

HO-17-0155

B 1 42813

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-17-0155

OWNER INFORMATION: Date Received (APA) 050217, Highland Development Corp, P.O. Box 228, Clarksville Md 21029

LOCATION OF WELL: Howard County, Brighton Mill 11, Section 44, Lot 9, Clarksville

DRILLER INFORMATION: Larry Mayne, M SD 027, Joseph & Mayne Well Drilling, 5512 Ridge Rd Mt Airy 21776

SOURCES OF DRILLING WATER: 1. Well

Curtis Vista Way, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 40 FT, TAX MAP: 34 BLK: 2 PARCEL 16

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

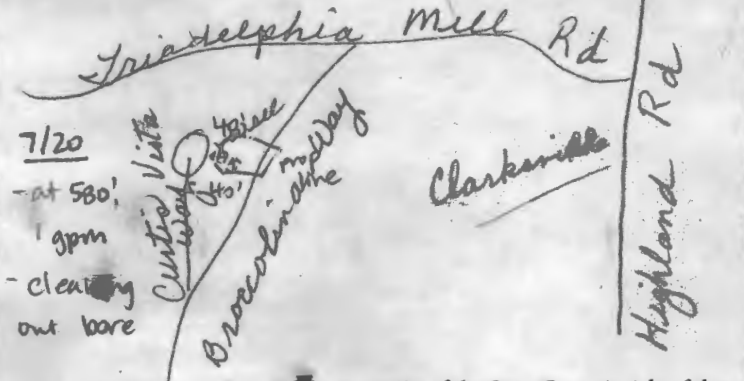
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County No. 13, STATE SIGNATURE, DATE ISSUED 6/8/17, CO SIGNATURE Sel. C.M. 6/8/18, EXP. DATE 7/21/17

APPROXIMATE DEPTH OF WELL 320 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

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

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER G, PERMIT No. HO-17-0155

SPECIAL CONDITIONS: Sodium chloride + TDS samples req'd at yield

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0155
 Location of property (road) Curtis Vista way
 Subdivision Brighton Mill II Lot 9 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Jr. Owner Highland Development Corporation

Depth of well 580
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 5:15 A.M. Pumping rate 20 gpm
 Total time 30 MIN to reach pumping water level 353 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 5/1 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 5:30 | 195' | 3 sec | | 20 gpm |
| 5:45 | 353 | 3 sec | | 20 gpm |
| 6:00 | 353 | 60 | | 1 gpm |
| 6:15 | 353 | 60 | | 1 |
| 6:30 | 353 | 60 | | 1 |
| 6:45 | 353 | 60 | | 1 |
| 7:00 | 352 | 60 | | 1 |
| 7:15 | 352 | 60 | | 1 |
| 7:30 | 352 | 60 | | 1 |
| 7:45 | 352 | 60 | | 1 |
| 8:00 | 352 | 60 | | 1 |
| 8:15 | 352 | 60 | | 1 |
| 8:30 | 352 | 60 | | 1 |
| 8:45 | 352 | 60 | | 1 |
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| 9:45 | 352 | 60 | | 1 |
| 10:00 | 352 | 60 | | 1 |
| 10:15 | 352 | 60 | | 1 |
| 10:30 | 352 | 60 | | 1 |
| 10:45 | 352 | 60 | | 1 |
| 11:00 | 352 | 60 | | 1 |
| 11:15 | 352 | 60 | | 1 |
| HD-224 11:30 | 352 | 60 | | 19 gpm |
| 11:45 | 352 | 60 | | 1 |
| 12:00 | 352 | 60 | | 1 |

Lot 9 - Brighton Mill

HO-17-0155

GROUTING 07/20/2017

TREMIE LENGTH: 53' TREMIE DIAMETER: PRODUCT USED: B C BAG WEIGHT: 94lb

MAKE UP WATER pH: THERMALLY ENHANCED: Y (N) TYPE/WEIGHT OF ADDITIVE: Portland Cement Type 1/II

GALLONS OF WATER USED PER BAG: MUD WEIGHT AT START:

MUD WEIGHT AT END: NUMBER OF BAGS USED: 13

NOTES:

LEHIGH Portland cement

Union Bridge 05/02/2017

USA local 8-00031

WELL DEVELOPMENT/YIELD/REWORKING

METHODS USED: S SB J OP C DURATION: FINAL STATIC & YIELD:

HYDROFRACTURED: Y (N) SINGLE OR ZONE PACKER: S Z DEPTH OF PACKER SETS:

TOTAL GALLONS OF WATER USED: ESTIMATED YIELD OF FLOW BACK:

DEVELOPMENT NOTES:

7/21/2017 (N)

Samples collected Na⁺, Cl⁻, TDS

Yield ~ 1 gpm

UPPER TERMINAL/PUMP INSTALLATION

GROUT PRESENT IN ANNULAR SPACE: Y N PUMP IDENTIFICATION:

DROP PIPE DESCRIPTION: DEPTH/LOCATION OF CHECK VALVES:

PITLESS, CONDUIT PIPE & WATER SERVICE LINE DEPTH: SAFETY ROPE: Y N

ELECTRICAL CABLE DESCRIPTION: PROPER CAP & STICK UP: Y N

STATIC WATER LEVEL: PUMP SET DEPTH: TAG ON WELL: Y N

GENERAL NOTES

Brighten Mill II - Lot 9

STATE OF MARYLAND WELL INSPECTION SHEET

DATE: / /

COUNTY: Howard

WELL TAG #: Ho-17-0155

ONSITE START TIME:

END OF INSPECTION TIME:

LATITUDE/LONGITUDE:

COPY OF PERMIT ONSITE: Y N

WELL DRILLING PERSONNEL: Mayne, J.

GOVERNMENT PERSONNEL:

OTHERS:

CONSTRUCTION

LOCATION CONSISTENT WITH PLAN: Y N

CHLORINE PRESENT IN MAKE UP WATER: Y N

BIT/STABILIZER SIZE:

PENETRATION RATE:

NOTES:

CASING/SCREEN

LENGTH/SIZE/ASTM# OF CASING SET:

LENGTH/SIZE/ASTM# OF LINER:

SCREEN LENGTH/SLOT SIZE/ASTM#:

DEPTH SET:

NOTES:

**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 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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 580 Obrecht 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 FOGLE License #: MSD226

*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: NUR INC Telephone #: _____
Subdivision: Brighton mill Lot #: 9 Well Tag #: HO-17-0155 ✓
Site Address: 13614 Curtis Vista Way 11/13/2018 ©
CLARKSVILLE, MD 21029

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|---|------------------------------|---------------------------------------|
| Make: <u>Goulds</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>YES</u> |
| Model #: <u>SHS1042Z</u> | Model #: <u>NA</u> | Screened, vented well cap: <u>YES</u> |
| Pump Capacity: <u>5</u> GPM | Depth: <u>36</u> (36" min) | Cap secured to casing: <u>YES</u> |
| Well Yield: <u>1</u> GPM | NSE/WSC approved: <u>YES</u> | Conduit min 1 1/2" E.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>580</u> (feet) 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 17.3.4 | | |
| Torque wrenches, Cable guards, or other acceptable method used - Must circle one | | |
| Safety rope, if used, attached to Inress rope adaptor or other acceptable method inside of well casing: <u>NA</u> | | |

| <u>Pipes to house</u> | <u>House Connection</u> |
|---|--|
| Type: <u>1 1/2" POLY pipe</u> | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>200</u> (psi-min) | Length of sleeve (5" minimum from foundation): <u>6'</u> |
| Depth of supply line: <u>36</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.

Signature of Company representative responsible for installation: [Signature] date: 11/12/18

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

Date Insp Requested: 11/13/2018 Date Insp Approved: 11/13/2018 Inspector: [Signature]

| | | |
|--|-------------------------------------|-------------------------|
| Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade | <input checked="" type="checkbox"/> | <u>40"</u> 11/13/2018 © |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> | |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> | <u>36"</u> 11/13/2018 © |
| Safety rope not outside of well casing | <input checked="" type="checkbox"/> | |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> | <u>15"</u> 11/13/2018 © |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> | <u>5"</u> 11/13/2018 © |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> | |

EX HOUSE
11/13/2018 ©
[Signature] 5-25 1-25

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 22, 2019

January 22, 2019

Homeowner
13614 Curtis Vista Way
Clarksville, MD 21029

RE: Brighton Mill II, Lot 9
13614 Curtis Vista Way
Building Permit: B18002761
Well Permit: HO-17-0155

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 **12/10/2018**. Final approval of the well line connection to the dwelling was granted on **11/13/2018**. The well construction was completed on **7/21/2017**. Water samples were collected on **1/7/2019, 1/14/2019, 1/18/2019**.

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-17-0155. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a horizontal line.

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

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 #: 128046 Account #: 1933
Reference: Brighton Mill Lot 9 Company: Fogles Well Pump & Treatment
Location: 13614 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 1/18/2019 1027 Site: Laundry Room Sink
Date/Time Rec'd: 1/18/2019 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: D. Fogle 8914DF Well #: HO-17-0155

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/19/2019 / 0900 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/19/2019 / 0900 / CCH |

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

Reason for Test : Use & Occupancy**Building Permit # :** 18002761Date Reported: 1/21/2019

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 #: 127951 Account #: 1933
Reference: Brighton Mill Lot 9 Company: Fogles Well Pump & Treatment
Location: 13614 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 1/14/2019 1005 Site: Laundry Room Sink
Date/Time Rec'd: 1/14/2019 1524 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: D. Fogle 8914DF Well #: HO-17-0155

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|------------|------------------------|
| Bacteria, Coliform, Total, MPN | 11.1 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/15/2019 / 0930 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/15/2019 / 0930 / RER |
| Turbidity | 6.69 | NTU | <10 | SM20 2130B | 1/15/2019 / 0900 / CRS |

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 18002761

Date Reported: 1/15/2019

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 #: 127769 Account #: 1933
 Reference: Brighton Mill Lot #9 Company: Fogles Well Pump & Treatment
 Location: 13614 Curtis Vista Way Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 1/7/2019 1334 Site: 1st Floor Bathroom
 Date/Time Rec'd: 1/7/2019 1515 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.6
 Collected By: B. Wilkerson 9315BW Well #: HO-17-0155

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | 83.1 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/8/2019 / 1000 / RER |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/8/2019 / 1000 / RER |
| Nitrate | 2.71 | mg/L | 10 | 601 | 1/8/2019 / 1015 / CRS |
| Turbidity | 89.4 | NTU | <10 | SM20 2130B | 1/8/2019 / 1100 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 1/8/2019 / 1100 / 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 18002761

Date Reported: 1/8/2019

Send Report To:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205


E18000259001
Received: 07/24/2017
Metals HOJC0155NA

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: H0C0155NA Site Name: HO-17-0155 County: Howard

Sample Source: Brighton Mills II Lot 9 Collector: CABANUG, Joseph
Subject Town or City Name

Date Collected: 07/21/2017 Time Collected: 10 a.m. p.m. Phone #: 410 313 2643

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ pH: _____

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
Data Category Non-Community Sediment Other
Code Private pH < 2
PS 4
07-24-17

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: _____

| ✓ | Element | Results (ppm) | ✓ | Element | Results (ppm) |
|---|-----------------|---------------|---|----------------|---------------|
| | Antimony (Sb) | | | Copper (Cu) | |
| | Arsenic (As) | | | Lead (Pb) | |
| | Barium (Ba) | | | Silver (Ag) | |
| | Beryllium (Be) | | | Zinc (Zn) | |
| | Cadmium (Cd) | | | Aluminum (Al) | |
| | Chromium (Cr) | | | Iron (Fe) | |
| | Mercury (Hg) | | | Manganese (Mn) | |
| | Nickel (Ni) | | | Calcium (Ca) | |
| | Selenium (Se) | | | Magnesium (Mg) | |
| ✓ | Sodium (Na) SHS | | | Potassium (K) | |
| | Thallium (Tl) | | | Uranium (U) | |
| | | | | Vanadium (V) | |

Lab Supervisor: _____

Date Reported: 7/31/2017

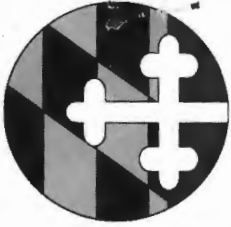
• Phone: (443) 681-3857

• Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY

RECEIVED
JUL 31 2017
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

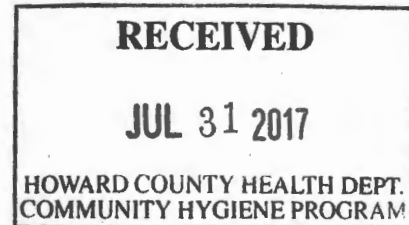
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18000259 Date Coll.: 07/21/2017 Date Received: 07/24/2017 Submitted By: Cabahug

Field ID: HOJC0155NA
Lab No.: E18000259001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7 | Sodium | 7.39 | ppm | 07/25/2017 |

Comments:

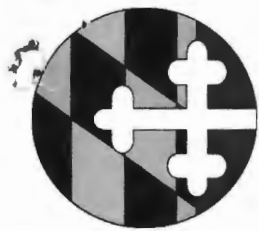


Approved by: *Sadia Muneer*

Approval date: 07/28/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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) 767-6944 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18000257 Date Coll. 07/21/2017 Date Received 07/24/2017 Submitted By: Cabahug

Field ID: HOJC0155TD
Lab No.: E18000257001

| <u>Analyte</u> | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride | SM 4500-Cl E | <10 | mg/L | 08/07/2017 |
| Total Dissolved Solids | SM 2540C | 106 | mg/L | 07/26/2017 |

Comments:

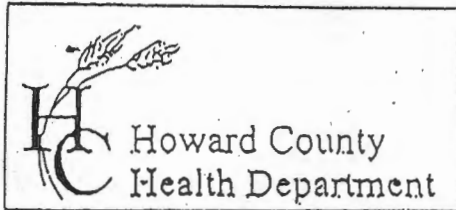
Approved by:

Approval date: 08/08/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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) 767-6190 and arrange for return or destruction.

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 II 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.

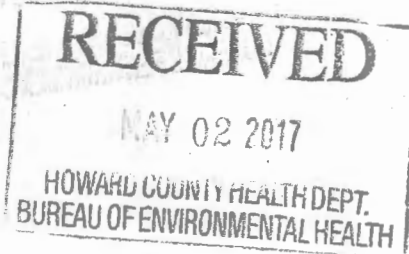
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

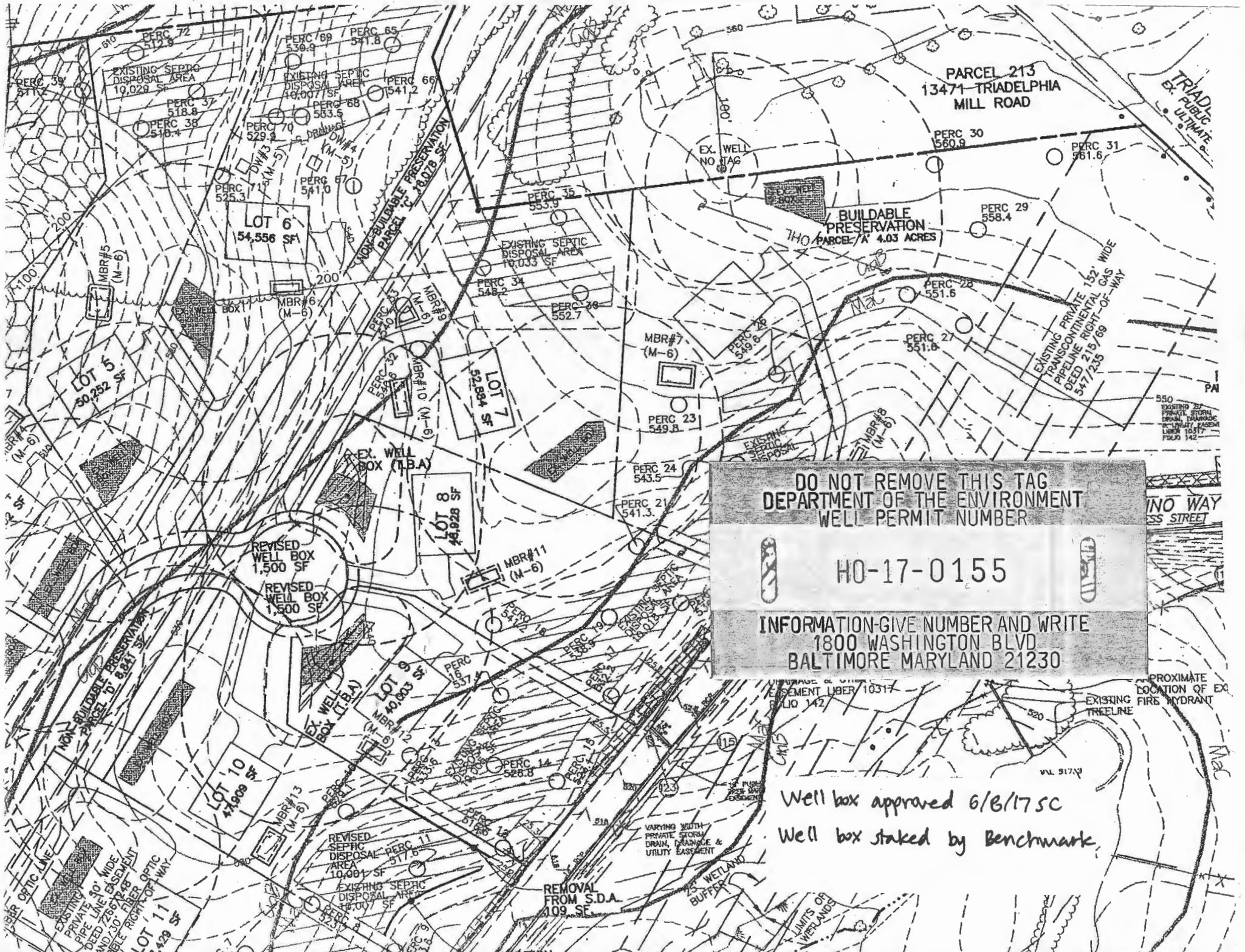
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Richard Demmitt

410-365-0414





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

HO-17-0155

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

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

TRIADIC
 EX. PUBLIC
 ULTIMATE

PARCEL 213
 13471 TRIADLPHIA
 MILL ROAD

BUILDABLE
 PRESERVATION
 PARCEL 'A' 4.03 ACRES

EXISTING PRIVATE 152' WIDE
 PIPELINE RIGHT-OF-WAY
 DEED 215/69
 547/235

550
 EXISTING 20'
 FRANK STORM
 DRAIN, DRAINAGE
 & UTILITY EASEMENT
 LINES 10517
 547/142

NO WAY
 STREET

PROXIMATE
 LOCATION OF EX.
 FIRE HYDRANT

REMOVAL
 FROM S.D.A.
 109 SF

ADDITION
 TO S.D.A.

ENCUMBRANCE OR OTHER
 EASEMENT LIBER 10317
 547/142

VAL 91749

VARYING SOUTH
 PRIVATE STORAGE
 DRAIN, DRAINAGE &
 UTILITY EASEMENT

WETLAND
 BUFFER

LIMITS OF
 WETLANDS

EXISTING SEPTIC
 DISPOSAL AREA
 19,029 SF

EXISTING SEPTIC
 DISPOSAL AREA
 40,007 SF

EXISTING SEPTIC
 DISPOSAL AREA
 19,033 SF

EXISTING SEPTIC
 DISPOSAL AREA

REVISED
 WELL BOX
 1,500 SF

REVISED
 WELL BOX
 1,500 SF

REVISED
 SEPTIC DISPOSAL PERC 11
 AREA
 10,001 SF

EXISTING SEPTIC
 DISPOSAL AREA
 18,007 SF

LOT 6
 54,556 SF

LOT 5
 30,252 SF

LOT 7
 52,984 SF

LOT 8
 48,928 SF

LOT 10
 47,908 SF

LOT 11
 57,429 SF

LOT 9
 40,803 SF

PERC 39
 571.2

PERC 37
 518.8

PERC 36
 510.4

PERC 70
 529.2

PERC 67
 541.0

PERC 69
 539.9

PERC 65
 541.8

PERC 66
 541.2

PERC 68
 553.5

PERC 35
 553.9

PERC 34
 548.2

PERC 38
 552.7

PERC 28
 549.8

PERC 30
 560.9

PERC 31
 561.6

PERC 29
 558.4

PERC 28
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PERC 27
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PERC 23
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PERC 24
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PERC 21
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PERC 11
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PERC 12
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