

6/11/97
C.O.
AM+PM
6/13/97
REAR

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58049

A 56613

DISTRICT 4th

DATE _____

INDEXED

04-324250

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 6/13/97

INSPECTOR DKS

Stromberg Homes, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1257 Backmans Valley Road, Westminster, Maryland PHONE 410-840-0210

SUBDIVISION C.R.Naples Subdivision LOT 3 ROAD 1860 Long Corner Road

PROPERTY OWNER Norj & Diane Nordeen

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TO THE EXTENT POSSIBLE -
* TRENCHES TO BE INSTALLED
HIGHER ON LOT, BUT NOT
DEEPER IN THE GROUND

3/26/97 CWL

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION * Start trenches 60 feet in from left property line (898.82') and 350 feet from the front lot line as seen when facing the lot from Long Corner Road. Run trenches on contour toward the left lot line.

NOTES - WATER WELL TO BE 100 FEET PLUS FROM TRENCHES. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/11/97 DKS

PLANS APPROVED BY C. B. Streaker/Amy McMillen REVISED DATE 030697

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

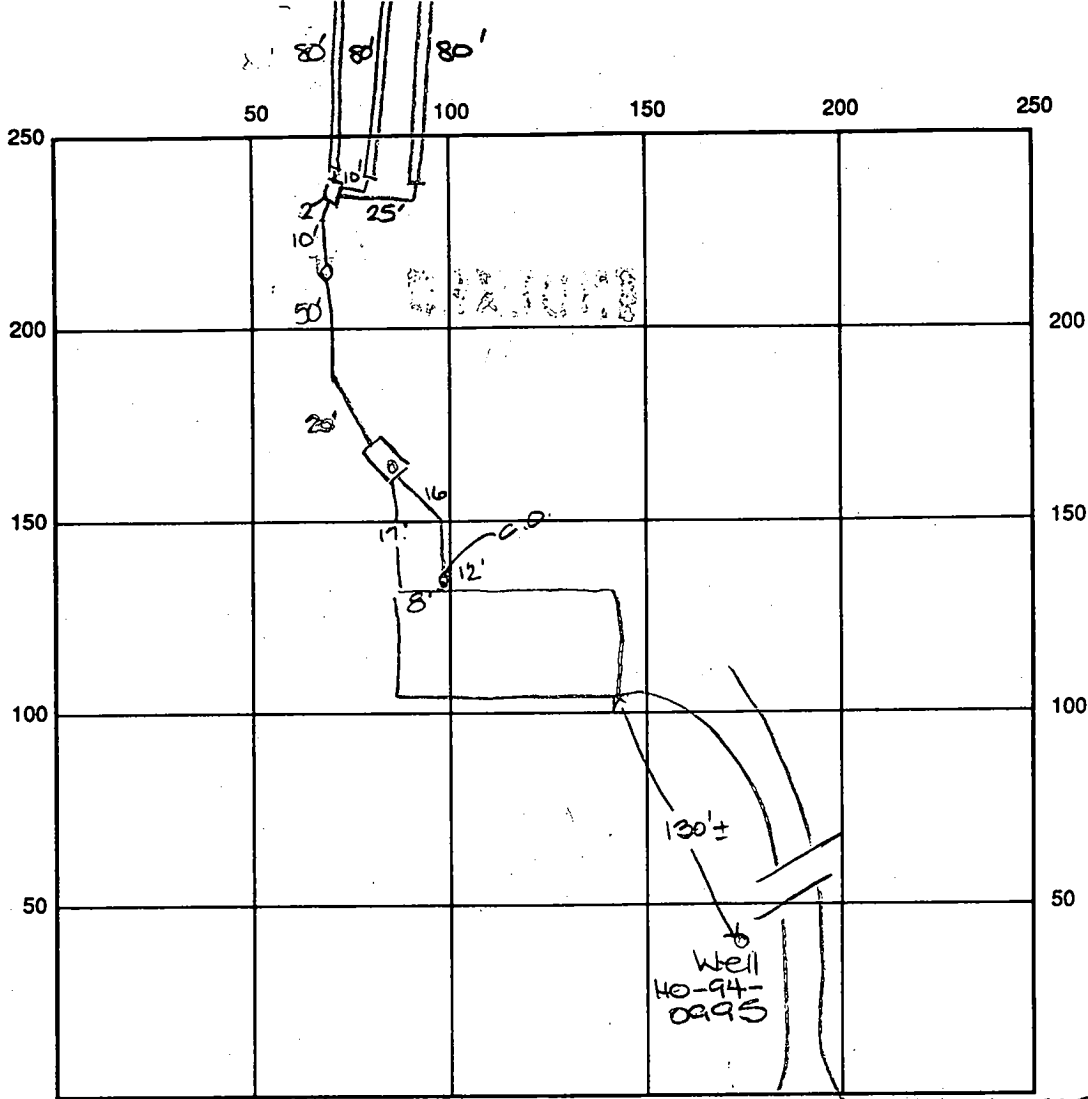
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**BUILDING PERMIT SIGNED
AND RETURNED 12601
800133501 - FINISH BASEMENT**

A 56613



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE LONG CORNER RD

SEPTIC TANK LEVEL 1250 gal CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3 x 80 FT. → 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

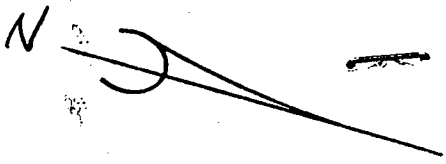
REMARKS: 6/10/97 OK to continue - tank set ALM

~~6/10/97 OK to continue. DKS~~

~~6/10/97 OK to stone / partially cover 1st trench. DKS~~

6/13/97 FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 6/13/97 INSPECTOR [Signature]



N/F
A.J. WILLETS
ET AL 466/23

N. 34° 45' 00" W.

293.09'

PLOT PLAN
OF LANDS CONVEYED TO
NORJ K. NORDEEN & DIANE C. NORDEEN
SITUATED ON LONG CORNER ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
1" = 100' FEBRUARY, 1997

A. PROP. HOUSE:
F.F. EL. = 761.1'
BSMT. EL. = 752.5'
INV. OUT EL. = 751.5'

B. PROP. SEPTIC TANK:
EX. EL. = 755.0'
INV. IN EL. = 750.9'
INV. OUT EL. = 750.0'

C. PROP. DIST. BOX:
EX. EL. = 754.0'
INV. IN EL. = 749.8'
INV. OUT EL. = 749.5'

D. PROP. TRENCHES:
4 @ 70', 6' BOT. MAX, 1.5' STONE
INV. IN EL. = 749.5'
*ACTUAL NO. & LENGTH OF TRENCHES
TO BE DETERMINED @ TIME OF SEPTIC
PERMIT ISSUANCE.

NOTES:
1) TOPO BY OTHERS.
2) EX. PEKC LOCATIONS @
BY OTHERS.

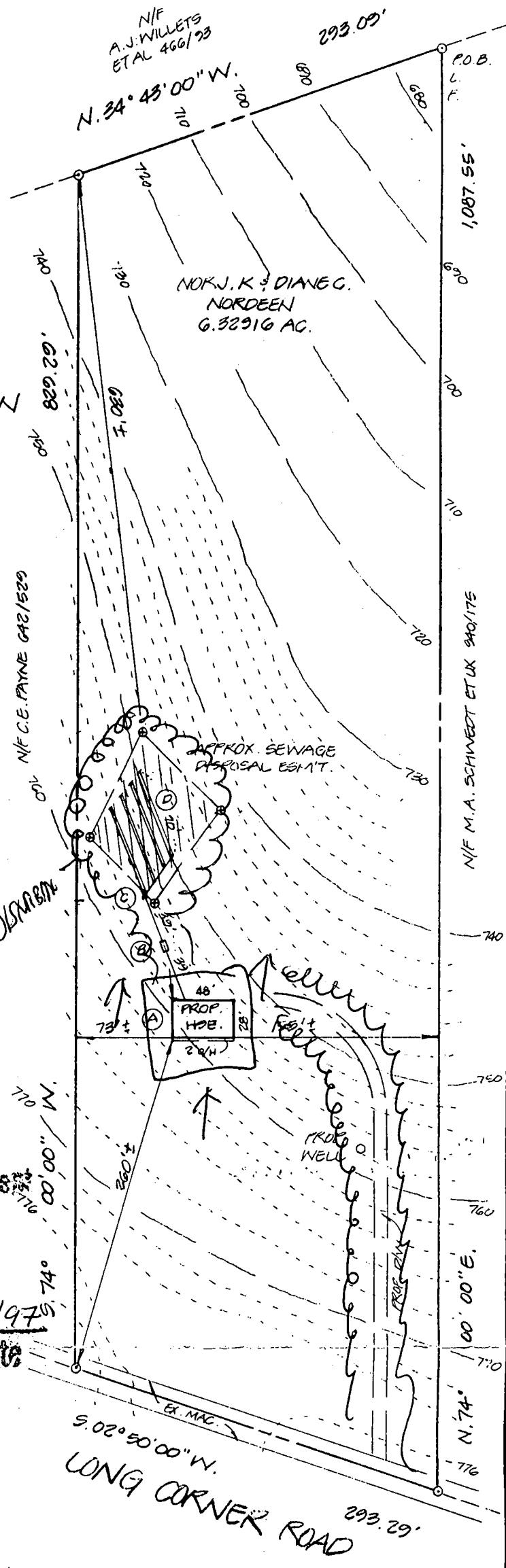
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
1997 MAR - 5 P 12: 44

Approved Septic System Plan
Howard County Health Department

Amy McMillen 3/6/97
Signature Date



2/24/97 REV. 2-27-97: HSE. SITE & SEPTIC DESIGN.



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.
Engineers · Surveyors · Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
	96-4092

M001189



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 10, 2001

Mr. and Mrs. Nordeen
1860 Long Corner Road
Mount Airy, MD 21771

RE: **Well Sampling**
Well Permit #: HO-94-0995

Dear Mr. and Mrs. Nordeen:

File review indicates that the well drilled on your property has never passed the bacteriological requirements to meet the Code of Maryland regulations. A temporary deviation was issued on June 24, 1997 to allow a sixty day time period in which the well was to be chlorinated and retested. Our records indicate that the well was never retested. The well must be retested or documentation of a passing sample must be provided. By failing to satisfy the above requirement you technically may not have permission to occupy the house. Also the Health Department may require you to abandon and seal your well.

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule a water sampling for the referenced well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

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.

There is no charge for the sampling, and it is to your advantage to have your water tested. If you have any questions please call the number above.

Sincerely,

Brian Baker

Brian Baker, R.S.


Well and Septic Program

cc: Community Environmental Health Program
File

January 15, 1999

MEMORANDUM

TO: Mr. and Mrs. Norj Nordeen
1860 Long Corner Road
Mt. Airy, Maryland 21771

FROM: Donna K. Soe, R.S. 
Water and Sewerage Program

RE: Status of well water approval
1860 Long Corner Road
Well Permit #HO-94-0995

According to Health Department records, no approval has been given for the well water supply installed under well permit #HO-94-0995. Upon receipt of this letter, please submit to this office any sample results taken after July 16, 1997, you may have regarding the water supply. If you have no sample results, it is imperative that you contact me so that a sample appointment may be scheduled in order for you to fulfill your sampling requirements as dictated in Code of Maryland Regulations (COMAR 26.04.04).

Thank you in advance for your prompt attention to this matter.

DKS

cc: file

(301) 829-6270

5/13/98 12:00 -
left message DKS



6/19/98 3:40 pm Mr. Nordeen
called - UV system to
be installed
8/19/98 9:17 am left message

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 16, 1997

Mr. and Mrs. Norj Nordeen
1860 Long Corner Road
Mt. Airy, Maryland 21771

RE: 1860 Long Corner Road
Well Permit #HO-94-0995
Water Sample Date: July 10, 1997

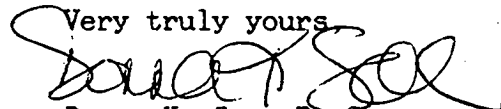
Dear Mr. and Mrs. Nordeen:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. (A copy of the test results is enclosed for your records.) It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact either a private state certified laboratory or the Health Department at (410) 313-2640 to arrange for follow-up testing.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Donna K. Soe, R. S.
Water and Sewerage Program

DKS
Enclosures
cc: file



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 24, 1997

Mr. and Mrs. Norj Nordeen
9220 Willow Lane
Adelphi, Maryland 20738

RE: 1860 Long Corner Road
Well Permit #HO-94-0995

Dear Mr. and Mrs. Nordeen:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on June 13, 1997.

This is a **Temporary Deviation** to the Code of Maryland Regulation (COMAR 26.04.04) to allow additional time for a well failing certification of potability to be brought into compliance with these regulations.

This certifies that bottled water will be used for drinking purposes in the interim period of time (**sixty days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N or to allow for the installation of an ultraviolet disinfection system.

By the end of the interim period (**sixty days**), a determination shall be made by this office whether to accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a, or to grant a Permanent Deviation, or to issue an order that the well be abandoned and sealed.

Issuance of this Temporary Deviation is based on information submitted by the owner. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the above referenced property.

Date of Well Completion: March 28, 1997

Approving Authority


Donna K. Soe, R.S.

Water and Sewerage Program

DKS

cc: Building Inspector's office
file

2/27/97
AS DISCUSSED WITH
BOOTHBAY (DRILLING CO.)
& NORDEEN (OWNER)
PUMP TEST TO BE REPEATED
WITHIN 30 DAYS, BUT BUILDING PERMIT
WILL NOT BE HELD UP ON ACCOUNT
OF THIS ISSUE OF ADEQUATE YIELD.
IT IS PRINCIPALLY A TECHNICAL
C/W



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 14, 1997

Barbara L. DiPole
8812 Northern Spruce Drive
Alexandria, VA 22309-4216

2/19/97
DAILLEN CALLED
1) I AGREED THIRD
PARAGRAPH 'PAST HISTORY'
COMMENT WAS POORLY
WORDED - INTENT WAS TO
CHALLENGE DETAILS OF THIS
YIELD TEST NOT
PAST PRACTICES
OF DAILLEN -
WITH WHOM WE
HAVE NO HISTORY.

2) HEAD OF COMPANY REPORTS
HE NEEDED & FIXED LOOSE
WIRE ON PUMP, &
REPAIRED PUMP TO ACTION
WITHIN 15 MINUTES
&
TEST WAS
EXTENDED
NEC.
AMOUNT

RE: Well Permit - HO-94-0995
Naples Subdivision - Lot 3 RETURNED
Long Corner Road
PUMP TO ACTION
WITHIN 15 MINUTES
&
TEST WAS
EXTENDED
NEC.
AMOUNT

Dear Ms. Barbara L. DiPole:

In regard to the above referenced well, this office finds several inconsistencies with the well driller's completion report. These inconsistencies are sufficient to raise concerns as to whether or not the well actually satisfies minimum yield criteria in accordance with provisions of the Maryland Well Construction Regulations, COMAR 26.04.04.

The field data sheet (blue) showed 6 hours of actual pumping without interruption, at the minimum sustainable yield requirement of 1 gallon per minute (gpm). However, the pumping rate (time to fill 1/2 gallon bucket) was not reported, nor was there any accounting for an interruption of the yield test which was observed during our field inspection. The maximum allowable interruption is 15 minutes though our field observation suggests the interruption may have been greater than 15 minutes.

Prior to issuance of a building permit for this property, it will be necessary for a technically correct yield test to be performed to demonstrate that this well satisfies the minimum yield requirement. Due to the past history of irregularity, it is requested that sufficient notice be given to this office of the scheduled yield test to allow a sanitarian to be on-site while the test is performed.

If you have any questions regarding this matter or wish to appeal this decision, please feel free to contact me at (410) 313-2640.

Very Truly Yours,
Craig Williams

Craig Williams, Program Director
Water & Sewerage Program

R & W / BOOTHBAY
800-339-6831

BOB BRAITHWAITE

MAY
301-714-
0032

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

001035

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Acid Rain 1000 ft. tub for jet

Location: 1860 1000 Corn Rd.

Iced: Yes No am. pm.

Treated Yes No Time Collected 9:10

Collector # 75-459 Bottle No. AZ 949

Collector Name D. S. E. County Howard

County 13 Plant No. Sampling Station Date Collected 07/10/97

pH 5.2 Res. Cl: Free 00 Total 00 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST*

CONFIRMED MTF • P/A TEST

ml. of Sample	10 ml.	100 ml
Gas. 24 hours		
Gas. 48 hours		

ml. of Sample	10 ml.	100 ml	No. of +
Coliforms †			
Fecal Coliforms ‡			

P/A TEST (CONFIRMED) ***

ml. of Sample	100ml.
Total Coliforms	+
E. Coli	-

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms		
E. Coli		

** Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100 ml (Membrane Filter) =

24 • 48 • 72 Hrs./ Heterotrophic Plate Count §/ml. =

- ** using m Endo-Agar LES at 35° C incubation
- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MUG at 35° C incubation

Remarks _____

Date & Hour

Laboratory

197 JUL 10 PM 12:40

'97 JUL 10 PM 1:02

'97 JUL 11 PM 1:19

Rec.d E. MD REG. (C) S. MD REG.

Exam E. MD REG. (S) W. MD REG.

Rep. CENTRAL

Bacteriologist Shank

SEND REPORT TO:

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD 21043

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Lab No. Date Received

0300149 = 10 8

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-18001 Name Nordeen County Howard County Code 13

Source 1860 Long Corner Rd. Mt. Airy Data Category Code 4/E

Collected: Date 7/10/97 Time 9:00 Collector & Phone J. See 313-2640 Submitter Code

CHECK (one per box)

Drinking Water	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>	Source (raw water)	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Federal Project	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input type="checkbox"/>		
Stream	<input type="checkbox"/>	Private	<input type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>		

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid NO ACID

pH 5.2 Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks: HO-94-0995 *WR* *JL*

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
	Nitrate - Nitrite, N	00630					
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
✓	Turbidity*	00076			4.9	7-11-97	J.L.
	Other:						
	<i>Please place in correct pot. Thank you.</i>						
	<i>W. Kunkle</i>						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01
DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
SUBMITTER'S COPY

Date Reported JUL 14 1997

1997 JUL 18 P 1:06

Partial List of Submitter Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1-30 County Codes	53 Chesapeake Bay & Special Projects
41 Individual Septics & Wells Program	59 Standards & Certification Program
42 Water Supply Program	63 Division of Food Control
43 Recreational Sanitation & Migrant Camps, DHMH	64 Engineering & Maintenance, DHMH
44 STP Inspection Division	65 Division of Community Services
45 Hazardous & Solid Waste Admin. (Landfill Samples)	66 Office of Attorney General
46 Pre-Treatment Enforcement Division	67 Dept. of General Services
48 Licensing and Certification, DHMH	77 E.P.A.
52 Water Quality Monitoring Program	91 State Highway Administration
	96 L.U.S.T./U.S.T./CERCLA
	99 Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
S Safe Drinking Water Act (SDWA)	N National Pollution Discharge Elimination System (NPDES)
R Resource Conservation and Recovery Act (RCRA)	M Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1F Sediment Samples	2F Innovative Disposal
2A Industrial Effluents/Compliance	5A Solid Waste/Landfills
2B Industrial Grab	5B Kidney Dialysis
2C Municipal Compliance	5C Commercial Bottled Waters
2D Municipal Grab	5D Misc. Wastewaters
4A MCL Surveys	5E Misc. River/Stream
4B Routine Monitoring & Other Communities	5F Misc. Drinking Water
4D Potable - County Community	5G Swimming Pools
4E Potable - Non Community	5H Marine or Estuarine Natural Bathing Areas
4F Potable - Private Wells	
4G Real Estate Trans./Charge Samples	

Partial List of Error Codes

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
A Laboratory Accident	J Wrong sample type
C Mechanical/Materials failure	RR No sample received
D Insufficient Sample	X Improper preservation
E Sample past holding time	LL Mislabeled sample



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0806

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Certificate #102 PA Certificate #68-189

o: Easterday Well & Pump
9265 Brown Church Road
Mt. Airy, MD 21771

Sample Ident. No.: 7052875

Type of Water: DRINKING WATER

Date(Time) Collected: 06/18/97 (0800)

Date(Time) Received: 06/18/97 (1450)

Date(Time) Examined: 06/18/97 (1540)

Sample Preservation Method: REFRIGERATION

ature of submission: ROUTINE

ene of Sample Source: 1st Floor Bath Tub
Mun., Inst., Co., Owner: Norm Nordeen
Address: 1860 Long Cone Road
City, County: Mt. Airy
State, Zip code: MD 21771

Source Type: WELL
Turbidity (NTU's) = 1.0
Chlorine Residual: 0.5
Disinfection: CHLORINATION
(Chlorine present)

ollector: E. Easterday (#94-547)

Affiliation: Easterday

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	10	Absent		0.8 mg/L
EXAMINATION METHOD USED	MILERT	COLILERT		

RES. PRESENT IN SAMPLE: PRESENT

SAMPLE HOLDING TIME: NOT EXCEEDED

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INOCULATED AT EACH DILUTION

DILUTION FACTOR	1	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (ML)	10	10	10	10	10	10
	10	1	1	1	1	2
PRELIMINARY TESTS	24HR					
	48HR					
COUNTING METHOD	TOTAL 48HR #					
CONFIRMED TEST	PROC. 24HR #					

LABOR. TEMPERATURE 35°C 500 µMOL/L @ 35°C 50 µMOL/L @ 44.5°C

WARNING: This sample does not meet the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters but does meet the nitrate standard of less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

ANALYST'S SIGNATURE
Julia M. Patel

ANALYST'S NAME
Julia M. Patel

DATE
06/23/97

Post-It Fax Note 7871

To: Case willow Easterday

REQUEST FOR TEMPORARY DEVIATION TO CERTIFICATE OF POTABILITY

DATE: 6-24-97

PROPERTY OWNER: Norj K. Nordeen & Diane C. Nordeen

PROPERTY ADDRESS: 1360 Long Corner Rd
Mount. Airy, MD 21771

WELL PERMIT #: HO - -

TESTIMONIAL: (Steps taken thus far by well owner to make the well water supply bacteriologically safe)

One chlorination has been done to the well.
The well has been drawn down by the well
pump twice.

PLEDGE: (Steps to be taken by the well owner to bring the well into compliance with COMAR 26.04.04.09 within fifteen (15) days)

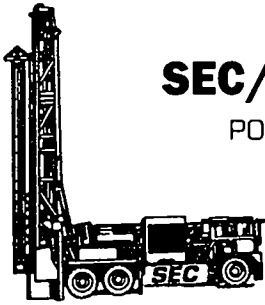
We will continue to pump water from well
and we are scheduling retest w/ Ho. Co. Dept.
of Health within 60 days.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit #HO- - will be bacteriologically free resulting from approved disinfection procedures
- 2) If condition #1 is not met through disinfection techniques, then either:
 - a) an ultra violet disinfection system must be installed and maintained continuously to ensure a bacteriologically safe water supply
 - b) an order to abandon and seal the well will be issued

I hereby request that a 15 day Temporary Deviation to Certificate of Potability be granted for the well installed under permit #HO- - . I am fully aware of the conditions under which this deviation will be granted. I am fully aware of my responsibilities as the well owner.

Norj K. Nordeen
(Property Owner)



SEC/Abbott Well Drilling & Pump Company

PO BOX 1143 • HAGERSTOWN, MARYLAND 21741-1143

800-339-6831
301-791-0135
Fax 301-714-0032

February 18, 1997

Mr. Craig Williams
Program Director
Water & Sewerage Program
Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, MD 21043-4544

RE: WELL PERMIT
HO-94-0995

Dear Mr. Williams:

This letter is in response to your correspondence to Barbara L. DiPol dated February 14, 1997 and our telephone conversation today.

The field data sheet was used as elapsed time of total test. Upon completion of repair the well was drawn down to 276 level at max pump flow and then using a one gallon bucket the rate was set at 1 gal/min. The time to fill the bucket was approximately 1 minute.

After I spoke to you I contacted Mr. Norj K. Nordeen, the new owner, and explained our conversation. I also reiterated that SEC/Abbott Well Drilling and Pump Company provides warranties to their customers and should they have any problems falling in the parameters of the warranty we will certainly look after them. Mr. Nordeen said that he accepted my explanation and would in fact be applying for his building permit in the next day or so.

I appreciate your patient and professional approach in this matter.

As we discussed, I will have Bob Braithwaite, our water well manager, contact you to discuss the completion on this well so that we can avoid problems in the future. Bob will contact you at the earliest indication of being in your area.

Sincerely,

Randy Boothby, General Manager
SEC/Abbott Well Drilling and Pump Co.

MESSAGE LEFT
ENCOURAGING THEM TO
COME IN MONDAY, 2/21 (CW)

Norj K. Nordeen Landscaping, Inc.

FAX COVER SHEET

TO: Craig Williams

DATE: 5-1-97

COMPANY NAME: How. Co. Health

FAX NUMBER: 1-410-313-2648

FROM: Norj Nordeen

DESCRIPTION:

yield report done by Quynn-Cromwell
Well Service

NUMBER OF PAGES:

3

(Including Cover Page)

If there are any problems with this transmission, please call 301-408-4582 immediately.

04/28/1997 11:57

3016534019

OLYNN CROMWELL

PAGE 02

DATE

WELL YIELD TEST DATA SHEET -

Maryland Well Permit No. HO-94-0995 Owner or Applicant _____
 Location of Property (road) 1860 LONG CORNER ROAD
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Depth of Well 1000 Height of Measuring Point Above Ground 2'
 Static Water Level Below Measuring Point 20'

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CONRN.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
8:30	116'	5.41 sec	19703.5	11.09
:45	114'	6.06	19873.5	10.0
9:00	112'	7.0	19996.0	8.57
:15	244'	7.6	20114.0	7.89
:30	276'	35	20191.5	1.71
:45	275.5	54	20207.5	1.11
10:00	273	60	20227.0	1.0
:15	272.5	55	20238.5	1.0
:30	272.2	60	20252.5	1.0
:45	271.7	64	20265.5	.937
11:00	272.0	56	20277.5	1.07
:15	272.5	59	20295.5	1.01
:30	272.3	63	20308.0	.952
:45	272.1	65	20321.5	.923
12:00	271.8	67	20333.5	.895
:15	272.2	67	20347.5	.967
:30	272.9	62	20360.0	.961
:45	273.2	62	20372.5	.967
1:00	273.7	63	20385.0	.952
:15	274.0	65	20398.0	.923
:30	274.2	66	20419.5	.909
:45	274.6	66	20422.0	.909
2:00	275.1	65	20434.0	.923
:15	275.7	66	20447.0	.909
:30	275.8	69	20458.0	.869
:45	276.0	70	20479.0	.857
3:00	276.2	70	20480.0	.857
:15	276.6	70	20492.0	.857
:30	276.9	60	20503.0	.857

04/29/1997 11:57 3016634019

QUYNN CROMWELL

PAGE 01

TO: Mr. K. Nordeen

FROM: Quynn-Cromwell Well Service
Bill Quynn

DATE: 04/28/97

On April 25, 1997 a yield test was performed on well HO-94-0995. Yield test shows said well produces less than .857 gallons per minute, with pump set at 490' and SWL pumped down to 276'.

At time of test Mr. Nordeen ask if I had any recommendations of how to increase the yield. It is my understanding the well has already been hydro-fractured twice. I do not believe hydro-fracturing the well again will help to increase the yield. The well yield may increase if pump is set at a deeper depth and the SWL is drawn down farther.

The only other option I can think of is to drill another well. If the new well does not yield 1 gallon per minute or more the new well can be tied in with the existing well and both wells used simultaneously.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 11, 1996

Ms. Eileen Stewart
1865 Long Corner Road
Mt. Airy, Maryland 21771

RE: Domestic Well
Contamination

Dear Ms. Stewart:

In June of this year you had contacted the Health Department to request assistance in resolving the problem with your well water supply.

You had expressed concerns about the source of the 4-methyl phenol contamination which was present in your water supply. You had mentioned various potential sources for the contamination that included the preservative used on the telephone/utility poles; disinfecting agents or combinations of disinfection agents and rabbit waste by-products from a neighboring property; and degreasing/cleaning agents or other petroleum products possibly associated with a previous tenant on a neighboring property.

In addition, you were concerned about requirements for disclosure of information regarding the presence of this contaminant to potential buyers of nearby property; the possibility of other affected properties in your area; the maintenance of your water treatment system; and generally the future of your water supply safety.

Since the Health Department has had little involvement with the investigation into this matter by the Maryland Department of the Environment (MDE), I indicated that a review of MDE's case file would be appropriate. I have requested, received and subsequently reviewed the file pertaining to the investigation that MDE had compiled relative to the occurrence of 4-methyl phenol in your well.

Unfortunately, MDE was unable to uncover the source of the contamination. Of six residential wells sampled in your community, your's was the only well that had the contaminant present. Last summer, an ultraviolet/carbon filtration treatment system was installed at MDE's expense to remove bacteria and the 4-methyl phenol. Subsequent water samples taken from your water supply indicate that the treatment device is functioning and provides potable water. MDE has indicated that you may retain the treatment unit, however, continued maintenance of the system would be your responsibility.

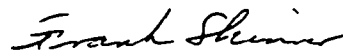
The Health Department has limited authority with regard to hazardous waste enforcement. Additionally, concerns about right-of-entry issues on neighboring properties and the lack of proper documentation as to probable cause regarding the contaminants origin and a lack of funding for this expressed purpose limit MDE's and our ability to proceed further with an investigation into the source of the contamination.

We are concerned about the origin and the potential future effects of the 4-methyl phenol contamination. It is for this reason that we will continue to monitor your water supply, and as part of the approval process for any new wells that are drilled in this immediate area, require testing to assist with determining the nature and/or extent of the problem.

It is our understanding that MDE is going to sample your water supply within the next few weeks. Once these results are reported we will contact you regarding future sampling frequency. Sampling frequency is based in part on the time that the treatment process effectively removes the contaminant. This will vary with the treatment methodology, for example, the ultraviolet light treatment to remove bacteria may remain effective for about a year before new lights are needed; similarly the granular activated carbon filtration process for 4-methyl phenol removal requires new or regenerated carbon after absorption sites in the activated carbon are no longer available. This breakthrough time will depend on the size of the carbon filter and the amount of contaminant present in the water. MDE has indicated that this routine maintenance necessary to ensure an efficient treatment process is your responsibility.

Should you have any questions regarding this matter please call Bert Nixon or myself at 313-2644.

Sincerely,



Frank Skinner, Director
Bureau of Environmental Health

cc: Joyce M. Boyd, M.D.
Bert Nixon
Craig Williams
Barbara Brown
Jane Gottfredson

C1 6583

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 A56613

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 03.28.97

Depth of Well 1000 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0905

OWNER D. Pole Barbara last name first name STREET OR RFD Home Corner Rd. TOWN Mt. Airy SUBDIVISION Naples/D. Pole SECTION Lot 3

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries: Red Clay 0-90, Mica 90-1000, Hot water 900.

GROUTING RECORD Form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (1820), GALLONS OF WATER (170), DEPTH OF GROUT SEAL (0-105 ft).

CASING RECORD Form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (105).

OTHER CASING (if used) Table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD Form with fields: screen type or open hole (HO), insert appropriate code below (ST, BR, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

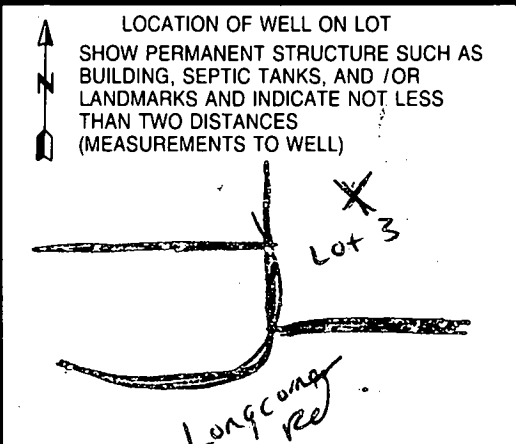
DRILLERS LIC. NO. M D 101 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D

DEPTH (nearest ft.) Table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 57-59, 63-65, 69-71, 75-77, 81-83, 87-89, 93-95, 99-101

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.)

PUMPING TEST Form with fields: HOURS PUMPED (6), PUMPING RATE (1), METHOD USED TO MEASURE PUMPING RATE (water level), WATER LEVEL (distance from land surface) BEFORE PUMPING (22 ft), WHEN PUMPING (253 ft), TYPE OF PUMP USED (for test) (S) submersible.

PUMP INSTALLED Form with fields: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+) above LAND SURFACE (1) (nearest foot).



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0995
 Location of property (road) _____
 Subdivision Maple St. (Dipole) Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller Abbott Well Drilling Owner Barbara Dipole

Depth of well 1000
 Distance of measuring point (M.P.) above ground 2.6
 Static water level (S.W.L.) below M.P. 22

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 12 G.P.M.
 Total time 45 min. to reach pumping water level 252 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill ϕ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	252	55 sec.	Pump setting 500	1.1 G.P.M.
8:45	252	55 "		1.1 "
9:00	252	55 "		1.1 "
9:15	252	55 "		1.1 "
9:30	252	55 "		1.1 "
9:45	252	55 "		1.1 "
10:00	252	55 "		1.1 "
10:15	252	55 "		1.1 "
10:30	253	55 "		1.1 "
10:45	253	60 "		1 "
11:00	253	60 "		1 "
11:15	253	60 "		1 "
11:30	253	60 "		1 "
11:45	253	60 "		1 "
12:00	253	60 "		1 "
12:15	253	60 "		1 "
12:30	253	60 "		1 "
12:45	253	60 "		1 "
1:00	253	60 "		1 "
1:15	253	60 "		1 "
1:30	253	60 "		1 "
1:45	253	60 "		1 "
2:00	253	60 "		1 "
2:15	253	60 "		1 "
2:30	253	60 "		1 "

Howard County Health Department



To: File -

Well completion report not approved at this time.

Questions regarding the following - CRAIG to follow up.

- ① Depth of well
- ② Impact of hydrofracture
- ③ Interruption of pump test due to machine failure.

From:

ALM

Date:

2/10/97

HD-170

Howard County Health Department

To: ~~FTE~~ Well Permit Coordinator.

The pump sheet submitted with the completion report shows uninterrupted pumping. I was at site for at least 15 minutes (around 1:00) and the pump was broken down. Time was probably more like a half an hour. What impact does this have on pump. info.

From: ALM

Date: 2/5/97

HD-170

C 1 7894 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 CCLS 3-6 ON ALL CARDS)

COUNTY NUMBER A56613

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 12/19/96

Depth of Well 1000 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0995

OWNER DiPole Barbara last name Long corner Rd first name TOWN Mt Airy SUBDIVISION Naples 510 DiPole Prop SECTION LOT 3

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Red Clay + Sand 0-90, Mica 90-1000, HW Water 900.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (20), NO. OF POUNDS (1000), GALLONS OF WATER (140), DEPTH OF GROUT SEAL (0-195 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (1000).

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

WELL HYDROFRACTURED (Y)

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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 104

DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 009

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

DEPTH (nearest ft.) table with columns 1-32 and rows A-E. Includes SLOT SIZE 1-3, DIAMETER OF SCREEN (NEAREST INCH).

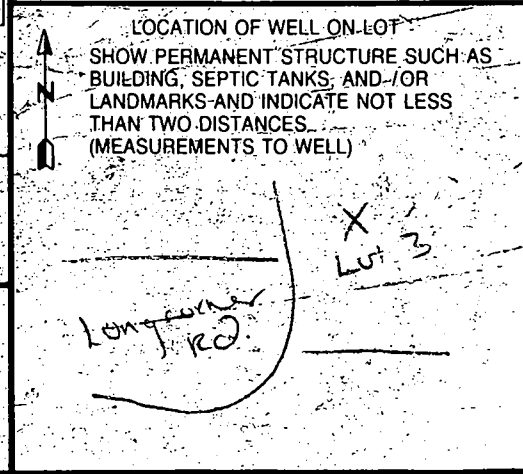
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F-IN. BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q (74, 75, 76)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (2), PUMPING RATE (1), METHOD USED TO MEASURE PUMPING RATE (Air), WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (A air).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height).



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0995
 Location of property (road) Long Corner Rd
 Subdivision Naples s/d (DiPole Prop) Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller Leo Holland Owner Barbara DiPole

Depth of well 1000
 Distance of measuring point (M.P.) above ground 2 FT
 Static water level (S.W.L.) below M.P. 20

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15 gmp
 Total time 1 HR. to reach pumping water level 276 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	276			1
9:30	276			1
9:45	277			1
10:00	276			1
10:15	276			1
10:30	276			1
10:45	277			1
11:00	276			1
11:15	275			1
11:30	275			1
11:45	275			1
12:00	275			1
12:15	276			1
12:30	275			1
12:45	275			1
1:00	275			1
1:15	275			1
1:30	275			1
1:45	275			1
2:00	275			1
2:15	275			1
2:30	276			1
2:45	275			1
3:00	276			1

HB-224315 276

B 1 0090 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER 40-94-0995
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type ⁷⁰ fill in this form completely ⁷⁸

OWNER INFORMATION
 Date Received (APA) 1/10/96
DEPOL BARBARA Owner First Name
18418 GROSBEAK TERRACE Street or RFD
GAITHERSBURG MD 20879 Town State Zip

LOCATION OF WELL
HOWARD COUNTY
LONGWOOD NAPLES #1A SUBDIVISION
 SECTION LOT 3
LONG CORNER NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Leo Holland Jr. Driller's Name
SEC/Abbott Well Drilling Pump Co. Firm Name
P.O. Box 1143 Hager MD 21741-1143 Address
Leo R. Holland Jr. Signature 11/26/96 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 (Map showing directions N, S, E, W, NE, SE, SW, NW)
NEAR WHAT ROAD
Long Corner Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 (Map showing directions N, S, E, W, NE, SE, SW, NW)
300 DISTANCE FROM ROAD
 ENTER FT OR MI 77

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 10
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 200

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY COUNTY NAME A56613 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED 11/26/96
A. McMullen CO SIGNATURE 11/26/97 EXP. DATE
 NORTH GRID 545000 EAST GRID 0755000

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)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

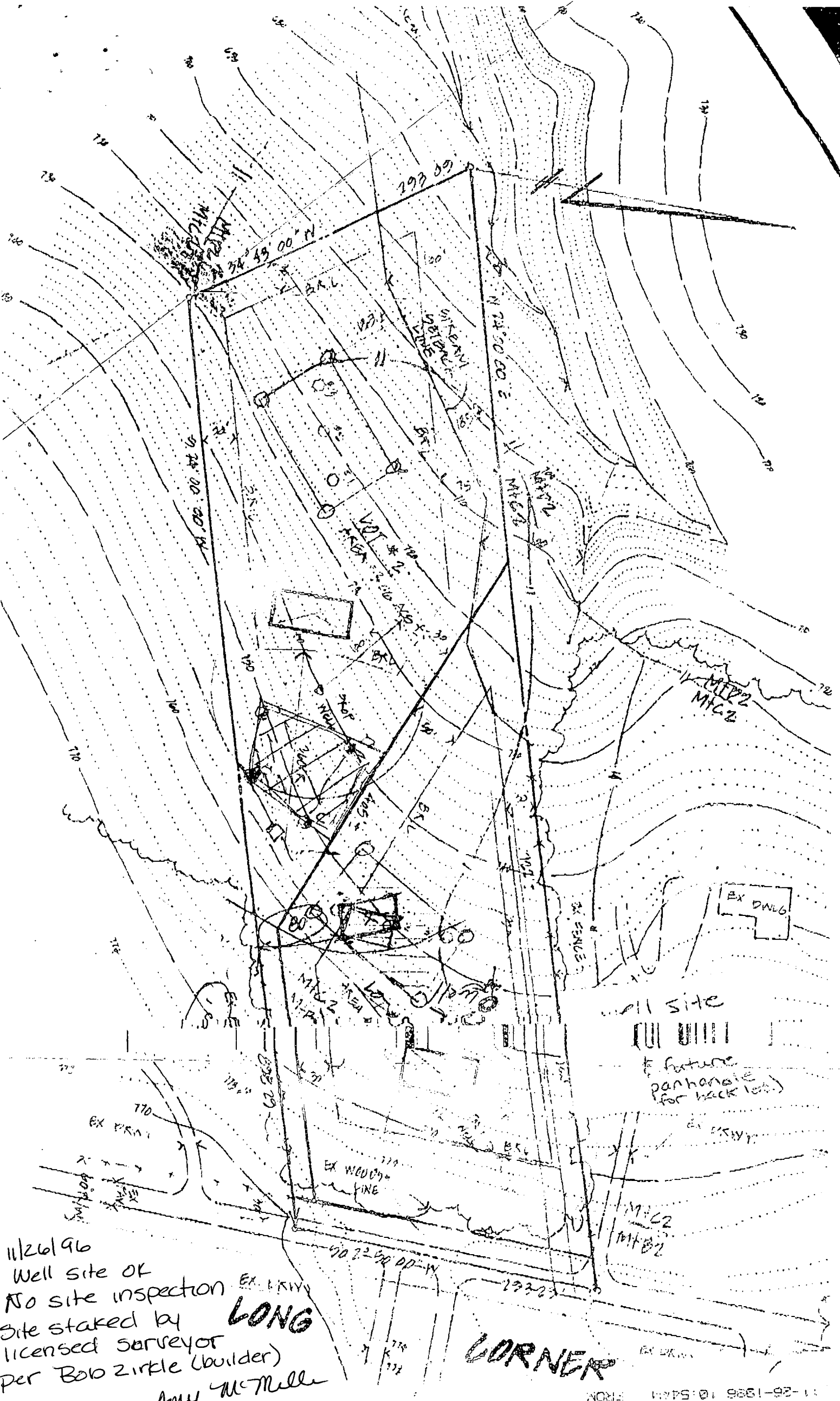
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 755
 N 545

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 (Sketch showing 'new cut rd', 'Windsor Forest rd', 'Long Corner Rd', and 'Lot 3 X')

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE AM PERMIT No. 40-94-0995



11/26/96
 Well site OK
 No site inspection
 Site staked by
 licensed surveyor
 per Bob Zirkle (builder)
 Amy McMill

CORNER

11-26-1986 10:54 AM FROM

FAX 301 293 2366

PLEASE REFER TO THE REVERSE SIDE FOR OUR STANDARD TERMS AND CONDITIONS.

JAN 23 '97 02:55PM CENTRE ANALYTICAL

P.5



Centre Analytical Laboratories, Inc.

Page 1

8045 Research Drive, State College PA 16801 814-881-8082 FAX 814-231-1268

FREDERICKTOWN LABS INC
10400 VENTURE COURT P.O. BOX 366
MYERSVILLE, MD 21799
Account Number: 1317

Date Received: 15-JAN-97
Date Reported: 22-JAN-97

Invoice Number: 22634

Date Collected: 10-JAN-97

Contact: DR. MARY MILLER

Client ID: 798-3-6

Lab ID: 133699-2

PARAMETER	UNITS	RESULT	LIMIT OF QUANTIFICATION	TEST METHOD	TEST DATE	ANALYST
CHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
CHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
CHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
CHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
TRICHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
TRICHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
TRICHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
TRICHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,1-DICHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,1-DICHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,1-DICHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,1-DICHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2-DICHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2-DICHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2-DICHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2-DICHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,3-DICHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,3-DICHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,3-DICHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,3-DICHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,4-DICHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,4-DICHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,4-DICHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,4-DICHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2,3-TRICHLOROBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2,3-TRICHLORODIBIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2,3-TRICHLOROTRIPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB
1,2,3-TRICHLOROTETRAPHENYLENE	ug/L	< .5	.5	EPA 824.2	17-JAN-97	GB

Submitted by
Centre Analytical Labs, Inc.
Reviewed and Approved by:

Kevin J. Lloyd

FAX 301 293 2386

P04

JAN 23 '97 02:55PM CENTRE ANALYTICAL



Centre Analytical Laboratories, Inc.

Page 1

3046 Research Drive, State College PA 16801 814-231-8052 FAX 814-231-1243

FREDRINGTONS LABS INC
3920 VENTURE COURT P.O. BOX 308
MYERSVILLE, MD 21793
Account Number: 1319

Date Received: 15-JAN-97
Date Reported: 23-JAN-97

Invoice Number: 13016

Date Collected: 10-JAN-97

Contact: DR. MARY MILLER

Client ID: 798-2-3

Lab ID: 63388-1

PARAMETER	UNITS	RESULT	LIMIT OF QUANTITATION	TEST METHOD	TEST DATE	ANALYST
6-METHYL CHENOL	ug/L	< 30	30	SPA 635	17-JAN-97	CM

Submitted by
Centre Analytical Labs, Inc.
Reviewed and Approved by:

Kevin J. Lloyd
Laboratory Supervisor

FAX 301 293 2368

P03



Fredericktowne Labs, Inc.

1019 Venture Ct. • P.O. Box 246 • Myersville, MD 21777 • (301) 293-3140 or (410) 711-1111 • FAX 293-2368

Account No.: 785 - 2

Date Reported: Friday, January 24, 1997
 Date Received: 1/10/97
 Collected by: Mary L. Miller
 Fredericktowne Labs

Station Location: Barbara D'Pol
 Lot 3, Longwood Sub.

Mt. Airy, MD.

Matrix: Water

Analysis Results:

Sample Description	Parameter	Result	Limit of Detection	EPA Method	Analysis Date	Priority	Analysis
785-2-1 Temporary Pump 1/10/97 1:15 PM	Nitrate-Nitrogen	2.6 mg/l	.5 mg/l	353.2	1/14/97	3	PH
785-2-2 Temporary Pump 1/10/97 1:16 PM	Bacteria - Total & Fecal	C=<1.1/FC=<1.1 /100	1.1 /100ml	9221B	1/11/97	6	CH
785-2-3 Temporary Pump 1/10/97 1:13 PM	4 Methyl Phenol (EPA 525)	Attached		525	1/17/97	7	CA
785-2-4 Temporary Pump 1/10/97 1:15 PM	VOC's (EPA 524)	Attached		524.2	1/17/97	8	CA
785-2-5 Temporary Pump 1/10/97 1:15 PM	Chlorine - Tot. Res. (Field)	0.0 ppm	.1 ppm	330.5		11	MM
785-2-6 Temporary Pump 1/10/97 1:16 PM	pH (Field)	11.6		150.1		13	MM

Notes:

- Preservative Codes are as follows: (1) HNO₃ to pH <2, (2) HCl to pH <2, 4°C, (3) H₂SO₄ to pH <2, 4°C, (4) HCl to pH <2, VOC vials, 4°C, (5) NaOH to pH >12, 4°C, (6) Na₂S₂O₅, 4°C, (7) 4°C, (8) None, (9) Azoo/bio Avid, HCl to pH <2, VOC vials, 4°C, (20) Sub-Contracted
- mg/l stands for milligrams per liter and is nearly synonymous with parts per million
- ug/l stands for micrograms per liter and is nearly synonymous with parts per billion
- < stands for "less than" and indicates that the component in question was not detected (i.e. was less than the detection limit)

Verified by:

M. L. Miller
 M. L. Miller, Ph.D.
 Laboratory Director

Fredericktowne Labs is a State Certified Water Quality Laboratory
 MD Cert. No.: 116 VA Cert. No.: 00141 WV Cert. No.: 34-R

Page 1 of 1

1/24/97 10:50:39 AM

FAX 301 293 2386

P02



Fredericktowne Labs, Inc.

3039 Ventris Ct., P.O. Box 244, Myersville, MD 21773 (301)293-3340 or 894-7133 FAX 293-2386

INVOICE

To:

ReMax Columbia
Attn: Pat DiCarlo
8450 Baltimore National Pike
Ellicott City, MD, 21043

Project:

Barbara DiPol
Lot 3, Longwood Sub.
Mt. Airy, MD.

Re: Acct. No. 795-2.0

Invoice Date: Friday, January 24, 1997

Work Performed: 1/10/97 - 1/10/97

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Price</u>
1	4 Methyl Phenol (EPA 525)	\$130.00	\$130.00
1	Bacteria - Total & Fecal	\$25.00	\$25.00
1	Chlorine - Tot. Res. (Field)	\$5.00	\$5.00
1	Nitrate-Nitrogen	\$15.00	\$15.00
1	pH (Field)	\$5.00	\$5.00
1	VOC's (EPA 524)	\$130.00	\$130.00
1	Site Visit Charge	\$50.00	\$50.00

Total Due \$560.00

Due in 30 days - 1.5% per month thereafter

Facsimile Cover Sheet

To: Pat Dicarlo *Amy*
Company: ReMax Columbia
Phone: 800-899-7629
Fax: (410) 740-8258

From: Gloria *Pat DiCarlo*
Company: Fredericktowne Labs, Inc.
Phone: (301) 293-3340
Fax: (301) 293-2366

Date: January 24, 1997
Pages including 7
this cover page:

Comments: Invoice and water results for Lot 3, Long Corner Rd.



1/29/97
No further VOC
testing will be
necessary for U#0
recommendation
for approval
AM

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 28, 1997

Barbara L. DiPole
8812 Northern Spruce Drive
Alexandria, VA 22309-4216

RE: Water Test Results
Long Corner Road
Naples Subdivision - Lot 3
HO-94-0995

Dear Ms. Barbara L. DiPole:

Sampling of the well water supply for volatile organic compounds (VOC's), 4 methyl phenol, and nitrates was performed on January 24, 1997. The VOC and 4 methyl phenol testing was done in response to a reported well contamination in the vicinity of your well. The remaining parameters were evaluated as part of the pump test to assess general water quality of this well.

The VOC sample submitted to Centre Analytical Laboratories, Inc. for analysis was free of all tested VOC's to the limit of detection for the test method employed. These findings are consistent with prior test results for VOC's of other wells in the vicinity of the Long Corner Road area.

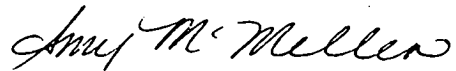
The sample submitted for nitrate evaluation revealed a level of 2.6 parts per million (ppm). This is well below the current drinking water standard of 10 ppm and would be considered safe for a drinking water supply.

Additionally, the sample submitted for analysis on the presence of 4 methyl phenol was found to be free of this contaminant to the limit of detection.

Based upon the above test results, reported concerns regarding potential VOC and 4 methyl phenol contamination were not detected in the subject well. Therefore, approval of a building permit at this time would not be delayed for well potability issues. However, a copy of the well driller's completion report will be necessary for building permit approval.

If you have any questions regarding this matter, please feel free to contact me at (410)313-2640.

Very truly yours,

A handwritten signature in cursive script that reads "Amy Mc Millen".

Amy Mc Millen, R.S.
Water & Sewerage Program

cc:Barbara Brown, MDE, Oil Control Program
Frank Skinner
Bert Nixon

APPLICATION

PERCOLATION TESTING

A 56613A

P _____

DISTRICT 4

DATE 5/9/96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BARBARA L. DIPOLE (NOEN + DIANE NORDEEN)

ADDRESS 8812 NORTHERN STROKE DR.
ALEXANDRIA, VA. 22309-4216 PHONE _____

AGENT OR PROSPECTIVE BUYER LONG CORNER PARTNERSHIP
40 GORDON JENKINS

ADDRESS 504 MORELOCK SCHOOLHOUSE RD.
WESTMINSTER, MD. 21158 PHONE (410) 876-6896

PROPERTY LOCATION:

SUBDIVISION RESUBDIVISION OF LOT 3
C.R. NAPLES SUBDIVISION LOT NO. 1

ROAD AND DESCRIPTION WEST SIDE OF ¹⁸⁶⁰ LONG CORNER ROAD APPROX.
1000' NORTH OF NEW CUT ROAD.

TAX MAP _____ PARCEL # 213

SIZE OF LOT 3.0 ACRES TYPE BLDG. 3 OR 4 BEDROOM
SINGLE FAMILY DWELLING.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Gordon E. Jenkins
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3/6/97
Seal # 1670 104215
DATE SFD-4Bum

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

B, C

orange red
Saclm
30%
Saprolite
rock mix

>50%
rock

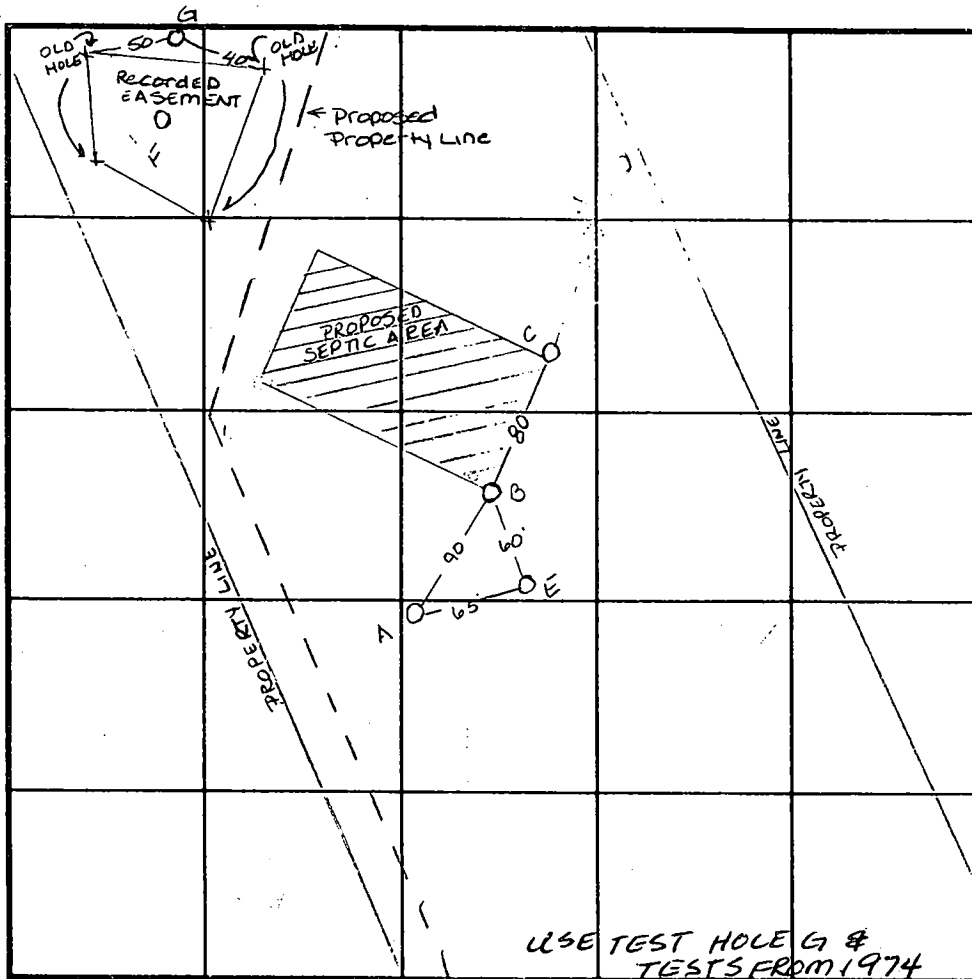
F

orange red
Sicilm
30%
Saprolite
Some
Sand

>50%
rock
orange
brn
Silm
micaceous

A

Consistent
throughout
bright
orange
Silm
Some
clay
35%
Shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

F

appears
consistent
Saclm
25%
Saprolite
rock
mix

>50%
shale
orange
red

G

1qt orange
brn
Sicilm
20%
Shale

1qt orange
Silm
30-40%
shale saprolite
mix

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-5-96	A	3.0 V 9.0	9:56	—	—	—	slow	F
	B	4.0 V 10.0	10:23 ³⁰	—	—	—	slow	F
	C	5.0 V 12.0	10:48	—	—	—	slow	F
	E	Refusal	at 7.0	insufficient depth to bedrock		—	—	F
	F	4.0 V 11.0	11:41	12:01	—	—	slow	F
7-23-96	G	5.0 V 13.0	10:34	10:38	10:38	10:44	6min	

REMARKS ^{4/5/96} not possible to test at deeper depths due to ^{shallow} depth to bedrock

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

9.0 refusal

APPLICATION

5/11/96
6/3/96
10/20 7/8/96

PERCOLATION TESTING

A 56613B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4

DATE 5/9/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BARBARA L. DI POL

ADDRESS 8812 NORTHERN SPRUCE DR.
ALEXANDRIA, VA. 22309-4216 PHONE _____

AGENT OR PROSPECTIVE BUYER LONG CORNER PARTNERSHIP
40 GORDON JENKINS

ADDRESS 504 MORELOCK SCHOOLHOUSE RD.
WESTMINSTER, MD. 21158 PHONE (410) 876-6896

PROPERTY LOCATION:

SUBDIVISION RESUBDIVISION OF LOT 3
C.R. NAPLES SUBDIVISION LOT NO. 2

ROAD AND DESCRIPTION WEST SIDE OF LONG CORNER ROAD APPROX.
1000' NORTH OF NEW CUT ROAD.

TAX MAP _____ PARCEL # 213

SIZE OF LOT 3.0 ACRES TYPE BLDG. 3 OR 4 BEDROOM
SINGLE FAMILY DWELLING.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Anders E. Jenkins
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'
orange
brn
silclm
10% Rx

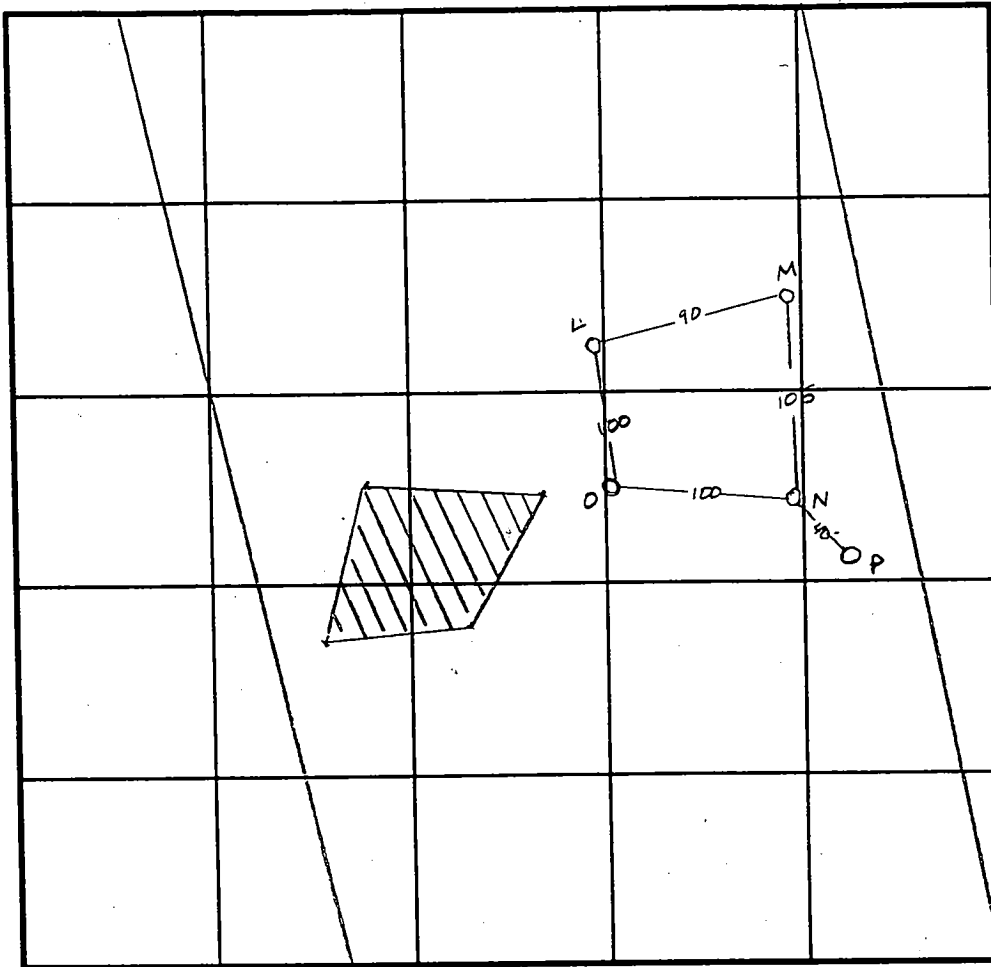
1.0
1gt
orange
silclm
20%
rock
frag
saprolite
mix

N, J

like
N
but
refusal
at
12.5'
> 50%
rock
at
12.0

O

no
distinct
clay
layer
orange
brn
silclm
25%
saprolite



SOIL PROFILE

P
1gt
orange
red
silclm

5.0
30%
rock
mix
1gt
brn/gr
silclm

9.0
refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-23-96	L	5.0 / V12.0	2:23	2:28	2:28	2:41	3min	
	N	5.0 / V12.5	2:45	2:47 ³⁰	2:47 ³⁰	2:50	2 1/2 min	
	O	4.0 / V10.0	3:00	3:02	3:02	3:07	5min	
	M	5.0 / V12.0	3:29	3:34	3:34	3:46	12min	
	P	5.0 / V9.0	2:01	> 30 min	—	—	F	
			insufficient depth to bedrock					

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

10.0

APPLICATION

STATE
6/5/96
10100 7/8/96

PERCOLATION TESTING

A 56613B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4

DATE 5/9/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BARBARA L. DI POL

ADDRESS 8812 NORTHERN SPRUCE DR.
ALEXANDRIA, VA. 22309-4216 PHONE _____

AGENT OR PROSPECTIVE BUYER LONG CORNER PARTNERSHIP
40 GORDON JENKINS

ADDRESS 504 MORELOCK SCHOOLHOUSE RD.
WESTMINSTER, MD. 21158 PHONE (410) 876-6896

PROPERTY LOCATION:

SUBDIVISION RESUBDIVISION OF LOT 3
C.R. NAPLES SUBDIVISION LOT NO. 2

ROAD AND DESCRIPTION WEST SIDE OF LONG CORNER ROAD APPROX.
1000' NORTH OF NEW CUT ROAD.

TAX MAP _____ PARCEL # 213

SIZE OF LOT 3.0 ACRES TYPE BLDG. 3 OR 4 BEDROOM
SINGLE FAMILY DWELLING.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

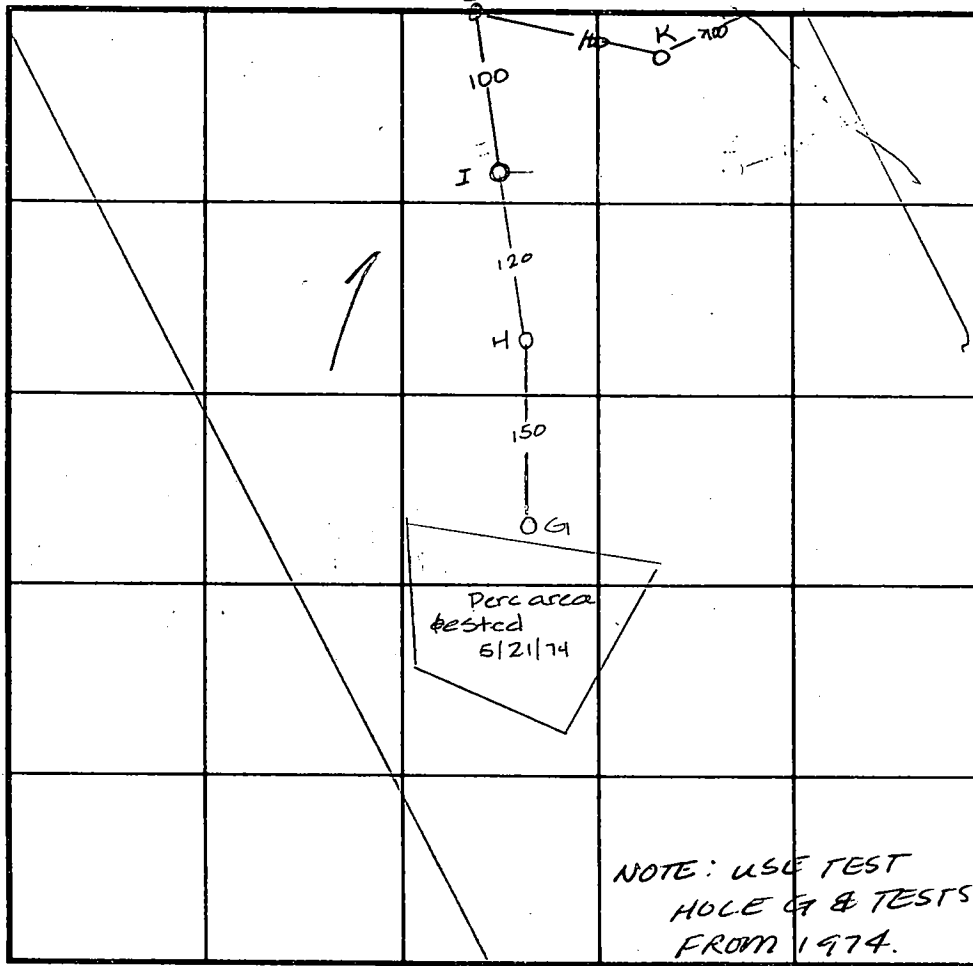
0' **G**
 1gt orange brn silclm
 20% shale
 4.5' 1gt orange silm
 30-40% saprolite shale mix
 ↓
 13.0'

II

3.0' 1gt orange silclm
 orange silm
 40% shale
 6.0' orange silm
 >50% Rx frags
 7.0'
 9.0' >50% blue stone frags
 12.0'

K

Silclm
 Lgt orange brown
 40% rock
 7.0' orange silclm
 >50% rock
 ↓
 11.0'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-23-96	G	5.0 V13.0	10:34	10:38	10:38	10:44	6min	
	H	Refusal @ 5.0'					F	
	I	4.0 V12.0	11:34	>30 min			F	
		↑ insufficient depth to bedrock						
	J	>50% rock at 6.5	clay to 4.0				F	
		↑ insufficient depth to bedrock						
	K	5.0 V11.0	1:20	>30 min			F	
		↑ insufficient depth to bedrock						

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

A 20004

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 5/16/74

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Dr. C. R. Naples

ADDRESS _____ PHONE _____
Any questions call:
Kenneth W. Lyon
589-1240

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION Long Corner Road

SIZE OF LOT 6.32916 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ C. R. Naples

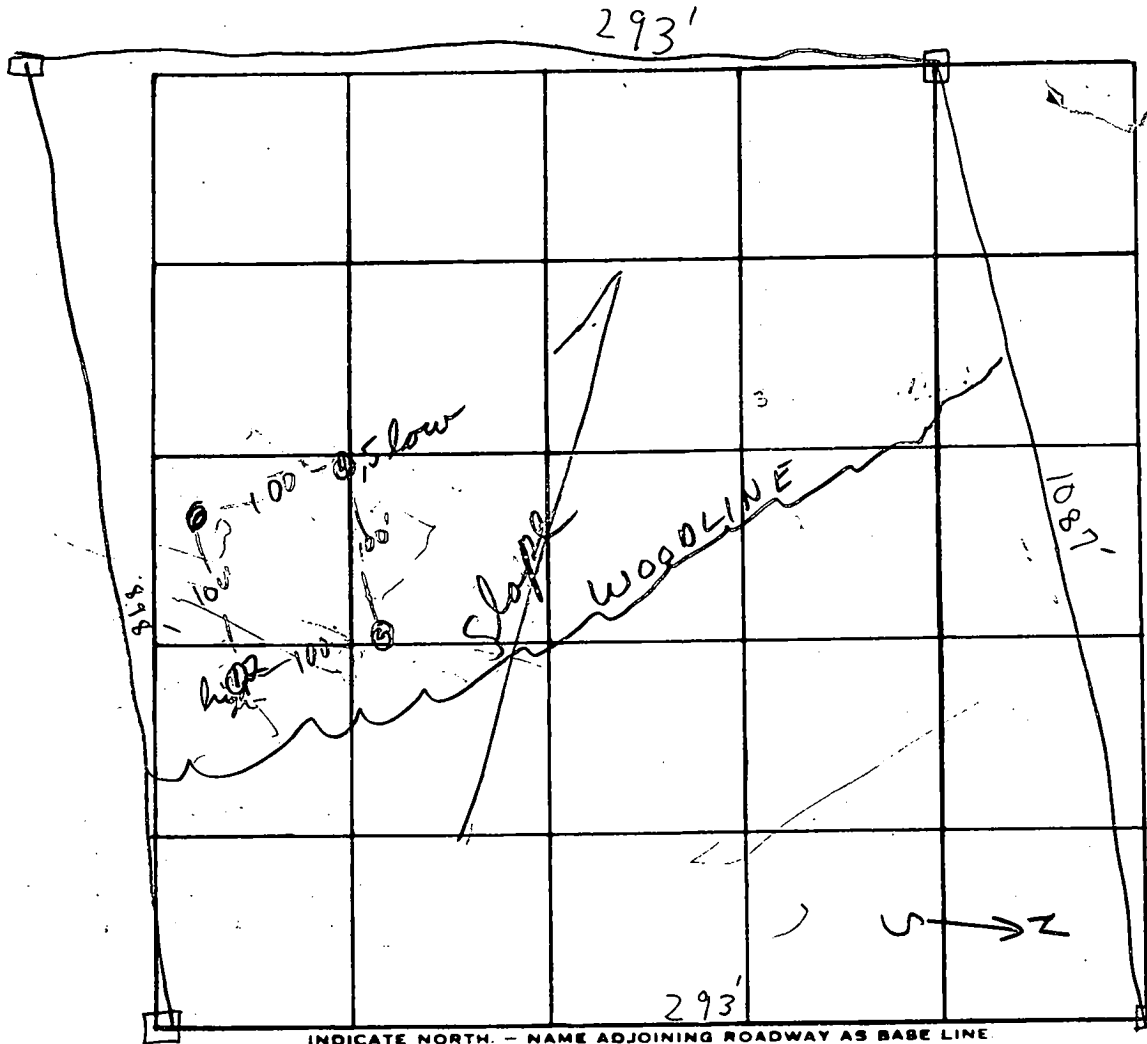
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

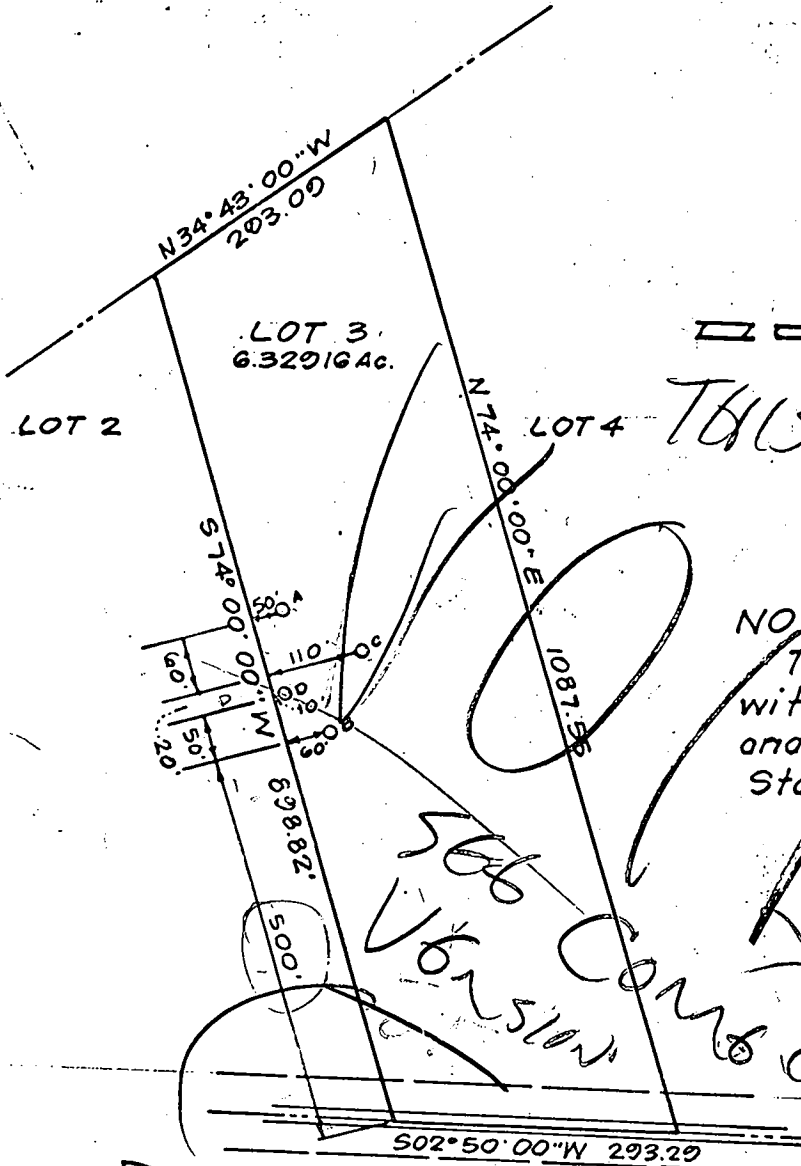
Long Corner Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/21/74	1	4 1/2' @	3:09	3:12	3:12	3:18	6 min	
	2	12' @	3:08	3:10	3:10	3:21	11 min	
	3	11'	Visual similar to (1,2)					
	4	5 1/2' @	3:23	3:24	3:24	3:25	1 min	
	5	11 1/2' @	3:22	3:23	3:23	3:25	2 min	
	6	10'	Visual similar to (4,5)					

6
11
2
20
5 min avg.

REMARKS Hold for certified holes
 TYPE OF SOIL Top 4-5 clayey, shale & some sand below
 TESTED BY J. S. & C. B. S. ALSO PRESENT: _____

SEYBOLT, GORE, NEWQUIST & BERLINSKY
 CIVIL ENGINEERS & LAND SURVEYORS
 1111 BONIFANT STREET
 SILVER SPRING, MD. 20910

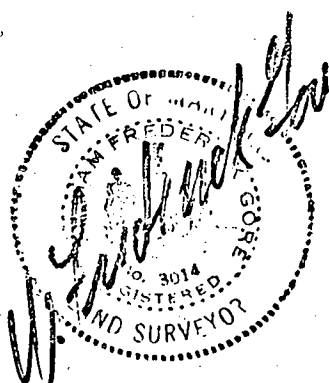


SCALE 1"=200'

THIS PLAT

NOTE:
 The lot shown hereon complies with the minimum ownership widths and lot area as required by Maryland State Department Health Regulations

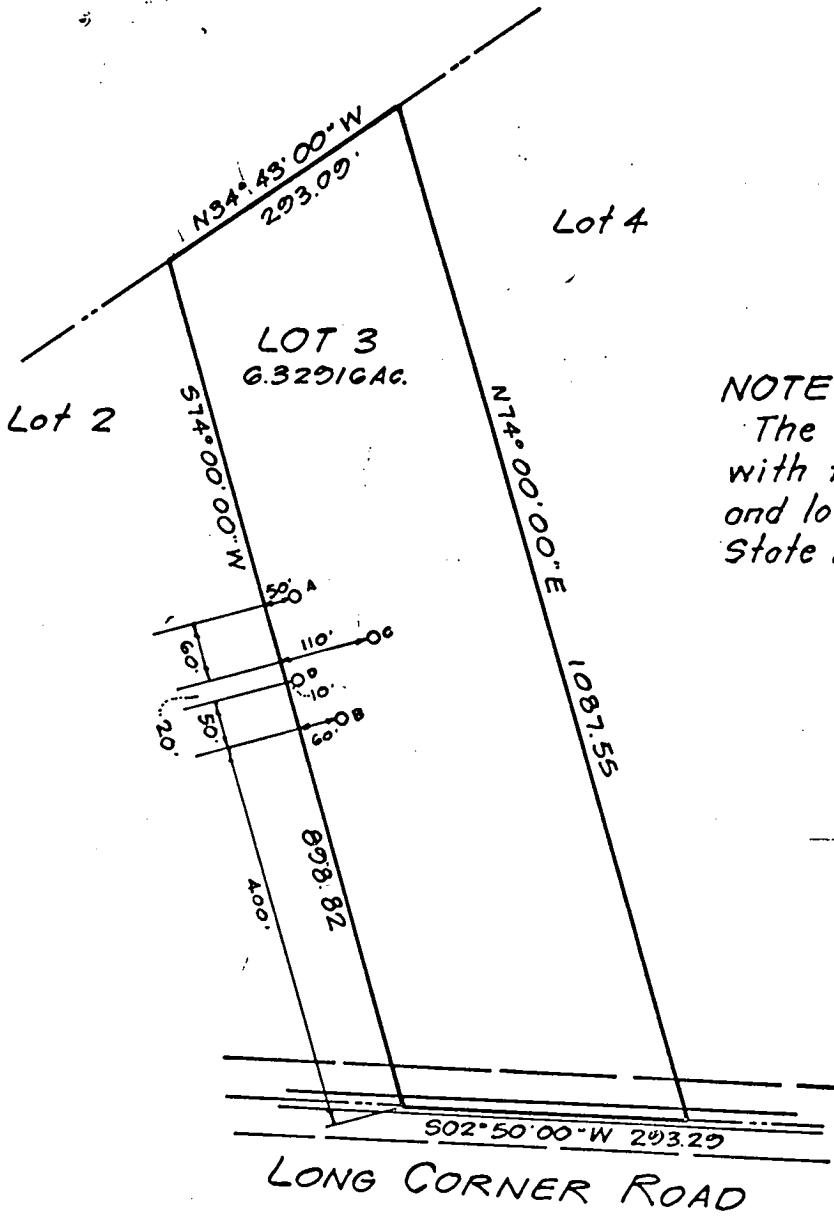
500' Version Connected



LONG CORNER ROAD
 SIGNATURE DATE OF 8/27/74

APPROVED for Private Water & Private Sewer.
 DATE 8/6/74 [Signature] COUNTY HEALTH OFFICER

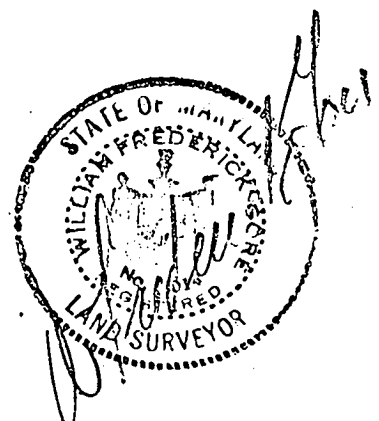
SEYBOLT, GORE, NEWQUIST & BERLINSKY
CIVIL ENGINEERS & LAND SURVEYORS
1111 BONIFANT STREET
SILVER SPRING, MD. 20910



NOTE:

The lot shown hereon complies with the minimum ownership widths and lot area as required by Maryland State Department Health Regulations

Scale 1"=200'



APPROVED for Private Water & Private Sewer.
DATE 8/27/74
COUNTY HEALTH OFFICER

Schedule of Events Beginning May 5, 1996

- May 5, 1996 Long corner Partnership applied for percolation testing for subdivision purposes. Settlement on this property was contingent upon successful subdivision. A percolation test date was set for May 29, 1996.
- May 29, 1996 The test date was rained out and rescheduled for June 5, 1996.
- June 5, 1996 Percolation testing was conducted. Several test holes were dug, all of which failed. In an attempt to reconfigure the proposed lot lines and utilize the existing approved sewage disposal easement, percolation testing was conducted in the center of the field. This test also failed. As a result, Gordon Jenkins (agent for Long Corner Partnership), decided to discontinue testing because he felt subdivision at this point would not be possible. Therefore, additional testing in untested areas of the property was not preformed.
- June 6, 1996 A meeting was held with the current owner, Di Pole, in which it was determined that additional testing would be conducted July 8, 1996.
- July 8, 1996 This test date was canceled by the contractor, Jack Fyock, and rescheduled for July 23, 1996.
- July 23, 1996 Percolation testing conducted. Pending plat from engineer with certified test hole locations, lot line configuration, etc., it appeared that subdivision may be possible due to two 10,000 ft² areas being found. The originally approved septic area was reevaluated and found to be approvable.
- Aug. 5, 1996 A meeting was held with the surveyor and owner to mark the passing test hole locations so that they can be accurately field located. At this time, a neighbor, Stewart, made informal comments concerning potentially contaminated ground water in the area, she mentioned that her well was contaminated.
- Aug. 6, 1996 Spoke with Bert Nixon about the Stewarts well, it appears that the well is contaminated with creasol and that nobody (including the oil control program at MDE) can determine the source. Because of this conservation, the owner, Di Pole, was informed that any wells drilled on this property would have to be tested for VOC, priority pollutants, etc. (run full scan) prior to record plat approval.
- Aug. 13, 1996 Real estate agent for the Di Poles informed ALM that the subdivision proposal is void. Another buyer stepped in and overbided the original buyer. The new buyers do not wish to subdivide the land. ALM told the real estate agent that the well should be tested as was suggested on August.6, 1996 even though there would be no subdivision.

B/13/96
ALM

Nov. 8, 1996 Well permit application was received.

Nov. 26, 1996 Well permit was released - HO-94-0995.

Dec. 10, 1996 Pump test performed. At an inspection at 1:00 p.m., the pump had broken. The pump was reported fixed at appx. 1:15 to this office. At a reinspection at 4:00 the drillers had left the site.

Jan. 24, 1997 Centre Analytical Laboratories, Inc. sent results of VOC and 4 methyl phenol came back negative.

Jan. 28, 1997 A letter was sent to Ms. DiPole stating that they would now be eligible for a building permit.

Feb. 4, 1997 The well driller, Leo Holland, submitted the completion report for the well to this office.

Feb. 10, 1997 The completion report was reviewed by ALM, the following problems/inconsistencies were found:

1. The well is 1000 feet deep.
2. What impacts will the hydrofracture have on allowing potential contamination enter the well.
3. The pump test was interrupted due to machine failure for approximately .5 hours, this was not reported in the completion report.

Feb. 14, 1997 A letter is sent to Ms. DiPole requesting that another yield test be preformed to prove the reported 1 gpm yield.

Feb. 19, 1997 Craig Williams spoke to the driller, the following comments were reported:

- He apologized for the apparent "past history" reference of when we have no past history with them.
- Driller reports that he arrived at the yield test immediately after ALM left, fixed a loose wire and extended the testing time to account for the down time.
- CW agreed to accept his explanation if the property owner did.

Feb. 18, 1997 A letter was sent to CW from the General Manager of the well drilling company which stated that they warranty all their wells and that the time to fill a one gallon bucket was in fact 1 minute. He states that the yield test was preformed correctly.

Feb. 27, 1997 CW spoke with the owner, Nordeen. The pump test will be repeated within 30 days, but the building permit would not be held up on account of the question on adequate yield.

Mar. 6, 1997 The building permit, B00104215, is released without a new yield test being performed.

Mar. 25, 1997 A second yield test is performed and does not pass the 1 gpm

sustainable yield required by COMAR.

Mar. 27, 1997? The well is hydroractured.

Mar. 28, 1997 A third yield test is performed and holds the 1 gpm minimum requirement for the full 6 hours.

Apr. 3, 1997 A revised completion report and pump sheet for the yield test performed 3/28/97 is received.

May 1, 1997 A fourth yield test is performed by Quynn-Cromwell Well Services. The test yielded less than .857 gpm. Mr. Quynn advised Mr. Nordeen that hydrofracturing the well for the third time will probably not increase the yield. He suggests that Mr. Nordeen drill a new well.