

C1 6467 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.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A519617

ST/CO USE ONLY DATE RECEIVED MM DD YY 06 17 2008

DATE WELL COMPLETED MM DD YY 5 9 08

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4159

OWNER Rachuba Home Builders last name Ed Warfield Road first name TOWN Woodbine SUBDIVISION Mariani Property SECTION LOT 4

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Brown mica (0-125) and Gray limestone (125-400).

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 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...

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE LIC. NO. 1 D

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

GROUTING RECORD

WELL HAS BEEN GROUDED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 38 NO. OF POUNDS 3572

GALLONS OF WATER 228

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 105 ft.

(enter 0 if from surface)

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 130

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with 3 columns: A C H S R E E N, 1-3, and 4-6. Values include 130, 400, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 06 8 9

PUMPING RATE (gal. per min.) 1.1 11 15

METHOD USED TO MEASURE PUMPING RATE 1941

WATER LEVEL (distance from land surface)

BEFORE PUMPING 18 17 20 ft.

WHEN PUMPING 105 22 25 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 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) LAND SURFACE 62 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

160

B 1 8122

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-4159 fill in this form completely

522063 please type

Date Received (APA) 4/1/2005

OWNER INFORMATION

MARIANI Theodorc Ed Warfield Rd. Woodbine Md. 21797

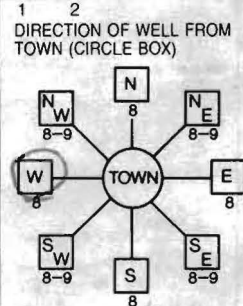
LOCATION OF WELL

Howard COUNTY MARIANI PRO. SECTION 44 LOT 4 Glenwood NEAREST TOWN 4 MILES FROM TOWN

DRILLER INFORMATION

Alice Compton M S D 009 Eagles Well Drilling 580 Obrecht Rd. 3-30-05

DIRECTION OF WELL FROM TOWN



Ed Warfield Rd. NEAR WHAT ROAD ON WHICH SIDE OF ROAD 800 FT DISTANCE FROM ROAD TAX MAP: 13 BLK: 23 PARCEL 277

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 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 COUNTY NAME 13 COUNTY NO. A519617 STATE SIGNATURE DATE ISSUED 4/7/2005 CO SIGNATURE BOB BAKER 4/7/2006 EXP. DATE NORTH GRID 531 000 EAST GRID 779 000

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 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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. 40-94-4159

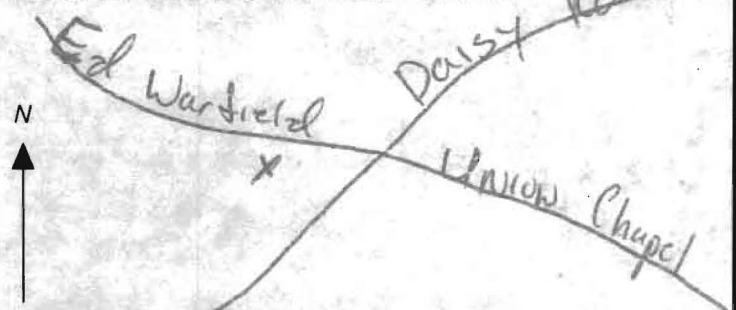
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 78079 N 5301

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 - 94-4159  
 Location of property (road) Ed Warfield Road  
 Subdivision Mariani Property Lot 4 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Fogles / Compton Owner Rachuba Home Builders  
 Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 18'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 8.5  
 Total time 15 MIN. to reach pumping water level 105' 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 61 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	18	7		8.5
8:15	105	55		1.1
8:30	105	55		1.1
8:45	105	55		1.1
9:00	105	55		1.1
9:15	104	55		1.1
9:30	104	55		1.1
9:45	104	55		1.1
10:00	104	55		1.1
10:15	104	55		1.1
10:30	104	55		1.1
10:45	104	55		1.1
11:00	104	55		1.1
11:15	103	55		1.1
11:30	103	55		1.1
11:45	103	55		1.1
12:00	103	55		1.1
12:15	103	55		1.1
12:30	103	55		1.1
12:45	103	55		1.1
1:00	103	55		1.1
1:15	103	55		1.1
1:30	103	55		1.1
1:45	103	55		1.1

HD-2242:00 103 55 1.1  
 2:15 103 55 1.1

Yield Test Data Sheet

County File #

MD Well Permit #:

Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Lot # 4

Street Address: Ed Warfield Rd.

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 34' ft.

Well Depth 400' ft.

Well Driller: Alan Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department  
Bureau of Environmental Health  
P.O. Box 845  
Westminster, MD 21158  
410-876-1884, 410-857-5009  
410-875-3385

NOTES:

Pump Start Time	Static Water level: <u>34</u> ft.	Pumping Rate ( ) Time to fill <u>1</u> gal. bucket ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>8.5</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	8:00	34 ft.	7 8.5 GPM
2	8:15	132 ft.	8 7 GPM
3	8:30	166 ft.	10 6 GPM
4	8:45	171 ft.	45 1.3 GPM
5	9:00	164.2 ft.	45 1.3 GPM
6	9:15	161 ft.	45 1.3 GPM
7	9:30	159 ft.	45 1.3 GPM
8	9:45	158 ft.	45 1.3 GPM
9	10:00	157 ft.	45 1.3 GPM
10	10:15	155 ft.	45 1.3 GPM
11	10:30	152 ft.	45 1.3 GPM
12	10:45	150 ft.	45 1.3 GPM
13	11:00	149 ft.	45 1.3 GPM
14	11:15	149 ft.	45 1.3 GPM
15	11:30	148 ft.	45 1.3 GPM
16	11:45	148 ft.	45 1.3 GPM
17	12:00	147 ft.	45 1.3 GPM
18	12:15	147 ft.	45 1.3 GPM
19	12:30	147 ft.	45 1.3 GPM
20	12:45	147 ft.	45 1.3 GPM
21	1:00	147 ft.	45 1.3 GPM
22	1:15	147 ft.	45 1.3 GPM
23	1:30	147 ft.	45 1.3 GPM
24	1:45	147 ft.	45 1.3 GPM
25	2:00	147 ft.	45 1.3 GPM
26	2:15	146 ft.	45 1.3 GPM
27	2:30	146 ft.	45 1.3 GPM
28	2:45	146 ft.	45 1.3 GPM
29	3:00	146 ft.	45 1.3 GPM
30	3:15	ft.	GPM

Yield Test Data Sheet

County File # ~~XXXXXXXXXX~~

MD Well Permit #: ~~ST-XXXXXX~~

Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Lot # 3

Street Address: \_\_\_\_\_

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 34 ft.

Well Depth 400' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department  
Bureau of Environmental Health  
P.O. Box 845  
Westminster, MD 21158  
410-876-1884, 410-857-5009  
410-875-3385

NOTES:

Pump Start Time	Static Water level: <u>34'</u> ft.	Pumping Rate: <u>4 sec.</u> ( ) Time to fill 1 gal. bucket ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	34 ft.	4	15 GPM
2	8:15	210 ft.	6	10 GPM
3	8:30	292 ft.	7	8.5 GPM
4	8:45	303 ft.	52	1.1 GPM
5	9:00	295 ft.	52	1.1 GPM
6	9:15	283 ft.	52	1.1 GPM
7	9:30	274 ft.	52	1.1 GPM
8	9:45	267 ft.	52	1.1 GPM
9	10:00	265 ft.	52	1.1 GPM
10	10:15	260 ft.	52	1.1 GPM
11	10:30	257 ft.	52	1.1 GPM
12	10:45	254 ft.	52	1.1 GPM
13	11:00	251 ft.	52	1.1 GPM
14	11:15	249 ft.	52	1.1 GPM
15	11:30	247 ft.	52	1.1 GPM
16	11:45	245 ft.	52	1.1 GPM
17	12:00	243 ft.	52	1.1 GPM
18	12:15	241 ft.	52	1.1 GPM
19	12:30	239 ft.	52	1.1 GPM
20	12:45	237 ft.	52	1.1 GPM
21	1:00	235 ft.	52	1.1 GPM
22	1:15	233 ft.	52	1.1 GPM
23	1:30	231 ft.	52	1.1 GPM
24	1:45	229 ft.	52	1.1 GPM
25	2:00	227 ft.	52	1.1 GPM
26	2:15	225 ft.	52	1.1 GPM
27	2:30	223 ft.	52	1.1 GPM
28	2:45	221 ft.	52	1.1 GPM
29	3:00	219 ft.	52	1.1 GPM
30	3:15	ft.		GPM

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: Gaske Plumbing & Heating Inc Telephone #: 443-463-2754  
 Address: P.O. Box 1247  
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): John Gaske License# 3189

\*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: Guy FARRUGGIA Telephone #: 443-722-7798  
 Subdivision: MARIANI Property Lot #: 4 Well Tag #: EO-94-4159  
 Site Address: 1605 Ed WARFIELD Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Campbell Myers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25T72-5 PLUS-P4</u>	Model#: <u>PA800 SS</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1.1</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: _____ (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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Sliver plastic Corp.</u>	PVC sleeve to undisturbed soil at wall penetration: <u>under footing with sleeve</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>3" under concrete</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: _____

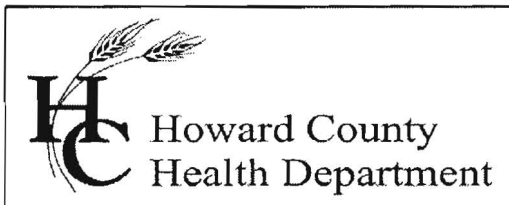
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: John Gaske date: 10-29-15

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

Date Insp. Requested: 2/26/16 Date Insp. Approved: 2/26/16 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	
Two piece cap installed and attached to casing securely	<u>✓</u>	3" sleeve under driveway
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	
Safety rope not outside of well cap/casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	
Water supply line sleeved adequately at house connection	<u>✓</u>	under footer
Adequate grout observed below pitless adapter	<u>✓</u>	



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](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date - FEBRUARY 1, 2017

**August 1, 2016**

Homeowner  
16105 Ed Warfield Road  
Woodbine, MD 21797

**RE:** Mariani Property, Lot 4  
16105 Ed Warfield Road  
**Building Permit: B15000412**  
**Well Permit: HO-94-4159**

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 **2/26/2016**. Final approval of the well line connection to the dwelling was granted on **2/26/2016**. The well construction was completed on **5/9/2005**. Water samples were collected on **7/6/2016 & 7/27/2016**.

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-94-4159**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

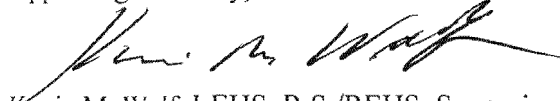
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

## Wolf, Kevin

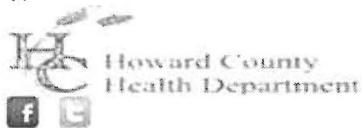
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**From:** Wolf, Kevin  
**Sent:** Monday, July 25, 2016 10:18 AM  
**To:** [REDACTED]  
**Subject:** 16105 Ed Warfield Road  
**Attachments:** 20160725101354450.pdf

Guy,  
I am in review of your ICOP letter for the above mentioned address. I see from the water analysis report that it failed for Turbidity with exceeding Iron. In order to move forward with your letter, you will need to have treatment to remove the excess iron levels and retest for turbidity and iron **after treatment**.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2645  
(f) 410-313-2648



[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)

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

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

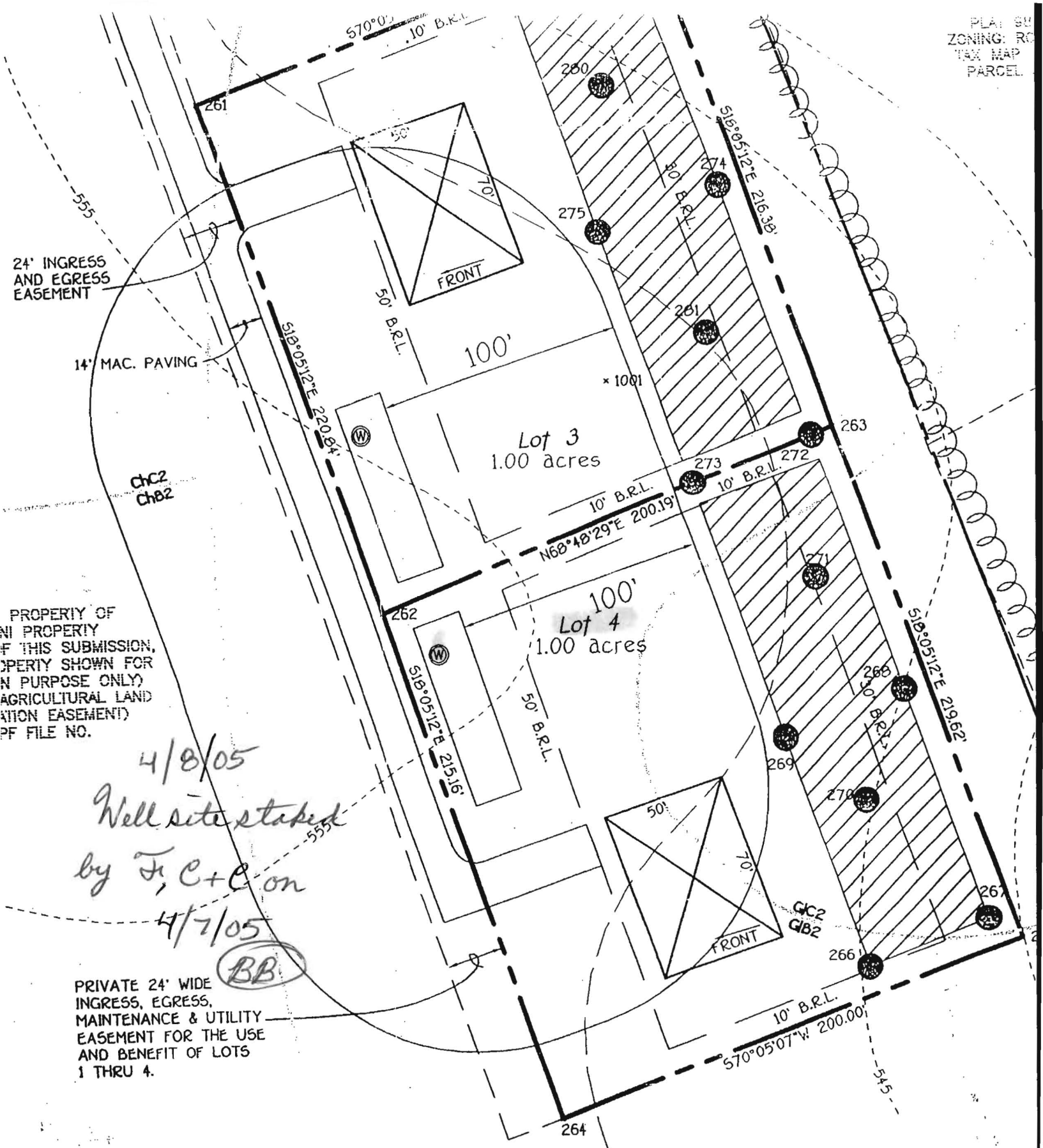
### TO ALL INTERESTED PARTIES

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 Fisher Collins,  
(professional land surveyor or company employing professional land surveyors)  
on 4-7-05 (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



24' INGRESS AND EGRESS EASEMENT

14' MAC. PAVING

Chc2  
Ch82

PROPERTY OF  
PROPERTY  
OF THIS SUBMISSION,  
PROPERTY SHOWN FOR  
PURPOSE ONLY  
AGRICULTURAL LAND  
EASEMENT)  
PF FILE NO.

4/8/05  
Well site staked  
by J, C + C on  
4/7/05

**BB**

PRIVATE 24' WIDE  
INGRESS, EGRESS,  
MAINTENANCE & UTILITY  
EASEMENT FOR THE USE  
AND BENEFIT OF LOTS  
1 THRU 4.

CLASS
B
B
B

SCALE  
1"=50'

# PERC CERTIFICATION MARIANI PR

LOTS 1 -  
TAX MAP #13 ZONED: RC-DEO

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Guy Farruggia  
16105 Ed Warfield Road  
Woodbine, Md 21797

Reporting Date: 7/28/2016  
Report #: M4328

Submitted Sample Address: 16105 Ed Warfield Road  
Woodbine, MD 21797  
Submitted Sample Source: Bathroom sink  
Date / Time Collected: 7/27/2016 01:15 PM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well Tag #: HO-94-4159

*Treat next ?*

## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Turbidity	3.7	NTU	0.5	< 10 NTU*	MD Well Reg.

### Notes:

1. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
2. Samples received and examined within EPA's recommended holding times.
3. MCL - Maximum Contaminant Level
4. ND - Not Detected.
5. \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
6. MCL Type -  
**EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
**EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
**Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
7. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

*Christine Rodgers*

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: *RLB*

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Guy Farruggia  
16105 Ed Warfield Road  
Woodbine, Md 21797

Reporting Date: 7/11/2016  
Report #: M4214

Submitted Sample Address: 16105 Ed Warfield Road  
Woodbine, MD 21797  
Submitted Sample Source: Holding tank-well cap  
intact & no devices  
Date / Time Collected: 7/6/2016 10:00 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.0  
Well Tag #: HO-94-4159

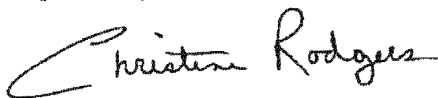
## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	<b>18.0</b>	NTU	0.5	< 10 NTU*	MD Well Reg.
Iron	<b>2.54</b>	mg/L	0.1	0.3	EPA Secondary MCL

### Notes:

- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -  
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Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: \_\_\_\_\_