



HOWARD COUNTY HEALTH DEPARTMENT

72729

DATE 12/20/22

WS

Received From

Carey Roessler

PHONE #

For

Well Permit 4315 Ten
Dart Rd.

CASH

CHECK

NO.

3227

One hundred sixty

Dollars

\$

16000

Received By

A. J. imp

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-22-03795
Application Type: EnvHealth/Well and Septic/Installation/Application
Address:

Receipt No.	5504					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	3227	\$160.00	12/20/2022	JUKING		Receipt # 72729

Work Description: Well Permit

new's old
wells
app'd on
2/15/23

Homeowner - Carey Raesler
301-318-9091
padesjar@hotmail.com

TAG - 1/11/23 (M)

B 1 77131 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL **HO - 20 - 0246**
 572729 please type 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 12-28-22
 8 MM DD YY 13
 15 Last Name Roesler Owner Carey First Name Carey 34
 36 Street or RFD 4305 Ten Oaks Rd 55
 57 Town Dayton MD 70 State MD 72 Zip 21036 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION OAK RIDGE FARM 42
 SECTION 44 46 LOT 2 48 50
 52 NEAREST TOWN Dayton 71

DRILLER INFORMATION
 76 Driller's Name Darren E. Wilson License No. MWD 603 81
 Firm Name LFEASTERDAY Well DRILLING
 Address 9265 BR. CH. RD MT AIRY MD 21771
 Signature Darren E. Wilson Date 12-14-22

B 4 SOURCES OF DRILLING WATER
 1. Wells
 2.
 3.
 11 STREET ADDRESS 4305 TEN OAKS RD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 DISTANCE FROM ROAD 600 37 FT
 ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: - PARCEL 27

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

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
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 12/29/22 PT 12/29/23
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____
 1/9/23 - DEN / DOG: 1/11/23 DCY: 1/11/23

APPROXIMATE DEPTH OF WELL 400 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

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 DEEPEINED 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 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 _____ G _____
 PERMIT No. HO - 20 - 0246
 70 71 72 73 74 75 76 77 78 79

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

1/11/23 - grant / inspect. completed - HD
 HD missed construction inspection
 No email f/u

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.

C1 61643

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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER ROESLER, CAREY WELL SITE ADDRESS 4305 TEN OAKS RD TOWN DAYTON SUBDIVISION OAK RIDGE FARM SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Micr, Gray Micr, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, SCREEN RECORD, DEPTH (nearest ft.).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A, E, P

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...

DRILLERS LIC. NO. 1 MWD 603, DRILLERS SIGNATURE, LIC. NO. 1 JS D 038

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

DEPTH (nearest ft.) table with columns 1-31, 33-36, 38-41, 43-47, 49-51. Includes SLOT SIZE, DIAMETER OF SCREEN.

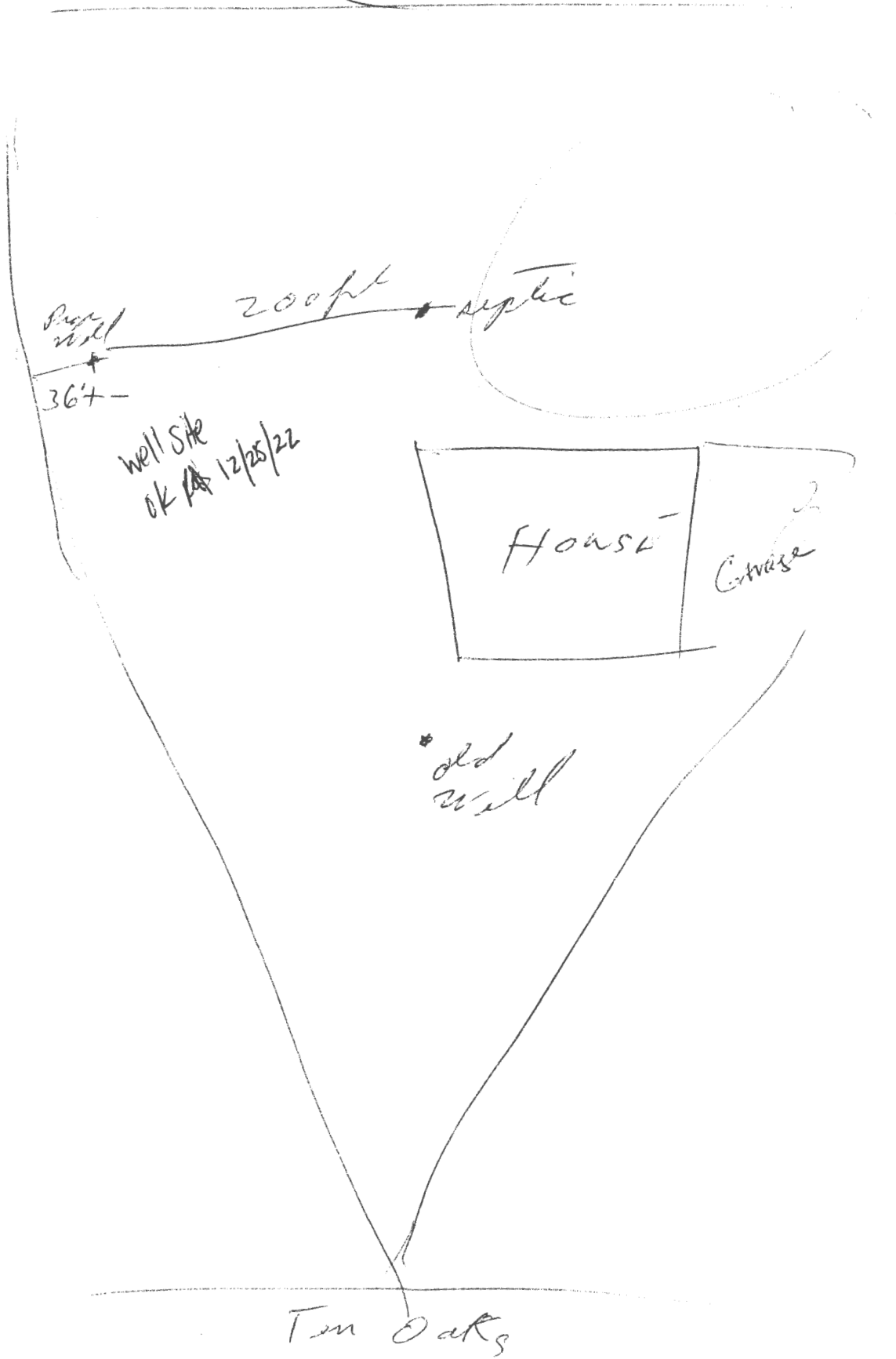
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

LATITUDE 39.252665 LONGITUDE 76.981461 (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.

4365 Ten Oaks Road
Ruesler, Cary

32



COPIES OF COMPLETED FORM TO:
 COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
 WELL OWNER
 WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

WELL ABANDONED: JUNE 6, 2023 (month/day/year)

IDENTIFICATION NUMBER OF ABANDONED WELL (if any)

HO - 81 - 2022

IDENTIFICATION NUMBER OF REPLACEMENT WELL:

HO - 20 - 0246

PERSON ABANDONING WELL: FRANK SINGH-TOU

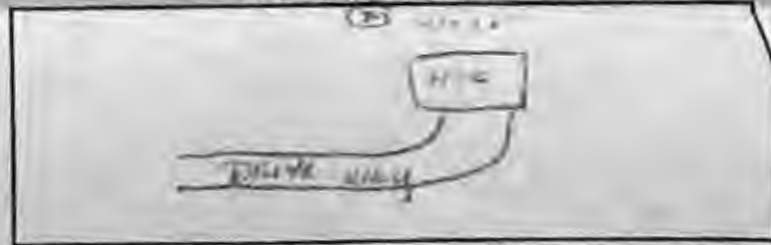
WELL DRILLER'S LICENSE NUMBER: 1040 046

CIRCLE: MWD / MSD / MGD

OWNER'S NAME: DAVID RUESLER

SITE LOCATION MAP

WELL LOCATION:
 COUNTY: HANOVER
 NEAREST TOWN: DAYTON
 MAP BLOCK PARCEL
 SECTION:
 TOWNSHIP: 10N LOT:
 ADDRESS: 4305 TOWN DRIVES RD



WELL DEPTH: 39.252036

WELL RADIUS: 76.981623

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	324	1
TOP SOIL	1	0
VOLUME OF MATERIAL USED		
<u>450 lb Bentonite mixed for 4200</u>		

TYPE OF WELL BEING ABANDONED:

DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

WELL CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

TYPE OF CASING:

STEEL PLASTIC
 CONCRETE OTHER (specify) _____

CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 324 FEET DEEP

IS CASING REMOVED? YES NO
 If YES, length removed, in feet: 3

IS CASING RIPPED OR PERFORATED? YES NO

WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 040

CIRCLE ONE MWD / MSD / MGS DATE 6-13-23

OWNER

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.

2-14-23
Inspection A/F # 11111

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: Eastday Wilson Water Service Telephone #: 301-831-7057
Address: 9205 Brown Church Rd
Mt Airy md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Jallen Wilson License# MWD603

*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: Garey Roesler Telephone #: 301-318-9091
Subdivision: _____ Lot #: _____ Well Tag #: HO 20 - 0246
Site Address: 4305 Ten Oaks Rd

Submersible Pump Data

Make: Franklin
Model #: 10SR007
Pump Capacity 10 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: BTE
Model #: P100 SS
Depth: 42" (36" min)
NSF/WSC approved: -

Well Cap and Electric Conduit

Two piece watertight cap: -
Screened, vented well cap: ✓
Cap secured to casing: -
Conduit min 18" B.G.: -
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 420' (feet)
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 inside of well casing

Piping to house

Type: Poly
PSI: 250 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

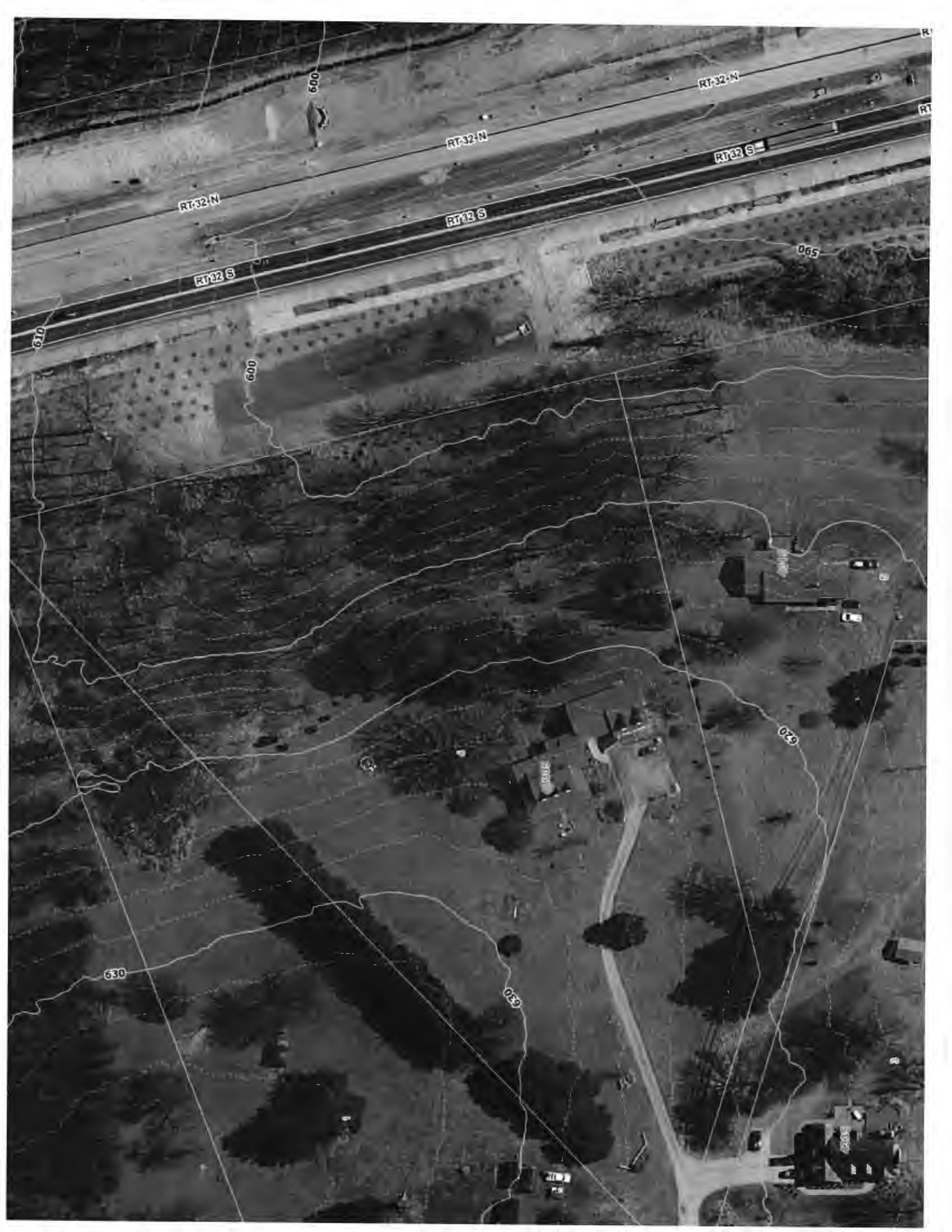
PVC sleeve to undisturbed soil at wall penetration: -
Length of sleeve (5' minimum from foundation): -
Sleeve sealed properly: -

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.

Jallen Wilson (Signed for owners) 2-14-23
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/14/23 Date Insp. Approved: 2/14/23 Inspector: RR
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 N/A
Adequate grout observed below pitless adapter ✓



CH-WSAM-23-00653 - Water Sample Appointment

Reports Help

File Date: [03/16/2023](#)

Application Status: [Closed](#)

Assigned To: [Boleslav Shklyar](#)

Description of Work: [RW ICOP - No Charge Bacteria, Nitrate, Turbidity and Sand Treatment; Carbon filter, R/O \(POU\) Kitchen, Other unknown filtration basement.](#)

Workflow Status:	Task	Assigned To	Status	Status Date	Action By
	Application Intake		Accepted	04/11/2023	Kathleen Cook
	Sample Collection		Complete	04/11/2023	Kathleen Cook
	Results		Completed	04/11/2023	Kathleen Cook
	Result Letter		Completed	04/11/2023	Kathleen Cook
	Close		Closed	04/11/2023	Kathleen Cook

Application Type: [Water Sampling](#)

Application Name: [Water Sample Appointment](#)

Address: [4305 TEN OAKS RD, Dayton, 21036](#)

Parcel No: [1405394155](#)

Contact Info:	Name	Organization Name	Contact Type	Contact Primary Address	Status
	Carey Roesler	n/a	Applicant		Active

Total Fee Assessed: [\\$0.00](#)

Total Fee Invoiced: [\\$0.00](#)

Balance: [\\$0.00](#)

Application Comments: [View ID](#) [Comment](#) [Date](#)

Documents:	File Name	Document Group	Category	Description	Type	Document Status	Document Status Date
	RW ICOP 4305 Ten Oaks result letter	EH_H2OSAMP			application/pdf	Uploaded	04/11/2023
	result letter	EH_H2OSAMP			application/pdf	Uploaded	04/11/2023

[Show all](#)

Custom Fields: **SAMPLING INFORMATION**

<input type="checkbox"/> Final Certificate of Potability	<input type="checkbox"/> Surface Water Sampling	<input type="checkbox"/> Citizen Request Sampling
<input type="checkbox"/> Replacement Interim Certificate of Potability	<input type="checkbox"/> Replacement Final Certificate of Potability	<input type="checkbox"/> Radium Samples
<input checked="" type="checkbox"/> Salt Samples	<input type="checkbox"/> Special Request Sampling	<input type="checkbox"/> Transient Non Community Sampling
<input type="checkbox"/> Non Transient Non Community Sampling	<input type="checkbox"/> Well Tag Number	<input type="checkbox"/> Septic System Appointment
<input type="checkbox"/> Source	<input type="checkbox"/> HO-20-0245 Request Type	<input type="checkbox"/> Interim Certificate
<input type="checkbox"/> Environmental Health Surveys	<input type="checkbox"/> Invoiced	<input type="checkbox"/> Invoice #
<input type="checkbox"/> Retest		

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

SAMPLE AND RESULT SUMMARY

Sample Type	Sample Location	Reason	Treatment Type	Collection Date	Time Collected	Bottle Number	Invoice Number	Result Satisfactory	Result Date	Sample Result	Unit
Bacteria	Bathroom Sink	Replacement Well	Sediment Filter	03/27/2023	09:00	HC4305		√	03/29/2023	0	CFU
Nitrate	Kitchen Sink	Replacement Well	Reverse Osmosis POU	03/27/2023	09:00	HC4305		√	04/07/2023	<0.2	mg/L
Turbidity	Bathroom Sink	Replacement Well	Sediment Filter	03/27/2023	09:00	HC4305		√	04/07/2023	<0.5	NTU
Sand	Bathroom Sink	Replacement Well	Sediment Filter	03/27/2023	09:00	HC4305		√	03/29/2023	no sand detected	g/L



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

April 10, 2023

Carey Roesler
4305 Ten Oaks Road
Dayton, MD 21036-1132

RE: Replacement Well Water Sample Results
4305 Ten Oaks Rd
Dayton, MD 21036-1132

Dear Mr. Roesler,

We have received the results from the testing of the water sample(s) taken from the above referenced property on March 27, 2023. 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.

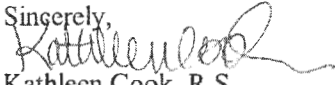
The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was <0.2 parts per million. The MCL for nitrate is 10.0 parts per million.

A sample was collected to determine the **Turbidity** level in your water supply. The turbidity level was <0.5 nephelometric turbidity units. The MCL for turbidity is 10.0 nephelometric turbidity units.

In addition, **Sand** was not visible within the sample.

Please contact the Health Department at (410) 3131773 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, R.S.
Community Hygiene Program
Enclosures

SEND REPORT TO:

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
MDH - Laboratories Administration
DIVISION OF ENVIRONMENTAL SCIENCES
1770 Ashland Avenue, Baltimore, MD 21205
Robert A. Myers, Ph.D. Director

HO-20-0245

PHONE NO. MICROBIOLOGICAL ANALYSIS OF DRINKING WATER

Category Code: 4F Invoice No.: JCOP Lab No.:

FIELD RECORD

Sample Type:
 Community
 Transient
 Non-Transient
 Private
 Repeat Sample
 C.O.P
 Bottled Water
 OTHER:

Source Address: Carey Roesler, 4305 Tan Oaks Rd
 Sampling Site: Bathroom Bottle No.: HC 4305
 Ice: Yes No Treated: Yes No County: HOWARD
 Date Collected: 3/27/23 Time Collected: 9:00 am pm
 Collector Name: B. Shklyar Collector ID No.: 0120195
 Collector Tel. No.: 410-313-1227 PWS ID No.:

Test Requested:
 Quantitative: Colilert-QT P/A: Colilert
 Heterotrophic Plate Count SimPlate
 Multiple Tube Fermentation: MTF
 Quantitative: Enterolert
 Other: sand presence test

County: 13 Plant No. Sampling Station
 pH: 6.5 Res.Cl: 110 Free: 00 Total: 01

Remarks: found

LABORATORY RECORD (MDH Use Only)

Test Method(s): (check all that apply)
 SM 9223 Colilert SM 9223 Colilert-QT SM 9223 Colilert-18
 SM 9221B (MTF) SM 9221B, F (MTF) SM 9223 Colisure
 SM 9215B (HPC) Enterolert ASTM D6503-99 SimPlate
 Other:

Temperature Control: 90 ^{RT} °C
 Thiosulfate: Present Absent Undetermined

P/A Test

100 mL Sample	(+/-)
Total Coliforms	
E. coli	
Enterococci	

Quantitative Test

Dilution: 1:10 1:100 1:1000

100 mL Sample	# Positive wells	MPN/100 mL
Total Coliforms	<u>2</u>	<u>12</u>
E. coli	<u>0</u>	<u>0</u>
Enterococci		

Heterotrophic Plate Count
 Incubated 24, 48, 72hr @ 35°C

Plate A:

Plate B:

Average: CFU/mL MPN/mL

Received: MAR 27 '23 3:46 KT

Placed in Incubator: MAR 27 '23 4:10 KT

Results Read/Reported: MAR 29 '23 10:20 KT

Presumptive MTF Test

mL of Sample	10 mL
Gas/24h	
Gas/48h	

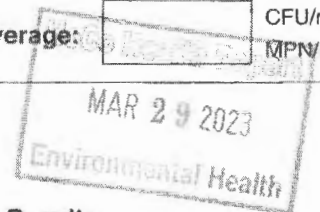
Confirmed MTF Test

mL of Sample	10 mL
Total Coliforms	
E. coli	

MTF Results

No. of Positive (+)	MPN/100 mL	Recorded Value

Specialized Testing Results:



Analyst: [Signature] Reviewed by/Date: [Signature] 3/28/23
 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



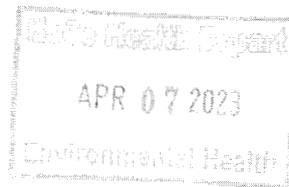
Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Certificate of Analysis

FINAL REPORT

Folder No:	E23002317	Date/Time Logged:	03/27/2023 16:06
Sample ID:	E2300231701	Temperature Control:	NA
Date Received in Lab:	03/27/2023	Sample Condition:	
Sample Received By:		Received Under Chain of Custody (COC)?	

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045		Field ID:	HC4305
		Submitted By:	Shklyar
		Date Collected:	03/27/2023
Field ID:	HC4305	Collected By:	Shklyar
County:	Howard	County Code:	13
Plant:		Submitter Code:	Individual Septics & Wells Program (41)
Sample Station:		Reason For Testing:	Routine
Site Name:	kitchen sink after RO	Data Category Code:	4F
Sample Source:	Carey Roesler	Regulation Supported:	
Location:	4305 Ten Oaks Rd	Federal Project:	
Sample Preserved By:	iced 4C + H2SO4	Sample Type:	Drinking Water
Sample pH:	6.5	System Type:	Private
Free Chlorine:	0.0	Source Descriptor:	Source (Raw Water)
Total Chlorine:	0.0	Collector Phone:	(410) 313-1787
Comment:		Collection Date/Time:	03/27/2023 09:00
<u>Analysis Requested</u> Nitrate + Nitrite Turbidity		Information in this section was not generated by the laboratory	



Approved by: *Lore Phillips* Approval date: 04/07/2023

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 contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-3855 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

Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC4305

Submitted By: Shklyar
 Date Collected: 03/27/2023

Information in this section was not generated by the laboratory

Lab No: E2300231701
 Date Received: 03/27/2023

<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 353.2*	0.2	10	<0.2	± 6.981%	mg/L as N	03/28/2023
Turbidity	EPA 180.1	0.5		<0.5		NTU	03/28/2023

Approved by:

Sara Phillips

Approval date: 04/07/2023

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 contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call 443-681-3855 and arrange for return or destruction.

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



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

April 10, 2023

Carey Roesler
4305 Ten Oaks Rd
Dayton, MD 21036-1132

Re: Replacement Well
4305 Ten Oaks Rd
Well Permit HO-20-0245

Dear Mr. Roesler,

The water sample result indicates that the water sample submitted for testing was free of **coliform and E.coli bacteria** at the time of sampling and is bacteriologically safe for drinking. In general, the water sample results were found to be in compliance with **COMAR** water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of **COMAR 26.04.04.00** "Well Regulations" have been met for the water supply system installed under well permit **HO-20-0245**. Although the submitted sample results are in compliance with **COMAR** standards, the Health Department does not guarantee water supplies.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a second bacteriological water sampling within (6) months of receipt of this letter. A list of Maryland certified laboratories can be provided upon request. If a private lab is used, please provide us with a copy of the results.

Approving Authority,

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

Ramar Martin, LEHS
Program Supervisor, Community Hygiene Program

Water Sample Dates on File:
March 27, 2023 (Bacteria, Nitrate, Turbidity, Sand – MD State Lab)

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

February 16, 2023

David & Carey Roesler
4305 Ten Oaks Rd
Dayton, MD. 21036

RE: **Replacement Well completed at 4305 Ten Oaks Rd (HO-20-0246)**

Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for **bacteria, nitrates, turbidity, and sand**. There is currently no charge for the sampling and it is to your benefit to have it tested. Sampling of the new well should 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.

The old well (no well tag) located closer to the house and driveway must be properly sealed and abandoned by a MD Licensed Well Driller per *COMAR 26.04.04.34*. Documentation is to be submitted by the driller to all appointed authorities that this task has been completed. If you'd like to retain the well located near the driveway to run in series with the new well or retain it as an irrigation well a formal written request must be submitted to this office for review. If your existing well (no well tag) remains in use in conjunction with your newly drilled well, both of these wells must remain current to Maryland Well Construction Standards (COMAR 26.04.04). Additionally, the old well (no well tag) will require water sampling. This sampling includes testing for **bacteria, nitrates, turbidity, and sand**.

Please provide the above referenced documentation for the old well abandonment within 30 days of the receipt of this letter. If you have any further questions, you can call me at **410-313-1781**. Otherwise, call Community Hygiene at **410-313-1773** to schedule or arrange for them to collect the required water samples.

Respectfully,



Ryan Rappaport, LEHS
Well & Septic Program

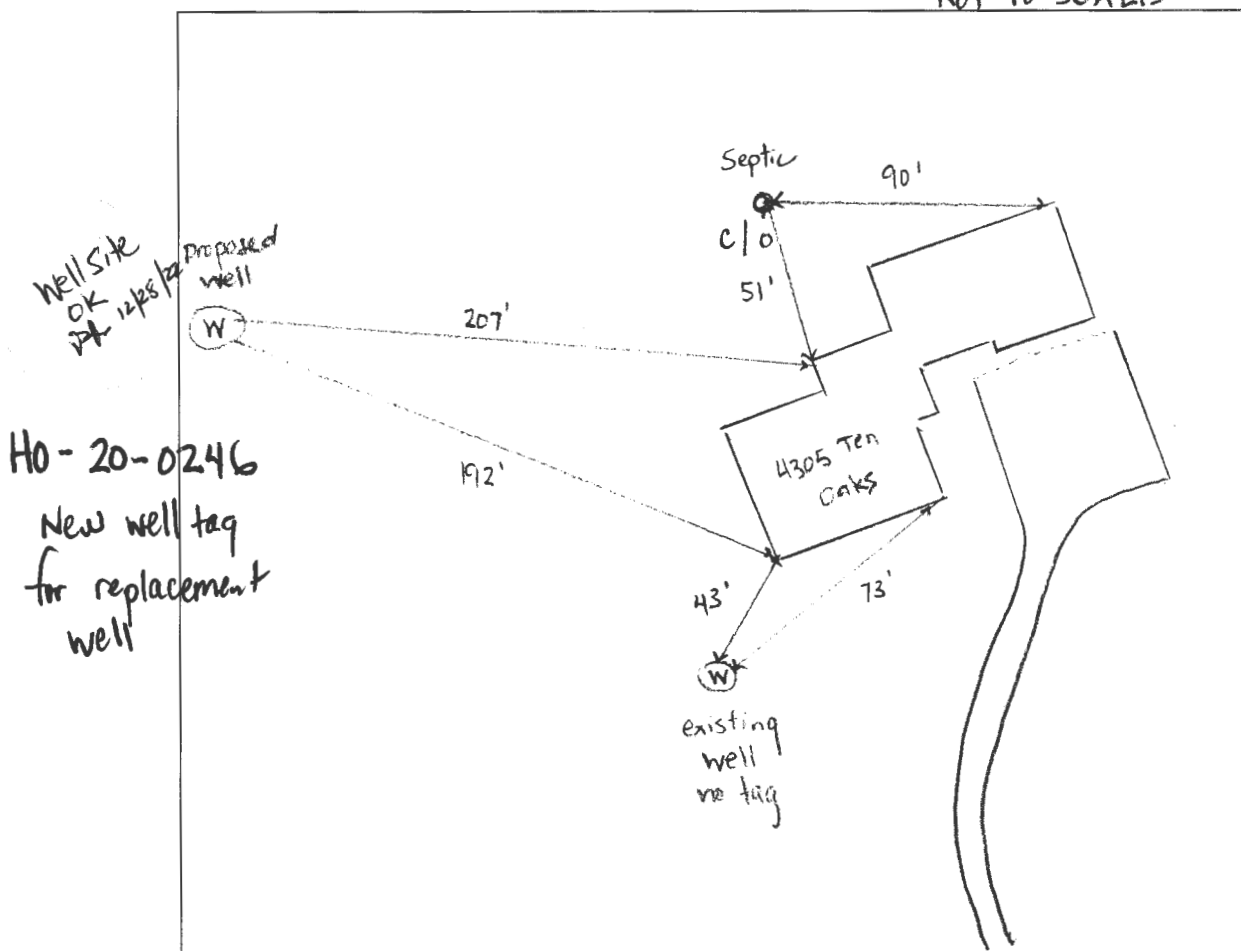
Cc: Community Hygiene Program
L. Franklin Easterday, Inc. MWD 040
File

SITE INSPECTION SHEET

OWNER: David & Carey Roesler PHONE #: 301-318-9091- patesjar@hotmail.com
ADDRESS: 4305 Ten Oaks Rd CONTRACTOR: Easterday
Dayton, MD. 21036 WELL TAG #: no tag on old well
SUBDIVISION: Oak Ridge Farm LOT: 4 COUNTY #: new replacement well- HO-20-0246
PROPOSAL: Replacement well for property since existing well is
running out of water

LOCATION DIAGRAM

NOT TO SCALE



COMMENTS: 12/28/22 - site inspection completed, setbacks for well look
ok for property's neighboring property.

12/27/22 - left msg for driller - Easterday in regards to this permit
but have not had any response. (R)

DATE: 12/28/22 INSPECTOR: R. Rappaport

Send replacement well letter after
construction of well