Y</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

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: Y
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: Y

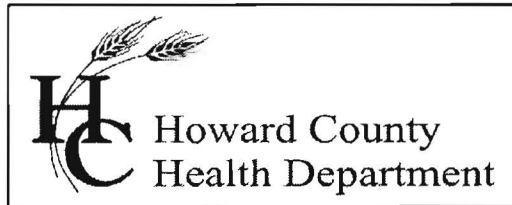
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Daniel Hughes date: 2-5-15

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

Date Insp. Requested: 3/19/15 Date Insp. Approved: 3/19/15 Inspector: er

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	✓



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 10, 2016

July 10, 2015

Homeowner
1615 Route 32
Sykesville, MD 21784

**RE: Shipleys Lodge, Lot 1
1615 Route 32
Building Permit: B14002253
Well Permit: HO-95-1973**

Dear Homeowner:

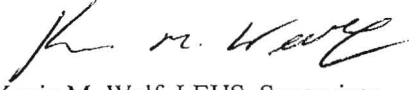
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/19/2015**. Final approval of the well line connection to the dwelling was granted on **3/19/2015**. The well construction was completed on **10/5/2010**. Water samples were collected on **6/23/2015**.

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. 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-95-1973. 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 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,

A handwritten signature in black ink, appearing to read "K. M. Wolf". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

SEND REPORT TO: Division DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Howard Co. Env. Health Laboratories Administration
7178 Columbia Gateway Dr. 201 W. Preston St.
Columbia, MD 21046 P.O. Box 2355, Baltimore, Maryland 21203

Date Received

E11001756002
 Received: 10/06/2010
 Inorganic 951973BB

WATER ANALYSIS

S
A
M
P
L
E
D

Bottle Number 951973BB Name HCHD County Howard County Code 13
 Source Route 32, Shipleys Lodge - Lot 1 Data Category Code 4A
 Collected: Date 10/5/2010 Time 10:45AM Collector & Phone Brian Baker (410)313-2643 Submitter Code
 CHECK (one per box)

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

F
I
E
L
D

Plant No. Sampling Station Preservation: IC Iced Acid Type of Acid None
 pH 6.5 Chlorine: Free Total Specific Conductance
 Notes to Lab/Remarks: Sample Collected During Yield Test

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
✓	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

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

Number of Tests Requested 01

Section Chief _____

Date Reported _____

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 #: 101514 Account #: 4226
Reference: Boyce Company: Viking Development Corporation
Location: 1615 Route 32 Requested By: Cary Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 6/23/2015 1130 Site: Pressure Tank
Date/Time Rec'd: 6/23/2015 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Mooshian 7268CM Well #: HO-95-1973

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/24/2015 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/24/2015 / 0900 / LLO
Nitrate	1.54	mg/L	10	601	6/23/2015 / 1600 / CRS
Turbidity	0.65	NTU	<10	SM18 2130B	6/23/2015 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/23/2015 / 1645 / CRS

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: Cap Appeared Satisfactory
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 14002253

Date Reported: 6/24/2015

SEND REPORT TO: Bert Nixon
 Howard Co. Env. Health
 7178 Columbia Gateway Dr.
 Columbia, MD 21046

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

Lab No. Date Received

WATER ANALYSIS

Do not write above this line.

S A M P L E I D	Bottle Number <u>951973BB</u> Name <u>HCHD</u> County <u>Howard</u> County Code <u>13</u>
	Source <u>Route 32, Shiplays Lodge - Lot 1</u> Data Category Code <u>4F</u>
	Collected: Date <u>10/5/2010</u> Time <u>10:45AM</u> Collector & Phone <u>Brian Baker (410)313-2643</u> Submitter Code <u> </u>
	CHECK (one per box)
<input type="checkbox"/> Drinking Water <input type="checkbox"/> Community <input type="checkbox"/> Source (raw water) <input type="checkbox"/> Emergency <input type="checkbox"/> Landfill <input type="checkbox"/> Non-community <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> Routine <input type="checkbox"/> Stream <input type="checkbox"/> Private <input type="checkbox"/> MCL <input type="checkbox"/> Recheck <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Special	Federal Project <input type="checkbox"/>

F I E L D	Plant No. <u> </u> Sampling Station <u> </u> Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Type of Acid <u>None</u>
	pH <u>6.5</u> Chlorine: Free <u> </u> Total <u> </u> Specific Conductance <u> </u>
	Notes to Lab/Remarks: <u>Sample Collected During Yield Test</u>

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

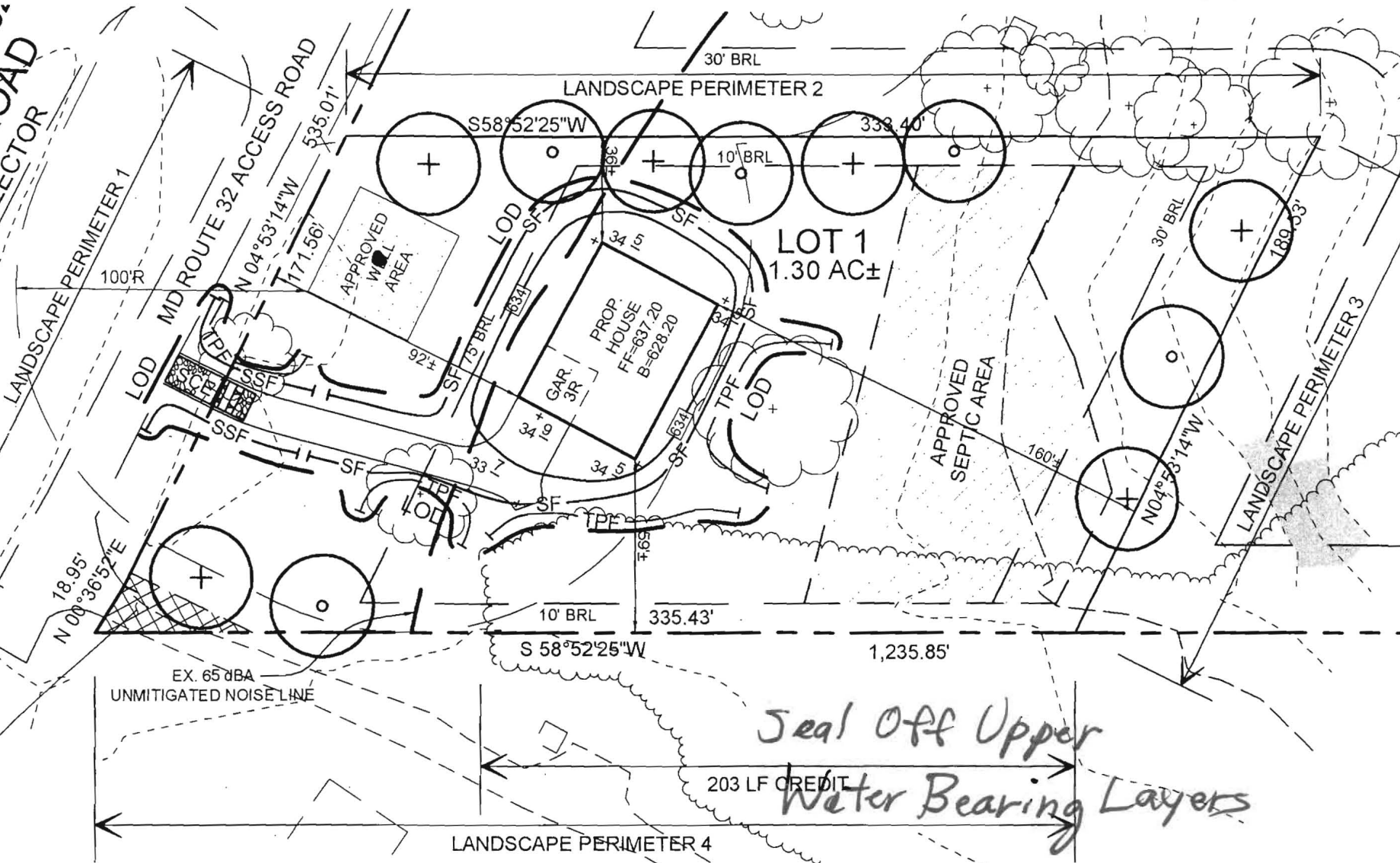
* Results reported in Units, all others in milligrams per liter (ppm)

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Date Reported _____

LAND ROUTE 32
 SYKESVILLE ROAD
 MINOR COLLECTOR



PRIVATE INGRESS & EGRESS EASEMENT
 FOR THE USE & BENEFIT OF **LOT 1 ENLARGEMENT**
 PARCEL 23 EXCLUDING ANY FUTURE
 SUBDIVISION

SCALE: 1"=50'

E NOTES

INSTALLMENT, ALL SHRUBS AND OTHER PLANTINGS HEREWITH LISTED AND APPROVED FOR
 L BE OF THE PROPER HEIGHT REQUIREMENTS IN ACCORDANCE WITH THE HOWARD COUNTY
 ANUAL. IN ADDITION, NO SUBSTITUTIONS OR RELOCATION OF REQUIRED PLANTINGS MAY BE
 PRIOR REVIEW AND APPROVAL FROM THE DEPARTMENT OF PLANNING AND ZONING. ANY
 THIS APPROVED LANDSCAPE PLAN MAY RESULT IN DENIAL OR DELAY IN THE RELEASE OF
 RETY UNTIL SUCH TIME AS ALL REQUIRED MATERIALS ARE PLANTED AND/OR REVISIONS ARE
 ABLE PLANS AND CERTIFICATES.

8/30/2010 (BB)

Casing must be at least 50' deep.
 Extend casing into bedrock at least
 10', Sample required during install F. +

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

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Reason for Test : Use & Occupancy
Building Permit # : 14002253

Date Reported: 6/24/2015



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E11001756 Date Coll. 10/06/2010 Date Received: 10/06/2010 Submitted By: B. Baker

Field ID: 951973BB
Lab No.: E11001756002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Total Dissolved Solids	SM 2540C	153	mg/L	10/14/2010

Comments:

Approved by:

Approval date: 10/20/2010

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-5034 and arrange for return or destruction.

Bricker, Robert

From: Saucedo, Nick
Sent: Monday, March 02, 2015 2:13 PM
To: Bricker, Robert
Subject: RE: endless pool proposal

Yes sir, that is correct.

From: Bricker, Robert
Sent: Monday, March 02, 2015 2:09 PM
To: Saucedo, Nick
Subject: RE: endless pool proposal

So if I understand your response, the discharge may be on the surface as long as it is not causing an adverse effect on neighbors' properties or public areas such as streets. Correct?

And volume is not an issue. Correct?

Robert Bricker

From: Saucedo, Nick
Sent: Monday, March 02, 2015 1:59 PM
To: Bricker, Robert
Subject: RE: endless pool proposal

Yes, it cannot cause a nuisance to neighbors or the sidewalk and street.

From: Bricker, Robert
Sent: Monday, March 02, 2015 1:34 PM
To: Saucedo, Nick
Subject: endless pool proposal

Nick, I am reviewing a permit revision for an 'endless pool' installation. The pool system has a volumetric capacity of about 2400 gallons. The system drains to its own dedicated sump pump to discharge "at grade" any portion (or all) of the water in the containment vessel. Is there anything in the plumbing code that prevents a discharge of this type or volume (up to 2400 gallons) onto the soil surface?

ROBERT BRICKER, REHS/R.S., L.E.H.S.
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FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/23/08	Shipley's Lodge Subdivision 1585 Route 32
	Apply special conditions to well permits for deeper casings ^(and grout) on <u>both</u> lots.
	Test samples from <u>both</u> <u>new</u> wells for TDS.
	<i>Achtung!</i> ALSO test existing well for TDS prior to abandonment (Parcel 'A'), R. Bueker per Bert Nixon
<h1 style="font-size: 4em;">ATTENTION</h1> <p style="font-size: 2em; margin-top: 20px;">Concerns Well Permits</p> <p style="font-size: 1.5em; margin-top: 20px;">See Also the last Note on Perc Cert</p>	