

C1 36499

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.

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD 07 27 13

DATE WELL COMPLETED MM DD 5-17-2017

Depth of Well 22 440 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 17 - 0157

OWNER Highland Development Corporation WELL SITE ADDRESS last name first name Curlew Vista Way TOWN Clarksville 21029 SUBDIVISION Brighton Mill II SECTION LOT 11

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 Sand 0 60 Mia Rock 60 440 Water 370

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1312 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 63

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

DEPTH (nearest ft.) 6.2 440 CASING HEIGHT (circle appropriate box and enter casing height) + above 40 - below 1 (nearest foot)

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Beat Ret WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 374 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

LATITUDE 39.21476 LONGITUDE 76.98241 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y 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 MSD022 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1
42853

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-17-0157

fill in this form completely

520628J please type

Date Received (APA)
050217

OWNER INFORMATION

8 MM DD YY 13

Highland Development Corp
15 Last Name Owner First Name 84

P.O. Box 228
36 Street or RFD 55

Clarksville Md 21029
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Brighton Mill II
30 SUBSECTION 42

SECTION 44 46 LOT 11 48 50

Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Larry Mayne M SD 027
Driller's Name 76 License No. 81

Joseph L Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt Airy 21771
Address

Larry Mayne 4-25-17
Signature Date

B 4

SOURCES OF DRILLING WATER

1. well

2. 7/17

3. -started pumping @ 7:30 am

-2 gpm

-pumped down to 374' @ 373'

40' static

-14 bags cement

Curtis Vista Way
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 70 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 2 PARCEL 16

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

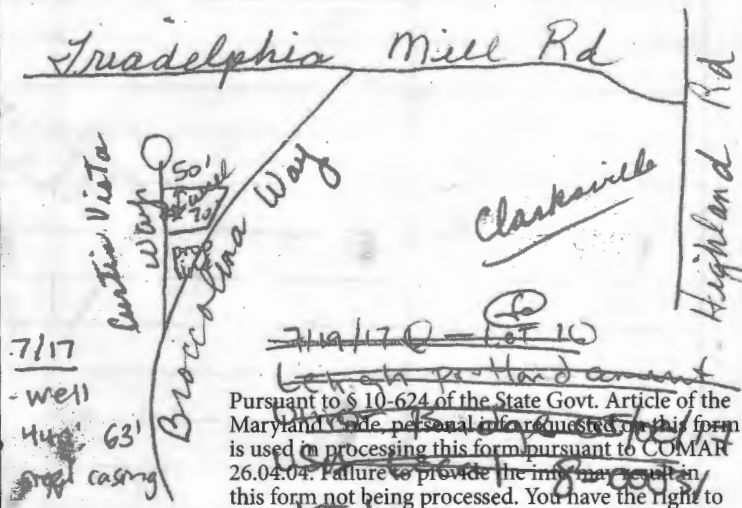
Howard 3 COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 6/8/17 43 MM DD YY 48 CO SIGNATURE Sch. C.H. 6/8/18 EXP. DATE

DON: 7/14/17 @ DOG: 7/17/17 @ DRY: 7/17/17 @

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal information requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the information requested on this form not being processed. You have the right to inspect and copy this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

APPROXIMATE DEPTH OF WELL 320 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 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)

APPROX. PERMIT NUMBER G

PERMIT No. HO-17-0157 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0157
 Location of property (road) Curtis Vista Way
 Subdivision Brighton Mill II Lot 11 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mays Jr. Owner Highland Development Corporation

Depth of well 440'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 374 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 <u>5/1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	130'	3 sec		20 gpm
8:00	229	3 sec		20
8:15	374	3		20
8:30	374	30 sec		2
8:45	374	30		2
9:00	374	30		2
9:15	374	30		2
9:30	374	30		2
9:45	374	30		2
10:00	374	30		2
10:15	374	30		2
10:30	374	30		2
10:45	373	30		2
11:00	373	30		2
11:15	373	30		2
11:30	373	30		2
11:45	373	30		2
12:00	373	30		2
12:15	373	30		2
12:30	373	30		2
12:45	373	30		2
1:00	373	30		2
1:15	373	30		2
1:30	373	30		2
HD-2241:45	373	30 sec		2 gpm
2:00	373	30		2
2:15	373	30		2

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, Pileless Adapter, and Supply Line

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: Frays Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 580 Overcht Rd
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): David C. Fray License # M5D2226

*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: NVR Inc Telephone #: 443-309-7779
 Subdivision: Brighton mill Lot #: 11 Well Tag #: HO-17-0157
 Site Address: 13100 Curtis Vista Way
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Crowds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7HS1042Z</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>2</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1.8" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>440 (feet)</u>	Conduit secured to well cap: <u>YES</u>	
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4		
Torque wrenches, 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> <u>N/A</u>		

<u>Pipe to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000 psi min</u>	Length of sleeves (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	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.

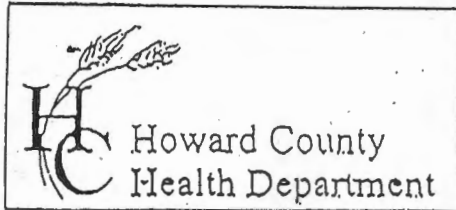
Signature of company representative responsible for installation: [Signature] date: 11-1-18

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

Date Insp. Requested: 11/2/18 Date Insp. Approved: 11/2/18 Inspector: KW

Inspection Date:	Pileless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 1.8" below grade/attached to cap properly	<u>✓</u>
	Safety rope not outside of well 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>
	Adequate grout observed below pileless adapter	<u>✓</u>

W560628



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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Brighton Mill 11 Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Parcel A
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark
 (professional land surveyor or company employing professional land surveyors)
 on 4-28-2017 (date) and does not require a site inspection.

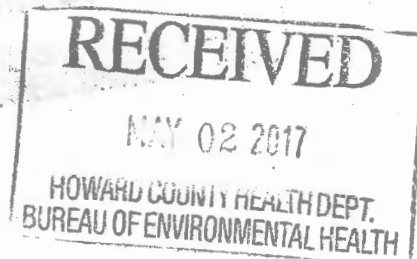
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Richard Demmitt

410-365-0414

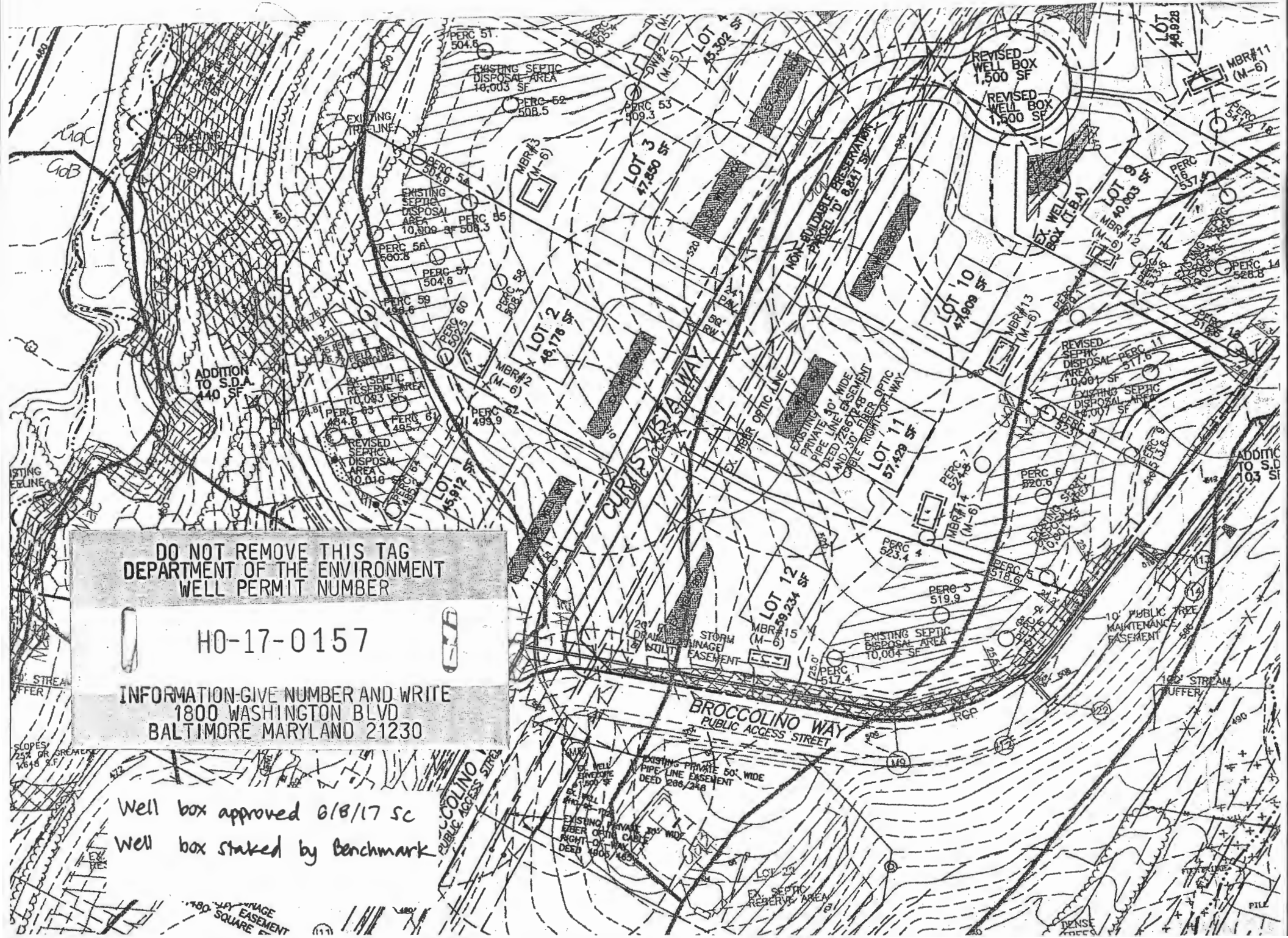


DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-17-0157

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

Well box approved 6/8/17 SC
Well box staked by Benchmark



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 31, 2018

December 31, 2018

Homeowner
13606 Curtis Vista Way
Clarksville, MD 21029

RE: Brighton Mill, Lot 11
13606 Curtis Vista Way
Building Permit: B18002747
Well Permit: HO-17-0157

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **11/1/2018**. Final approval of the well line connection to the dwelling was granted on **11/2/2018**. The well construction was completed on **7/17/2017**. Water samples were collected on **12/14/2018 and 12/29/2018**.

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-17-0157. 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>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Sarah Collins, LEHS
Groundwater Management Section
Well & Septic Program

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



Certificate of Analysis

Acct. No. 8933 - 13-2

Field Record

Site visit performed on: Saturday, December 29, 2018 8:05 AM

by: David Fogle

Affiliation:

Property Owner: Residence

Property Address: 13606 Curtis Vista Way

Clarksville, MD 21029

Sample Source: Laundry Room Sink

Well No.: HO-17-0157

Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 12/29/2018 11:20 AM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	12/29/18	11:25	12/30/18	11:37	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

OK
12/31/18 SC

Taken
Saturday
Brian N.V.
443 309 Hones
7229

Reported by:

Curtis Phelps 12/31/18
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

I put David Fogle as collector.

13606 Curtis Vista Way
Clarksville, MD 21029

* Sample Was Taken from the
Laundry Room Sink

* Time Sample Was Taken: 8:05_{am}

* Chlorine: <0.1 ND

* Date Sample Was Taken: 12/29/18

* No H₂O Treatment

* Bacteria RE-TEST

Thanks For your help!

HO-17-0157

CHAIN OF CUSTODY

FREDERICKTOWNE LABS, INC.

3020 VENTRIE CT., PO BOX 245, MYERSVILLE, MD 21773

301-293-3340 OR FAX 301-293-2366

Page: _____ of _____

FTL Acct. No.: 8933-13-1				Collected By: (Please Print) DAVE FOGLE				Analyses To Be Performed					
Compliance Sample (regulated): Yes <input type="checkbox"/> No <input type="checkbox"/>				Affiliation: Fogle's Well Drilling				<div style="border: 1px solid black; padding: 5px; display: inline-block;">Bacteria (1014)</div>					
Project: Description/Name of project & address 13606 Curtis Vista Way Clarksville, MD 21029													
Field Sample ID	Site Description	Collection Date	Collection Time	Matrix DW/WW	pH	Res. Cl	DO	Temp	Grab/Comp	Preservation			
	Kitchen Faucet	12-26-18	9:05am			10.2				<input checked="" type="checkbox"/>			
Relinquished By: (Print): [Signature]		Date/Time		Received By: (Print): Ellen Mellott		Date/Time 12/26/18		Treatment Devices Present: Yes <input type="checkbox"/> No <input type="checkbox"/>					
(Signature):				(Signature): [Signature]		10:32		Describe Treatment Device(s): NONE					
Relinquished By: (Print):		Date/Time		Received By: (Print):		Date/Time		Lead & Copper Samples - Water Last Used: Date: Time:					
(Signature):				(Signature):				Method of Shipment: Iced: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Relinquished By: (Print):		Date/Time		Received By: (Print):		Date/Time		Condition of Sample(s) upon Receipt:					
(Signature):				(Signature):									



Certificate of Analysis

Acct. No. 8933 - 13-1

Field Record

Site visit performed on: Wednesday, December 26, 2018 9:05 AM

by: Dave Fogle

Affiliation: Fogle's Well Drilling

Property Owner: Residence

Property Address: 13606 Curtis Vista Way

Clarksville, MD 21029

Sample Source: Kitchen Sink

Treatment Devices Noted: No Treatment Devices

Well No.: HO-17-0157

Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 12/26/2018 10:32 AM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
22	<1	12/26/18	11:00	12/27/18	07:57	9223B	JD

Bacteriological analysis of this sample indicates the water is unsafe for human consumption. Analysis was performed according to the 20th edition of Standard Methods

Reported by: Curtis Phelps 12/27/18
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, December 27, 2018 12:10 PM
To: 'Hanauer, Brent'; Cagle, Clint
Subject: RE: Fwd: 8933-13 13606 Curtis Vista Way-Failed Report

Clint - I spoke with my assistant director and program manager on the matter we discussed. Unfortunately, we cannot issue an ICOP without a passing bacteria. Nor can we accept an deviation letter from the owner. There are pretty clear on this issue with regards to bacteria. I know that you would comply with anything we decide but this is kinda out of my hands. The State regulations hold us pretty tight on what we can and can't do. In other words, we can be more strict but not less strict if that makes sense. I am copying the section of the regulation that gives all the details of the approval for well use as potable water.

.30 Approval of Well for Use as Potable Water Supply.

A. When Certificate of Potability Required.

(1) A person may not put into service a well or water supply system that may be used for human consumption unless the Approving Authority has first issued a Certificate of Potability for the well.

(2) This section does not apply to any well that is not used as a potable water supply.

(3) If a well is later converted from a nonpotable water supply well to a potable water supply well, the well shall:

(a) Meet the requirements of §B of this regulation; and

(b) Be approved by the Approving Authority.

(4) Before a standby well can be used as a potable water source, the owner shall obtain a Certificate of Potability for the well.

B. Certificate of Potability. The Approving Authority may issue a Certificate of Potability if a well meets the following criteria:

(1) The well has been constructed in accordance with this chapter;

(2) The well has been constructed in accordance with any permit special condition;

(3) The well meets the yield requirements of this chapter;

(4) The well completion report has been submitted in accordance with Regulation 29 of this chapter;

(5) The well identification tag is affixed to the well; and

(6) The well meets the requirements, as applicable, for a public water supply system under §C of this regulation or a nonpublic potable water supply system under §D of this regulation.

C. A well for a public water supply system shall:

(1) Be approved by the Department; and

(2) Meet the requirements of COMAR 26.04.01.

D. A well for a nonpublic potable water supply system, upon sampling and testing by the Approving Authority, shall meet the following limits:

(1) Bacteriological, which means that:

(a) The well water has tested negative for the presence of coliform bacteria for two consecutive samples collected at least 24 hours apart; and

(b) The water samples were analyzed following procedures approved for use in accordance with COMAR 26.08.05; and

(2) Chemical and physical, which means that:

(a) A well water sample meets the maximum contaminant limits of COMAR 26.04.01 for Nitrate-nitrogen; and

(b) A well water sample meets the turbidity standards as specified under Regulation .16E of this chapter.

E. Additional analyses of the water may be required by the Approving Authority if it has reason to believe that constituents may be present in amounts that may be adverse to human health.

F. Potable water contaminant standards for nonpublic potable water supply systems shall be the maximum contaminant levels for potable water adopted by the US EPA and listed in 40 CFR §141 Subpart G as amended.

G. Issuance of Interim Certificate of Potability.

(1) The Approving Authority may issue an Interim Certificate of Potability if the well meets the following:

(a) The most recent bacteriological sample from the well has tested negative for the presence of coliform bacteria; and

(b) The water sample from the well meets the chemical and physical water quality standards of §§D(1) and (2), and F of this regulation.

(2) A water system may be put into service with an Interim Certificate of Potability.

(3) The subsequent water sample shall be collected within 6 months of the date of the first water sample and if this water sample is negative for coliform bacteria, a Certificate of Potability may be issued for the water system.

(4) The Approving Authority may impose special conditions on an Interim Certificate of Potability.

H. Wells Failing to Meet Requirements for Certificate of Potability.

(1) The Approving Authority may grant additional time for a well failing Certificate of Potability requirements to be brought into compliance with this chapter.

(2) Except for those wells granted a permanent deviation in accordance with §J of this regulation, wells that cannot be brought into compliance with this chapter shall be abandoned and sealed.

(3) If, in the opinion of the Approving Authority, the results of the analysis required in this regulation indicate that constituents are present in amounts that may be adverse to human health or safety, a Certificate of Potability may not be issued.

I. Special Conditions. The Approving Authority may impose special conditions on a Certificate of Potability.

J. Granting of Permanent Deviation.

(1) The Approving Authority, as a special condition, may grant a permanent deviation to the Certificate of Potability to install an adequate:

- (a) Water disinfection device;
 - (b) Nitrate removal device;
 - (c) Naturally occurring radionuclide removal device; or
 - (d) Water treatment device for any naturally occurring inorganic contaminant that exceeds the standards set in §D of this regulation.
- (2) All water treatment devices approved as a special condition in a Certificate of Potability shall be approved only under the following conditions:
- (a) The well has been carefully evaluated to determine that there are no physical defects and the well was constructed in accordance with this chapter; and
 - (b) A public water supply is not available.
- (3) A water treatment device approved as a special condition in a Certificate of Potability for water disinfection shall be approved only if:
- (a) The well has not responded to the disinfection procedures described in Regulation .24 of this chapter; and
 - (b) In Hydrogeologic Areas 1, 2, 3, and 4, fecal coliform contamination is not present.
- (4) In Hydrogeologic Area 5, the Approving Authority may grant a permanent deviation for fecal coliform provided the following treatment is provided:
- (a) 1 micron absolute filtration;
 - (b) Chlorination; and
 - (c) Ultraviolet radiation.
- (5) If a permanent deviation is granted an attachment to the property deed shall be made that reflects the need for treatment, prior to the issuance of the Certificate of Potability.
- (6) A water treatment device for nitrate removal may be approved as a special condition in a Certificate of Potability. The approval requires that a source of water having less than the maximum contaminant level for nitrate as set in 26.04.01 is not available less than 600 feet beneath the surface of the ground.
- (7) A water treatment device for arsenic removal may be approved as a special condition in a Certificate of Potability. The approval requires that a source of water having less than the maximum contaminant level for arsenic as set forth in COMAR 26.04.01 is not available less than 600 feet beneath the surface of the ground.
- (8) A water treatment device approved as a special condition in a Certificate of Potability for naturally occurring radionuclide removal shall be approved only if a radionuclide free aquifer is not available less than 600 feet beneath the surface of the ground.
- (9) Any water treatment device approved as a special condition in a Certificate of Potability shall be capable of removing the targeted contaminant to levels below the standards set forth in §D of this regulation.
- (10) The Approving Authority may require submittal of a continuing service contract for the water treatment device prior to granting the permanent deviation.

From: Hanauer, Brent [mailto:bhanauer@nvrinc.com]
Sent: Thursday, December 27, 2018 9:21 AM
To: Wolf, Kevin; Cagle, Clint
Subject: FW: Fwd: 8933-13 13606 Curtis Vista Way-Failed Report

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin, attached is the failing report for lot 11. Fogles is going to Super Chloronate it today.

From: David Fogle <dfogle1222@gmail.com>
Sent: Thursday, December 27, 2018 9:17 AM
To: Hanauer, Brent <bhanauer@nvrinc.com>
Subject: [Ext] Fwd: 8933-13 13606 Curtis Vista Way-Failed Report

Sent from my iPhone

Begin forwarded message:

From: "Cristy Phelps" <c.phelps@fredericktownelabs.com>
Date: December 27, 2018 at 8:58:11 AM EST
To: <theresa@foglesinc.com>, <dfogle1222@gmail.com>
Subject: 8933-13 13606 Curtis Vista Way-Failed Report

Good morning,

I have attached the failed report.

If you need immediate assistance, please call the office at 301-293-3340 between 8 a.m. and 4:30 p.m.

Thank you,

Cristy Phelps
Fredericktowne Labs, Inc
301-293-3340

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Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-352-3340 • FAX 391-293-2388
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 8933 - 13-1

Field Record

Site visit performed on: Wednesday, December 26, 2018 9:05 AM

by: Dave Fogle

Affiliation: Fogle's Well Drilling

Property Owner: Residence

Property Address: 13606 Curtis Vista Way

Clarksville, MD 21029

Sample Source: Kitchen Sink

Treatment Devices Noted: No Treatment Devices

Well No.: HO-17-0157

Free Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 12/26/2018 10:32 AM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
22	<1	12/26/18	11:00	12/27/18	07:57	9223B	JD

**Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods**

Reported by: Curtis Phelps 12/27/18
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-168

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 #: 127366 Account #: 1933
Reference: Brighton Mill Lot 11 Company: Fogles Well Pump & Treatment
Location: 13606 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 12/14/2018 0915 Site: Kitchen Sink
Date/Time Rec'd: 12/14/2018 1330 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: A. Berchok 1233AB Well #: HO-17-0157

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	36.4	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Nitrate	<1.0	mg/L	10	601	12/14/2018 / 1710 / RER
Turbidity	4.54	NTU	<10	SM20 2130B	12/14/2018 / 1655 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/14/2018 / 1655 / RER

Nitrate turbidity,
+ sand OK
12/31/18 sc

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 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18002747

Date Reported: 12/17/2018