

C1 9648

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

DATE RECEIVED JUL 29 1999

DATE WELL COMPLETED MM 7 DD 14 YY 99

DEPTH OF WELL 2285'

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-94-2155

OWNER HIGHLAND Development last name first name STREET OR RFD Fox Creek Court TOWN Glenwood SUBDIVISION Monticello - Knapp SECTION LOT 43

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-24, Gray Granite 24-285.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED Y N

- CIRCLE APPROPRIATE LETTER: A, E, P

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. MS DO 24 DRILLERS SIGNATURE James R. Mayne

LIC. NO. D

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 8, NO. OF POUNDS 752, GALLONS OF WATER 48, DEPTH OF GROUT SEAL 25'

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter 6, Total depth of main casing 28

OTHER CASING (if used) diameter, depth

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) table with handwritten entry: HO 26 285

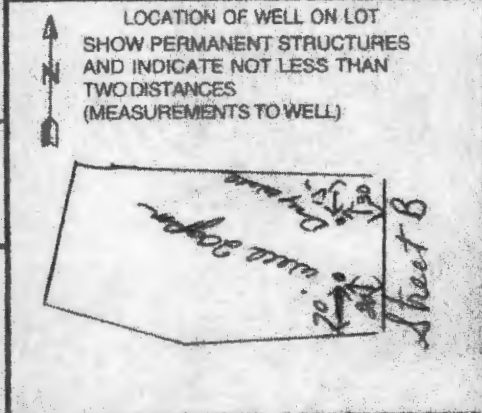
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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: C 3, HOURS PUMPED 3, PUMPING RATE 20, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 44, BEFORE PUMPING 44, WHEN PUMPING 46, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,I,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 1 6739

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO-94-2155
fill in this form completely

Date Received (APA)
MAR 26 1999

OWNER INFORMATION

15 Last Name Owner First Name 34
Highland Development
16 P.O. Box 228 Street or RFD 55
Clarksville Md 21029
17 Town 70 State 72 Zip 76

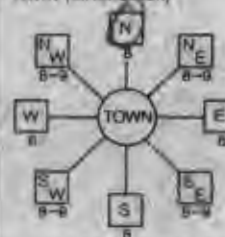
B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Knapp Property
SECTION 44 46 LOT 43 48 50
49 Clevered
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3.2 M. 1
79 76 77 78

DRILLER INFORMATION

Driller's Name M S D 024
Joseph L. Mayne License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy 21771
Signature Joseph L. Mayne Date 3/1/99

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Street B 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
04 25 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 30 39
TAX MAP BLK PARCEL

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

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, DEWATERING
 - PUBLIC WATER SUPPLY WELL
 - TEST, OBSERVATION, MONITORING
 - GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO 13
STATE SIGNATURE INSERT S
DATE ISSUED 03/25/99 EXP DATE 03/22/00
NORTH GRID 544 000 EAST GRID 0797 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
REVERSE-ROTARY ALL-PERCUSSION ROTARY (Hydraulic Rotary)
CABLE REVISED-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)

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

APPROX. PERMIT NUMBER 54 GAP 63
PERMIT No. HO-94-2155
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 797
N 544



C 1 **9648** SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓
 COUNTY NUMBER

ST/CO-USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 7 14 99

Depth of Well
 22 285 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HM-94-2155
 28 29 30 31 32 33 34 35 36 37

OWNER HIGHLAND Development
 STREET OR RFD FOX CREEK COURT TOWN Blenwood
 SUBDIVISION MONTICELLO - Knapp SECTION _____ LOT 43

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		check if water bearing
	FROM	TO	
Sand	0	24	
Gray Granite	24	285 ✓	

Dry well 440' Backfilled
 440-40 drilling material
 40-0 cement

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 8 NO. OF POUNDS 752
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 25 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 ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 28

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

C 2 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
40 26 285

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T _____ W O _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

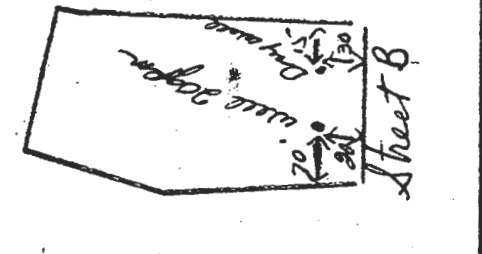
C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 20
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 44 ft.
 WHEN PUMPING 46 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE _____
 - below } _____ (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 1

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.: MSDO 24
 DRILLERS SIGNATURE Joseph E. Mayne
 LIC. NO.: D

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

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: Fogles Well Drilling 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): _____ License# MSD 009

***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: Dr. Horton Telephone #: 410-
Subdivision: Monticello Lot #: 43 Well Tag #: HO-94-2155
Site Address: Lot 43 Fox leaf Ct.

Submersible Pump Data

Make: Goulds
Model #: 85R0722
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 4' (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 275 feet

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, other - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt. NO

Piping to house

Type: 1" Black plastic
PSI: 160 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 7'
Sleeve caulked and sealed properly: yes

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.

Allen Longstre
Signature of company representative responsible for installation

2-13-01
date

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

Date Insp. Requested: 1/24/01 Date Insp. Approved: 1/24/01 Inspector: MR BB

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 seen 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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – NOVEMBER 3, 2019

May 3, 2019

Homeowner
14305 Fox Creek Court
Cooksville, MD 21723

RE: Knapp Property, Lot 43
14305 Fox Creek Ct.
Building Permit: B18002477
Well Permit: HO-94-2155

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 **4/24/2019**. Final approval of the well line connection to the dwelling was granted on **4/24/2019**. The well construction was completed on **7/14/1999**. Water samples were collected on **4/19/2019**.

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-94-2155. 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 Environment's website which describes in further detail operation and maintenance of your septic system.

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

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 4/22/2019
Date Reported 4/23/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 170423-01 Sampled: 4/22/2019 1:30:00 Sampler: TEdwards8309TE (Expires 5/18/2019)

Location: 14305 Fox Creek Court
Cooksville MD 21723

Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/22/2019	SL-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/22/2019	SL-106

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By



Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



170423 Date Due: 4/23/20
 Client: Hague Quality Water
 Project:

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF C

ANNAPOLIS
 410-224-4304 FAX 443-926-0586

WALDORF
 410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

Hague

14305 Fox Creek Ct.
 STREET
 COOKSVILLE, MD 21723
 CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 4/22/19 Time 1:30 Well Tag #:

Collectors Name: TIM EDWARDS Certification # TE8309 Expires 5/19

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.9 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Pressure Tank Chemicals: Lead:

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions :

Released By: [Signature] Date: 4/22/19 Time 2:40 Received By:

Released By: Date: Time Received By:

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 4/22/19 Time 14:40



Environmental Testing Lab, Inc.

A division of Home Land Environmental

108 Old Solomons Island Rd
Annapolis, MD 21401

3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality Laboratory # 106

State Certified Water Quality Laboratory # 139

Certificate of Analysis

Tim Edwards
Hague Quality Water

Project
Date Received 4/19/2019
Date Reported 4/24/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 170374-01 **Sampled:** 4/18/2019 3:30:00 **Sampler:** TEdwards8309TE **(Expires 5/18/2019)**
Location: 14305 Fox Creek Court **Preservation:** Ice
Cooksville, MD 21723 **Sample Point:** Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/19/2019	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/19/2019	LC-106
Iron, Total	SM 3500 D	0.14		mg/l	0.05	04/22/2019	Nise-139
Turbidity	EPA 180.1	Not Detected		NTU	0.5	04/22/2019	RM-139
Nitrate + Nitrite as N	EPA 353.2	7.3		mg/l	0.5	04/22/2019	-
pH	Field	6.5		pH Units	1		-

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Ph 410-224-4304 Fax 443-926-0586

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 4/19/2019
Date Reported 4/22/2019


This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 170374-01 Sampled: 4/18/2019 3:30:00 Sampler: TEwards8309TE (Expires 5/18/2019)
Location: 14305 Fox Creek Court Preservation: Ice
 Cooksville, MD 21723 Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/19/2019	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/19/2019	LC-106

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By 
Daniel J. Brumsted, Laboratory Director

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY



170374 Date Due: 4/24/20
Client: Hague Quality Water
Project:

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX

Company Name, Address Phone & Fax

Hague

Testing Address

14305 FOX CREEK CT.
STREET
COOKSVILLE, MO 21723
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 4/18/19 Time 3:30 Well Tag #: _____
Collectors Name: TIM EDWARDS Certification # TE8309 Expires 7/19
Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
pH: 6.5 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO
Sand present? YES NO IF "YES" submit one liter of sample to lab for testing
Sample Tap Bacteria: BATHROOM SINK Chemicals: BATHROOM SINK Lead: _____

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day
FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day
BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day
 Lead Arsenic Next Day 2 Day 3 Day
 Cadmium 2 Day 4 Day 6 Day
Radium Gross Alpha One Week 2 Week

Special Instructions : _____

Released By: [Signature] Date: 4/19/19 Time 10:45 Received By: _____
Released By: _____ Date: _____ Time _____ Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: [Signature] Date: 4/19/19 Time 10:45

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX

170374 Date Due: 4/24/20
Client: Hague Quality Water
Project:



Company Name, Address Phone & Fax

Hague

Testing Address

14305 FOX CREEK CT.
STREET
COOKSVILLE, MO 21723
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service _____ Email _____

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 4/18/19 Time 3:30 Well Tag #: _____

Collectors Name: TIM EDWARDS Certification # TE8309 Expires 7/19

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.5 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO if "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: BATHROOM SINK Chemicals: BATHROOM SINK Lead: _____

Bacteriological Test _____ Next Day 11:30 Next Day 3:30 _____ 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) _____ Next Day _____ 2 Day _____ 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) _____ Next Day _____ 2 Day 3 Day

_____ Lead _____ Arsenic _____ Next Day _____ 2 Day _____ 3 Day

_____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions: _____

Released By: [Signature] Date: 4/19/19 Time 10:45 Received By: _____

Released By: _____ Date: _____ Time _____ Received By: _____

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: [Signature] Date: 4/19/19 Time 10:45

Wolf, Kevin

ICOP

From: Kenneth Knode <KKnode@carusohomes.com>
Sent: Wednesday, May 01, 2019 4:29 PM
To: Wolf, Kevin
Subject: Re: Fox creek

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

Ok. I'll get the correct paperwork from the lab, thanks for your patience.

Ken Knode
Construction Superintendent
Kknode@carusohomes.com
Caruso Homes Inc.
2120 Baldwin Ave. suite 200
Crofton, Md. 21114

On May 1, 2019, at 4:27 PM, Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

Ken,
Please take a look at the water test results. There are no test results for Nitrates, Turbidity and Sand.

From: Kenneth Knode <KKnode@carusohomes.com>
Sent: Wednesday, May 01, 2019 4:12 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: Re: Fox creek

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

I resent the lab results for 14305 Fox creek job. Hopefully all is attached and all good
Let me know thanks Ken

Ken Knode
Construction Superintendent
Kknode@carusohomes.com
Caruso Homes Inc.
2120 Baldwin Ave. suite 200
Crofton, Md. 21114

On May 1, 2019, at 3:33 PM, Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

Ken,
I am ready to issue the ICOP letter but I do not have all the water test results. What you sent me was bacteria only. I need the passing nitrates, turbidity and sand. Please forward.

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
<image001.png>

<image002.jpg> <image003.jpg>
kwolf@howardcountymd.gov

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This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

-----Original Message-----

From: Kenneth Knode <KKnode@carusohomes.com>
Sent: Tuesday, April 30, 2019 1:01 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: Fox creek

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

Mr, Wolf, would you look into the status of the septic system final for 14305 Fox creek ct? The county will not perform any final inspection due to a hold put on by Health dept, I've confirmed the final inspection was completed last Tuesday and I've forwarded you the passing water sample results. Please let me know if anything outstanding on this project, as the homeowner is looking to occupy on 5/3. Thank you for your time on this matter, Ken with Caruso homes

Ken Knode
Construction Superintendent
Kknode@carusohomes.com
Caruso Homes Inc.
2120 Baldwin Ave. suite 200
Crofton, Md. 21114

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<170374_Chemistry.pdf>

<170423_Chemistry.pdf>

<170374_Chemistry.pdf>

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ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX

170374 Date Due: 4/24/20
Client: Hague Quality Water
Project:



Company Name, Address Phone & Fax

Testing Address

Hague

14305 FOX CREEK CT.
STREET
COOKSVILLE, MO 21723
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service _____ Email _____

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 4/18/19 Time 3:30 Well Tag #: _____

Collectors Name: TIM EDWARDS Certification # TE8309 Expires 7/19

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.5 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: BATHROOM SINK Chemicals: BATHROOM SINK Lead: _____

Bacteriological Test _____ Next Day 11:30 Next Day 3:30 _____ 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) _____ Next Day _____ 2 Day _____ 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) _____ Next Day _____ 2 Day 3 Day

____ Lead _____ Arsenic _____ Next Day _____ 2 Day _____ 3 Day

____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions : _____

Released By: [Signature] Date: 4/19/19 Time 10:45 Received By: _____

Released By: _____ Date: _____ Time _____ Received By: _____

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: [Signature] Date: 4/19/19 Time 10:45

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 4/22/2019
Date Reported 4/23/2019

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 170423-01 Sampled: 4/22/2019 1:30:00 Sampler: TEdwards8309TE (Expires 5/18/2019)

Location: 14305 Fox Creek Court
Cooksville MD 21723

Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/22/2019	SL-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/22/2019	SL-106

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By

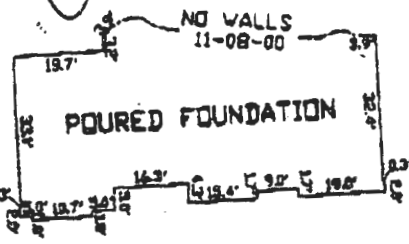
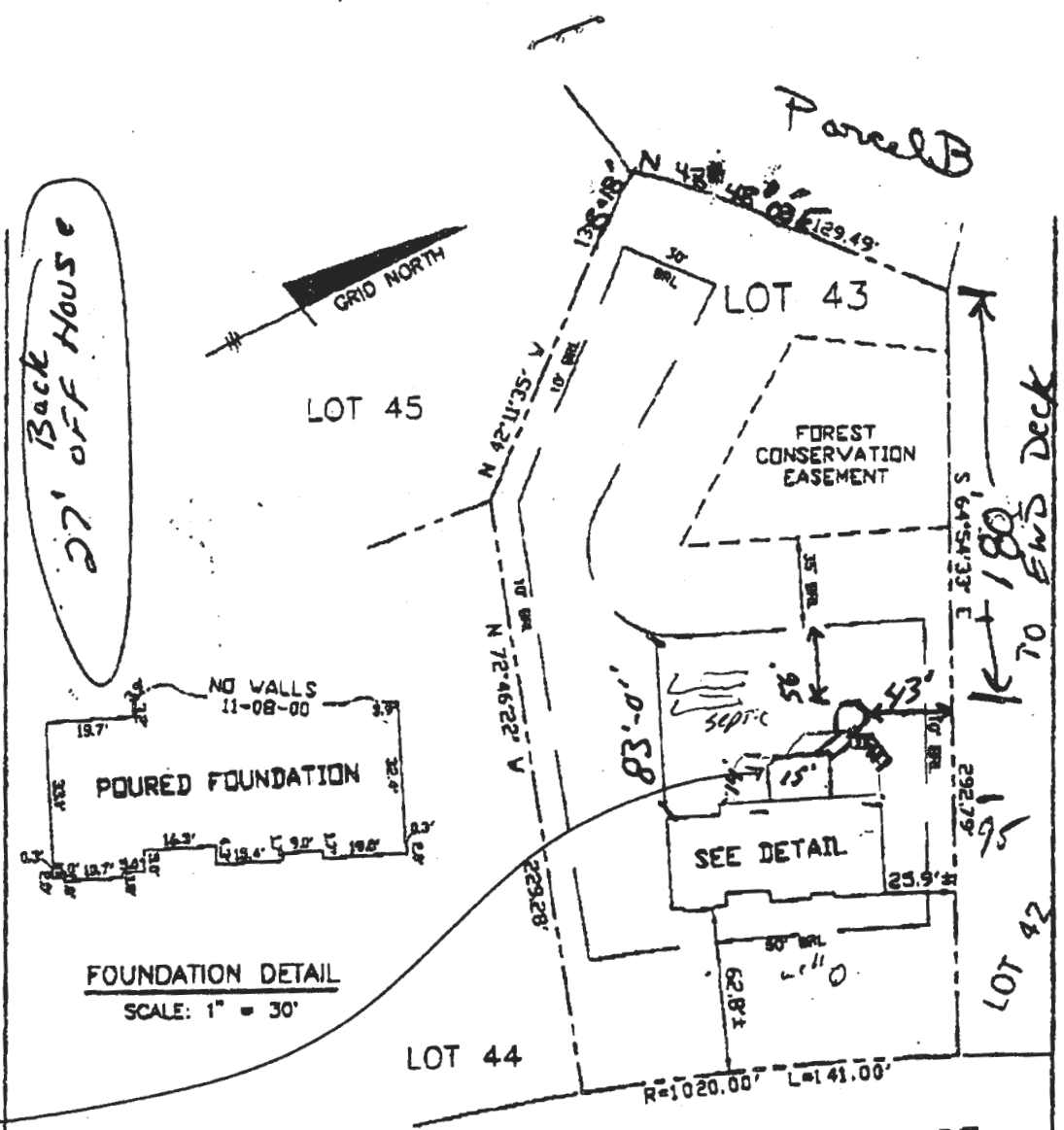
Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Ph 410-224-4304 Fax 443-926-0586



FOUNDATION DETAIL
SCALE: 1" = 30'

4/18/02
Proposed
deck &
gazebo
OK SRK

TOP OF FOUNDATION
WALL ELEVATION = 842.4
OFFSET DISTANCES TO PROPERTY
LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 11-08-00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED MONTICELLO, LOTS 1-50, PRESERVATION PARCELS A-D AND NON-BUILDABLE PARCEL E; AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 14088.

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351

RECORD PLAT No. 14088
FDMA FIRM No. 240044 0008 B
ZONE: C
DATED: 12-04-88

BENCHMARK



FOX CREEK COURT
40' R/W

WALL CHECK
MONTICELLO
LOTS 1-50, PRESERVATION
PARCELS A-D, AND
NON-BUILDABLE PARCEL E

LOT No. 43
14305 Fox Creek Ct
4th Election District
Howard County, MD



170423 Date Due: 4/23/20
 Client: Hague Quality Water
 Project:

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF C

ANNAPOLIS
 410-224-4304 FAX 443-926-0586

WALDORF
 410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Hague

Testing Address

14305 Fox Creek Ct.
 STREET
 COOKSVILLE, MD 21723
 CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 4/22/19 Time 1:30 Well Tag #: _____
 Collectors Name: TIM EDWARDS Certification # TE8309 Expires 5/19
 Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
 pH: 6.9 Chlorine, Total mg/L: 0 Results for U & O Permit? (YES) NO Sample Clear when drawn? (YES) NO
 Sand present? YES NO If "YES" submit one liter of sample to lab for testing
 Sample Tap Bacteria: Pressure Tank Chemicals: _____ Lead: _____

Bacteriological Test _____ Next Day 11:30 Next Day 3:30 _____ 2 Day
FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) _____ Next Day _____ 2 Day _____ 3 Day
BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) _____ Next Day _____ 2 Day _____ 3 Day
 _____ Lead _____ Arsenic _____ Next Day _____ 2 Day _____ 3 Day
 _____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day
Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions : _____

Released By: R Date: 4/22/19 Time 2:40 Received By: _____
 Released By: _____ Date: _____ Time _____ Received By: _____

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
 TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: [Signature] Date: 4/22/19 Time 14:40

Oswald, Hank

From: Kenneth Knode <KKnode@carusohomes.com>
Sent: Tuesday, April 30, 2019 11:19 AM
To: Wolf, Kevin
Cc: Oswald, Hank
Subject: 170374_Chemistry.pdf
Attachments: 170374_Chemistry.pdf; ATT00001.txt

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

Water results 14305 Fox Creek ct
For your review and issuance of ICOP letter Thanks Ken with Caruso 301-832-5266

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**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: All Around Plumbing, Inc Telephone #: 301-698-1028
Address: PO Box 3596
Frederick, MD 21705

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): J. Brendan Madden License# 18121

***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: Marco Torres Telephone #: 3013432689
Subdivision: _____ Lot #: 43 Well Tag #: HO - 94 - 2155 ✓
Site Address: 14305 Fox Creek Ct
Cooksville, MD 21723

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goluds</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>7GS07422C</u>	Model#: <u>P100</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>20</u>	NSF/WSC approved: <u>y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>285</u> (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 <u>inside of well casing</u>		

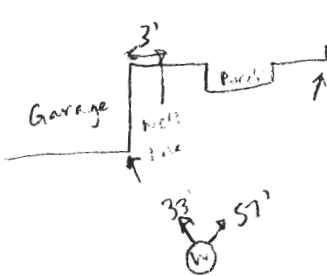
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>y</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>y</u>

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: *Kenneth A. Kuehl* date: 4-11-19

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

Date Insp. Requested: 4/11/19 Date Insp. Approved: _____ Inspector: SC
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 X missing nuts
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



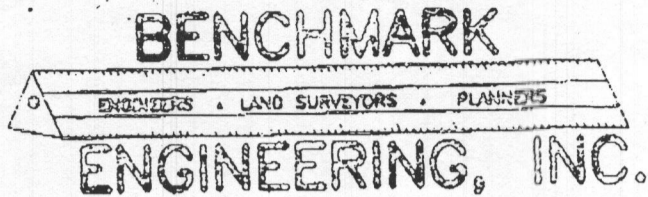
OK 4/23/19
see attached pic
missing nuts

4/18/19 14305 Fox Creek Court

On site for septic inspection- nut still missing from well cap and safety rope is outside casing (SC).



-notified All Around
plumbing on site



8480 BALTIMORE NATIONAL PIKE . SUITE 418 ELICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644

FAX COVER SHEET

DATE: 4/8/99

PLEASE DELIVER THE FOLLOWING TO:

NAME: AMY

COMPANY: HO CO HEALTH DEPT.

FAX NO.: 410-313-2618 PHONE: _____

NO. OF PAGES INCLUDING TRANSMITTAL 2

FAX TRANSMISSION FROM: DON MASON

RE: MONTICELLO (KNAPP PROPERTY)

REMARKS: THE WELL ON LOT 43 DOES NOT HAVE ADEQUATE WATER
AS DRILLED WE WOULD LIKE TO MOVE AND DRILL AT THE
ALTERNATE 1 OR ALTERNATE 2 LOCATION SHOWN ON THE
PLAN TRANSMITTED HEREWITH PLEASE ADVISE US OF
THEIR ACCURABILITY

ORIGINALS WILL WILL NOT FOLLOW BY MAIL