

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

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **A-38714**

DATE RECEIVED  
8 13

DATE WELL COMPLETED  
15 20 **04 30 38**

DEPTH OF WELL  
22 26  
**185**  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
**MD-88-0019**

OWNER  
STREET OR RFD **815** last name **IRON RAIL Ct** first name **MARK** TOWN **GREENBELT**  
SUBDIVISION **NEEDHAM** SECTION **1000** LOT **8**

WELL LOG  
Not required for driven wells  
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
7' sand			
11' sand			
15' sand			
18' sand			
22' sand			
25' sand			
28' sand			
31' sand			
34' sand			
37' sand			
40' sand			
43' sand			
46' sand			
49' sand			
52' sand			
55' sand			
58' sand			
61' sand			
64' sand			
67' sand			
70' sand			

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **752** NO. OF POUNDS  
GALLONS OF WATER  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **0** ft.  
(enter 0 if from surface)

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

MAIN CASING TYPE  
Nominal diameter top (nearest inch) **2**  
Total depth of main casing (nearest foot) **30**

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

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

DEPTH (nearest ft.)  
EACH SCREEN DEPTH  
**1** **170** **185**  
**2**  
**3**

CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) **70** **72**  
WQ **74** **75** **76**  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
PUMPING TEST  
HOURS PUMPED (nearest hour) **8** **9**  
PUMPING RATE (gal. per min. to nearest gal.) **11** **15**  
METHOD USED TO MEASURE PUMPING RATE  
WATER LEVEL (distance from land surface) BEFORE PUMPING **17** **20**  
WHEN PUMPING **22** **25**  
TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

PUMP INSTALLED  
DRILLER WILL INSTALL PUMP YES **NO**  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
PUMP HORSE POWER **37** **41**  
PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot) **2**  
**-** below }

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

COUNTY

B 1 **7107** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HC-88-0014**  
 fill in this form completely

Date Received (APA) **10/16/88**  
**OWNER INFORMATION**  
 15 Last Name **REICH** Owner First Name **MARK**  
 36 Street or RFD **8307 MAHIL ST**  
 57 Town **ELLICKHART** 70 State **MD** 72 71 Zip **21043** 76

**DRILLER INFORMATION**  
 Driller's Name **Ralph Wayne** 77 License No. **80**  
 Firm Name **WALK WAYNE (WELL DRILLING)**  
 Address **912 KENNEDY BLVD ALEXANDRIA**  
 Signature **Ralph Wayne** Date **6/1/88**

B 2 **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**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 **10** FEET  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN   
 30 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)   
 37 CABLE  REverse-ROTary  DRive-POINT   
 other \_\_\_\_\_

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

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **B** WRITE INITIALS IN BOX PERMIT NO. **HC-88-0014**

SPECIAL CONDITIONS

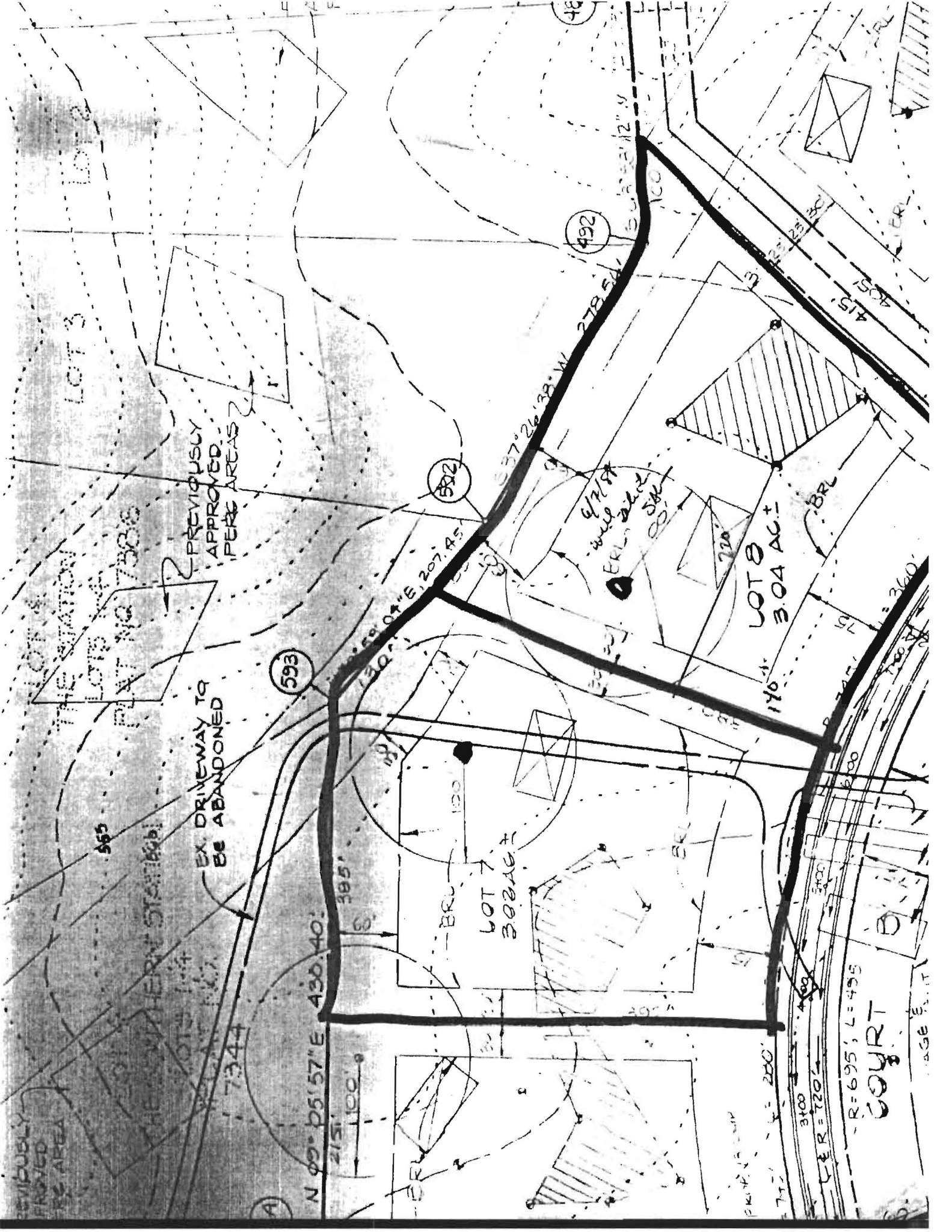
B 3 **LOCATION OF WELL**  
 8 COUNTY \_\_\_\_\_  
 23 SUBDIVISION \_\_\_\_\_  
 SECTION **1** LOT **1**  
 52 NEAREST TOWN **WOODRIDGE**  
 MILES FROM TOWN (enter 0 if in town) **2** M I

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
 NEAR WHAT ROAD **IRAW RAIL COURT**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **389** ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **A-38714**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **06/23/88** CO SIGNATURE **B. N. ...** EXP. DATE **12/23/88**  
 NORTH GRID **552000** EAST GRID **078000**

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  
  
 GROUT NOT WITNESSED  
 Ft of casing - 30ft pipe  
 Ft of open hole - 27ft  
 Bags of cement - 8 bags  
 Ft above ground - 1 1/2  
 6-30-88 Location OK-88

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



PREVIOUSLY APPROVED PERC AREA

LOT 4  
THE STATION  
LOT 5  
PLAT NO 7336  
LOT 6  
HERN STATION

565

EX. DRIVEWAY TO BE ABANDONED

PREVIOUSLY APPROVED PERC AREAS

593

N 09° 05' 57" E 430.40'

385'

215'

100'

LOT 7  
3.02 AC ±

592

S 30° 04' 04" E 207.45'

LOT 8  
3.04 AC ±

492

S 37° 26' 38" W 278.54'

100'

48

492

492

48

R=695; L=495

COURT

PAGE 5 OF 11





# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

August 11, 1988

Mr. Mark Reich  
8307 Main Street  
Ellicott City, Maryland 21043

RE: Morgan Station Lot 8, Sec. 1  
Iron Rail Court  
Well Tag Number: HO-88-0019

Dear Mr. Reich:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 11.5 parts per million. COMAR ~~10-17-13-09~~ <sup>26.04.09.09</sup> prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Jane Nadeau" followed by a small flourish.

Jane Nadeau, Sanitarian  
Water and Sewerage Program

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

C0000551878

Lab No. \_\_\_\_\_

WATER ANALYSIS

Bottle Number: H1558 Name: Reich County: Hawaii

Source of Sample: Mon. Grid Station Lot 8 Collector: S. Reich  
Street Town or City

Sample Type (Circle): Community Source  Non-Community Distribution  **Private MCL**  Emergency Recheck  Routine

Remarks: H0-88-0019 WPT

County: 13 Plant No. --- Sampling Station --- Date Collected: 070588 Time: 0000 Acid  Iced   
 Field Data: pH\* --- Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance ---

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO <sub>3</sub> SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO <sub>3</sub> SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
	Nitrate-Nitrate N	00630			Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081	10		Copper	01042	
	Turbidity*	00076	132		Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

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

Date Received: JUL 5 1988 Date Reported: JUL 8 1988 Chemist: J. P. Payne

815 Iron Rail Court  
Woodbine, MD 21797  
Site Visit: 10/28/14  
Well Head Inspection



Well Casing - Top portion of well casing was removeable.

815 Iron Rail Court  
Woodbine, MD 21797  
Site Visit: 10/28/14  
Well Head Inspection

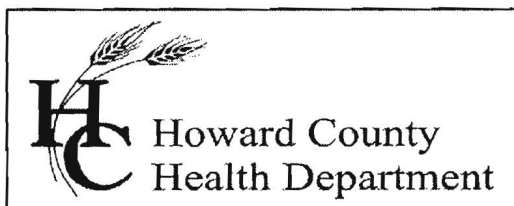


One Piece Well Cap - Secure

815 Iron Rail Court  
Woodbine, MD 21797  
Site Visit: 10/28/14  
Well Head Inspection



Well Casing - No Tag



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

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

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

Twitter: HowardCoHealthDep

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 2, 2016

October 2, 2015

Homeowner  
815 Iron Rail Court  
Woobine, MD 21797

**RE: Morgan Station, Lot 8  
815 Iron Rail Court  
Building Permit: B14003735  
Well Permit: HO-88-0019**

Dear Homeowner:

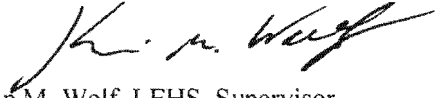
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/21/2015**. Final approval of the well line connection to the dwelling was granted on **6/17/2015**. The well construction was completed on **6/30/1988**. Water samples were collected on **9/14/2015 & 9/18/2015**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-88-0019. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin M. Wolf, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

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: DL Klupp Plumbing LLC Telephone #: (240) 357-8657  
Address: 869 THORN SPRINGS RD.  
FARMERSVILLE, MD 21702

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): DAVID L. KLUPP License# 7244

\*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: STEVEN CLARKE Telephone #: 301-370-4042  
Subdivision: MARION STATION Lot #: 8 Well Tag #: HO 38-0017  
Site Address: 815 IRON RAIL CT  
WOODBINE, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: CAMPBELL Two piece watertight cap:   
Model #: 59905472C Model#: PA 800 LF Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 15 GPM NSF/WSC approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
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 House Connection  
Type: BLACK WEL PIPE PVC sleeve to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min) Length of sleeve(3' minimum from foundation): 5'  
Depth of supply line: 48" (36" min) Sleeve sealed properly: YES

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.

David Klupp 9-3-15  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope not outside of well cap/casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(**Must circle one**) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 08 - 0019 ✓  
Site Address: 015 Iron Rail Ct.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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: \_\_\_\_\_ (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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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

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

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

Date Insp. Requested: 4/16/15 Date Insp. Approved: 6/17/15 Inspector: SC

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 seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

4/16/15 SC  
one-piece cap  
conduit not attached to cap  
no tag  
sleeve not PVC, not mortared

4/17/15 SC  
sleeve PVC but < 4'

4/22/15 SC  
PVC sleeve 5' at house



**Bureau of Environmental Health**

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

May 7, 2015

Fogle's Well Drilling  
Attn: Theresa Miller  
580 Obrecht Road  
Sykesville, MD 21784

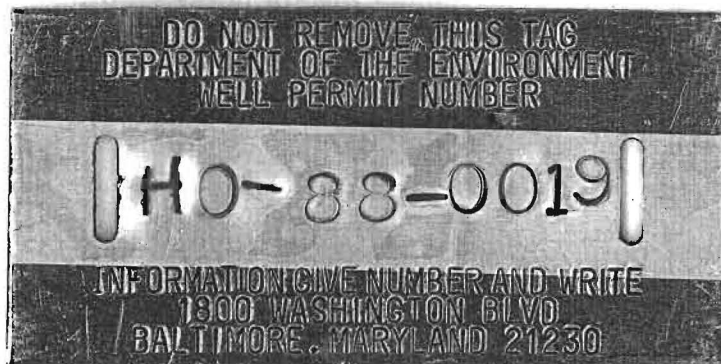
Hi Theresa,

Attached is the well tag for #HO-88-0019 at 815 Iron Rail Ct., lot 8. Once the tag is attached to the well, please call the Health Department for reinspection.

Please free to contact me with any questions.

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins  
410-313-6287  
[scollins@howardcountymd.gov](mailto:scollins@howardcountymd.gov)



Cc: file



## Certificate of Analysis

Acct. No. 9622 - 2-1

### Field Record

Site visit performed on: Monday, September 14, 2015 11:30 AM  
by: Richard Snyder State ID No. 0043RS  
Affiliation: Fredericktowne Labs, Inc.  
Property Owner: Clarke Residence  
Property Address: 815 Iron Rail Court  
Woodbine, MD  
Sample Source: First Floor Bathroom Sink  
Treatment Devices Noted: No Treatment Devices  
Well No.: HO-88-0019  
Field pH: 7.0  
Total Free Res. Cl.: 0.7 mg/l

### Laboratory Report

Sample Received at laboratory: 9/14/2015 2:29 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli.(/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
						9223B	NPV

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u> <u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	7.19 mg/l	10	9/15/2015	300.0	RMT
Sand	<2 mg/l	5	9/15/2015	0.065mmFilter	JD
Turbidity	0.2 NTU'	10	9/14/2015	180.1	KB

Reported by:

*Eden Mellott* 9/24/15  
Name Date



## Certificate of Analysis

Acct. No. 9622 - 2-2

### Field Record

Site visit performed on: Friday, September 18, 2015 12:10 PM  
by: Richard Snyder State ID No. 0043RS  
Affiliation: Fredericktowne Labs, Inc.  
Property Owner: Clarke Residence  
Property Address: 815 Iron Rail Court  
Woodbine, MD  
Sample Source: Garage Sink

Well No.: HO-88-0019

Field pH: 6.8

Total Free Res. Cl.: <0.1 mg/l

Temp: 14° C

### Laboratory Report

Sample Received at laboratory: 9/18/2015 1:13 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	09/18/15	17:03	09/19/15	11:40	9223B	KB

**Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods**

Reported by: Tallen Mellott 9/21/15  
Name Date

HEALTH

FOGLE'S WELL DRILLING & PUMP SERVICE'S

P.O. Box 202  
Woodbine, Md 21797  
(443)609-4195

Date: July 6, 2012

Name: Caryn Clarke

Address: Iron Rail Ct Lot #8 Woodbine, Md Tag#:

**Well Yield Test Results:**

*Well is 275' deep & 12 Gallons Per Minute*

TIME	WATER LEVEL	TIME TO FILL 1 GAL	GPM
8:45	28'	5 Seconds	17 gpm
9:00	42'	5 Seconds	17 gpm
9:15	42'	5 Seconds	17 gpm
9:30	43'	5 Seconds	17 gpm
9:45	42'	5 Seconds	17 gpm
10:00	42'	5 Seconds	17 gpm
10:15	42'	5 Seconds	17 gpm
10:30	42'	5 Seconds	17 gpm
10:45	42'	5 Seconds	17 gpm
11:00	42'	5 Seconds	17 gpm
11:15	42'	5 Seconds	17 gpm
11:30	43'	5 Seconds	17 gpm
11:45	41'	5 Seconds	17 gpm



TRACE LABORATORIES, INC  
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 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Caryn Clark  
 1229 Emmaus Road  
 Woodbine, MD 21797

**S/O Number:** 85794

**Report Date:** July 9, 2012

*Potability & Iron*

**Property Sampled:** Lot 8 Iron Rail Court, 21797  
**Sample Location:** Wellhead (Bailed)  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 3

**Subdivision:** Morgan Station RSB Lot 3  
**Parcel:** 44 **Lot #:** 8

**Date/Time Collected in Field:** July 5, 2012 @ 12:28 pm  
**Date/Time Received in Lab:** July 5, 2012 @ 1:25 pm

**Well Tag #:** Tag Not Visible  
**Well Condition:** 1-Piece Cap, Unsecure

**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	PRESENT	FAIL
Nitrate	SM 4500D	10 mg/L as N	11.6 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	17 NTU	FAIL
pH	EPA 150.1	*6.5-8.5 Units	5.6 Units	***
Sand		Absent	PRESENT	FAIL
Iron	Hach 8008	*0.3 mg/L	0.02 mg/L	***

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine Higgs  
 Manager - Drinking Water Group

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Caryn Clark  
 1229 Emmaus Road  
 Woodbine, MD 21797

**S/O Number:** 85794

**Report Date:** July 9, 2012

*Radium Testing*

**Property Sampled:** Lot 8 Iron Rail Court, 21797  
**Sample Location:** Wellhead (Bailed)  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** Not Provided  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 3

**Subdivision:** Morgan Station RSB Lot 3  
**Parcel:** 44                      **Lot #:** 8

**Date/Time Collected in Field:** July 5, 2012 @ 12:28 pm  
**Date/Time Received in Lab:** July 5, 2012 @ 1:25 pm

**Well Tag #:** Tag Not Visible  
**Well Condition:** 1-Picce Cap, Unsecure

**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MDL (pCi/L)	MCL* (pCi/L)	RESULT (pCi/L)	ACCEPTABILITY
Gross Alpha	EPA 900.0	1.4	15	6.1 ± 1.5	MODERATE
Gross Beta	EPA 900.0	2.1	50	6.3 ± 1.5	Acceptable

\*Note: There are no established limits set forth by the EPA for radionuclide particles in private well water. The limits for public water are instead provided as MCLs in this report and the acceptability of this sample is based on these requirements. Gross Alpha levels under 5 pCi/L are acceptable. Levels between 5 and 15 pCi/L are considered moderate, and levels greater than 15 pCi/L are considered high. When levels are moderate or high, treatment or further testing is recommended and in certain cases may be required by the health department.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs  
 Manager - Drinking Water Testing

MDL: Method Detection Limit  
 MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 Analysis completed by Laboratory #278