

C 1 **7844** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **13**

ST/CO USE ONLY
 DATE RECEIVED [] [] [] [] [] []
 DATE WELL COMPLETED **11 14 93**

Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
11-91-141

OWNER **(FORESMAN, TIM) MD DEPT OF NATURAL RESOURCES**
 STREET OR RFD **6219 ROCKHURST TOWN ELK RIDGE**
 SUBDIVISION _____ SECTION _____ LOT _____

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	
Topsoil	0	1	
Br. Micaceous clay	1	4	
Br. Micaceous Sandstone	4	16	
Granite	16	20	
Fractured Granite	20	26	
Granite	26	75	
Fractured Granite	75	76	✓
Granite	76	123	
Tan Sandstone	123	126	
Granite	126	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **18** NO. OF POUNDS **170**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE ST PL
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **40**

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

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

C 2
 DEPTH (nearest ft.)
 1 **HO** **300** **300**
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

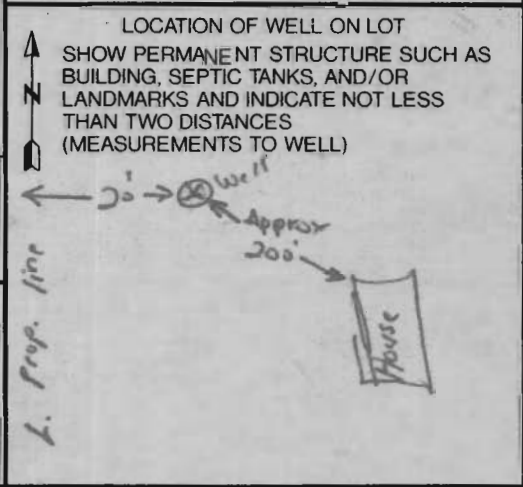
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **4**
 WHEN PUMPING **3.0**
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: _____
 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 } **2** (nearest foot)

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 IDENT. NO. **40**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Wesley Blum
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 05500 SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND PERMIT TO DRILL WELL** please print or type **STATE PERMIT NUMBER** 40-92-0492
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **4** 70 fill in this form completely 78

Date Received (APA) 11/19/93
OWNER INFORMATION
FORESMAN TIM
 15 Last Name 13 Owner 34 First Name
6219 ROCKBRIDGE
 36 Street or RFD 55
PLKBRIDGE MD 21227
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
PLKBRIDGE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 73 M I 76 77 78

DRILLER INFORMATION
George F. Easterday 40
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 4-11-93
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
6219 ROCKBRIDGE
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 DISTANCE FROM ROAD 100 34 37
 ENTER FT or MI 100 38 39

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) 2 8
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE Mark E. Riffin 11/19/94
 DATE ISSUED EXP. DATE
 NORTH GRID 507000 43 55 EAST GRID 0877000 57 83

APPROXIMATE DEPTH OF WELL 500 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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 87X7
 N 50X7
 000 000
 GROUT OK
 DONE EARLIER
 TODAY, MR
 11/24/93
 300', 2 GPM
 PER PUMPCREW

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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 X
 P.A.
 3 1/2 - 4'
 B.G.
 MR
 11/24/93
 33:10 13 6:15:38
 95
 PLKBRIDGE

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 63
 FORCE RR WRITE INITIALS IN BOX PERMIT No. 40-92-0492
 57 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS FORESMAN-TENANT MD Dept. Nat'l Resources - owner
 COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Name of Installer Lester C. Simmons Sr. Easterday Well Pump Inc.
 License Number _____
 Certified Well Pump Installer Well Driller Registered Plumber _____
 Name of Property Owner Tim Foresman Telephone 410-379-1059
 Subdivision _____ Lot # _____ Well Tag # HO-92-0492
 Site Address 6219 Rockbun Hill Rd

Receipt # _____
 Date 11-24-93
 Telephone 301-831-5170

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>300</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>2</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>50</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? <u>Yes</u>

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



Setal

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 3, 1994

Mr. Tim Foresman
6219 Rockburn Hill Road
Elkridge, Maryland 21227

RE: 6219 Rockburn Hill Rd.
Elkridge, Maryland 21227
Well Tag #HO-92-0492

Dear Mr. Graf:

This is to advise you that the septic system was installed, inspected and approved on November 19, 1993. The well owner accepts his responsibilities under COMAR 26.04.04.10.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) #HO-92-0492.

Date of Final Sampling: May 23, 1994

Date of Acceptance: June 3, 1994

Approving Authority

Charles Streaker, R.S.

Charles Streaker, R.S.
Water and Sewerage Program

Water Sample Dates: December 27, 1993 and May 23, 1994

CS/bsc
cc: File



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 5, 1994

Mr. Tim Foresman
6219 Rockburn Hill Road
Elk, MD 21227

RE: 6219 Rockburn Hill Rd.
Elk, MD 21227
Well Tag #HO-92-0492

Dear Mr. Foresman:

This is to advise you that the septic system was installed, inspected and approved on November 19, 1993. The well owner accepts his responsibilities under COMAR 26.04.04.10.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) #HO-92-0492. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking. This certificate may become final upon completion of the final bacteriological test which is to be taken within six months.

Date of Water Sample: December 27, 1993
Date Well Approved: November 24, 1993

Approving Authority

Charles B. Streaker, R.S.
Charles B. Streaker, R.S.
Water and Sewerage Program
(410) 313-2640

CBS:dsc

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

For 8:30
5/23/94

PROPERTY OWNER Ms. Foresman DATE OF APPOINTMENT 5/23/94
ADDRESS 6219 Rockbuen Hill Road
TELEPHONE NUMBER _____ NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME Ms. Foresman
ADDRESS 6219 Rockbuen Hill Road

SAMPLE TYPE REASON FOR REQUEST
 Health Hazard New Residence
 U & O Nitrate Monitoring
 Pond or Stream Taste or Odor
 Sewage Replacement Well
 Other Other

SEPTIC SYSTEM: Approved Disapproved DATE / /

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE / /

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: (See other pages)

For 8:30
5/23/94

RESAMPLE COLLECTOR B. Canning TIME 9:15 DATE 5/23/94

SAMPLE FROM Kitchen Tap BACTERIA BAZY pH 7.0

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: 1/2 To: Beads. Please send a F.C.O.P. Thanks, C. B. B.

RESAMPLE COLLECTOR _____ TIME _____ DATE / /

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Category Code 4F-4C

Lab. No. 017861

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source MS. FOXES MAN - Kitchen Tap

Location: 6219 Rockhewn Hill Road

Iced: Yes No

Treated: Yes No

Time Collected 9:15 am. pm.

Collector # _____ Bottle No. #BA354

Collector Name B. Canning County HOWARD

County 13 Plant No. --- Sampling Station --- Date Collected 5/23/94

pH 7.0 Res. Cl: Free 0.0 Total 0.0 Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*					CONFIRMED MTF TEST					No. of Pos.
ml. of Sample	10 ml.				ml. of Sample	10 ml.				
Gas, 24 hours	-	-	-	-	Coliforms †	-	-	-	-	0
Gas, 48 hours	+	+	-	-	Fecal Coliforms ‡	-	-	-	-	0

PRESUMPTIVE P/A TEST*

ml. of Sample	100ml.
Gas, 24 hours	
Gas, 48 hours	

CONFIRMED P/A TEST

ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/100ml. (Membrane Filter) = _____

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) = _____

Heterotrophic Plate Count §/ml. = _____

** using m Endo-Agar LES at 35° C incubation
 * using Lauryl Sulfate Trypticase Broth at 35°C incubation
 † using Brilliant Green Lactose Bile Broth at 35°C incubation
 ‡ using EC Broth at 44.5°C incubation
 § using Plate Count Agar at 35°C incubation

Date & Hour 23 MAY 94 13

Exam --- Rept. ---

Bacteriologist ---

Remarks _____

County - Copy

Laboratory

Annapolis Cumberland

Cambridge Frederick

Central Salisbury

Cheverly

PRESS HARD — BALL POINT PEN ONLY

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source MS FORESMAN

Location: 6219 ROCKBURN HILL ROAD

Iced: Yes No am. pm.

Treated Yes No

Time Collected _____

Collector # _____ Bottle No. # _____

Collector Name _____ County HOWARD

County 13 Plant No. _____ Sampling Station _____ Date Collected 5 23 94

pH _____ Res. Cl: Free _____ Total _____ Card No. _____

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*				CONFIRMED MTF TEST				No. of Pos.
ml. of Sample	10 ml.			ml. of Sample	10 ml.			
Gas. 24 hours				Coliforms †				
Gas. 48 hours				Fecal Coliforms ‡				

PRESUMPTIVE P/A TEST*	
ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

CONFIRMED P/A TEST	
ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/100ml. (Membrane Filter) = _____

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) = _____

Heterotrophic Plate Count §/ml. = _____

** using m Endo-Agar LES at 35° C incubation
 * using Lauryl Sulfate Trypticase Broth at 35° C incubation
 † using Brilliant Green Lactose Bile Broth at 35° C incubation
 ‡ using EC Broth at 44.5° C incubation
 § using Plate Count Agar at 35° C incubation

Date & Hour _____	Laboratory	
_____ Recd.	Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
_____ Exam	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
_____ Rept.	Central <input type="checkbox"/>	Salisbury <input type="checkbox"/>
	Cheverly <input type="checkbox"/>	
	Remarks _____	
	Bacteriologist _____	

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

For 8:30
5/23/94

PROPERTY OWNER MS FORESMAN DATE OF APPOINTMENT _____
ADDRESS 6219 ROCKBURN HILL ROAD
TELEPHONE NUMBER 379-1759 NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME MS. FORESMAN
ADDRESS 6219 ROCKBURN HILL ROAD
Elkridge, Md.

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Pond or Stream
- Sewage
- Other

- New Residence
- Nitrate Monitoring
- Taste or Odor
- Replacement Well
- Other

SEPTIC SYSTEM: Approved Disapproved DATE / /

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE For 8:30
5/23/94

SAMPLE FROM _____ (✓) BACTERIA _____ pH

_____ CHEMICAL _____ Free Cl _____ Res. Cl _____ NITRATES _____ OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE For 8:30
5/23/94

SAMPLE FROM _____ BACTERIA _____ pH

_____ CHEMICAL _____ Free Cl _____ Res. Cl _____ NITRATES _____ OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE _____/_____/_____

SAMPLE FROM _____ BACTERIA _____ pH

_____ CHEMICAL _____ Free Cl _____ Res. Cl _____ NITRATES _____ OTHER

ACTION: _____

Water Sample Request

9:30 to 10:00

PROPERTY OWNER Tim Foreman DATE OF REQUEST 12/27/93

TELEPHONE 9-1-410-379-1079 NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS 9-1-410-455-3149 (W) Left message with 12/30/93

NAME Tim Foreman
ADDRESS 6219 Rockham Hill Road
Old Mt. Airy

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE / /

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: Replacement Water Well

FIRST SAMPLE COLLECTOR M.R./c.w. TIME 10:00 DATE 12/27/93

BACTERIA # W-573, pH 7.0, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, VOC _____

CHEMICAL # H0-13-X, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: 12/30 T/C to Mr. T. Foreman - explained bacteria

12/30 to DOUG send an I.C.O.P. Thanks sample - CBO

SAMPLE COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

CHEMICAL _____, Other _____

COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

H0-92-0492

11/1/94
C302926 428

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number H0-13-X Name TIM FORESMAN County HOWARD County Code 13

Source 2ND FL. BATH 6219 Rockburn Hill Road Date Category Code 4F

Collected: Date 12/27/93 Time 10:00 Collector & Phone 313-2640 M. Riskin Submitter Code -

CHECK (one per box)

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

Federal Project S

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H2SO4

pH 7.0 Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks: (1) - FULL EYEDROPPER OF H2SO4 ADDED; Replacement Water Well

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrate, N	00630			<u>1.3</u>	<u>1/3/94</u>	<u>J.M. chd</u>
	pH*, Ca CO ₃ SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

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

Number of Tests Requested 1

Section Chief Asoka I. Katumuluwa

Date Reported

1994
JAN 05 1994

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

010345

Category Code 4F-42

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:

Community

Non-Community

 Non-Transient

Private

Check Sample

Special

Source T. FORESMAN (2ND FL. BATH)

Location: 6219 ROCK CRYN HILL ROAD

Iced: Yes No am.

Treated Yes No Time Collected 10:00 pm.

Collector # _____ Bottle No. WV-573

Collector Name M. R. Ikin County HOWARD

County 13 Plant No. --- Sampling Station --- Date Collected 12 27 93

pH 7.0 Res. Cl: Free 00 Total 00 Card No. F

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.	ml. of Sample	10 ml.	No. of Pos.
Gas. 24 hours	<u>---</u>	Coliforms †	<u>---</u>	<u>0</u>
Gas. 48 hours	<u>---</u>	Fecal Coliforms ‡	<u>---</u>	

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas. 24 hours	<u>---</u>
Gas. 48 hours	<u>---</u>

ml. of Sample	100ml.
Total Coliforms †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

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Heterotrophic Plate Count §/ml. = _____

** using m Endo-Agar LES at 35° C incubation

* using Lauryl Sulfate Trypticase Broth at 35°C incubation

† using Brilliant Green Lactose Bile Broth at 35°C incubation

‡ using EC Broth at 44.5°C incubation

§ using Plate Count Agar at 35°C incubation

Laboratory

Annapolis Cumberland

Cambridge Frederick

Central Salisbury

Cheverly

Date & Hour

27 DEC 93 12 46

Recd.

27 DEC 93 12 46

Exam

29 DEC 93 12 39

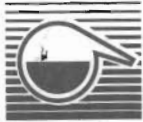
Rept.

Remarks _____

Bacteriologist C...

COUNTY COPY

DUPLICATE REPORT



ENVIRONMENTAL REFERENCE LABORATORY SERVICES

A DIVISION OF MARYLAND MEDICAL LABORATORY, INC.
1901 Sulphur Spring Road Baltimore, MD 21227
(410) 247-9100 (MD) (800) 638-1731 (US) (800) 368-2576

SELVIN PASSEN, M.D.
Director of Laboratories

JOYCE FORESMAN
6219 ROCKBURN HILL RD (M)
BALTIMORE MD 21227

FORESMAN

SPECIMEN COLLECTED: 12/09/93 10:00
COLLECTED BY: J FORESMAN

SAMPLE IDENTIFICATION	DATE	?	?	LAB NUMBER	LABORATORY REPORT
FORESMAN	12/09/93	?	?	R93823389	

MATRIX: DRINKING WATER
SAMPLE DESCRIPTION: 6219 ROCKBURN HILL RD
ELKRIDGE MD 21227

ENVIRONMENTAL REFERENCE LABORATORY SERVICES - MD CERTIFICATION #120:

* ✓ IRON (W-WW)----- 1.9 MG/L
METHOD----- EPA 236.1

THE EPA HAS ESTABLISHED A SECONDARY MAXIMUM CONTAMINANT LEVEL OF 0.3 MG/L FOR IRON IN DRINKING WATER.

* (TOTAL COLIFORMS (MMO-MUG)----- PRESENT
FECAL COLIFORMS (MMO-MUG)----- PRESENT)

THE SAMPLE WAS NOT COLLECTED BY A CERTIFIED SAMPLER. THEREFORE THESE RESULTS CANNOT BE USED FOR LEGAL PURPOSES. TO ARRANGE FOR COLLECTION BY A CERTIFIED SAMPLER PLEASE CONTACT MML.

* RESIDUAL CHLORINE (FIELD TEST)----- N/A
PH (FIELD TEST)----- N/A
TURBIDITY (W-WW)----- 19 NTU
(**METHODODOLOGY***)
(EPA 180.1)

RECOMMENDED RANGE FOR TURBIDITY IN DRINKING WATER IS 0-5.0 NTU.

NITRATE (W)----- 1.3 MG/L
(**METHODODOLOGY***)
(SM 4500 D)

THE MARYLAND STATE HEALTH DEPARTMENT HAS ESTABLISHED A MAXIMUM CONTAMINANT LEVEL OF 10.0 MG/L FOR NITRATES IN DRINKING WATER.

12/17/93 Hold for more tests

John A. Kae

SIGNATURE

DUPLICATE REPORT

DATE REPORTED



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FORESMAN	12/09/93	?	?	R93823389	

CONTINUATION OF REPORT - PAGE 2
INTERPRETATION-----

THIS WATER SAMPLE DOES NOT MEET THE POTABILITY STANDARDS SET BY THE
MARYLAND DEPARTMENT OF ENVIRONMENT FOR THE ANALYSIS PERFORMED.

SIGNATURE

(COMPLETED)

12/13/93 11:42 AM

DATE REPORTED



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 11, 1994

Mr. Tim Foresman
6219 Rockburn Hill Road
Elk, MD 21227

RE: 6219 Rockburn Hill Rd.
Elk, MD 21227
Well Permit #HO-92-0492

Dear Mr. Foresman:

Review of our records indicates that the final satisfactory water sample was not obtained at the above referenced property. You are requested to contact this office at 313-2640 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority..."

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 313-2640 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

Very truly yours,

Charles B. Streaker, R.S.

Charles B. Streaker, R.S.
Water and Sewerage Program

CBS:dsc



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 28, 1994

Mr. Tim Foresman
6219 Rockburn Hill Road
Elkridge, MD 21227

RE: Non-operational Hand Dug Well
6219 Rockburn Hill Road

Dear Mr. Foresman,

A review of our records indicates that the non-operational hand dug well located at the above-referenced property has not been properly abandoned (filled and sealed) as was discussed with you during previous inspections at the site.

Wells not in use represent a potential groundwater contamination hazard and safety hazard and are required to be properly abandoned (COMAR 26.04.04.11). Therefore, you are hereby requested to properly abandon the hand dug well, as was previously agreed upon. Failure to voluntarily comply with this request within 15 days may be cause for issuance of an enforceable order.

This abandonment may be completed by a licensed well driller, or by any other party of your choice. If the latter option is chosen, then a request for inspection must be made to this office.

Proper abandonment entails filling the well with either cement, clean stone or clean sand (no organic materials or contaminants) to a point approximately seven feet from grade, and sealing the well with a minimum three-foot thick cement cap. After the cement has sufficiently cured, a portion of the visible block structure is collapsed (or removed), and the site is backfilled.

Please indicate to this office when this well will be abandoned and by whom. If you have any other questions, please call 313-2640.

Thank you for your cooperation in this matter.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW/MR:jr

December 16, 1994

Dr. Joyce M. Boyd
Howard County Health Department
6751 Columbia Gateway Drive
Columbia, MD 21046

Re: Historic Hand Dug Well
6219 Rockburn Hill Road - Berrett House

Dear Dr. Boyd:

A review of your records will attest to the fact that the historically-significant hand dug well located on the state property at 6219 Rockburn Hill Road (aka the Berrett House) has never been formally addressed by your office. No written documentation regarding this issue has been provided to me or the State of Maryland's Office of Cultural Resources Management. Therefore, the threat for the issuance of an enforceable order, as expressly stated in Craig Williams' letter dated November 28, 1994, would appear to be a capricious and an unworthy demonstration of your administration's legitimate powers.

What was discussed with the Water and Sewerage field representative one year ago, during the permit inspections for the new well and septic systems on the "Berrett House" property in Fall of 1993, was the resolution that we had decided to include this well in the historic renovation plans for the property. In as much as we also had the option to use the well for landscaping or fire protection, due to the remote location of the property, this issue was not considered an urgent matter. No situation of urgency was ever conveyed by your field representative or anyone from the Water and Sewerage Program office to either Mrs. Foresman or myself or any other State representative for the property.

The historically-significant hand dug well had been in operational use beginning around the 1870's until 1993, the time of Ms. Anita Berrett's death. Inspection of this well by various State of Maryland officials from the Department of Natural Resources and the Maryland Historic Trust support the observation that the well is in excellent condition. The subject well is also a premier, historically-significant example of the ingenious engineering feat required to construct this life supporting appurtenance. In as much as Elkridge is historically characterized as the oldest town in the County of Howard, the maintenance of these rare remaining vestiges from our past is considered very important.

With due respect to the concern for health and safety regarding the historically-significant well, the following points should be understood. First, the well is covered by a very heavy reinforced concrete lid inset in a concrete apron or rim. Removal of the lid requires a minimum of two strong people using a long iron bar. There exists no potential for an accidental or inadvertent exposure of the well to humans or animals. An automobile can safely drive over the cover. While there is always room for human ingenuity regarding how to get hurt on State property, it is extremely unlikely that any human could get past the two large police dogs fenced on the property, remove the well cover and jump into the well to cause bodily harm. Secondly, the well is directly linked to the underground water table that supplies the resident curators, the Foresman family. My professional credentials include a professional ecologist certification and a Masters of Science

Page Two - Re: Historic Hand Dug Well -

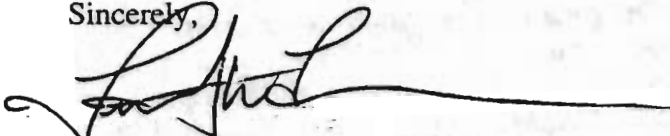
degree in environmental engineering. It would dishonest to assume that I was not cognizant of the geohydrological regime and health setting of this particular situation. As such, the Howard County Health Department can be confident that no person or agency in the State of Maryland is more concerned or vigilant regarding the protection and maintenance of the water supply system on the Berrett House property.

A review of the facts of this case indicate the following:

- 1) The subject well does not pose any safety or health risk to any persons or property in the State of Maryland, as can be attested to by numerous State personnel.
- 2) The resident State curators have proceeded in good faith to include the historically-significant well into the master plan for renovation of the Berrett House, under the State of Maryland's Curatorship program.
- 3) Personnel of the Howard County Water and Sewerage Program have initiated after a year's passing, without previous notification, an immediate threat for the issuance of an enforceable order within 15 days (no date of reference issued with the notification).

In view of the facts presented above, I would welcome a letter by Mr. Craig Williams, with copies to all agencies identified below, establishing an immediately administrative injunction concerning his letter of November 28, 1994. Following that action, I would invite Mr. Williams to schedule a meeting with representatives of the Maryland Department of Natural Resources, Maryland Historic Trust, and the Maryland Department of Health to outline a reasonable and responsible plan for the long-term protection of this historically-significant well. The Howard County Health Department can be assured that the State agencies involved with this property have the utmost respect for their mission and share in the goal of a safe and healthy environment for all of Maryland's citizens.

Sincerely,



Timothy W. Foresman, Ph.D.
Resident Curator - Berrett House
6219 Rockburn Hill Road
Elkridge, MD 21227

cc: Secretary Torrey Brown, Department of Natural Resources
Secretary Wasserman, Department of Health and Mental Hygiene
Ross Kimmel, Department of Natural Resources
Phil Deters, Office of the Attorney General
Beth Cole, Maryland Historic Trust
Richard Hughes, Maryland Historic Trust
Chuck Ecker, Howard County Executive
Joe Rutter, Howard County Department of Planning and Zoning
Steve Bockmiller, Howard County Department of Planning and Zoning
Craig Williams, Howard County Health Department ✓

ROCKBURN HILL MEMO

12/28/1994

TO: FRANK SKINNER

FROM: CRAIG WILLIAMS

RE: HISTORIC HAND DUG WELL
6219 ROCKBURN HILL ROAD - BERRETT HOUSE

IN LIGHT OF MR. TIM FORESMAN'S LETTER OF DECEMBER 16, 1994
TO DR. BOYD, I BELIEVE IT APPROPRIATE TO OFFER THE FOLLOWING BACKGROUND:

* UNDATED- MR. FORESMAN TELEPHONES THIS OFFICE INDICATING HE PLANS TO UPGRADE A RESIDENCE ON PARK SERVICE PROPERTY AT WHICH HE IS TO BECOME TENANT-CURATOR. HE REQUESTS A SITE INSPECTION TO ASSESS THE WELL AND SEPTIC SERVICE TO THE HOUSE. HE REPORTS NO KNOWN SEPTIC, AND A DUG WELL NOT CURRENTLY IN SERVICE.

* 11/17/93- SANITARIAN MARK RIFKIN MEETS MR. FORESMAN AT THE SITE. HIS COMMENT TO MR. FORESMAN BEING THAT REGARDLESS OF ANY CONSIDERATION OF THE VIABILITY OF THE DUG WELL, THE FIRST CONSIDERATION WAS THE SEPTIC SYSTEM. AND THE ONLY LIKELY SPOT FOR SEPTIC SYSTEM INSTALLATION SEEMED TO BE AT A LOCATION IN CONFLICT WITH THE WELL.

* 11/18/94- HAVING PREPARED A LETTER SUMMARIZING THE INSPECTION, MARK HAD OCCASSION TO READ THE LETTER TO MR. FORESMAN OVER THE TELEPHONE. THE LETTER WAS NOT SENT. THE LETTER MENTIONED THE DIFFICULTY IN PROPERLY PROTECTING ANY HAND DUG WELL, BUT EMPHASIZED THAT IN THIS CASE, THE PROBABLE LOCATION OF THE NEW SEPTIC SYSTEM, AND THE LOCATION OF A NEIGHBORING SEPTIC SYSTEM PRECLUDED ANY MEANINGFUL CONVERSATION ABOUT THE USE OF THIS WELL.

* 11/19/93- A REPLACEMENT SEPTIC SYSTEM WAS INSTALLED, INSPECTED, AND APPROVED. AS ANTICIPATED THE INSTALLED LOCATION FOR THE SEPTIC SYSTEM WAS IN CONFLICT WITH THE WELL. OPTIONS FOR REDESIGN TO LESSEN THE DEGREE OF CONFLICT WERE DISCUSSED. MR. FORESMAN AND HIS SEPTIC CONTRACTOR ELECTED TO STAY WITH THE INITIAL, AND MORE EFFICIENT, SEPTIC DESIGN.

A REPLACEMENT WELL SITE WAS PROPOSED BY MR. FORESMAN AND APPROVED; THE WELL CONSTRUCTION PERMIT WAS RECEIVED AND APPROVED THIS DATE. MR. FORESMAN WAS AWARE THAT THE PURPOSE WAS TO REPLACE THE EXISTING WELL.

*** PERMITS FOR REPLACEMENT WELLS INCLUDE A STANDARD NOTATION REGARDING THE DISPOSITION OF THE ORIGINAL WELL. ON THE PERMIT, THE DRILLER INDICATED THAT THE PLANNED DISPOSITION OF THE ORIGINAL WELL WAS FOR IT TO BE KEPT AS STANDBY. OUR COPY OF THE PERMIT SHOWS THAT WE CHANGED THE DESIGNATION AT SOME LATER POINT TO INDICATE THAT THE ORIGINAL WELL WAS TO BE ABANDONED AND SEALED. THE ONLY REASON THAT THE STANDBY STATUS WAS NOT INITIALLY CHALLENGED WAS TO PRESERVE OPTIONS IN CASE THE REPLACEMENT WELL WAS NOT SUCCESSFUL.

*11/24/93- GROUT INSPECTION OF THE REPLACEMENT WELL. MARK INDICATES HE DISCUSSED ABANDONMENT PROCEDURES WITH WITH MR. FORESMAN AT THAT TIME. HE INDICATES MR. FORESMAN EXPRESSED REGRET AT THE NEED FOR ABANDONMENT, BUT DID CONFIRM HIS INTENT TO COMPLY.

*within
47 feet
of*

*12/9/93 THRU 6/3/94- A SERIES OF SAMPLING AND SAMPLING RESPONSES LEADING UP TO THE REQUIRED FINAL CERTIFICATE OF POTABILITY. THERE ARE NO INDICATIONS OF ANY CONVERSATIONS BY EITHER PARTY REGARDING THE STATUS OF THE ORIGINAL WELL.

IT IS INTERESTING TO NOTE THAT THE INITIAL WATER SAMPLE SHOWED FECAL COLIFORM CONTAMINATION AND THAT DESPITE THE CLAIMS BY MR. FORESMAN IN HIS LETTER TO DR. BOYD THAT HE IS VERSED IN WATER SUPPLY AND AQUIFER PROTECTION, HE DISPLAYED SUPRISE AS TO HOW HIS WELL COULD HAVE BEEN CONTAMINATED AND SHOWED NO AWARENESS THAT A NEWLY CONSTRUCTED WELL SHOULD REQUIRE DISINFECTION.

*11/94- OUR REDISCOVERY OF MR. FORESMAN'S STILL UNABANDONED WELL WAS OCCASIONED BY REVIEW OF A PROPOSED SUBDIVISION ON AN ADJOINING PROPERTY. IT WAS SUGGESTED AT THAT TIME THAT THE WELL WAS BEING USED FOR IRRIGATION.

*11/28/94- OUR (MY) LETTER TO MR. FORESMAN ADVISING HIM OF UNFULFILLED REQUIREMENT TO ABANDON THE WELL.

*12/16/94- MR. FORESMAN'S RESPONSE TO DR. BOYD.

RE: HIS PARA. 1 - YES, MY LETTER OF 11/28 IS THE FIRST FORMAL WRITTEN NOTICE TO HIM. CERTAINLY THIS IS NOT HIS FIRST AWARENESS OF SAME.

RE: HIS PARA. 2 - DURING 1993, HE CONVEYED HIS INTEREST IN KEEPING THE WELL; WE CONVEYED THE MESSAGE THAT IT WOULD NEED TO BE ABANDONED. WHILE MR. FORESMAN'S RELUCTANCE TO ABANDON THE WELL WAS MADE APPARENT, SO TOO WAS HIS ACKNOWLEDGEMENT THAT ABANDONMENT WAS REQUIRED.

RE: HIS PARA. 3 - OBSERVATIONS BY OTHER AGENCIES ABOUT THE STRUCTURE AND HISTORY OF THIS WELL ARE NOT RELEVANT. THE CITED AGENCIES LACK JURISDICTION, AND THE ISSUE IS LANDSCAPE POSITION, NOT OTHER FACTORS.

RE: HIS PARA. 4 - AGAIN, STRUCURAL INTEGRITY IS NOT THE ISSUE. LINKAGE TO THE WATER TABLE IS THE FACTOR THAT IS CAUSING OUR CONCERN FOR USE OF A WELL IN SUCH CLOSE PROXIMITY TO A SEPTIC SYSTEM(S). SHOULD HE PROPOSE TO TAKE THE WELL OUT - OF - SERVICE, AND PRESERVE IT FOR ORNAMENTAL AND HISTORIC PURPOSES, THAT WOULD BE ANOTHER QUESTION. ~~THE ONLY LIMITING FACTOR IN THAT CASE WOULD BE TO MAINTAIN REASONABLE (25' - 50') SEPARATION FROM ANY ACTIVE SEPTIC SYSTEM.~~

RE: HIS FINAL PARA. - UNTIL THIS TIME, MR. FORESMAN HAS REPRESENTED HIMSELF AS THE SOLE SPOKESPERSON FOR THE RENOVATION OF THE PROPERTY. ALL PERMITS ARE IN HIS NAME. IT WOULD SEEM TO MAKE SENSE TO CONTINUE THE CONVERSATION ON THAT BASIS. IF THERE ARE OTHERS THAT HE WISHES TO INVITE TO THE CONVERSATION, THAT WOULD BE HIS PREROGATIVE.

F-

SUGGESTED SEQUENCE

EITHER,

ACCEPT HIS OFFER
TO DISCUSS

OR

ENFORCE UNDER LOCAL
ORDINANCE -

SPECIFICS TO FOLLOW

creating a potential channel of pollution and potential health hazard

*Hold P
SEQUENCE
+
15 TAG WELL
OPEN ATLANA*

on not!

OW

12/29/94

DATE

Mr. Timothy Foresman
6219 Rockburn Hill Road
Elkridge, MD 21227

RE: NOTICE OF VIOLATION
6219 Rockburn Hill Road

Dear Mr. Foresman,

On several occasions in 1993, Mark Rifkin, a sanitarian from this office, inspected your property known as Tax Map 32, Parcel 58, located at the above referenced address. On those occasions, Mr. Rifkin observed a non-operational hand-dug well in the front of the property near the driveway.

This condition is in violation of Section 12.110 of the Howard County Code.

Paragraph (a) of this Section states that "a nuisance occurs when a person maintains property owned or rented in a condition that poses an actual or potential threat to health". A non-operational hand dug well constitutes a channel by which pollutants can contaminate groundwater, thereby establishing a "potential threat to health". This hand dug well has a particularly high potential for groundwater contamination due to the fact that your septic system was installed 47 feet from this well; and, in fact, this drainfield was deliberately installed in this location to maximize septic repair area---after it was agreed that the well would be abandoned.

Paragraphs (d) and (e) of this Section state that if this office "believes that a nuisance condition exists ... [then this office] may declare the existence of a nuisance," and notify the appropriate party to correct the nuisance.

As the structure and landscape position of this well creates a condition which is, or may be hazardous to the public health, you are hereby ordered to properly abandon this hand dug well within fifteen (15) days of receipt of this letter. This abandonment, performed according to the directions detailed in the previous letter of November 28, 1994, may be completed by a licensed well driller, or by any other party of your choice. If the latter option is chosen, then a request for inspection must be made to this office.

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing before the Board of Health within ten (10) days of receipt of this letter. If you wish to discuss the evidence, the regulations, or your individual circumstances, you are encouraged to request a meeting with us by calling 313-2640 and scheduling an appointment.

The investigation of this complaint and the enforcement powers of the Health Department are set forth in Section 12 of the Howard County Code, a copy of which is available for your investigation at this office.

If you have any questions, please contact _____ or myself at 313-2640.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW/mr

cc: Mark Rifkin
file



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 23, 1995

Timothy W. Foresman
Resident Curator - Berrett House
6219 Rockburn Hill Road
Elkridge, Maryland 21227

RE: Hand Dug Well

Dear Mr. Foresman:

This is in reply to your letter of December 16, 1994 to Dr. Joyce M. Boyd, regarding a hand dug well located on State property at 6219 Rockburn Hill Road.

We are not in a position to honor your request for an immediate administrative injunction relative to the Health Department's concerns regarding the existing hand dug well located on State property at 6219 Rockburn Hill Road.

In light of your concerns about the apparent lack of written documentation, and your belief that the threat of an enforceable order appears to be a capricious and unworthy demonstration of our administrations legitimate powers, I would encourage a conference in the near future to discuss those concerns, the owners liability, and our authority in this matter. We would request that the property owner also be present at the conference.

Please contact me at 313-2645 to coordinate a meeting with regard to this matter.

Sincerely,

Frank Skinner, Director
Bureau of Environmental Health

fs

cc: Joyce M. Boyd, M.D.
Craig Williams
Ross Kimmel, Supervisor, Cultural Resources Management, DNR

CHRONOLOGY

6219 Rockburn Hill Rd

P62 SITE INSP SHEET 11/17

①

11/17/93 INSP BY MR. AT FORESMAN'S REQUEST TO DETERMINE PLAN FOR UPGRADING RESIDENCE, DISCUSSED ^{POSSIBLE} IMPROVEMENTS ~~TO~~ H₂O SUPPLY & SEPTIC; BUT NO FIRM PLANS @ THAT POINT FOR H₂O SUPPLY (FORESMAN NOT SURE WHAT HE ^{WANTS} WANTS TO DO, AND ~~SEPTIC~~ ONLY POSS. SEPTIC LOC. IN CONFLICT w/EX. WELL); ~~IF~~ IF SEPTIC ^{WAS TO} WORK IN INTENDED LOC, MEMORY ^{NO SUPPORTING DOC'TATION} SERVES THAT ^{REQ'D} ABANDONMENT OF EX. WELL WAS DISCUSSED, BUT CONTINGENT ON DRILLING ^{SUCCESSFUL} NEW WELL

②

11/17 or 11/18 RESPONSE "LETTER" READ VIA T/C TO FORESMAN ^(NEVER SENT) W/NOTE THAT WELL ~~IS~~ NOT LIKELY UPGRADABLE, BUT AB. ^{MENTIONED}

③

11/19/93 MR. MET FLOCK TO EXCAVATE EX. SEPTIC FOR REPAIR; ~~ALSO~~ ALSO RWSI COMPLETED, NEW SEPTIC SYSTEM INSTALLED 47' FROM EX. WELL W/KNOWLEDGE BY ~~FORESMAN~~ FORESMAN THAT ABANDONMENT WOULD EVENTUALLY BE REQ'D RWSI INCLUDED DETERMINATION OF APPROX. LOC. ^(BROWN) OF NEIGHBOR'S SEPTIC (IN FRONT OF FORESMAN) W/FORESMAN IN ATTENDANCE; THIS ^{SEPTIC} I TOLD FORESMAN FURTHER INVALIDATES USE OF EX. WELL

SEPTIC REPAIR PERMIT INSP NOTES -
DETAILS OF CONVERSATION NOT RECORDED.

④

11/24/93 MR. INSP FOR GROUT & W.P.I.; DISCUSSED ABANDONMENT W/FORESMAN; HE & ~~AN~~ ELDERLY NEIGHBOR MARVEL @ WELL CONST. & THE "SHAME" OF ABANDONMENT; ~~MR'S~~ MR'S LAST

WELL PERMIT GROUT INSP
DETAILS OF CONVERSATION NOT RECORDED.

RECOLLECTION IS THAT FORESMAN WOULD COMPLY W/ABANDONMENT REQUEST, BUT HE WOULDN'T LIKE IT

12/13/93-6/3/94
1st

(5)
COLLECTED SAMPLE RESULTS
NO RECORD OF CONVERSATION
ICOP
PEOP

~~12/28/94~~ SAMPLE FOR ICOP REVEALS BACT. CONTAMINATION (~~AND~~ AND FECAL DOC); T/C RE=BACT CONTAMINATION, MENTIONED CHLORINATION, BUT FORESMAN REPORTS NO KNOWLEDGE OF NEED TO CHLORINATE ADVISED HIM OF SUCH, NEXT SAMPLE OK; NO MEMORY OF ABANDONMENT DISCUSS CON
FCOP 6/3/94

12/9/93 FIRST SAMPLE - FECAL
12/27 SAMPLE OK
1/5/94 ICOP ISSUED
6/3/94 FCOP

(6) 11/28/1994 OUR LETTER REQUESTING ABANDONMENT PRECIPITATED BY CHANCE CONTACT W/ADJOINING SUBD. PROPOSAL-FISCAL

(7) 12/16/94 FORESMAN'S UNHAPPY RESPONSE

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Tim Foresman
6219 Rockburn Hill Road
Elkridge, Maryland 21227

4a. Article Number

Z 008 509 296

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

DEC 5 1994

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Tim Foresman

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Print your name, address and ZIP Code here

• Mr. Craig Williams, Program Director
Water and Sewerage Program
Bureau of Environmental Health
3525 - H Ellicott Mills Drive
Ellicott City, Maryland 21043



Z 008 509 296



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Mr. Tim Foresman

Street and No.

6219 Rockburn Hill Road

P.O., State and ZIP Code

Elkridge, Maryland 21227

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom,
Date, and Addressee's Address

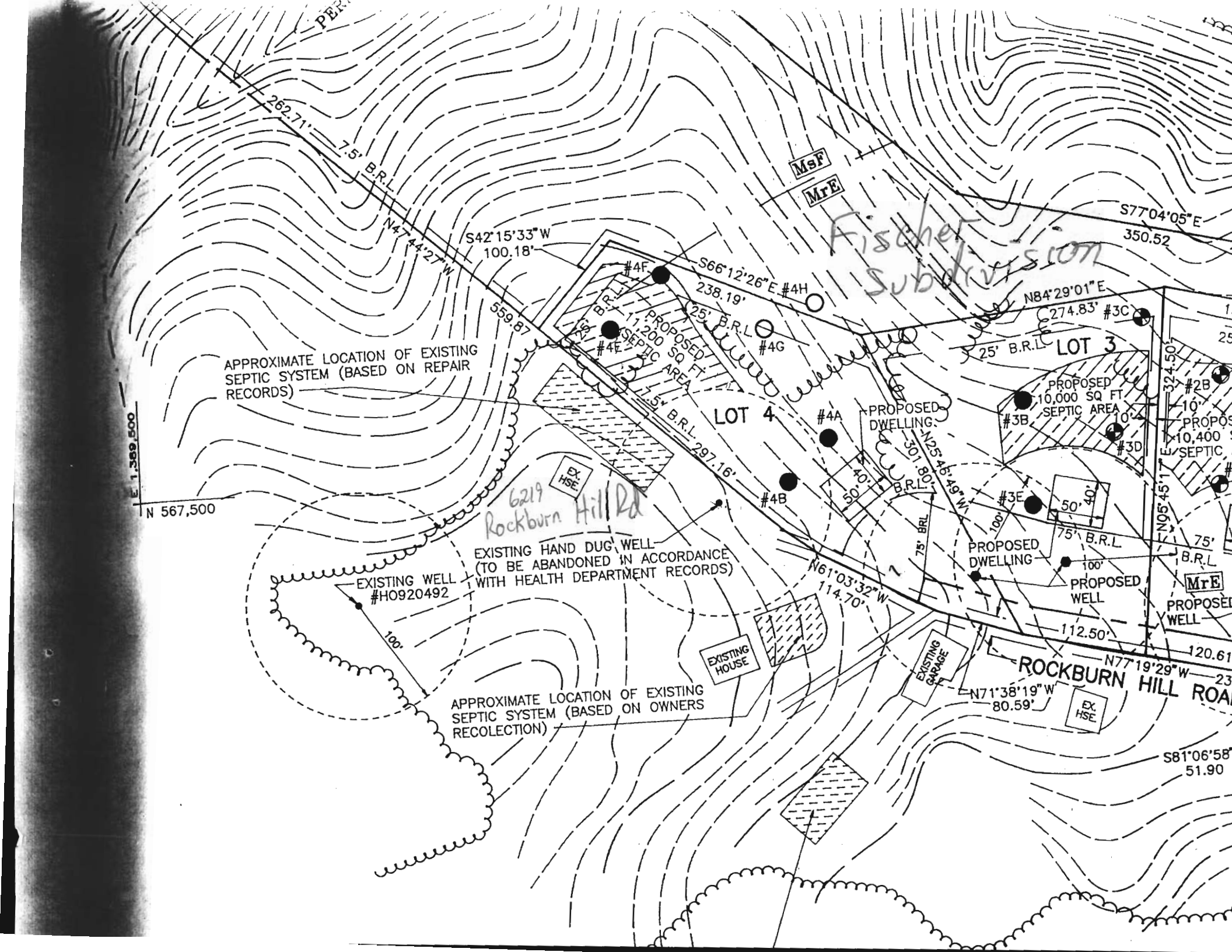
TOTAL Postage
& Fees

\$

Postmark or Date

**C. Williams
12/01/94**

PS Form 3800, March 1993



Fischer Subdivision

APPROXIMATE LOCATION OF EXISTING SEPTIC SYSTEM (BASED ON REPAIR RECORDS)

EXISTING HAND DUG WELL (TO BE ABANDONED IN ACCORDANCE WITH HEALTH DEPARTMENT RECORDS)

APPROXIMATE LOCATION OF EXISTING SEPTIC SYSTEM (BASED ON OWNERS RECOLECTION)

E 1,369.500

N 567,500

S77°04'05" E
350.52

S42°15'33" W
100.18'

S66°12'26" E #4H
238.19'

N84°29'01" E
274.83' #3C

LOT 4

LOT 3

6219 Rockburn Hill Rd

EXISTING HOUSE

EXISTING GARAGE

ROCKBURN HILL ROAD

MrE

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

PROPOSED WELL

S81°06'58" E
51.90

MsF

MrE

EX. HSE.

EX. HSE.

MrE

PROPOSED WELL

PROPOSED WELL

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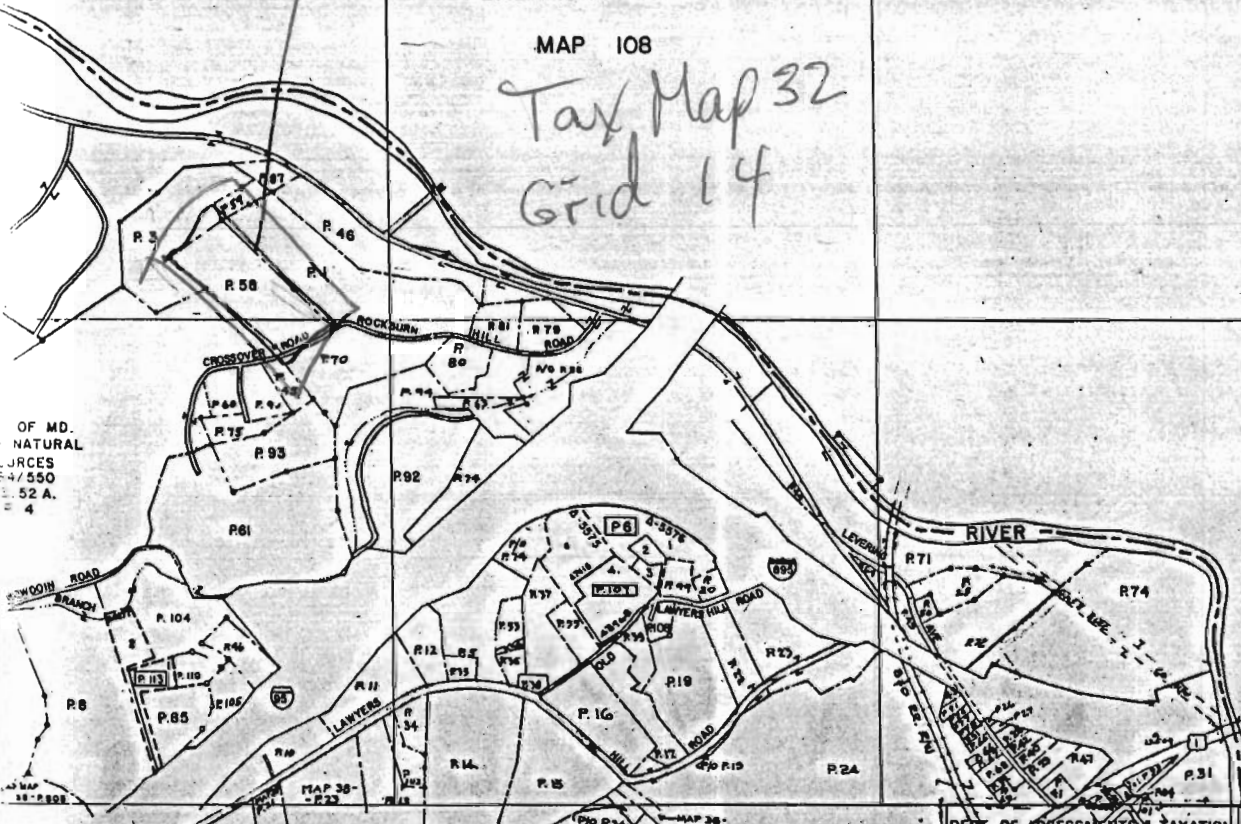
PROPOSED WELL

*DNR
property*

BALTIMORE COUNTY

MAP 108

*Tax Map 32
Grid 14*



OF MD.
NATURAL
RESOURCES
47550
52 A.
4

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DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION

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PROPERTY LINE
SUB-DIVISION BOUNDARY - Z L E - Z

CONTINUING OWNERSHIP - Z L E - Z
PARCEL NUMBER - P. 348 (ASSIGNED TO IDENTIFY AND CORRECT. MUST BE PRECISE BY MAP NUMBER.)

SCALE: 1" = 600'

REVISED TO:	DATE	LINE	BY	LAST R. NO.	PHOTO	QUADRANGLE	A.D.
	- DEC. 92	2728	LLM	116	H-55-65		

878

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