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

February 3, 2025

Olivia Parzow
11401 Harding Rd.
Laurel, MD 20723

RE: Water Sample Results – CH-EHS-25-00009
11401 Harding Rd.

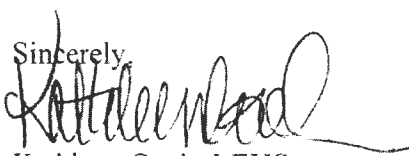
Dear Mrs. Parzow,

We have received the results from the testing of the water sample(s) taken from the above referenced property on January 23, 2025. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination, but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the 1st floor bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 3.3 parts per million. The MCL for nitrate is 10.0 parts per million.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Kathleen Cook, LEHS
Community Hygiene Program

Enclosures

SEND REPORT TO:
 Howard Co Health Dept.
 3930 Stanford Blvd
 Columbia, MD 21045
 PHONE NO.: 410-313-1771

State of Maryland
 MDH - Laboratories Administration
 DIVISION OF ENVIRONMENTAL SCIENCES
 1770 Ashland Avenue, Baltimore, MD 21205
 Robert A. Myers, Ph.D. Director
MICROBIOLOGICAL ANALYSIS OF DRINKING WATER 01/25/25

Category Code: 4 G Invoice No.: -36764 Lab No.:

FIELD RECORD		
Sample Type: <input type="checkbox"/> Community <input type="checkbox"/> Transient <input type="checkbox"/> Non-Transient <input checked="" type="checkbox"/> Private <input type="checkbox"/> Repeat Sample <input type="checkbox"/> C.O.P <input type="checkbox"/> Bottled Water <input type="checkbox"/> OTHER:	Source Address: <u>Olivia Parow</u>	Bottle No.: <u>HC 11401</u>
	Sampling Site: <u>11401 Harding Rd</u>	Ice: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> County: <u>Howard</u>
	Date Collected: <u>1/23/25</u>	Time Collected: <u>10</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Collector Name: <u>Needin Oswald</u>	Collector ID No.: <u>009520</u>
	Collector Tel. No.: <u>410-313-1771</u>	PWS ID No.:
Test Requested: <input checked="" type="checkbox"/> Quantitative: Colilert-QT <input type="checkbox"/> Heterotrophic Plate Count <input type="checkbox"/> Multiple Tube Fermentation: MTF <input type="checkbox"/> Quantitative: Enterolert <input type="checkbox"/> Other:	<input type="checkbox"/> P/A: Colilert <input type="checkbox"/> SimPlate	County: <u>13</u> Plant No.: <u> </u> Sampling Station: <u> </u> pH: <u>7.0</u> Res.Cl: <u>00</u> Free: <u>00</u> Total: <u>00</u>
Remarks:		

LABORATORY RECORD (MDH Use Only)

Test Method(s): (check all that apply) <input type="checkbox"/> SM 9223 Colilert <input type="checkbox"/> SM 9221B (MTF) <input type="checkbox"/> SM 9215B (HPC) <input type="checkbox"/> Other:	<input type="checkbox"/> SM 9223 Colilert-QT <input type="checkbox"/> SM 9221B, F (MTF) <input type="checkbox"/> Enterolert ASTM D6503-99	<input type="checkbox"/> SM 9223 Colilert-18 <input checked="" type="checkbox"/> SM 9223 Colisure <input type="checkbox"/> SimPlate	Temperature Control: <u>25</u> ^{KT} °C	Thiosulfate: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Undetermined
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P/A Test <table border="1"> <tr><th>100 mL Sample</th><th>(+/-)</th></tr> <tr><td>Total Coliforms</td><td></td></tr> <tr><td>E. coli</td><td></td></tr> <tr><td>Enterococci</td><td></td></tr> </table>	100 mL Sample	(+/-)	Total Coliforms		E. coli		Enterococci		Quantitative Test Dilution: <input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000 <table border="1"> <tr><th>100 mL Sample</th><th># Positive wells</th><th>MPN/100 mL</th></tr> <tr><td>Total Coliforms</td><td>0</td><td><1</td></tr> <tr><td>E. coli</td><td>0</td><td><1</td></tr> <tr><td>Enterococci</td><td></td><td></td></tr> </table>	100 mL Sample	# Positive wells	MPN/100 mL	Total Coliforms	0	<1	E. coli	0	<1	Enterococci			Heterotrophic Plate Count Incubated 24, 48, 72hr @ 35°C Plate A: <table border="1"><tr><td> </td></tr></table> Plate B: <table border="1"><tr><td> </td></tr></table> Average: <table border="1"><tr><td> </td></tr></table> CFU/mL MPN/mL			
100 mL Sample	(+/-)																								
Total Coliforms																									
E. coli																									
Enterococci																									
100 mL Sample	# Positive wells	MPN/100 mL																							
Total Coliforms	0	<1																							
E. coli	0	<1																							
Enterococci																									

Received: <u>JAN 23 '25 PM 2:17</u> ^{KT} Placed in Incubator: <u>JAN 23 '25 PM 2:38</u> ^{KT} Results Read/Reported: <u>JAN 24 '25 PM 2:41</u> ^{KT}	Presumptive MTF Test <table border="1"> <tr><th>mL of Sample</th><th>10 mL</th></tr> <tr><td>Gas/24h</td><td></td></tr> <tr><td>Gas/48h</td><td></td></tr> </table>	mL of Sample	10 mL	Gas/24h		Gas/48h		Confirmed MTF Test <table border="1"> <tr><th>mL of Sample</th><th>10 mL</th></tr> <tr><td>Total Coliforms</td><td></td></tr> <tr><td>E. coli</td><td></td></tr> </table>	mL of Sample	10 mL	Total Coliforms		E. coli		MTF Results <table border="1"> <tr><th>No. of Positive (+)</th><th>MPN/100 mL</th><th>Recorded Value</th></tr> <tr><td></td><td></td><td></td></tr> </table>	No. of Positive (+)	MPN/100 mL	Recorded Value			
mL of Sample	10 mL																				
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Gas/48h																					
mL of Sample	10 mL																				
Total Coliforms																					
E. coli																					
No. of Positive (+)	MPN/100 mL	Recorded Value																			

Analyst: K. Jones Reviewed by/Date: 1-29-25
 Remarks: Fax Email Phone

Laboratory: Central Lab (443) 681-3960 ESRL (410) 219-9005 WMRL (301) 759-5115
 This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.



State of Maryland
 Department of Health
LABORATORIES ADMINISTRATION
 1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC11401

Submitted By: Oswald

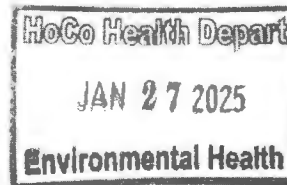
Date Collected: 01/23/2025

Information in this section was not generated by the laboratory

Lab No: E2500149801

Date Received: 01/23/2025

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA Method 353.2 rev 2.0*	0.2	10	3.3	± 6.981%	mg/L as N	01/24/2025



Approved by: *Late Phillips*

Approval date: 01/27/2025

Samples are tested as received. Results relate only to the items tested.

Methods marked with an asterisk (*) are included in our A2LA scope of accreditation.

This document may contain information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (443) 681-3851 and arrange for return or destruction.

Contact information for Questions: Telephone: 443-681-3855 Fax: (443) 681-4507



State of Maryland
Department of Health
LABORATORIES ADMINISTRATION

1770 Ashland Avenue
Baltimore, MD 21205
Robert Myers, Ph.D., Director



Division of Environmental Sciences
INORGANIC CHEMISTRY LABORATORY

Collection Report

Folder No:	E25001498	Date/Time Logged:	01/23/2025 14:23
Sample ID:	E2500149801	Temperature Control:	5.2
Date Received in Lab:	01/23/2025	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045		Field ID:	HC11401
		Submitted By:	Oswald
		Date Collected:	01/23/2025
Field ID:	HC11401	Collected By:	Oswald
County:	Howard	County Code:	13
Plant:		Submitter Code:	
Sample Station:		Reason For Testing:	Routine
Site Name:		Data Category Code:	4G
Sample Source:	Olivia Parzow	Regulation Supported:	
Location:	11401 Harding Rd., Laurel , Md 207	Federal Project:	
Sample Preserved By:	Iced 4C + H2SO4	Sample Type:	Drinking Water
Sample pH:	7.0	System Type:	Private
Free Chlorine:	0.0	Source Descriptor:	Source (Raw Water)
Total Chlorine:	0.0		
Comment:		Collector Phone:	(111) 111-1111
		Collection Date/Time:	01/23/2025 10:00
<u>Analysis Requested</u> Nitrate + Nitrite			

Information in this section was not generated by the laboratory

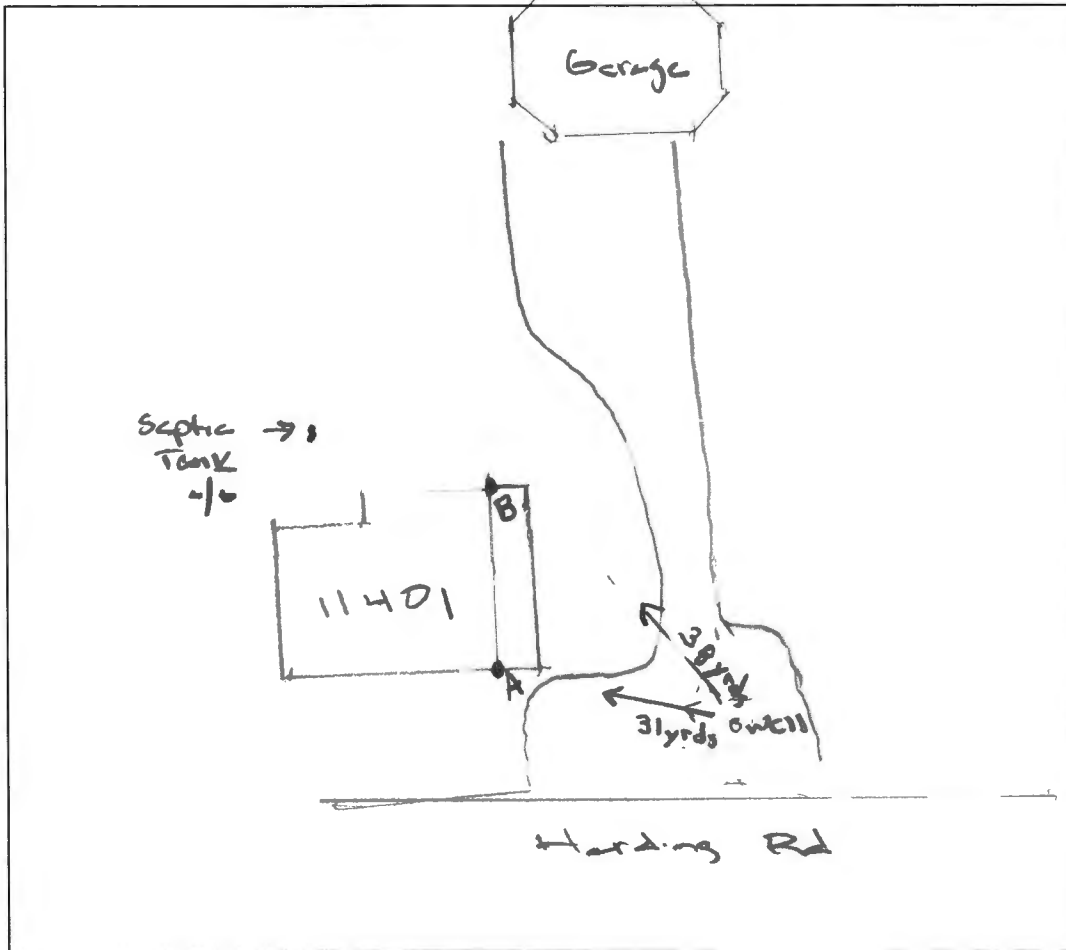
Approved by: <u><i>Laura Phillips</i></u>	Approval date: <u>01/27/2025</u>
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SITE INSPECTION SHEET

OWNER: Olivia Parzow PHONE #: 301-660-0907
ADDRESS: 11401 Harding Rd CONTRACTOR: _____
Laurel, MD 20723 WELL TAG #: 40-92-0501
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Family Child Care Home

LOCATION DIAGRAM



COMMENTS: No noted issues w/ the well or septic system.

DATE: 1/23/25 INSPECTOR: Hank Oswald

Site Visit – 1/23/25
11401 Harding Road
Laurel, MD 20723



The well is in front of the property. No tag.

Site Visit – 1/23/25
11401 Harding Road
Laurel, MD 20723



The septic tank cleanout is in the rear of the property.

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Thursday, January 16, 2025 9:52 AM
To: Olivia Parzow
Subject: RE: Water Sample Appointment Request_11401 Harding Road

Great! See you then!

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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From: Olivia Parzow <livparzow1234@gmail.com>
Sent: Thursday, January 16, 2025 9:33 AM
To: Oswald Jr, Woodin <hoswald@howardcountymd.gov>
Subject: Re: Water Sample Appointment Request_11401 Harding Road

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

Good morning,
Yes, 10 am works just fine.

Thank you,
Olivia

On Jan 16, 2025, at 9:26 AM, Oswald Jr, Woodin <hoswald@howardcountymd.gov> wrote:

Hi Ms. Parzow,

Good morning. I received an Environmental Health Survey request to collect water samples from your home, and inspect the septic system. Are you available next Thursday (1/23/25) morning at 10 a.m.? The appointment shouldn't take more than 30 minutes.

Please confirm the appointment or request another day.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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4/12/94
LATE AM
4-2094
am & pm
asap

4/21/94
3PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 02397

A 522068-A

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED 6/23/95

INSPECTOR M. R. [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~313-2640~~ 313-2640

NO ADDITIONAL FEE.

L & F Company/Sam Lyons IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 10688 Scaggsville Road, Fulton, Maryland 20759 PHONE 725-3392

SUBDIVISION _____ LOT _____ ROAD 11401 Harding Road

PROPERTY OWNER _____ Mildred Mitchell/Diane Buckingham (Granddaughter)
11401 Harding Road PHONE: 202-606-8865

ADDRESS _____ Fulton, Maryland 20759

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 85

REPAIR - PURPOSE - TO SUPPORT BUILDING PERMIT FOR ADDITION TO HOME.

Call for inspection when ground is opened so sanitarian can recommend repair. 10/25/95

INLET 3', 60" 11-11/2, 8-8" - TONE

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED. *addition*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

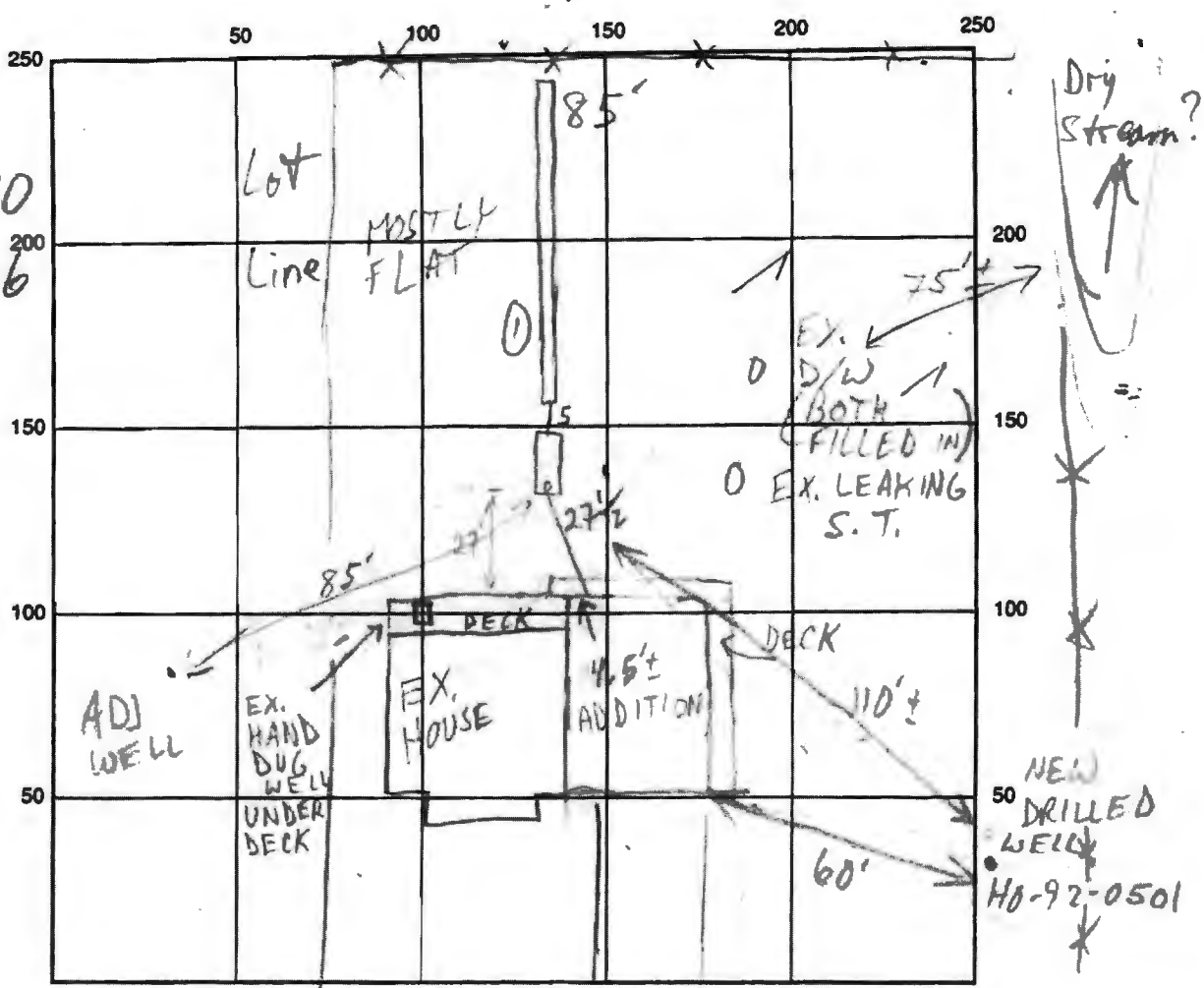
HD-260(6-90)

*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 4/21/94
Serial # 53426-2504

A 522068-A

① 6'
 10:26 10:30
 10:30 10:36



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL-OK CLEANOUTS S.T.-OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 11-11 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 8-8 1/2 FT. TOTAL LENGTH 85 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 720± SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720± SQ. FT.

REMARKS: 4/12/94 EX. S.T. LEAKING BADLY @ SEAM; REPLACEMENT
REQ'D; HOMEOWNER ACCEPTS SUGGESTION OF COMPLETE REPAIR,
EX. D/W NOT EXCAVATED; NEW S.T. LOC. TOO CLOSE TO HAND DUG
WELL ⇒ NEEDS ABANDONMENT; WORK TO START SOON MR 4/20/94 OK
CONTINUE MR 4/21/94 TRENCH CAVED IN TWICE; OK CONTINUE MR
4/22/94 SYSTEM COVERED. DUE TO CAVE-IN, RAIN POTENTIAL-OK;
NEED CONNECTION MR

DATE SYSTEM APPROVED 6/22/95 INSPECTOR M. Rifkin

6/22/95 HOUSE CONN VERIFIED MR

IMPORTANT MESSAGE

TO Mark
DATE 4-20-94 TIME 0:20 A.M.
P.M.

WHILE YOU WERE OUT

M L&F

OF _____
Area Code & Exchange 725-3392

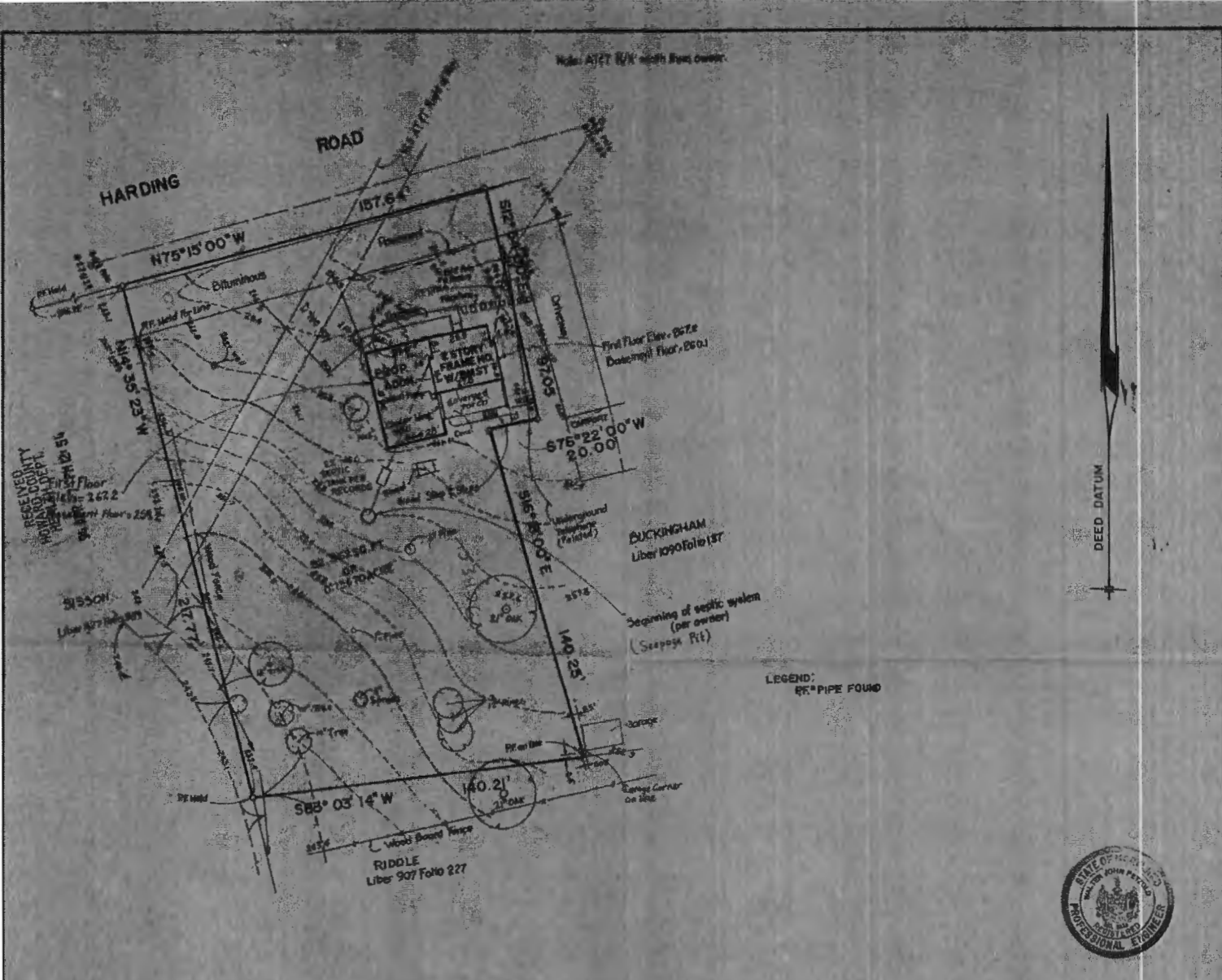
TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
	RETURNED YOUR CALL		

Message 11401 Harding Rd
septic tank & 1/2 Dutch
dug Buckingham
am 1 pm
He wants to have 1/2 trench

Operator inspection this am.



JENadeau



LEGEND:
RP PIPE FOUND



TOPOGRAPHIC SURVEY
 MILDRED E. MITCHELL Property
 REMAINDER OF
 LIBER 495, FOLIO 386
 TAX MAP 106, PARCEL P73, 6th ELECTION DISTRICT
 Howard County Maryland
 Scale: 1" = 30'
 JANUARY, 1994
 OYSTER, IMUS AND PETZOLD, INC.
 CIVIL ENGINEERS · LAND PLANNERS · LAND SURVEYORS
 2419 REEDIE DRIVE, WHEATON, MARYLAND 949-2011

Plan
 Draft
 Check

C1 8790

SEQUENCE NO. (DENV 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. 3-8 ON ALL CARDS)

COUNTY NUMBER

W 4 1671

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

15 20 121593

22 300 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 OK 1/13/11 H0-92-0501

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes entries like Top soil, Red clay, brown shale, Sandy silt clay, Sand Stone, Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

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

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

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

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

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

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

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

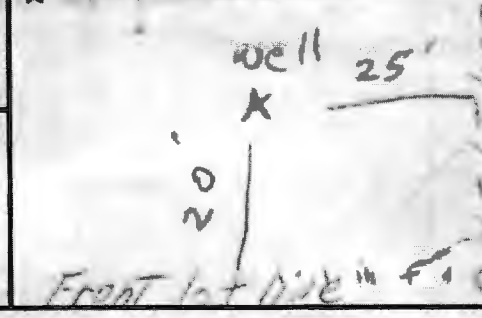
PUMPING TEST

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



Date Received (APA)
OWNER INFORMATION
 8 COUNTY 13
 15 Last Name 34 Owner First Name
 36 Street or RFD 65
 57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION
 George P. Basterday
 Driller's Name 77 License No. 80 **40**
 I. Franklin Basterday, Inc.
 Firm Name
 265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 Signature Date **10/5/93**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 N W 8-9 N E 8-9
 W 8 E 8
 S W 8-9 S 8 S E 8-9
 NEAR WHAT ROAD 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 37 DISTANCE FROM ROAD ENTER FT or MI
 38 39

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard W 41271
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S 41
 DATE ISSUED
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 50 55 473000 EAST GRID 57 63 725000

APPROXIMATE DEPTH OF WELL 24 28 FEET
 APPROXIMATE DIAMETER OF WELL 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
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. 2. 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E N
 000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 12/15/93 8:30
 location OK
 grout - 18 bags
 missed grouting but
 filled OK. 12/15/93

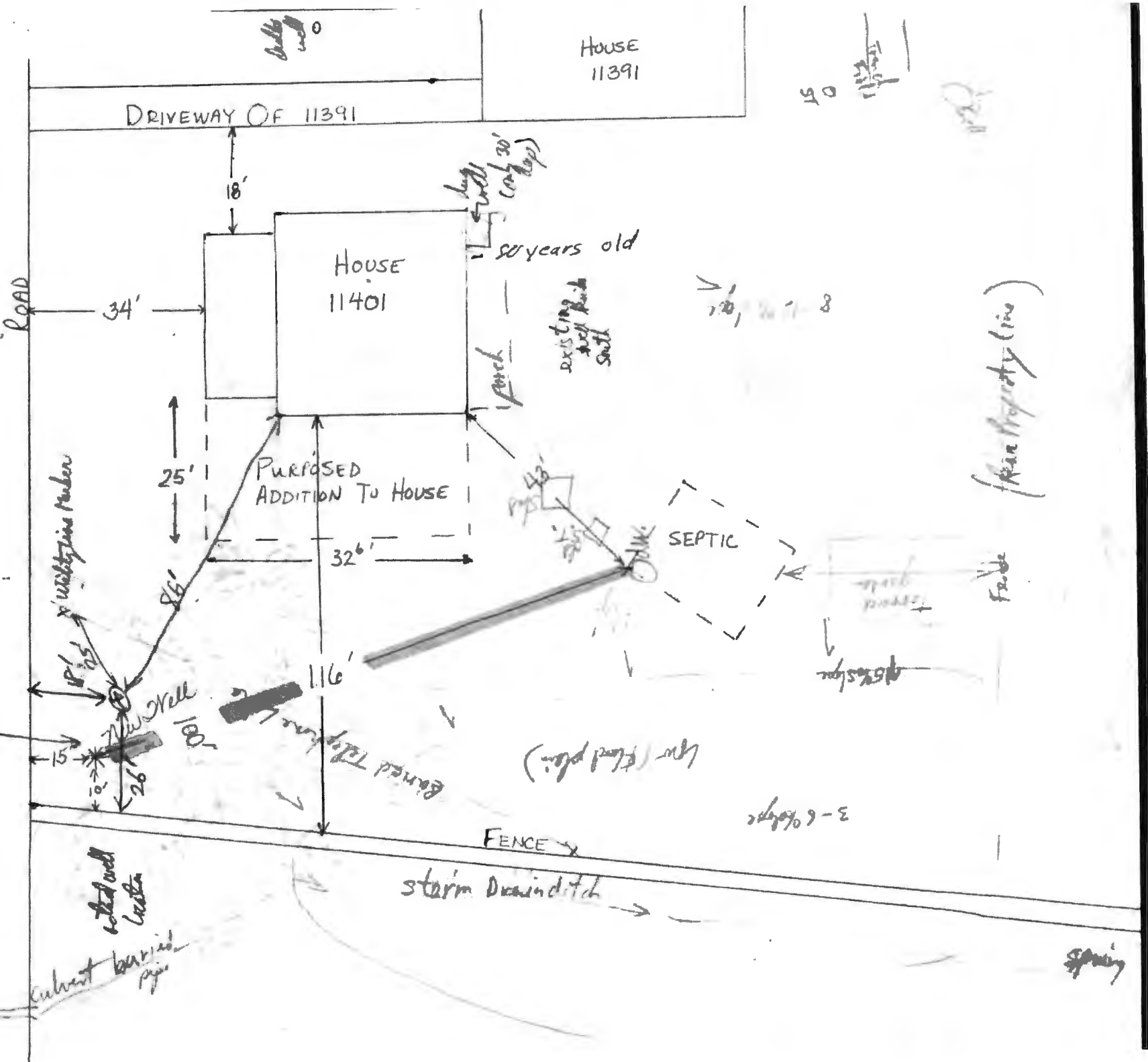
Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 GAP 63
 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

For Map 46 P 73 (2/15)
Caval Trail 226AA
110850 53 658

website of
HP 121473

HARDING ROAD



To: Diane Buckingham
11391 Harding Rd
Laurel, MD. 20723

Re: Replacement Well
HO-92-0501
11401 Harding Rd.

Dear Ms Buckingham:

This letter is an attempt to clarify any ~~misunderstanding~~ ^{confusion} that may have occurred during your recent application for a Replacement well on the above mention property. ~~The~~ The original well permit application stated this was ~~to be~~ a new well, not a replacement, and was to be the sole potable water source for the above address. Subsequently, a dug well ~~was situated~~ ^{was identified as} under the rear porch of the House at the above address.

