

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER 13

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3123

OWNER Dale Thompson Builders last name first name TOWN Fulton STREET OR RFD Preservation Court SUBDIVISION Pindell Woods SECTION LOT 17

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	
Top Soil	0	2	
Sandy	2	50	✓
Sand Stone	50	55	
MICKN	55	80	
Sand Stone	80	85	✓
MICKN	85	250	
Sand Stone	250	275	✓
MICKN	275	350	

15' = 6.0' = 2.5 bags / 10' Annular OK

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

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

NO. OF BAGS 15 NO. OF POUNDS 1500
GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.

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

MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch)! 6
Total depth of main casing (nearest foot) 60

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 39 ft.
WHEN PUMPING 100 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

C 2 DEPTH (nearest ft.)

HO 58 350

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

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

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

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

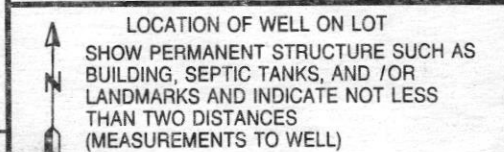
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 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

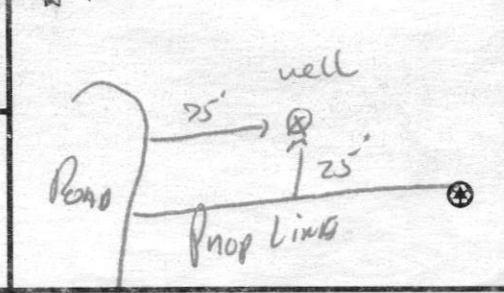
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.



DRILLERS LIC. NO. 1 M SD 110
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M D

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 18627
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W 514687 please type

HO-94-3123
70 fill in this form completely 79

Date Received (APA)

12-13-00
8 MM DD YY 13

OWNER INFORMATION

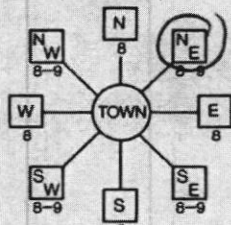
Thomas, Dale Builders
15 Last Name Owner First Name 34
630 Woodside Court
36 Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL
8 COUNTY 21
Pindellwoods
23 SUBDIVISION 42
SECTION 44 46 LOT 17 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

Ralph Mayne MS D 117
76 Driller's Name License No. 81
Ralph Mayne Well Drilling
Firm Name
17024 Hardy RD, Mt. Airy MD
Address
Signature Date 12-8-00

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD 30
PRESERVATION
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 25' 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL



B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 06-11-01
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 0488000 EAST GRID 0823
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

<input checked="" type="checkbox"/> BORED (or Augered)	<input type="checkbox"/> JETTED	<input type="checkbox"/> Jetted & DRIVEN
<input checked="" type="checkbox"/> AIR-ROTary	<input type="checkbox"/> AIR-PERCussion	<input type="checkbox"/> ROTARY (Hydraulic Rotary)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTary	<input type="checkbox"/> DRIVE-POINT
other _____		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEIN AN EXISTING WELL

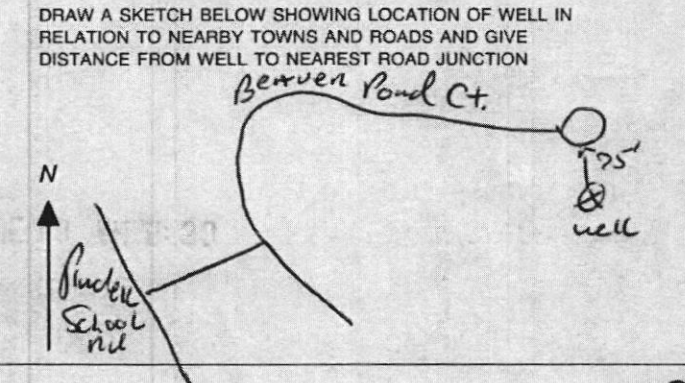
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER 54 H0300 GAP 012(01) 63

PERMIT No. HO-94-3123
70 71 72 73 74 75 76 77 78 79

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 488
N 826
000
000



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 1 18627

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3123

w 514687 please print or type

Date Received (APA)

12-13-00

OWNER INFORMATION

Thomas, Dale Builders
630 Woodside Court
Columbia MD 21045

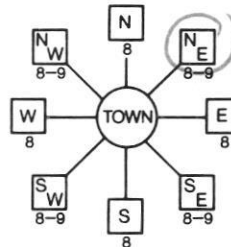
LOCATION OF WELL

Howard
Pindellwoods
Fulton

DRILLER INFORMATION

Ralph Mayne M S D 117
Ralph Mayne Well Drilling
17024 Hardy RD, Mt. Airy MD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Preservation
25'
DISTANCE FROM ROAD

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
DATE ISSUED 06-11-01
CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Geo-thermal

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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 H0000 GAP 012(01)
PERMIT No. HO-94-3123

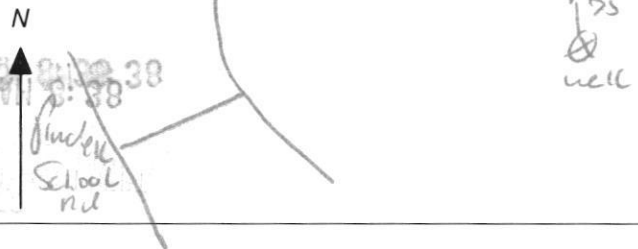
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 480
N 820

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

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: Foales Well Pump + Water Treatment, LLC Telephone #: 410 795 1535
Address: PO Box 63
Woodbine, MD 21797

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 Foale License# MSDZZ6

*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: Cairn Custom Homes Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3123 ✓
Site Address: 7250 Preservation Ct
Fulton, MD 20759

Submersible Pump Data
Make: Grundfos
Model #: 155ae10-220
Pump Capacity: 15
Well Yield: 4

Pitless Adapter
Make: Campbell +
Model #: NA
GPM Depth: 36' (36" min)
GPM NSF/WSC approved: YS

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

Depth of well encountered at time of pump installation: 350 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.R.4
Must circle one: Torque arrestors / Cable guards / Other acceptable method used
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house
Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YS
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YS

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

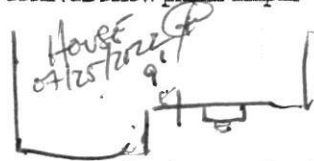
Signature of company representative responsible for installation: [Signature] date: 7/21/2022

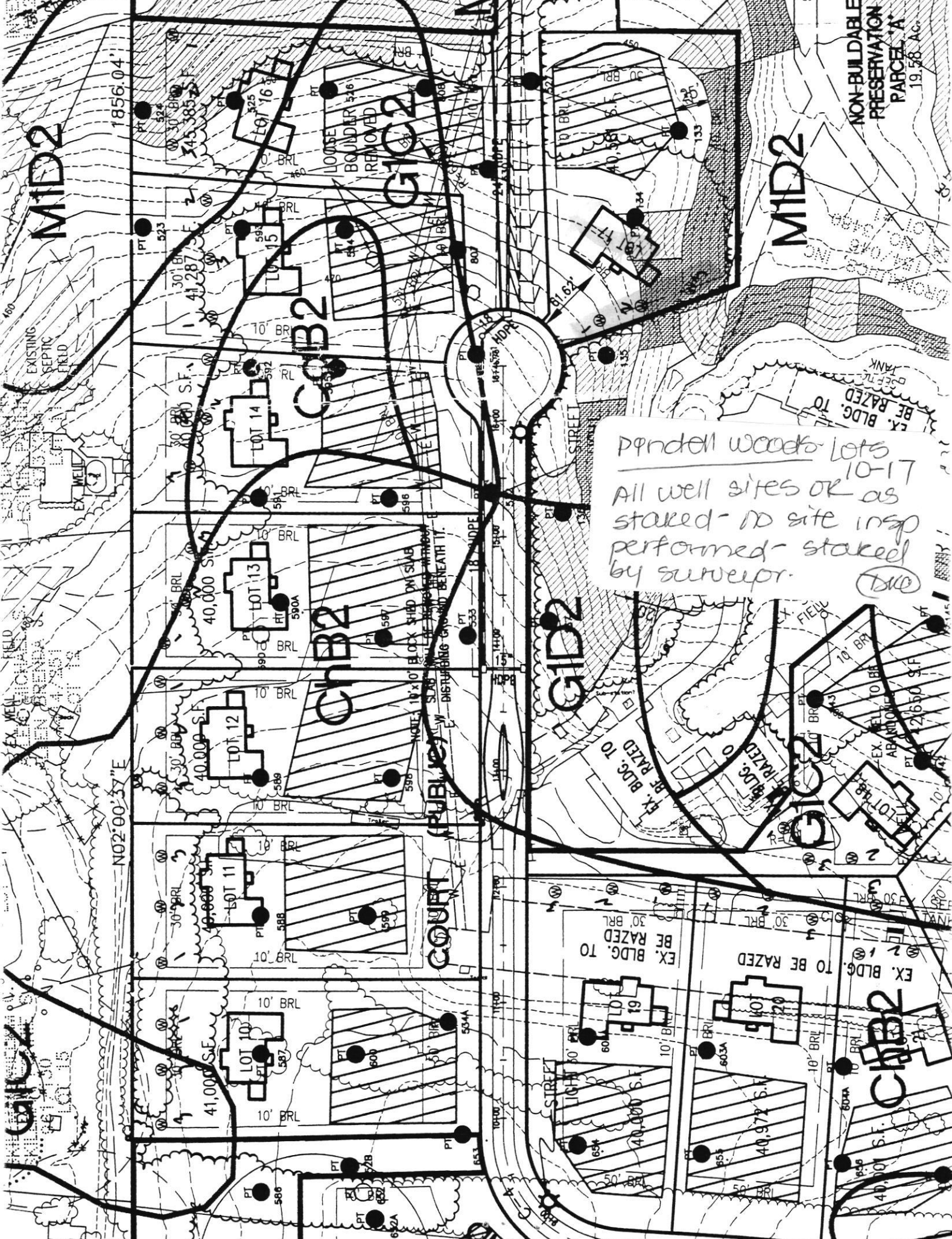
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 07/25/2022 Date Insp. Approved: 07/25/2022 Inspector: [Signature]
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

36" 07/25/2022 ✓
22" 07/25/2022 ✓
26" 07/25/2022 ✓

(Revised form 10/24/2018)





MID2

MID2

GIB2

GIB2

GID2

GIB2

N02°00'37"E

1856.04'

NOTE: 10'x10' BLOCK SHED ON SLAB (PUBLIC UTILITY SLAB) TO BE REMOVED AND BENEATH IT.

pendon woods lots 10-17
 All well sites OK as staked - no site insp performed - staked by surveyor.
 (DND)

NON-BUILDABLE PRESERVATION PARCEL A
 19.58 AC.

EX. BLDG. TO BE RAZED TO

EX. BLDG. TO BE RAZED TO

EX. BLDG. TO BE RAZED TO

EXISTING SEPTIC FIELD

EX. WELL FIELD

EX. BLDG. TO BE RAZED TO

EX. BLDG. TO BE RAZED TO

EX. BLDG. TO BE RAZED TO

EX. WELL FIELD

EX. WELL FIELD

EX. WELL FIELD

EX. WELL FIELD

EX. WELL FIELD

EX. WELL FIELD

Wolf, Kevin

From: Wolf, Kevin
Sent: Friday, December 9, 2022 8:59 AM
To: Jasmine Strain
Cc: Jeffrey Ridgley; Steve Appler
Subject: RE: ICOP Status for 7250 Preservation Court
Attachments: [Untitled].pdf

Hi Jasmine,

From the looks of the water tests results, the nitrates were elevated above the MCL. You have installed treatment and successfully submitted passing post-treated nitrates analysis. However, in order for me to proceed with your Interim Certificate of Potability (ICOP), you will also need the homeowner to sign the Nitrates agreement (attached) and bring to the office for us to review and sign. You will then take this agreement (in its original form) to the Office of Land Records to record with the deed of the property. Once I receive confirmation that this document has been recorded, I will then be able to release the ICOP as a permanent deviation of record.

Keivn

From: Jasmine Strain <jasmine@cairncustomhomes.com>
Sent: Thursday, December 8, 2022 1:36 PM
To: Martin, Sharhonda <smmartin@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Cc: Jeffrey Ridgley <jeff@cairncustomhomes.com>; Steve Appler <steve@cairncustomhomes.com>; Lisa Appler <lisa@cairncustomhomes.com>
Subject: Re: ICOP Status for 7250 Preservation Court

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

Hi There,
Bringing this to the top of your inbox:) Thanks!

Jasmine



"MAX AWARD Winner for Excellence in Building."

Jasmine Strain, Sales and Client Relations, Cairn Custom Homes

jasmine@cairncustomhomes.com

10548 Gorman Rd, Laurel MD 20723 Cell 410-218-2801 Office 301-490-5317 www.cairncustomhomes.com



On Wed, Dec 7, 2022 at 1:49 PM Jasmine Strain <jasmine@cairncustomhomes.com> wrote:

Checking on the email sent below. Thank You.

Jasmine



"MAX AWARD Winner for Excellence in Building."

Jasmine Strain, Sales and Client Relations, Cairn Custom Homes

jasmine@cairncustomhomes.com

10548 Gorman Rd, Laurel MD 20723 Cell 410-218-2801 Office 301-490-5317 www.cairncustomhomes.com



On Tue, Dec 6, 2022 at 10:56 AM Jasmine Strain <jasmine@cairncustomhomes.com> wrote:

Good Morning,

A passing well report was issued for the above-mentioned property (7250 Preservation Court, Fulton 20759). Im checking on the ICOP release status for this job. Attached are the passing water results. Can you please provide me with an update? Thank You.

Jasmine



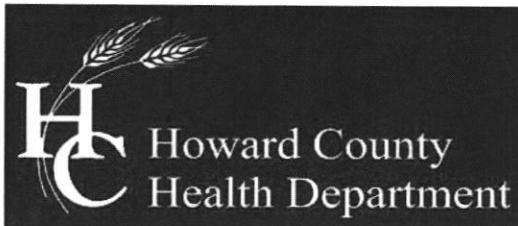
"MAX AWARD Winner for Excellence in Building."

Jasmine Strain, Sales and Client Relations, Cairn Custom Homes

jasmine@cairncustomhomes.com

10548 Gorman Rd, Laurel MD 20723 Cell 410-218-2801 Office 301-490-5317 www.cairncustomhomes.com





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

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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department (“the Health Department”) and _____ (“the Owner”).

WHEREAS, the Owner owns a tract of land at street address 7250 Preservation Court, Fulton MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 41, Block # 008, Parcel # 274, Deed Reference # 20348 / 00272 and Tax Account # 05-485560 (“the Property”).

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-94-3123 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is

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

INTERIM CERTIFICATE OF POTABILITY
[PERMANENT DEVIATION FOR NITRATES]

Expiration Date – *JUNE 14, 2023*

December 14, 2023

Homeowner
7250 Preservation Court
Fulton, MD 20759

RE: Pindell Woods, Lot 17
7250 Preservation Ct.
Building Permit: B21004195
Well Permit: HO-94-3123

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 **9/29/2022**. Final approval of the well line connection to the dwelling was granted on **7/25/2022**. The well construction was completed on **7/13/2001**. Water samples were collected on **11/18/2022, 12/1/2022**.

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.

The untreated water sample collected on **11/18/2022** indicated a nitrate level of **10.8 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **12/1/2022** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**



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

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-3123. 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 quality 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>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

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

Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	156039	Account #:	1933
Reference:	Cairn Custom Homes	Client:	Fogle's Well Pump & Treatment
Location:	7250 Preservation Court Fulton, MD 20759	Requested By:	Dave Fogle
Date/ Time Collected:	12/1/2022 0915	Source:	Well Water
Date/Time Rec'd:	12/1/2022 1200	Site:	Reverse Osmosis Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Evans 0309JE	pH:	6.1
		Well #:	HO-94-3123

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate.	<0.40	mg/L	10	EPA 300.0	12/1/2022 / 1349 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B21004195

Date Reported: 12/2/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 156038 Account #: 1933
Reference: Cairn Custom Homes Client: Fogle's Well Pump & Treatment
Location: 7250 Preservation Court Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 12/1/2022 0915 Site: Kitchen Sink
Date/Time Rec'd: 12/1/2022 1200 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-94-3123

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2022 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2022 / 0900 / TSD
Turbidity	2.00	NTU	<10	SM2130B	12/2/2022 / 0945 / TSD

OK

NOTES:

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

Reason for Test : Use & Occupancy
Building Permit # : B21004195

Date Reported: 12/2/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 155887 Account #: 1933
Reference: Carin Custom Homes Client: Fogle's Well Pump & Treatment
Location: 7250 Preservation Court Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 11/18/2022 0900 Site: Kitchen Sink
Date/Time Rec'd: 11/18/2022 1512 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-94-3123

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	X 25.9	NTU	<10	SM2130B	11/18/2022 / 1550 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	11/18/2022 / 1550 / MEW
Bacteria, Coliform, Total, MPN	X >200.5	MPN/ 100 ml	<1.0	SM20 9223B	11/19/2022 / 1000 / CCH
Bacteria, E. coli, MPN	X 4.2	MPN/ 100 ml	<1.0	SM20 9223B	11/19/2022 / 1000 / CCH
Nitrate.	10.6	mg/L	10	EPA 300.0	11/18/2022 / 2015 / MEW

↳ will need Nitrate Agreement

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B21004195

Date Reported: 11/21/2022

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

MEMORANDUM

October 26th, 2021

Pavelka, Edward J; Pavelka Lydia E
7250 Preservation Court
Fulton, MD 20759

RE: **Well Sampling**
7250 Preservation Court
Fulton, MD 20759
Well Permit # HO-94-3123

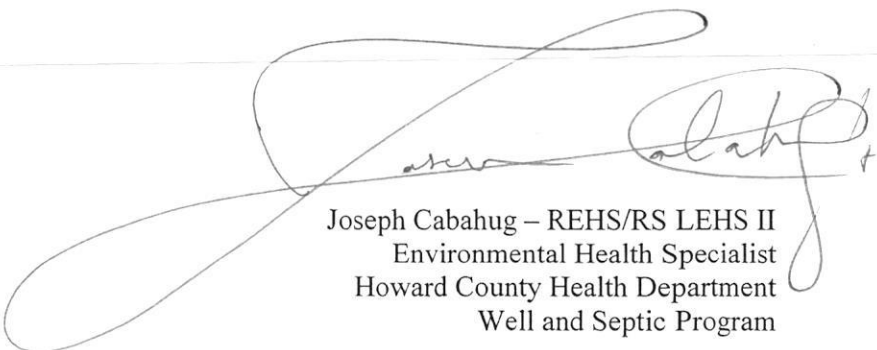
10/26/2021
[Handwritten initials]

Home Owner:

According to our records, your well has been deepened and remains connected to the dwelling and was not tested for potability. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule water sampling for the above referenced well advocate for standard potability testing for bacteria, nitrates, turbidity, and sand to confirm that your well was not damaged during reworking. Please let us know if you have any water treatment in the house such as a softener.

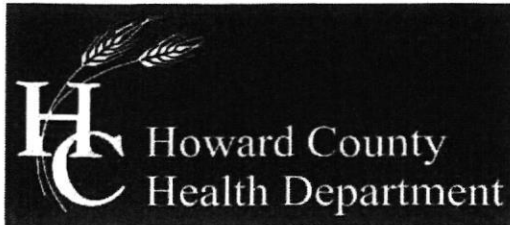
It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.



Joseph Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: 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

Twitter: HowardCoHealthDep

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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Ed and Beth Pavelka ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 7250 Preservation Court, Fulton MD and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 41, Block # 008, Parcel # 274, Deed Reference # 20349 / 100272 and Tax Account # 05-485560 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-94-3123 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.


NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is

operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

 12-11-22
Owner Date

 12-11-22
Witness Date

 12/11/22
Owner Date

 12-11-22
Witness Date

 12/13/22
Howard County Health Department Date