

C 1 52134 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received MM 06 DD 30 Y 17 DATE WELL COMPLETED MM 05 DD 25 Y 17 Depth of Well 22 240 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 716A7sc HO-17-0136

OWNER Sullivan Patricia first name Sullivan last name Patricia TOWN Highland

WELL SITE ADDRESS 13185 Highland RD

SUBDIVISION Sullivan Property SECTION Parcel 2 LOT Parcel 2

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	
Brown sapohite	0	58	
Gray schist	58	230	
White	230	240	✓

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 22 NO. OF POUNDS 2008

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 66 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 68

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch	to	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.)

1 110 68 240

2 8 9 11 15 17 21

3 23 24 26 30 32 36

4 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 77 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 YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } 02 (nearest foot)

LATITUDE 39.1856461
LONGITUDE 76.9752197
(DEFAULT COORD. WGS 84)

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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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.: M SD 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

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

B 1 SEQUENCE NO. (MDE USE ONLY) 56816 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER Ho-17-0136

500609-A please type 70 fill in this form completely 79

B 2 Date Received (APA) 04/18/17

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Sullivan Owner Patricia 34 First Name

36 3010 N Ridge Rd Unit C709 55 Street or RFD

57 Ellicott City, Md 21043 76 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Sullivan Property 42

SECTION 44 46 LOT Parcel 2 48 50

52 NEAREST TOWN Highland 71

DRILLER INFORMATION

76 Driller's Name Allen Compton M 5 D 009 81 License No.

76 Firm Name Foaks Well Drilling, LLC

76 Address P.O. Box 202 Woodbine, Md. 21797

76 Signature Allen Compton 4-14-17 76 Date

B 4 SOURCES OF DRILLING WATER

1. Well water

2. 5/25

3. started pumping @ 1pm
-37' static
-collected radium sample @ 2:30 pm

11 STREET ADDRESS 1385 Highland Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST NORTH SOUTH

34 1200 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 21 PARCEL 230

B 2 WELL INFORMATION

1. APPROX. PUMPING RATE (GAL. PER MIN.) 5

2. AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 5/3/17 5/3/18 EXP. DATE

43 MM DD Yr 48 CO SIGNATURE DNL

Don: 5/23/17 DOG: 5/25/17 DOY: 5/25/17

APPROXIMATE DEPTH OF WELL 300 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

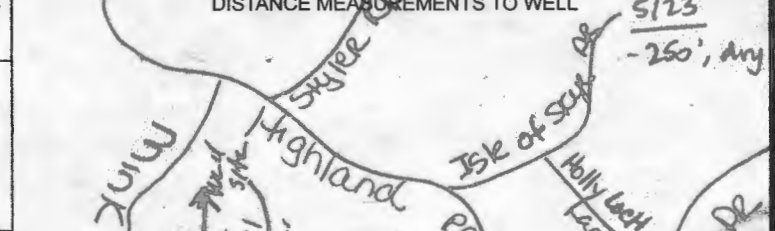
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. Ho-17-0136

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Existing well must be sealed. Radium sample req'd at yield.

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)513-1771 FAX: (410)513-2648

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: FOGIES Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 540 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. FOGIE 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: Patricia Sullivan Telephone #: 443-717-2950
 Subdivision: _____ Lot #: 2 Well Tag #: HO-136 10/09/2018 @
 Site Address: 13185 Highland Rd
Highland, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>MS05422</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>10</u> GPM	NSF/NSC approved: <u>YES</u>	Conduit min 1.8" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>240</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 17.8.4
 Torque wrenches, Cable guards, or other acceptable method used - Must circle one
 Safety rope, if used, attached to brass rope adspir or other acceptable method inside of well casing. NA

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 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: David C. Fogie date: 10/18/18

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

Date Insp. Requested: 10/09/18 Date Insp. Approved: 10/09/2018 Inspector: JD
 Inspection Data:
 Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 10/09/2018
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31" 10/09/2018
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 15" 10/09/2018
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓

TIED INTO EX WATER LINE
 SEE DIAGRAM ON INSPECTION SHEET

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – October 17, 2019

October 17, 2018

Homeowner
13185 Highland Road
Highland, MD 20777

RE: Sullivan Property, Lot 2
13185 Highland Road
Well Permit: HO-17-0136

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 **10/16/2018**. Final approval of the well line connection to the dwelling was granted on **10/9/2018**. The well construction was completed on **5/25/2017**. Water samples were collected on **10/15/2018**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0136. 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

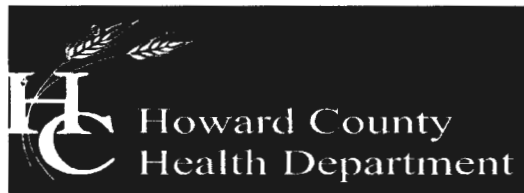
Maura J. Rossman, M.D., Health Officer

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,

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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

June 13, 2017

Ms. Patricia Sullivan
310 N. Ridge Road
Unit C 709
Ellicott City, Maryland 21043

RE: Sullivan Property Parcel 2
13185 Highland Road
Well Tag: HO - 17 - 0136

Dear Ms. Sullivan:

A sample was collected during a yield test on May 25, 2017 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of **9.9 ± 2.0 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **5.1 ± 2.0 pCi/L**. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L**, while the **Gross Beta** level was below its targeted value of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, the well water supply **is within** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

/cc: Property file

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

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

Lab No. _____

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Sullivan Property - Parcel 2 County: Howard

Sample Source: 13185 Highland Rd. Highland Location: HO-17-0136

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: _____ Federal Project: S

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 5/25/17 Time Collected: _____ a.m. 2:30 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample collected during yield test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2565	EPA900.0	4.9 ± 2.0	5/30/17	JT	5/31/17
<input checked="" type="checkbox"/> Gross Beta	4100	2565	EPA900.0	5.1 ± 2.0	5/30/17	JT	5/31/17
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 5/26/17 Received By: [Signature]

Data Release Signature: [Signature] Date: 5/31/17

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SEND REPORT TO: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd
 Columbia, MD 21045

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

Lab No.
 E042564 E260

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dH₂O Location: HCHD Lab

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____

County 13 Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

--	--

 Federal Project: 5

Collector: S. Collins Telephone No.: 410-313-6287

Date Collected: 5/25/17 Time Collected: _____ a.m. 3:30 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: SR

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	2564	EPA 900.0	<2.0	5/30/17	JT	5/31/17
<input checked="" type="checkbox"/> Gross Beta	4100	2564	EPA 900.0	<4.0	5/30/17	JT	5/31/17
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input type="checkbox"/>							
<input type="checkbox"/>							

Date Received: 5/26/17 Received By: [Signature]

Data Release Signature: [Signature] Date: 5/31/17

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH <2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

SITE INSPECTION SHEET

OWNER: PAT SULLIVAN PHONE #: N/A

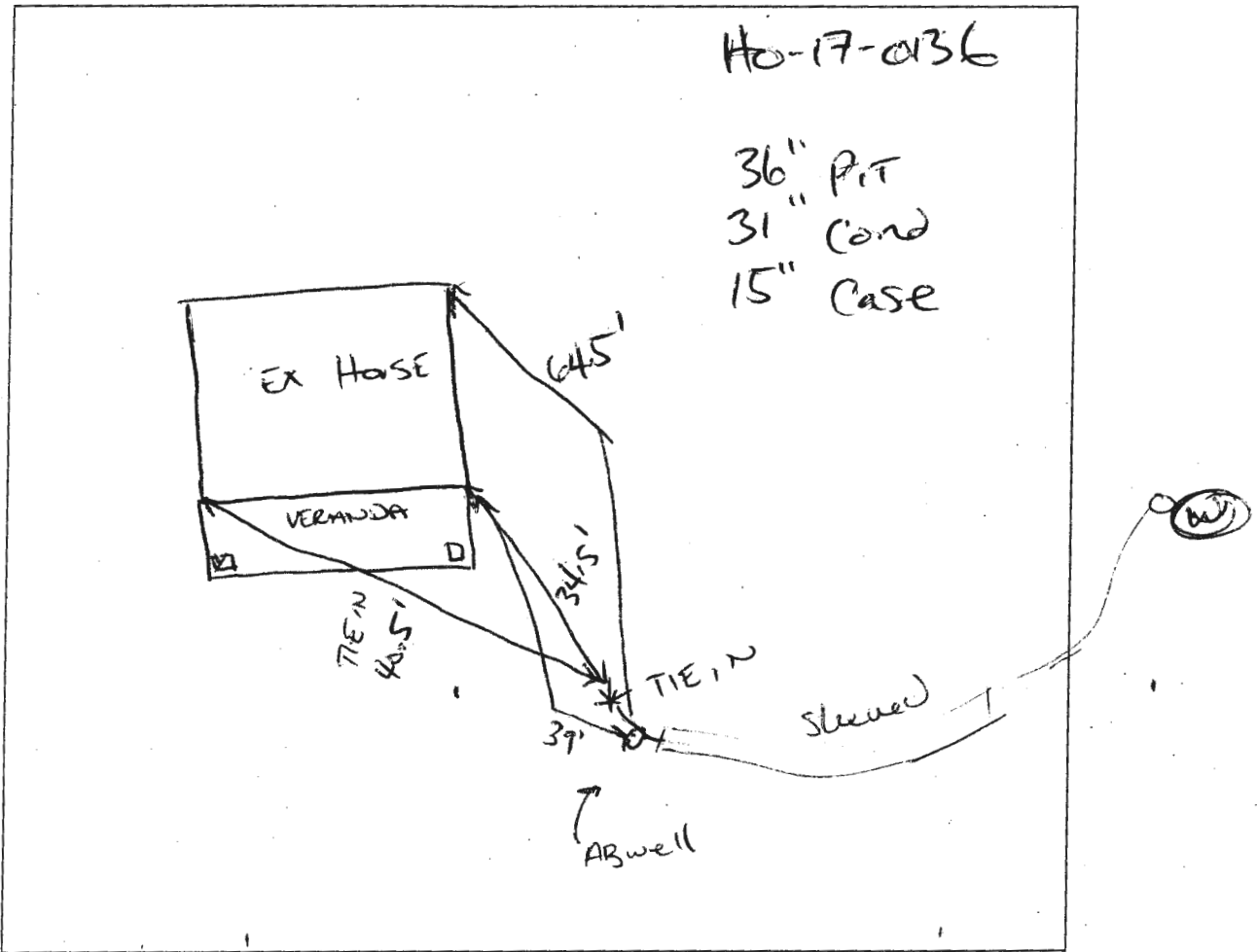
ADDRESS: 13185 Highland CONTRACTOR: FOGLES

WELL TAG #: HO-17-0136

SUBDIVISION: _____ LOT: 2 COUNTY #: (XII)

PROPOSAL: INSTALL WELL LINE - NOT CALLED IN
INFORMED IN FIELD BY CONTRACTOR

LOCATION DIAGRAM



COMMENTS: WATER LINE SLEEVED AROUND SEPTIC

DATE: 10/09/2018

INSPECTOR: [Signature]

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
7/6/17 sc

DATE WELL ABANDONED: 5-25-17 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 17 - 0136

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Allen Longdon

WELL DRILLER'S LICENSE NUMBER: 009

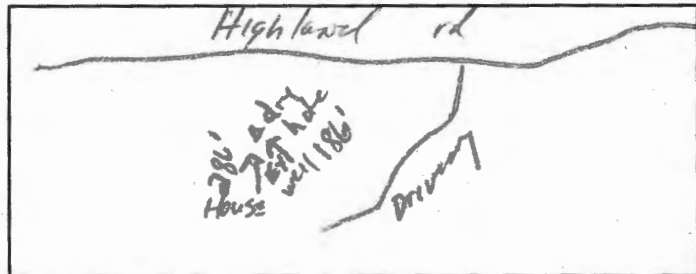
* OWNER'S NAME: Patricia Sullivan

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP 34 BLOCK 21 PARCEL 237
 SUBDIVISION: Sullivan Property
 SECTION: _____ LOT: Parcel 2
 STREET ADDRESS: 13185 Highland Rd



LATITUDE 3 9 . 1 8 5 7 7 1 9
 LONGITUDE 7 6 . 9 7 5 0 8 2 4

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>0</u>	<u>100</u>
<u>Rock cuttings</u>	<u>100</u>	<u>300</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) Dryhole

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

Allen Longdon 009
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS
 CIRCLE ONE

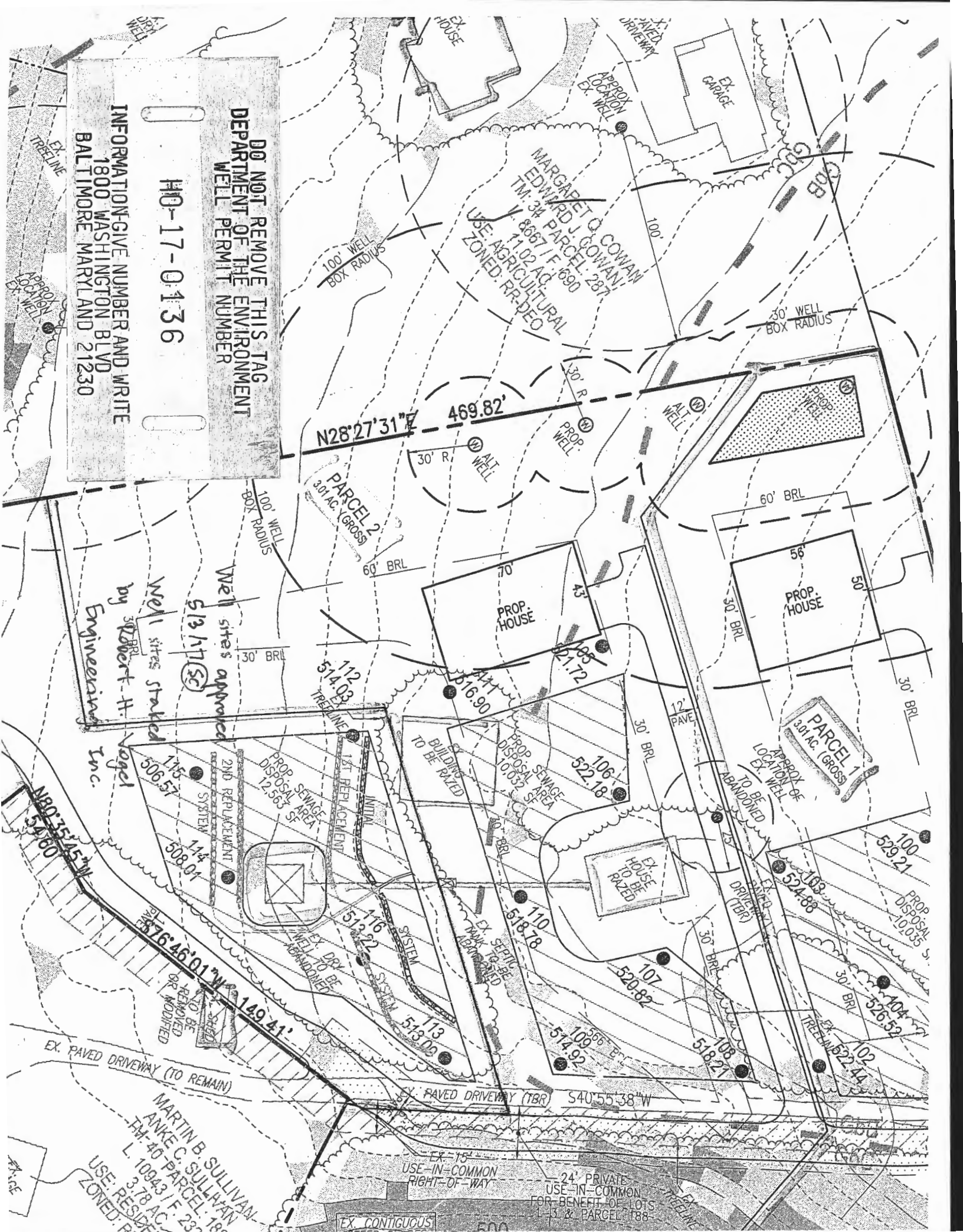
5-25-17
 DATE

COUNTY

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DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HO-17-0136

INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230



MARGARET Q. COWAN
 EDWARD J. COWAN
 TM. 34 PARCEL: 287
 L. 8657 / F. 690
 1.102 AC
 USE: AGRICULTURAL
 ZONED: RR-DEO

N28°27'31"E 469.82'

PARCEL 2
 3.04 AC (GROSS)

PARCEL 1
 3.01 AC (GROSS)

PROP. SEWAGE
 DISPOSAL AREA
 10,032 SF

PROP. SEWAGE
 DISPOSAL AREA
 12,563 SF

PROP. SEWAGE
 DISPOSAL AREA
 12,563 SF

1ST REPLACEMENT
 WELL

2ND REPLACEMENT
 WELL

EX. DRY
 WELL TO BE
 REMOVED

EX. PAVED DRIVEWAY (TO REMAIN)

EX. PAVED DRIVEWAY (TBR)

EX-15'
 USE-IN-COMMON
 RIGHT-OF-WAY

24' PRIVATE
 USE-IN-COMMON
 FOR-BENEFIT OF LOTS
 1-3 & PARCEL T88

MARTIN B. SULLIVAN
 ANKE C. SULLIVAN
 TM. 40 PARCEL: 18
 L. 10943 / F. 232
 3.78 AC
 USE: RESIDENTIAL
 ZONED: RR-DEO

EX. CONTIGUOUS

Well sites approved
 513 17 SC

Well sites staked
 by Robert H. Vogel
 Engineering Inc.

112
 514.03
 TREELINE

115
 506.57

114
 508.01

116
 512.22

113
 513.09

110
 518.78

109
 514.92

108
 518.27

107
 520.82

106
 522.18

105
 524.88

104
 526.52

100
 529.21

103
 524.88

102
 522.44

101
 520.82

100
 529.21

100
 529.21

100
 529.21

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 #: 125866 Account #: 5554
Reference: Peter Doan Company: Lereve Real Estate
Location: 13185 Highland Road Requested By: Christine Martin
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 10/15/2018 1440 Site: Downstairs Powder Room Sink
Date/Time Rec'd: 10/15/2018 1600 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: C. Holland 0547CH Well #: N/A

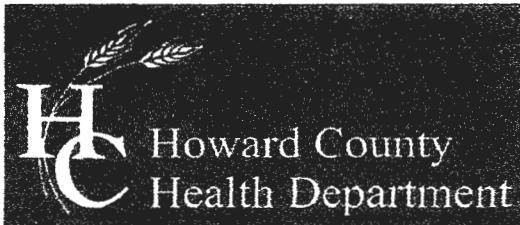
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/16/2018 / 1030 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/16/2018 / 1030 / RER
Nitrate	4.78	mg/L	10	601	10/16/2018 / 0925 / RER
Turbidity	1.00	NTU	<10	SM20 2130B	10/16/2018 / 1617 / CRS

NOTES

- 1 Report revised to include Turbidity 10/16/18 CCH
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 ND = None Detected
- 7 pH & Chlorine level tested on site
- 8 N/A: Not Available

Reason for Test : Real Estate

Date Reported: 10/16/2018



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

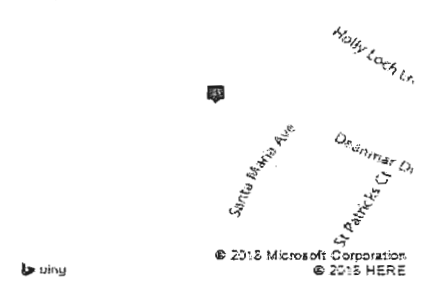
Sullivan Property Parcel 3 13155 Highland Rd
Subdivision/Property Name Lot # Road Name

The well site has been staked by Robert H. Vogel Engineering, Inc.
(professional land surveyor or company employing professional land surveyors)
on 4-7-17 (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.

Status: ACTIVE
 List Price: \$450,000
 Ownership: Fee Simple - Sale
 BR/FB/HB: 3/1/0
 Lot AC/SF: 11.75/511,830.00
 LvlS/Fpls: 3 / 0
 Tot Fin SF: 0
 Tax Living Area: 1,624
 Year Built: 1967
 Total Tax: \$5,359
 Tax Yr: 2017
 Ground Rent:
 Style: Dutch Colonial
 Type: Detached



Transaction Type: Standard
 Legal Sub:
 Adv. Sub: Fetherbed Lane
 Model:

Auction: No
 HOA Fee: /
 C/C Fee: /
 Other Fee: /
 Condo/Coop Proj Name:

ADC Map: XXX
 Attorney: Sang W. Oh
 Talkin & Oh, LLP
 5100 Dorsey Hall Dr.
 Ellicott City, MD 21042

	Total	Main	Upr1	Upr2	Lwr1	Lwr2	Schools:
BR:	3	0	3		0		ES: DAYTON OAKS
FB:	1	0	1		0		MS: LIME KILN
HB:	0	0	0		0		HS: RIVER HILL

*School information is provided by independent third party sources and should not be relied upon without verification.

Foyer:	Main	Living Room:	Main	Dining Room:	40-964-0300 X 14
Kitchen:	Main	Breakfast Room:	Main	Bedroom-Master:	Upper 1
Bedroom-Second:	Upper 1	Bedroom-Third:	Upper 1	Game/Exer Rm:	Lower 1

Exposure: Pastoral View, Scenic Vista
 Roofing:

Other Structures:
 Lot Desc: Backs to Trees, Landscaping, Trees/Wooded
 Basement: Yes, Full, Improved
 Parking: Drwy/Off Str, DW - Circular
 Heating System: Baseboard
 Water: Well
 Cooling System: Central Air Conditioning
 Sewer/Septic: Public Septic
 Appliances: Dishwasher, Exhaust Fan, Oven - Single, Refrigerator
 Amenities: Bathroom(s) - Ceramic Tile, Wood Floors, Wood Stove Insert
 HOA/C/C Amenities:

Gar/Crpt/Assgd Spaces: //
 Heating Fuel: Electric
 Hot Water: Electric
 Cooling Fuel: Electric
 Soil Type:

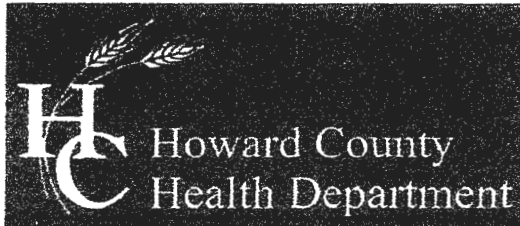
Remarks: Amazing opportunity to either renovate or build on this 3 acre lot (not 11 ac) in the Heart of Highland. This wooded wonderland provides a quaint & cozy setting for an amazing lifestyle! New septic & well installed. If you want to keep the existing home that is turn key & meticulously maintained, you need to connect to new well/septic. You also have the option to design/build your dream home!

Directions: ROUTE 108 TO HIGHLAND ROAD WEST TO SIGNS ON LEFT AND DOWN THE LANE.
 Listing Co: Le Reve Real Estate, RXLE1

List Date: 31-Jan-2018
 DOM-MLS/Prop: 93/93

- gravel driveway





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

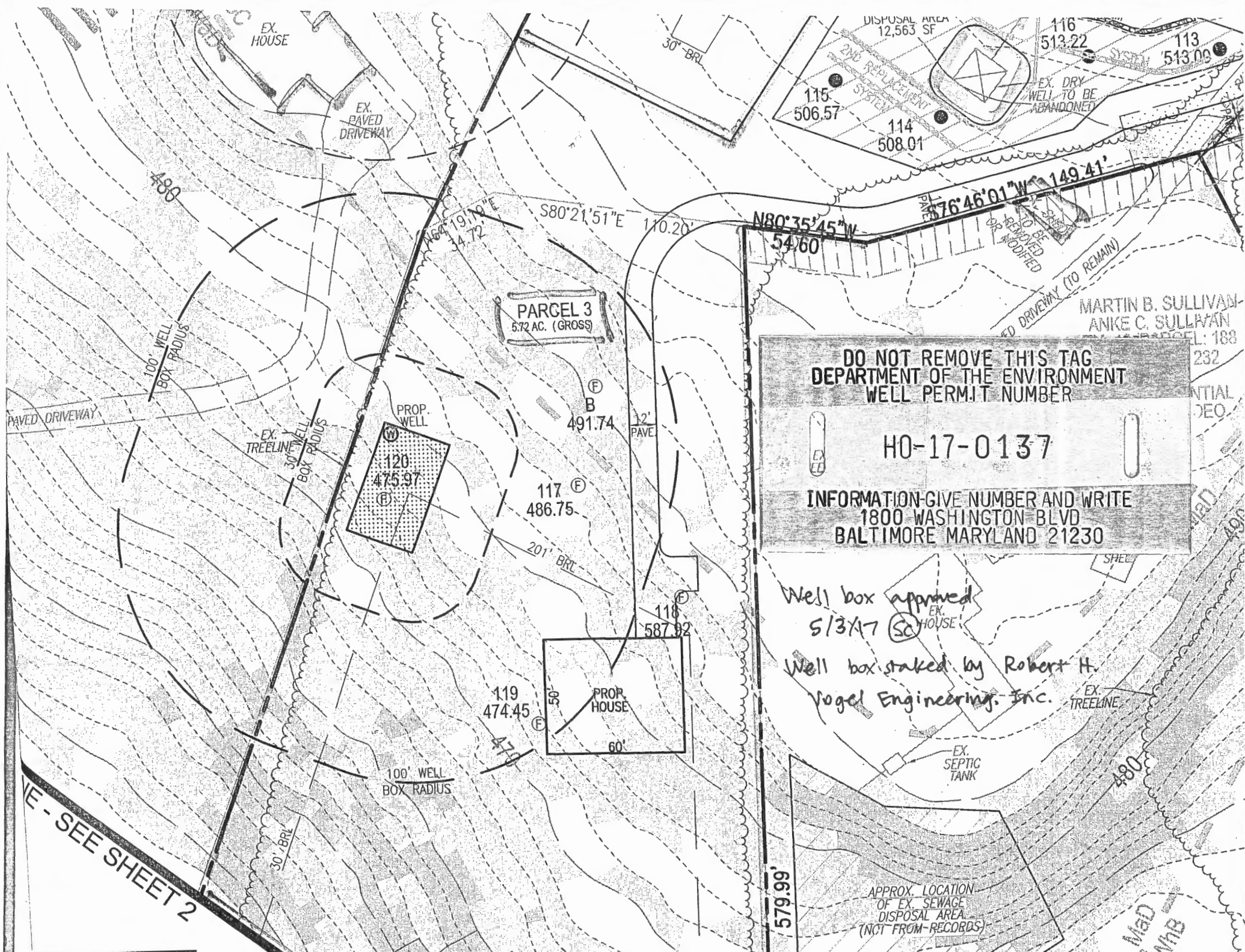
Well Site Location:

Sullivan Property Parcel 2 13185 Highland Rd
Subdivision/Property Name Lot # Road Name

The well site has been staked by Robert H. Vogel Engineering, Inc
(professional land surveyor or company employing professional land surveyors)
on 4-7-17 (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.



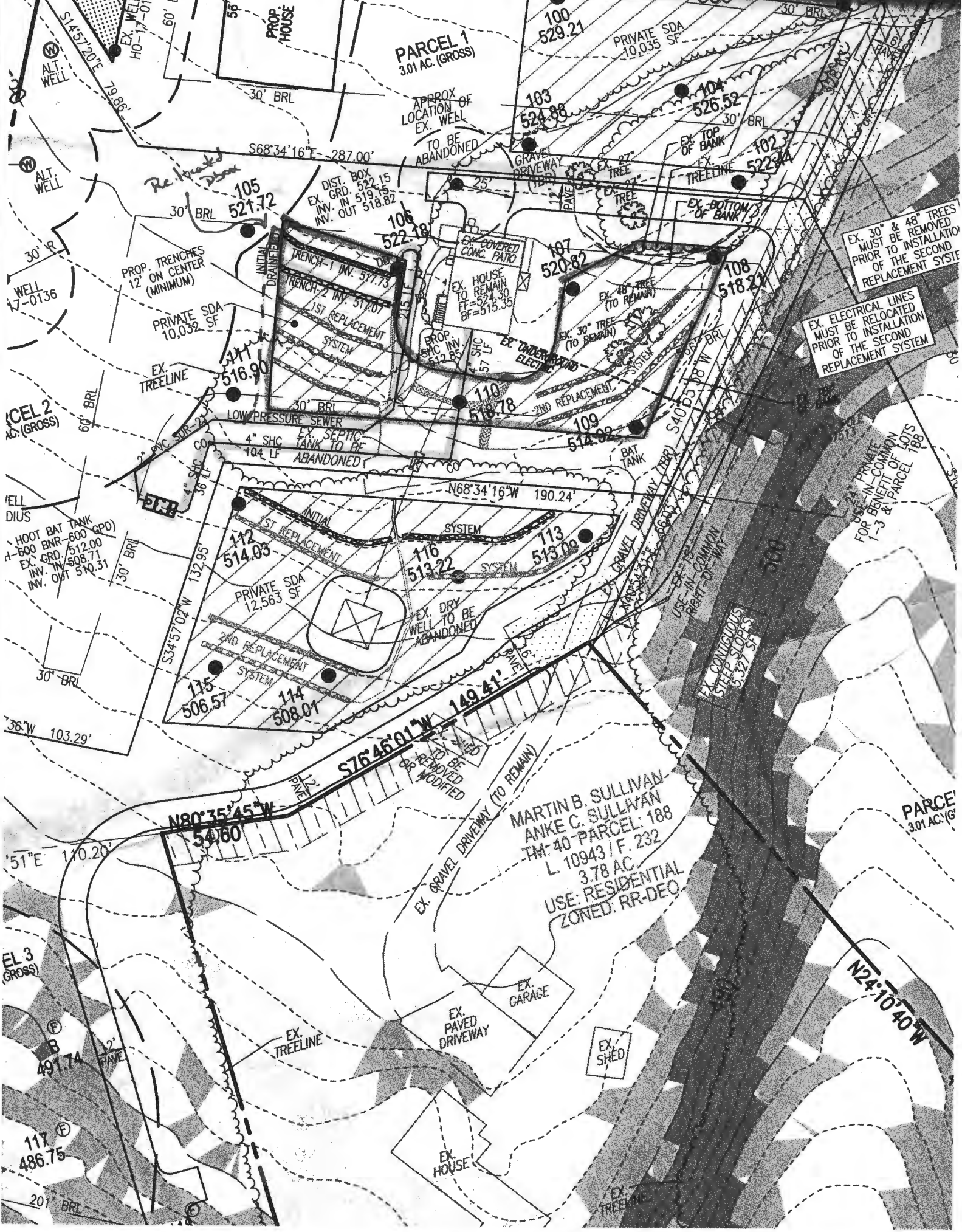
DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

H0-17-0137

INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

Well box approved
 5/3/17 (SC) HOUSE
 Well box staked by Robert H.
 Vogel Engineering, Inc.

SEE SHEET 2



PARCEL 1
3.01 AC. (GROSS)

Re-located Drive

PROP. TRENCHES
12' ON CENTER
(MINIMUM)

PRIVATE SDA
10,032 SF

CEL 2
AC. (GROSS)

HOOT BAT TANK
1-600 BNR-600 (CPD)
EX. GRD. 512.00
INV. IN 508.71
INV. OUT 510.31

36°W 103.29'

EL 3
(GROSS)

491.74

117
486.75

APPROX
LOCATION OF
EX. WELL
TO BE
ABANDONED

DIST. BOX
EX. GRD. 522.15
INV. IN 519.15
INV. OUT 518.82

EX. COVERED
CONC. PATIO
EX. HOUSE
TO REMAIN
FT=524.30
BF=515.35

4" SHC
104 LF
EX. SEPTIC
TANK TO BE
ABANDONED

EX. DRY
WELL TO BE
ABANDONED

TO BE
REMOVED
OR
MODIFIED

MARTIN B. SULLIVAN
ANKE C. SULLIVAN
TM: 40 PARCEL: 188
L. 10943 / F. 232
3.78 AC.
USE: RESIDENTIAL
ZONED: RR-DEO

EX. 30" & 48" TREES
MUST BE REMOVED
PRIOR TO INSTALLATION
OF THE SECOND
REPLACEMENT SYSTEM

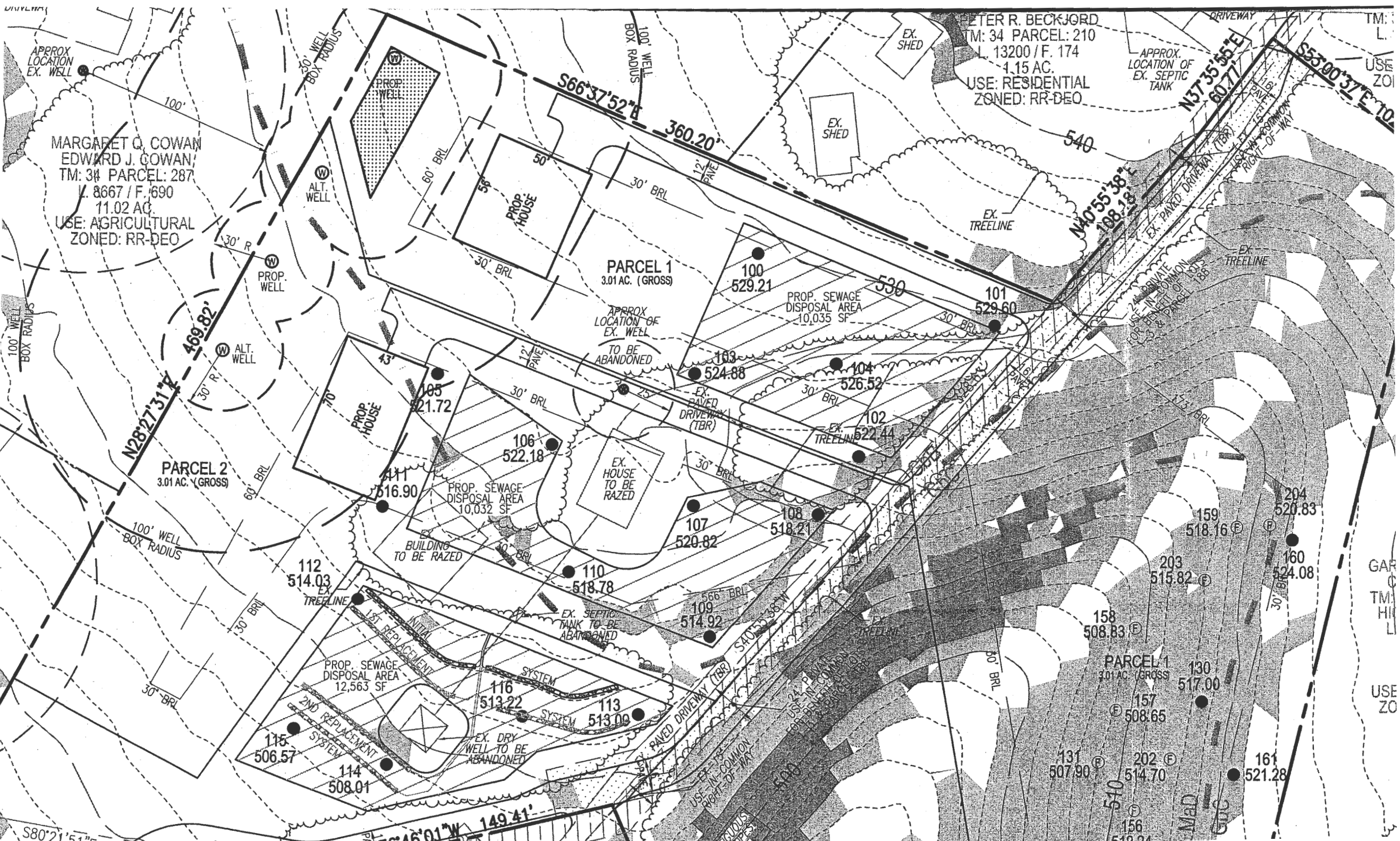
EX. ELECTRICAL LINES
MUST BE RELOCATED
PRIOR TO INSTALLATION
OF THE SECOND
REPLACEMENT SYSTEM

USE IN-COMMON
FOR BENEFIT OF LOTS
1-3 & PARCEL
188

EX. COLLIGUOUS
STEEP SLOPES
5:37 SF

PARCEL
3.01 AC. (GROSS)

N24°10'40"W



MARGARET Q. COWAN
EDWARD J. COWAN
TM: 34 PARCEL: 287
L: 8667 / F: 690
11.02 AC.
USE: AGRICULTURAL
ZONED: RR-DEO

ETER R. BECKJORD
TM: 34 PARCEL: 210
L: 13200 / F: 174
4.15 AC.
USE: RESIDENTIAL
ZONED: RR-DEO

PARCEL 1
3.01 AC. (GROSS)

PARCEL 2
3.01 AC. (GROSS)

PARCEL 1
3.01 AC. (GROSS)

APPROX LOCATION EX. WELL

APPROX. LOCATION OF EX. SEPTIC TANK

APPROX LOCATION OF EX. WELL TO BE ABANDONED

PROP. SEWAGE DISPOSAL AREA 12,563 SF

PROP. SEWAGE DISPOSAL AREA 10,035 SF

PROP. SEWAGE DISPOSAL AREA 10,032 SF

BUILDING TO BE RAZED

EX. HOUSE TO BE RAZED

EX. SEPTIC TANK TO BE ABANDONED

EX. DRY WELL TO BE ABANDONED

GAR C
TMA
HIL
L

USE ZO