

C1 22949

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 W545137

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

12 20 13

300

HO 95 - 2593

OWNER: Storn Charles; WELL SITE ADDRESS: 12802 Old Frederick Rd; TOWN: Sykesville; SUBDIVISION: Dawson Property; SECTION: ; LOT: 1

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: Light Brown Shale, Dark Brown Shale, Gray Schist.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS (17), NO. OF POUNDS (1578), GALLONS OF WATER (102), DEPTH OF GROUT SEAL (0 to 51 ft).

CASING RECORD section including: casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (54).

OTHER CASING (if used) table with columns for diameter (inch) and depth (feet).

SCREEN RECORD section including: screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

DEPTH (nearest ft.) table with columns for casing depth (6, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51) and slot size (1, 2, 3).

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

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

PUMPING TEST section including: HOURS PUMPED (01), PUMPING RATE (8 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (190L), WATER LEVEL (21 ft. before, 290 ft. when pumping), TYPE OF PUMP USED (centrifugal).

PUMP INSTALLED section including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (centrifugal), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (02 ft. below land surface).

LATITUDE 39.194927, LONGITUDE 76.593176 (DEFAULT COORD. WGS 84)

NOTES:

B 1 09308

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-2593

545137

please type

fill in this form completely

Date Received (APA)

090313

OWNER INFORMATION

Storm Charles, 13802 Old Frederick Rd, Sykesville, Md 21784

LOCATION OF WELL

Howard, Dawson Property, Sykesville

DRILLER INFORMATION

Allen Compton, Fogles Well Drilling, LLC, P.O. Box 202, Woodbine, Md. 21797

SOURCES OF DRILLING WATER

1. well, Old Frederick Rd, 200 FT, TAX MAP: 0009 BLK: 0013 PARCEL 0320

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, 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, 13 W545137, Brian Baker 10/3/2014

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-PerCussion, Rotary (Hydraulic Rotary), Cable, REVerse-ROtary, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

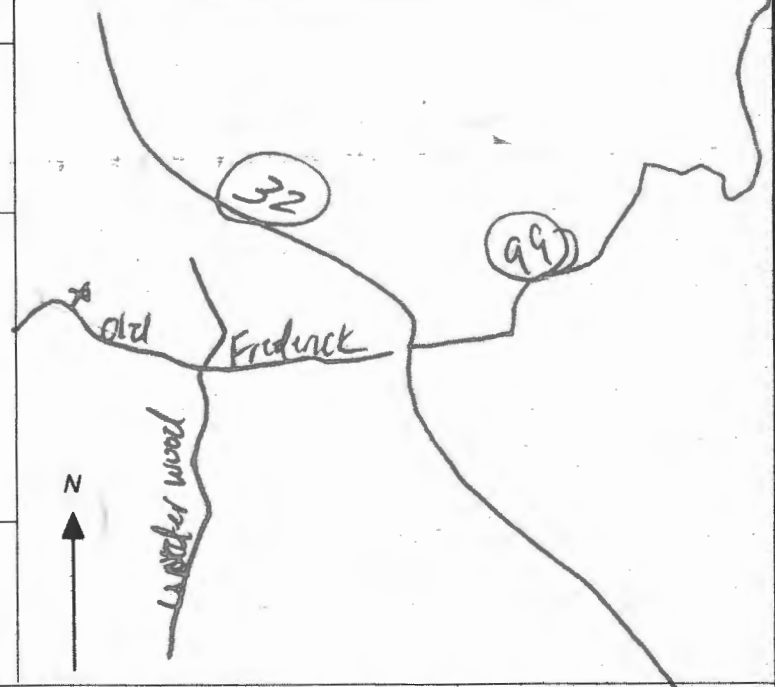
- This well will not replace an existing well, This well will replace a well that will be abandoned and sealed, This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells, This well will deepen an existing well

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

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

APPROP. PERMIT NUMBER G, PERMIT No. 40-95-2593

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



SPECIAL CONDITIONS Well in Basement Must Be Abandoned + Sealed

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

(**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# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-2593  
 Site Address: 13802 Old Frederick Road

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

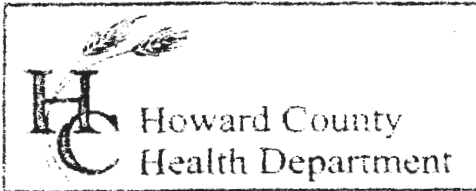
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/6/2014 Inspector: BBB

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	✓
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

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

- The well site has been staked by \_\_\_\_\_,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (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. *already staked*

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

Revised 6/10/03

\*\*\*\*\*  
 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

DATE WELL ABANDONED: 6-23-14 (month/day/year)

OK  
 1/4/15 SC

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

HO-95-2593

\* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009

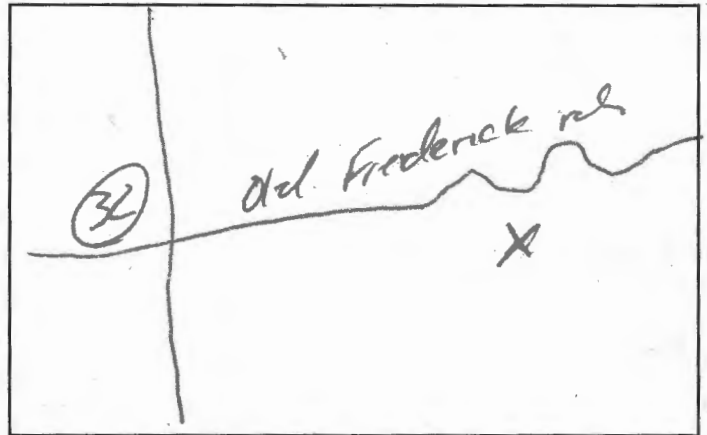
CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Charles Storm

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Sykesville  
 TAX MAP 0009 BLOCK 0013 PARCEL 0320  
 SUBDIVISION: Dawson Property  
 SECTION: \_\_\_\_\_ LOT \_\_\_\_\_  
 STREET ADDRESS: 13802 Old Frederick Rd

SITE LOCATION MAP



LATITUDE 39.194927

LONGITUDE 76.593176

\* TYPE OF WELL BEING ABANDONED:

DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>49</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) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 49 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

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

MWD / MSD / MGS  
 CIRCLE ONE

6-23-14 DATE

**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 #:	94107	Account #:	18831
Reference:	Charles W. Storm	Company:	CASH ACCOUNT
Location:	13802 Old Frederick Road Sykesville, MD 21784	Requested By:	Charles W. Storm
Date/ Time Collected:	5/8/2014 0910	Source:	Well Water
Date/Time Rec'd:	5/8/2014 1215	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	7.0
		Well #:	HO-95-2593

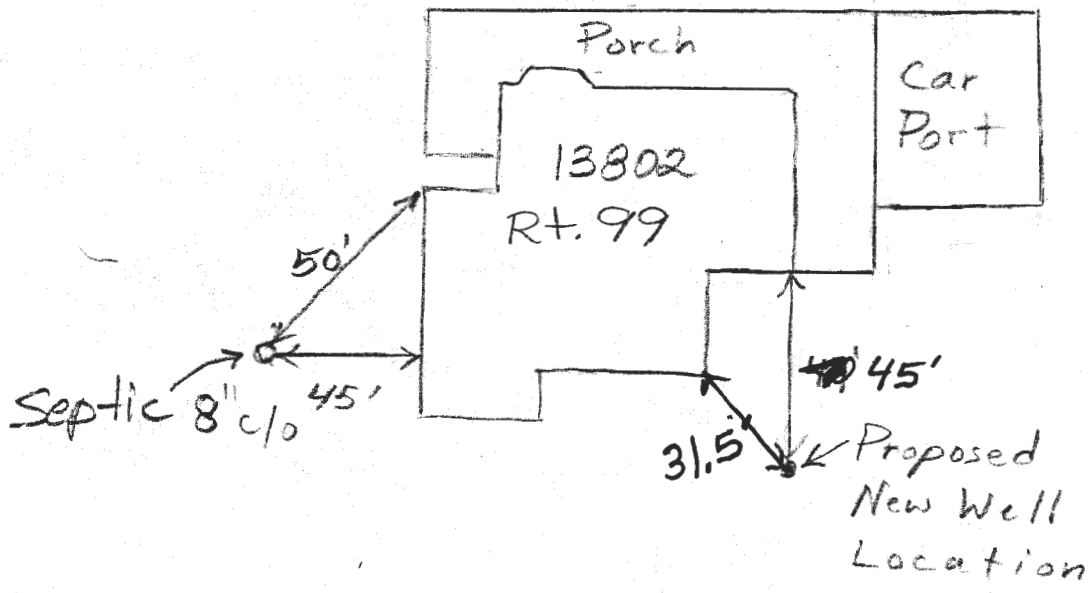
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/9/2014 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/9/2014 / 0815 / LLO
Nitrate	<1.0	mg/L	10	601	5/8/2014 / 1345 / BCD
Turbidity	7.47	NTU	<10	SM18 2130B	5/8/2014 / 1345 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	5/8/2014 / 1345 / BCD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : HoCHD/ New Well

Date Reported: 5/9/2014



James Welling  
13550 Old Fred  
Sykes 21784

410-489-4102

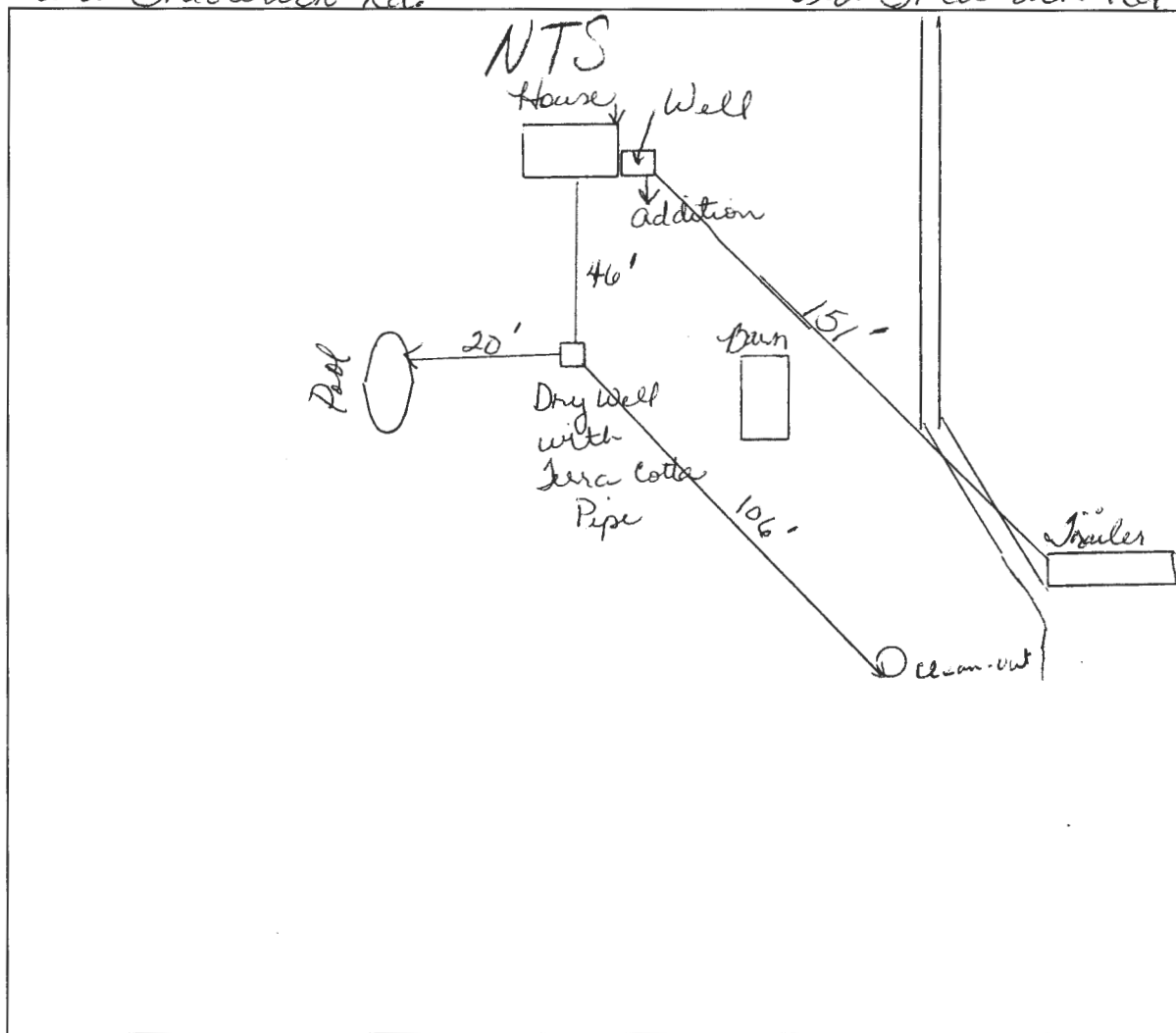
- need well like insp.
- need abandonment report + WCR
- need agreement recorded in land records for both lots allowing trailer to hook up to new well

Storm/Welling  
B13000163  
13802 Old Fred Rd

**SITE INSPECTION SHEET**

OWNER: Charles Storm PHONE #: (410) 707-4146  
ADDRESS: 13802 Old Frederick Rd CONTRACTOR: \_\_\_\_\_  
Sykesville, Maryland WELL TAG #: no tag  
SUBDIVISION: \_\_\_\_\_ LOT: 27784 COUNTY #: Howard  
PROPOSAL: Addition

Old Frederick Rd. **LOCATION DIAGRAM** Old Frederick Rd



COMMENTS: Site Visit occurred on 3-14-13. Well<sup>is</sup> Located inside addition. Well also supports trailer which is not located on property.

DATE: 3-14-13 INSPECTOR: Dana Bernard



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

July 31, 2013

Mr. James H. Welling  
13550 Old Frederick Road  
Sykesville, MD 21784

**RE: *Work without a permit  
13802 Old Frederick Road  
Sykesville, MD 21784***

Dear Mr. Welling:

This letter is a follow-up to the conference call with you and Mr. Joshua Russin, Deputy Chief of Staff for Governmental Affairs on Friday, July 26, 2013. As part of the normal building permit process, the Howard County Health Department (HCHD) provides assessments of the adequacy of wells and septic systems so that the permitting authority can satisfy their obligations under the *Maryland Annotated Code Environment §9-512* that systems are adequate before building permits are issued. The HCHD has determined that the well is inadequate as a water supply and must be properly abandoned by a licensed well driller because of its location within the proposed building, the lack of information about other aspects of the well's construction, and its use as part of a water system serving more than one lot. While the HCHD will not approve a permit for the proposed structure over the well, we will not require a second well for the offsite dwelling. However, a formal agreement, easement or other instrument must be created to formalize the arrangement between the properties to assure that each has an adequate and safe water supply until public water is available, or until each property has its own well. When recorded in the land records, such an agreement also allows prospective buyers of either property to understand what their rights and responsibilities are concerning their access to the water supply.

During the conference call we also discussed some possibilities for financial assistance that were provided by Maryland Department of the Environment (MDE). Please find attached the information provided by MDE. Additionally, we discussed the fifteen (15) day timeframe for making a decision and potential denial of a permit. I agreed to extend the deadline, but explained that I did not want this to remain open ended with no progress towards resolution. Your building permit will continue to be "on-hold" until August 30, 2013. If the issue is unresolved at that time, contact Mr. Jeff Williams, Well and Septic Program Supervisor with an update on your progress.

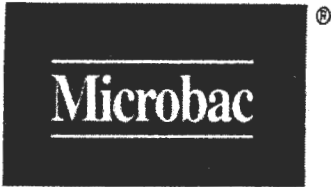
Respectfully,

A handwritten signature in cursive script that reads 'Michael J. Davis'.

Michael J. Davis  
Assistant Director

cc: Attachment  
Joshua Russin, Office of the County Executive  
Bob Frances, DILP





**Microbac Laboratories, Inc.**  
 Baltimore Division  
 2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800  
 Fax: 410-633-6553  
 www.microbac.com

**COVER LETTER**

Tom Johnson  
 WF Wilson  
 7521 Cemetary Ln  
 Elkridge, MD 21075  
 RE: Analysis

February 06, 2013  
 Report No.: 13B0424

The report of analyses contains test results for samples received at Microbac Laboratories, Inc., Baltimore Division on 02/05/2013 09:12.

The enclosed results were obtained from and applicable to the sample(s) as received at the laboratory. All sample results are reported on an "as received" basis unless otherwise noted.

All data included in this report has been reviewed and meet the applicable project and certification specific requirements, unless otherwise noted.

This report has been paginated in its entirety and shall not be reproduced except in full, without the written approval of Microbac Laboratories, Inc.

We appreciate the opportunity to service your analytical needs. If you have any questions, please feel free to contact us.

This Data Package contains the following:

- This Cover Page
- Sample Summary
- Test Results
- Certifications/Notes and Definitions
- Cooler Receipt Log
- Chain of Custody

2/6/2013

Final report reviewed by:

Mark B. Horan/Laboratory Director

Report issue date

*All samples received in proper condition and results conform to ISO 17025 and TNI NELAC standards unless otherwise noted.*

*If we have not met or exceeded your expectations, please contact Mark Horan, Managing Director, at 410-633-1800 You may also contact Sean Hyde, Chief Operating Officer at [sean.hyde@microbac.com](mailto:sean.hyde@microbac.com) or James Nokes, President [james.nokes@microbac.com](mailto:james.nokes@microbac.com)*



**Microbac Laboratories, Inc.**

Baltimore Division

2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800

Fax: 410-633-6553

www.microbac.com

**CERTIFICATE OF ANALYSIS**

WF Wilson  
7521 Cemetary Ln  
Elkridge, MD 21075

Project: Analysis  
Project Number: Storm Residence, Howard County ✓  
Project Manager: Tom Johnson

Report: 13B0424  
Reported: 02/06/2013 15:50

**SAMPLE SUMMARY**

Sample ID	Laboratory ID	Matrix	Type	Date Sampled	Date Received
#1	13B0424-01	Water	Not Specified	02/05/2013 00:00	02/05/2013 09:12

Microbac Laboratories, Inc., Baltimore Division

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*

Mark B. Horan, Laboratory Director

Original Lab Report

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**Microbac Laboratories, Inc.**

Baltimore Division

2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800

Fax: 410-633-6553

www.microbac.com

**CERTIFICATE OF ANALYSIS**

WF Wilson  
7521 Cemetary Ln  
Elkridge, MD 21075

Project: Analysis  
Project Number: Storm Residence, Howard County  
Project Manager: Tom Johnson

Report: 13B0424  
Reported: 02/06/2013 15:50

#1

13B0424-01 (Water) Sampled: 02/05/2013 00:00; Type: Not Specified

Analyte	Result	Reporting Limit	Units	Prepared	Analyzed	Analyst	Method	Notes
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**Microbac Laboratories, Inc., Baltimore Division**

**Microbiology**

<b>Coliform, Total</b>	<b>NEGATIVE</b>		P/A	020513 0945	020613 1000	JJH	SM(20)9223B ColiIer	
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Microbac Laboratories, Inc., Baltimore Division

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*

Mark B. Horan, Laboratory Director

Original Lab Report



# Microbac Laboratories, Inc.

Baltimore Division

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Phone: 410-633-1800

Fax: 410-633-6553

www.microbac.com

## CERTIFICATE OF ANALYSIS

WF Wilson 7521 Cemetary Ln Elkridge, MD 21075	Project: Analysis Project Number: Storm Residence, Howard County Project Manager: Tom Johnson	Report: 13B0424 Reported: 02/06/2013 15:50
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### Project Requested Certification(s):

State of Maryland (Drinking Water)

### Analyte Certification Exception Summary

No certification exceptions

All analysis performed were analyzed under the required certification unless otherwise noted in the above summary.

### Certification List

*Below is a list of certifications maintained by Microbac Laboratories, Inc. All data included in this report has been reviewed for and meets all project specific and quality control requirements of the applicable accreditation, unless otherwise noted. A complete list of individual analytes pursuant to each certification below is available upon request.*

Code	Description	Certification Number	Expires
<b>Microbac Laboratories, Inc., Baltimore Division</b>			
A2LA1	A2LA (Biology)	410.02	04/30/2013
A2LA2	A2LA (Environmental)	410.01	04/30/2013
VA-B	Commonwealth of Virginia (NELAC) - Baltimore	460170-1829	06/14/2013
CPSC	CPSC Testing of Childrens Products and Jewelry	1115	04/30/2013
Pb	Environmental Lead (ELLAP)	410.01	04/30/2013
NJ	New Jersey	NLC120001	06/30/2013
MD	State of Maryland (Drinking Water)	109	06/30/2013
PA	State of Pennsylvania (NELAC)	68-00339	08/31/2013
USDA	US Department of Agriculture	P330-09-00021	02/19/2012
WV	West Virginia	054	08/31/2013
<b>Microbac Laboratories, Inc., Richmond Division</b>			
VA-R	Commonwealth of Virginia (NELAC) - Richmond	460022-1834	06/14/2013

Microbac Laboratories, Inc., Baltimore Division

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Mark B. Horan, Laboratory Director

Original Lab Report

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**Microbac Laboratories, Inc.**

Baltimore Division

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**CERTIFICATE OF ANALYSIS**

WF Wilson 7521 Cemetary Ln Elkridge, MD 21075	Project: Analysis Project Number: Storm Residence, Howard County ✓ Project Manager: Tom Johnson	Report: 13B0424 Reported: 02/06/2013 15:50
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**Qualifiers/Notes and Definitions**

**General Definitions:**

- DET Analyte DETECTED
- ND Analyte NOT DETECTED at or above the reporting limit
- dry Sample results reported on a dry weight basis
- RPD Relative Percent Difference



**Microbac Laboratories, Inc.**  
Baltimore Division  
2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800  
Fax: 410-633-6553  
www.microbac.com

**Cooler Receipt Log**

---

<b>Cooler ID:</b> Default Cooler	<b>Cooler Temp:</b> 12.70 °C	<b>Work Order:</b> 13B0424
Custody Seals Intact: Yes	COC/Containers Agree: Yes	
Containers Intact: Yes	Correct Preservation: Yes	
Received On Ice: Yes	Correct Number of Containers Received: Yes	
Radiation Scan Acceptable: Yes	Sufficient Sample Volume for Testing: Yes	
COC Present: Yes	Samples Received in Proper Condition: Yes	

---

**Comments:**



## Well & Septic Program File Agreement

This agreement, dated January 24, 2014 between Charles W. Storm of 13802 Old Frederick Road, Sykesville, MD 21784 and James H. Welling and Ruth W. Welling, Trustees, Welling Family Revocable Trust u/a/d 2/28/2002, of 13550 Old Frederick Road, Sykesville, MD 21784 and specifically related to a deed recorded in Howard County Maryland, on 3/5/2003. Book 06922 page 00203 and the well that services each of the above referenced properties by our signatures below, as trustees, and jointly and individually we agree to allow access to the new well on such property wired and controlled by such trust to permit the existing trailer to hook up to and use now and forever, the water from such well and access for repairs in the future. This agreement is binding on us, as Trustees and individuals and jointly, and on our successors, assigns and heirs and shall remain in force now and forever.

START OF MARYLAND )  
 )SS.  
COUNTY OF CARROLL )

On this 24th day of January, 2014, before me personally appeared **CHARLES W. STORM, JAMES H. WELLING AND RUTH W. WELLING**, to me personally known to be the persons described in and who executed the foregoing instrument and acknowledged to me that they executed the same as their free act and deed.

Charles W. Storm  
CHARLES W. STORM

James H. Welling  
JAMES H. WELLING

Ruth W. Welling  
RUTH W. WELLING

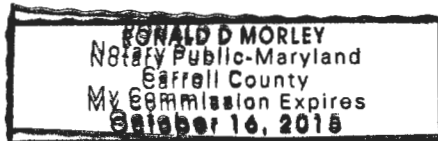
Mary Kinedy  
WITNESS

Mary Kinedy  
WITNESS

Mary Kinedy  
WITNESS

Ronald D. Morley  
Notary Public

My Commission Expires:





Please Return  
file to Dana  
after well line  
inspection

Scott w/ "Pipe-Down  
Plumbing"

240-674-6618

Job was backfilled  
prior to inspection  
well line