

C 1	17878	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM <u>06</u> DD <u>10</u> YR <u>16</u>	DATE WELL COMPLETED MM <u>05</u> DD <u>17</u> YR <u>16</u>	DEPTH OF WELL 22 <u>300</u> 26 (TO NEAREST FOOT)
ST/CO USE ONLY		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-15-0244</u>	OK <u>1/19/18 SC</u>	
OWNER <u>Greenleaf Builders</u>		COUNTY NUMBER		
WELL SITE ADDRESS <u>11859 Lime Kiln Rd</u>		TOWN <u>Fulton</u>		
SUBDIVISION		SECTION		
		LOT		

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	
overburden	0	4'	
DIRT & Mud	4'	64'	
GRAY ROCK	65'	300'	
Hit water at	82 Ft +	105 Ft	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC	
NO. OF BAGS <u>38</u>	NO. OF POUNDS <u>3592</u>
GALLONS OF WATER <u>228</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>78</u> ft. (enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>78</u>
OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____	

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>8.33</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Watch & Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>11</u> ft.
WHEN PUMPING	<u>199</u> ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SCREEN RECORD	
screen type or open hole	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER	
DEPTH (nearest ft.)	
<u>HO</u>	<u>78</u>
<u>300</u>	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	<u>29</u>
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)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	(nearest foot)
LATITUDE <u>39.151060</u>	
LONGITUDE <u>76.924349</u>	
(DEFAULT COORD. WGS 84)	
NOTES:	

DRILLERS LIC. NO.: <u>M SD 120</u>
<u>Sandy Cochran</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: <u>AW D 929</u>
<u>Ronnie Price</u> SITE SUPERVISOR (sign. of driller or journeyman)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	60 _____ 68 _____
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	W Q
70 _____ 72 _____	74 75 76



EMERGENCY/TEMP NO. IF ANY

B 1	20860	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 558071- please type	STATE PERMIT NUMBER HO-15-0244 <small>fill in this form completely</small>
-----	--------------	--------------------------------	--	---

OWNER INFORMATION

Date Received (APA) 04/07/16

8 MM DO YY 13

15 Last Name Green Leaf Builders Owner First Name Green Leaf Builders 34

36 Street or RFD 11601 Jackson street 55

57 Town Baltimore 70 State MD 72 Zip 21230 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Fulton 71

DRILLER INFORMATION

Driller's Name Sandy B. Cochran MS D 120 76 License No. 81

Firm Name G. Edgar Hare sons corp

Address 12047 Falls Rd, Cockeysville

Signature Sandy B. Cochran 4/5/16 Date

SOURCES OF DRILLING WATER

B 4

1. Well

2. _____

3. _____

11 STREET ADDRESS 11859 Lime Kiln Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 10 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 183 38 39

TAX MAP: 46 BLK: 20 PARCEL: 355

WELL INFORMATION

B 2

1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 556571

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 4/22/16 [Signature] 4/22/17

45 MM DO YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

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

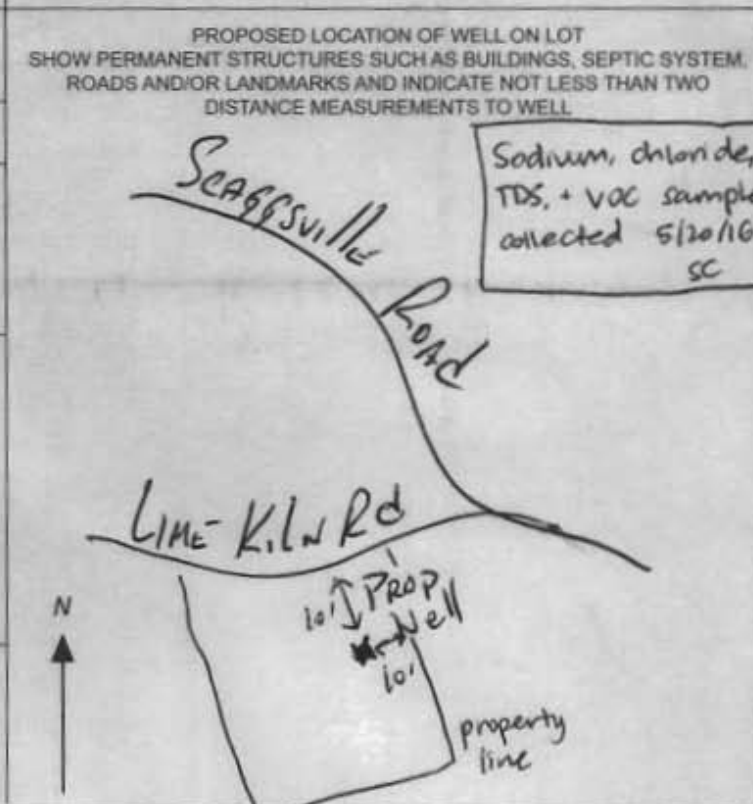
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-15-0244

SPECIAL CONDITIONS See attached memo

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED



B 1 <u>20860</u> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>558071-</u>	STATE PERMIT NUMBER <u>HO-15-0244</u> <small>70 79</small> fill in this form completely									
Date Received (APA) <u>04/07/16</u> <small>8 MM 00 YY 13</small> OWNER INFORMATION <u>Green Leaf Builders</u> <small>15 Last Name Owner First Name 34</small> <u>1601 Jackson Street</u> <small>36 Street or RFD 55</small> <u>Baltimore MD 21230</u> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>Fulton</u> <small>52 NEAREST TOWN 71</small>										
DRILLER INFORMATION <u>Sandy B. Cochran MSD 120</u> <small>Driller's Name 76 License No. 81</small> <u>G. Edgar HARR sons corp</u> <small>Firm Name</small> <u>2047 Falls Rd, Cockeysville</u> <small>Address</small> <u>Sandy B Cochran 4/5/16</u> <small>Signature Date</small>		B 4 SOURCES OF DRILLING WATER 1 <u>Well</u> 2 3 <u>11859 Lime Kiln Rd</u> <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td></td><td>N</td><td></td></tr> <tr><td>W</td><td>S</td><td>E</td></tr> <tr><td></td><td>S</td><td></td></tr> </table> </div> <u>34 10 37</u> <small>DISTANCE FROM ROAD FT</small> <small>ENTER FT OR MI 38 39</small> TAX MAP: <u>46</u> BLK: <u>20</u> PARCEL: <u>183 285</u>			N		W	S	E		S	
	N											
W	S	E										
	S											
B 2 WELL INFORMATION <small>7 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) <u>A 556571</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ <small>DATE ISSUED 41</small> <u>4/22/16</u> <u>John M. Hall</u> <u>4/22/17</u> <small>43 MM 00 YY 48 CO SIGNATURE EXP. DATE</small>										
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> O OPEN LOOP GEOTHERMAL <input type="checkbox"/> C CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>										
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jettied & DRIVEN <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVerse-ROTary Drive-POINT</small> other _____		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Sodium, chloride, TDS, + VOC sample collected 5/20/16 SC </div>										
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-15-0244</u> <small>70 71 72 73 74 75 76 77 78 79</small>										
SPECIAL CONDITIONS <u>See attached memo</u> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>												

CARROLL WATER SYSTEMS
60 AILERON COURT, SUITE #3
WESTMINSTER, MD 21157
410-876-5100

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 05-20-2016
Address: 11859 Lime Kiln Rod
Owner Name: Green Leaf Builders
Well Depth: 300 Ft

Permit Number: HO-15-0244
Subdivision:
Election District:
Static Water Level: 11Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 gallon bucket	Calculated Flow-Gallons Per Minute
0915	11 ft	60 psi	14 sec	21.43
0930	138	45	16	18.75
0945	199	78	36	8.33
1000	199	78	36	8.33
1015	199	78	36	8.33
1030	199	78	36	8.33
1045	199	78	36	8.33
1100	199	78	36	8.33
1115	199	78	36	8.33
1130	199	78	36	8.33
1145	199	78	36	8.33
1200	199	78	36	8.33
1215	199	78	36	8.33
1230	199	78	36	8.33
1245	199	78	36	8.33

**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: JHL Plumbing + Heating Telephone #: 410-489-7776
Address: P.O. Box 57
Lisbon MD, 21767

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Tim Rollman License# 7079

***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: Singh Surjit Telephone #: 410-489-7776
Subdivision: N/A Lot #: N/A Well Tag #: HO-15-0244 ✓ 11/13/2017 Ⓟ
Site Address: 11859 Lime Kiln Road
Fulton, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Gandy</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>25T72-B</u>	Model#: <u>PT800NL</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>8.33</u> GPM	NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>300'</u> (feet)	Conduit secured to well cap: <u>✓</u>	

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CRS 1/2"</u>	PVC sleeve to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>✓</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>✓</u>

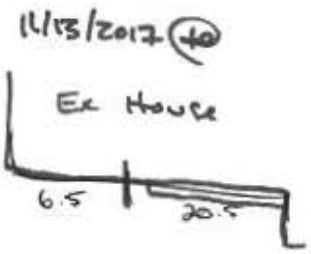
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 11-1-17

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

Date Insp. Requested: 11/13/2017 Date Insp. Approved: 11/13/2017 Inspector: Ⓟ

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	<u>46"</u>	<u>11/13/2017</u> Ⓟ
Two piece cap installed and attached to casing securely	<u>✓</u>		
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	<u>44"</u>	<u>11/13/2017</u> Ⓟ
Safety rope not outside of well cap/casing	<u>✓</u>		
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	<u>19"</u>	<u>11/13/2017</u> Ⓟ
Water supply line sleeved adequately at house connection	<u>✓</u>		
Adequate grout observed below pitless adapter	<u>✓</u>		



Lime Kiln Rd

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 5, 2018

February 5, 2018

Homeowner
11859 Lime Kiln Road
Fulton, MD 20759

RE: Singh Property
11859 Lime Kiln Road
Building Permit: B17000726
Well Permit: HO-15-0244

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 **1/19/2018**. Final approval of the well line connection to the dwelling was granted on **11/13/2017**. The well construction was completed on **1/19/2018**. Water samples were collected on **1/9/2018, 1/16/2018, 1/22/2018**.

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-15-0244. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

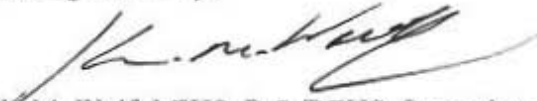
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

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

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 119331 Account #: 1404
Reference: Green Leaf Builders Company: Carroll Water Systems
Location: 11859 Lime Kiln Road Requested By: Brian Smith
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 1/9/2018 1520 Site: Bathroom Sink
Date/Time Rec'd: 1/10/2018 1610 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: W. Warehime 2154WW Well #: HO-15-0244

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/11/2018 / 1045 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/11/2018 / 1045 / CRS
Nitrate	<1.0	mg/L	10	601	1/10/2018 / 1635 / CRS
Turbidity	46.6	NTU	<10	SM20 2130B	1/10/2018 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/10/2018 / 1645 / CRS

Need raw sample
for Iron + ~~Magn~~ + TDS.

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 17000726

Date Reported: 1/11/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	119450	Account #:	1404
Reference:	Green Leaf Builders	Company:	Carroll Water Systems
Location:	11859 Lime Kiln Road Fulton, MD 20759	Requested By:	Brian Smith
Date/ Time Collected:	1/16/2018 1530	Source:	Well Water
Date/Time Rec'd:	1/17/2018 1610	Site:	Bathroom Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	Multi Media
Collected By:	D. Titus 1984DT	pH:	6.3
		Well #:	HO-15-0244

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.76	NTU	<10	SM20 2130B	1/17/2018 / 1620 / CRS

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 17000726

Date Reported: 1/17/2018




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
Facebook: www.facebook.com/hocohealth
Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

MEMORANDUM

TO: G. Edgar Harr Sons Corp.
Attn: Sandy Cockran, MSD 120

FROM: Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor 
Groundwater Mgmt. Sec.
Well & Septic Program

DATE: April 21, 2016

RE: 11865 & 11859 Lime Kiln Road – Well Permits
Special Condition

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

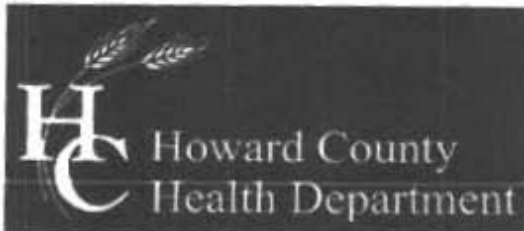
In order to preserve the quality of ground drinking water, a special condition has been set for the above referenced wells. This condition will require the driller to seal off upper strata by placing a minimum of **50 feet** of steel casing OR **10 feet** into competent bedrock (whichever comes first). For example, if you hit a water-bearing fracture or bedrock at 70 feet, then there should be at least 72 feet of casing or enough casing to get below that fracture. **Any deviations to this condition are to be prior approved by the Health Department.**

Both of these wells will also require sampling at the time of the yield test. Sampling will include but not limited to, Volatile Organic Compounds (VOC's), Total Dissolved Solids (TDS), Chlorides, and Sodium. When calling in the yield and grout on a pre-scheduled day, please make a note that a certified water testing lab and/or the Health Department must be present in order to collect the recommended samples. Please allow 24hrs notification when drilling commences and when the yield/grouts take place.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2645 or email kwolf@howardcountymd.gov.

KMW

Cc: Stephen Forney, Green Leaf Builders, hrbuilder@comcast.net
file



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

SINGH PROPERTY - 11859 LIME HILN ROAD
Subdivision/Property Name Lot # Road Name

The well site has been staked by SHADABERGER & LANE
(professional land surveyor or company employing professional land surveyors)
on 4/20/2016 (date) and does not require a site inspection.

The well driller builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

WELL STAKE AT FRONT LEFT CORNER ABOUT 8' FROM TELEPHONE POLE.

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stamford Blvd

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205



E16004440001

Received: 05/24/2016

Metals

HO-15-0244

Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

Digest

Sample ID No: HO-15-0244 Site Name: _____ County: Howard

Sample Source: 11859 Lime Kiln Rd. Fulton Collector: S. Collins
Street Town or City Name

Date Collected: 5/20/2016 Time Collected: 10:15 a.m. _____ p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: _____

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
Data Category Non-Community Sediment Other _____
Code Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample taken during yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>0.18</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: / /
JUN 14 2016

•Phone: (443) 681-3857

•Fax: (443) 681-4507



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

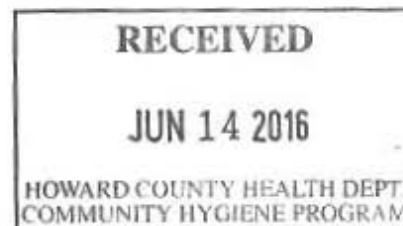
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16004440 Date Coll.: 05/20/2016 Date Received 05/24/2016 Submitted By: Collins

Field ID: HO-15-0244
Lab No.: E16004440001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.19	ppm	06/09/2016

Comments:



Approved by: *Tinghao Chai*

Approval date: 06/10/2016

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To: Bert Nixon
Howard Co Health Dept
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE ORGANICS SECTION
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. PH., Director

4/C
Lab No. Date Received

Do not write above this line

LABORATORY ANALYSIS REQUEST

Bottle No: SCHO150244-1 Plant / Site Name: _____ County: Howard
SCHO150244-2

Sample Source: 11859 Lime Kiln Rd. Fulton Location: HO-15-0244
Street Town or City (well no., lab sink, sample tap, etc.)

Sampler ID: 34065C PWSID: Plant ID:

Collector: S. Collins 410-313-6287
(include telephone number)

Date Collected: 5/20/2016 Time Collected: 10:15 a.m. _____ p.m.

Field Preserved: Yes No Preservative Used: 1:1 HCl+Ascorbic acid Na₂SO₄ 6 mg NH₄Cl

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
 Non-Community Sediment Water Treatment Plant POE Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Test Requested: Trihalomethanes Volatiles Semi-volatiles Haloacetic Acids

FIELD DATA: 7.5 0.0 1
pH Free Cl Total Cl

Field Blank Bottle No.: SCHO150244F-1
SCHO150244F-2
Trip Blank Bottle No.: SCHO150244T

Remarks: Run full drinking water scan including MTBE

Laboratory Supervisor: _____

Date Reported: 5/24/2016
HOWARD COUNTY HEALTH DEPT
COMMUNITY HYGIENE PROGRAM

•Phone: (410) 767-4388

•Fax: (410) 225-9318

Form Revised 12/05
DHMH 4362 (01/07)


E16004438001
Received 05/24/2016 EPA 524.2
Trace Organics SCHO150244


E16004438002
Received 05/24/2016 EPA 524.2
Trace Organics SCHO150244F


E16004438003
Received 05/24/2016 EPA 524.2
Trace Organics SCHO150244T



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab. No: E16004438001

Method: EPA 524.2 VOCs and THMs

Date Received: 05/24/2016
 Field ID: SCHO150244

Date Collected: 05/20/2016
 Submitted By: S. Collins

Date Analyzed: 06/01/2016

Contaminant	RL	MCL	Result	Contaminant	RL	MCL	Result
REGULATED				2-Chlorotoluene	0.5		ND
1,1,1-Trichloroethane	0.5	200	ND	4-Chlorotoluene	0.5		ND
1,1,2-Trichloroethane	0.5	5	ND	Bromobenzene	0.5		ND
1,1-Dichloroethene	0.5	7	ND	Bromochloromethane	0.5		ND
1,2,4-Trichlorobenzene	0.5	70	ND	Bromomethane	0.5		ND
1,2-Dichlorobenzene	0.5	600	ND	Chloroethane	0.5		ND
1,2-Dichloroethane	0.5	5	ND	Chloromethane	0.5		ND
1,2-Dichloropropane	0.5	5	ND	cis-1,3-Dichloropropene	0.5		ND
1,4-Dichlorobenzene	0.5	75	ND	Dibromomethane	0.5		ND
Benzene	0.5	5	ND	Dichlorodifluoromethane	0.5		ND
Carbon Tetrachloride	0.5	5	ND	Ethyl-tert-Butyl Ether (ETBE)	0.5		ND
Chlorobenzene	0.5	100	ND	Hexachlorobutadiene	0.5		ND
cis-1,2-Dichloroethene	0.5	70	ND	Isopropylbenzene	0.5		ND
Ethylbenzene	0.5	700	ND	Methyl-tert-Butyl Ether (MTBE)	0.5		2.63
m+p-Xylene	1.0		ND	Naphthalene	0.5		ND
Methylene Chloride	0.5	5	ND	n-Butylbenzene	0.5		ND
o-Xylene	0.5		ND	n-Propylbenzene	0.5		ND
Styrene	0.5	100	ND	p-Isopropyltoluene	0.5		ND
Tetrachloroethene	0.5	5	ND	sec-Butylbenzene	0.5		ND
Toluene	0.5	1000	ND	tert-Amyl Methyl Ether (TAME)	0.5		ND
Total Xylenes	1.5	10000	ND	tert-Butylbenzene	0.5		ND
trans-1,2-Dichloroethene	0.5	100	ND	trans-1,3-Dichloropropene	0.5		ND
Trichloroethene	0.5	5	ND	Trichlorofluoromethane	0.5		ND
Vinyl Chloride	0.5	2	ND				
TRihalOMETHANES							
Bromodichloromethane	0.5		ND				
Bromoform	0.5		ND				
Chloroform	0.5		ND				
Dibromochloromethane	0.5		ND				
TOTAL THMs		80	0.00				
UNREGULATED							
1,1,1,2-Tetrachloroethane	0.5		ND				
1,1,2,2-Tetrachloroethane	0.5		ND				
1,1-Dichloroethane	0.5		ND				
1,1-Dichloropropene	0.5		ND				
1,2,3-Trichlorobenzene	0.5		ND				
1,2,3-Trichloropropane	0.5		ND				
1,2,4-Trimethylbenzene	0.5		ND				
1,2-Dibromo-3-Chloropropane	0.5		ND				
1,2-Dibromoethane	0.5		ND				
1,3,5-Trimethylbenzene	0.5		ND				
1,3-Dichlorobenzene	0.5		ND				
1,3-Dichloropropane	0.5		ND				
1,2-Dichloropropane	0.5		ND				

Comments:

Approved by: Radia Muneer Approval date: 06/06/2016

RECEIVED

JUN 16 2016

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

*All results are in parts per billion (ppb); ND = Less than the detection level; na = not applicable; e = estimate
 This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6648 and arrange for return or destruction.



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab. No: E16004438002

Method: EPA 524.2 VOCs and THMs

Date Received: 05/24/2016
 Field ID: SCHO150244FB

Date Collected: 05/20/2016
 Submitted By: S. Collins

Date Analyzed: 06/01/2016

Contaminant REGULATED	RL	MCL	Result	Contaminant	RL	MCL	Result
1,1,1-Trichloroethane	0.5	200	ND	2-Chlorotoluene	0.5		ND
1,1,2-Trichloroethane	0.5	5	ND	4-Chlorotoluene	0.5		ND
1,1-Dichloroethane	0.5	7	ND	Bromobenzene	0.5		ND
1,2,4-Trichlorobenzene	0.5	70	ND	Bromochloromethane	0.5		ND
1,2-Dichlorobenzene	0.5	600	ND	Bromomethane	0.5		ND
1,2-Dichloroethane	0.5	5	ND	Chloroethane	0.5		ND
1,2-Dichloropropane	0.5	5	ND	Chloromethane	0.5		ND
1,4-Dichlorobenzene	0.5	75	ND	cis-1,3-Dichloropropene	0.5		ND
Benzene	0.5	5	ND	Dibromomethane	0.5		ND
Carbon Tetrachloride	0.5	5	ND	Dichlorodifluoromethane	0.5		ND
Chlorobenzene	0.5	100	ND	Ethyl-tert-Butyl Ether (ETBE)	0.5		ND
cis-1,2-Dichloroethane	0.5	70	ND	Hexachlorobutadiene	0.5		ND
Ethylbenzene	0.5	700	ND	Isopropylbenzene	0.5		ND
m+p-Xylene	1.0		ND	Methyl-tert-Butyl Ether (MTBE)	0.5		ND
Methylene Chloride	0.5	5	0.97	Naphthalene	0.5		ND
o-Xylene	0.5		ND	n-Butylbenzene	0.5		ND
Styrene	0.5	100	ND	n-Propylbenzene	0.5		ND
Tetrachloroethane	0.5	5	ND	p-Isopropyltoluene	0.5		ND
Toluene	0.5	1000	ND	sec-Butylbenzene	0.5		ND
Total Xylenes	1.5	10000	ND	tert-Amyl Methyl Ether (TAME)	0.5		ND
trans-1,2-Dichloroethane	0.5	100	ND	tert-Butylbenzene	0.5		ND
Trichloroethane	0.5	5	ND	trans-1,3-Dichloropropene	0.5		ND
Vinyl Chloride	0.5	2	ND	Trichlorofluoromethane	0.5		ND
TRihalOMETHANES							
Bromodichloromethane	0.5		ND				
Bromoform	0.5		ND				
Chloroform	0.5		ND				
Dibromochloromethane	0.5		ND				
TOTAL THMs		80	0.00				
UNREGULATED							
1,1,2-Tetrachloroethane	0.5		ND				
1,2,2-Tetrachloroethane	0.5		ND				
1-Dichloroethane	0.5		ND				
1-Dichloropropene	0.5		ND				
2,3-Trichlorobenzene	0.5		ND				
2,3-Trichloropropane	0.5		ND				
1,4-Trimethylbenzene	0.5		ND				
1,1-Dibromo-3-Chloropropane	0.5		ND				
1,1-Dibromoethane	0.5		ND				
1,3-Trimethylbenzene	0.5		ND				
1,2-Dichlorobenzene	0.5		ND				
Dichloropropane	0.5		ND				
Dichloropropane	0.5		ND				

Comments:

Approved by: Radia Hussain Approval date: 06/06/2016

RECEIVED

JUN 16 2016

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

If results are in parts per billion (ppb); ND = Less than the detection level; na = not applicable; e = estimate

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6648 and arrange for return or destruction.

Telephone: (443) 681-3853 Fax: (443) 681-4507



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab. No: E16004438003

Method: EPA 524.2 VOCs and THMs

Date Received: 05/24/2016
 Field ID: SCHO150244T

Date Collected: 05/20/2016
 Submitted By: S. Collins

Date Analyzed: 06/01/2016

<u>Contaminant</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Contaminant</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>
REGULATED				2-Chlorotoluene	0.5		ND
1,1,1-Trichloroethane	0.5	200	ND	4-Chlorotoluene	0.5		ND
1,1,2-Trichloroethane	0.5	5	ND	Bromobenzene	0.5		ND
1,1-Dichloroethane	0.5	7	ND	Bromochloromethane	0.5		ND
1,2,4-Trichlorobenzene	0.5	70	ND	Bromomethane	0.5		ND
1,2-Dichlorobenzene	0.5	600	ND	Chloroethane	0.5		ND
1,2-Dichloroethane	0.5	5	ND	Chloromethane	0.5		ND
1,2-Dichloropropane	0.5	5	ND	cis-1,3-Dichloropropene	0.5		ND
1,4-Dichlorobenzene	0.5	75	ND	Dibromomethane	0.5		ND
Benzene	0.5	5	ND	Dichlorodifluoromethane	0.5		ND
Carbon Tetrachloride	0.5	5	ND	Ethyl-tert-Butyl Ether (ETBE)	0.5		ND
Chlorobenzene	0.5	100	ND	Hexachlorobutadiene	0.5		ND
cis-1,2-Dichloroethane	0.5	70	ND	Isopropylbenzene	0.5		ND
Ethylbenzene	0.5	700	ND	Methyl-tert-Butyl Ether (MTBE)	0.5		ND
m+p-Xylene	1.0		ND	Naphthalene	0.5		ND
Methylene Chloride	0.5	5	1.04	n-Butylbenzene	0.5		ND
o-Xylene	0.5		ND	n-Propylbenzene	0.5		ND
Styrene	0.5	100	ND	p-Isopropyltoluene	0.5		ND
Tetrachloroethane	0.5	5	ND	sec-Butylbenzene	0.5		ND
Toluene	0.5	1000	ND	tert-Amyl Methyl Ether (TAME)	0.5		ND
Total Xylenes	1.5	10000	ND	tert-Butylbenzene	0.5		ND
trans-1,2-Dichloroethane	0.5	100	ND	trans-1,3-Dichloropropene	0.5		ND
Trichloroethane	0.5	5	ND	Trichlorofluoromethane	0.5		ND
Vinyl Chloride	0.5	2	ND				
TRihalOMETHANES							
Bromodichloromethane	0.5		ND				
Bromoform	0.5		ND				
Chloroform	0.5		ND				
Dibromochloromethane	0.5		ND				
TOTAL THMs		80	0.00				
UNREGULATED							
1,1,1,2-Tetrachloroethane	0.5		ND				
1,1,2,2-Tetrachloroethane	0.5		ND				
1,1-Dichloroethane	0.5		ND				
1,1-Dichloropropene	0.5		ND				
1,2,3-Trichlorobenzene	0.5		ND				
1,2,3-Trichloropropane	0.5		ND				
1,2,4-Trimethylbenzene	0.5		ND				
1,2-Dibromo-3-Chloropropane	0.5		ND				
1,2-Dibromoethane	0.5		ND				
1,3,5-Trimethylbenzene	0.5		ND				
1,3-Dichlorobenzene	0.5		ND				
1,3-Dichloropropane	0.5		ND				
1,2-Dichloropropane	0.5		ND				

Comments:

Approved by: Radia Muneer Approval date: 06/06/2016

RECEIVED

JUN 16 2016

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

*All results are in parts per billion (ppb); ND = Less than the detection level; na = not applicable; e = estimate

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6648 and arrange for return or destruction.

Telephone: (443) 681-3853 Fax: (443) 681-4507

Send Report To: Bert Nixon
 Howard Co. Health Dept.
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, MD 21045

State of Maryland
 DHMH-Laboratories Administration
 Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
 1770 Ashland Ave
 Baltimore, Maryland 21205
WATER ANALYSIS



E16004437001

Received: 05/24/2016

Inorganic

HO-15-0244

S Bottle Number HO-15-0244 Name _____ County Howard County Code 13

A Location 11859 Lime Kiln Rd Fulton Data Category Code 4F

M Collected: Date 5/20/16 Time 10:15 am Collector & Phone S. Collins 410-313-6787 Submitter Code _____

P CHECK (one per box)

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

L Federal Project S

F Plant No. [] [] [] [] [] Sampling Station [] [] [] [] [] Preservation: Iced Acid Type of Acid _____

I pH [] [] [] Chlorine: Free [] [] [] Total [] [] [] Specific Conductance [] [] [] [] []

E Notes to Lab/Remarks: Sample taken during yield test

L

D

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

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

Number of Tests Requested [] []

Section Chief _____

Date Reported _____



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE16004437 Date Coll. 05/20/2016 Date Received 05/24/2016 Submitted By:S. Collins

Field ID: HO-15-0244
Lab No.: E16004437001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	18	mg/L	05/31/2016
Total Dissolved Solids	SM 2540C	204	mg/L	05/25/2016

Comments:

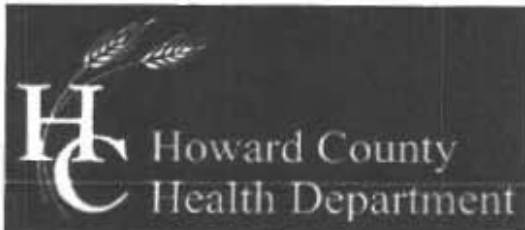
Approved by:

Shahin Aneli

Approval date: 06/01/2016

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & OCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

SINGH PROPERTY - 11859 LIME KILN ROAD
Subdivision/Property Name Lot # Road Name

The well site has been staked by SHAWBERGER & LANE
(professional land surveyor or company employing professional land surveyors)
on 4/20/2016 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

WELL STAKE AT FRONT LEFT CORNER ABOUT 8' FROM TELEPHONE POLE.




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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: G. Edgar Harr Sons Corp.
Attn: Sandy Cockran, MSD 120

FROM: Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor 
Groundwater Mgmt. Sec.
Well & Septic Program

DATE: April 21, 2016

RE: **11865 & 11859 Lime Kiln Road – Well Permits
Special Condition**

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

In order to preserve the quality of ground drinking water, a special condition has been set for the above referenced wells. This condition will require the driller to seal off upper strata by placing a minimum of **50 feet** of steel casing OR **10 feet** into competent bedrock (whichever comes first). For example, if you hit a water-bearing fracture or bedrock at 70 feet, then there should be at least 72 feet of casing or enough casing to get below that fracture. **Any deviations to this condition are to be prior approved by the Health Department.**

Both of these wells will also require sampling at the time of the yield test. Sampling will include but not limited to, Volatile Organic Compounds (VOC's), Total Dissolved Solids (TDS), Chlorides, and Sodium. When calling in the yield and grout on a pre-scheduled day, please make a note that a certified water testing lab and/or the Health Department must be present in order to collect the recommended samples. Please allow 24hrs notification when drilling commences and when the yield/grouts take place.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2645 or email kwolf@howardcountymd.gov.

KMW

Cc: Stephen Forney, Green Leaf Builders, hrbuilder@comcast.net
file

C.I.L. LLC
11835 SCAGGSVILLE ROAD
TAX MAP 41, GRID 19, PARCEL 486
5311/125

SURJIT SINGH AND
KAMALJIT KAUR
11859 LIME KILN ROAD
TAX MAP 46, GRID 1, PARCEL 183
15902/152

SUR
KA
11855
TAX MAP 46,
11

*Well site approved.
Staked by
S. S. Sharma & Co
- KML*

LIME KILN ROAD

APPROX. LOCATION
EX. TRENCHES
INSTALLED 1988
P33832

EX. HOUSE TO BE
REMOVED. EX. WELL
MAY BE IN HOUSE AND
IS REQUIRED TO BE
SEALED AND
ABANDONED

EX. HSE
#11859

CONSTRUCTION
ENVELOPE

EX. HSE
#11855

EX. PIT WELL
-- SEALED

EX. SEPTIC TANK

3,107.50 FT. ±

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

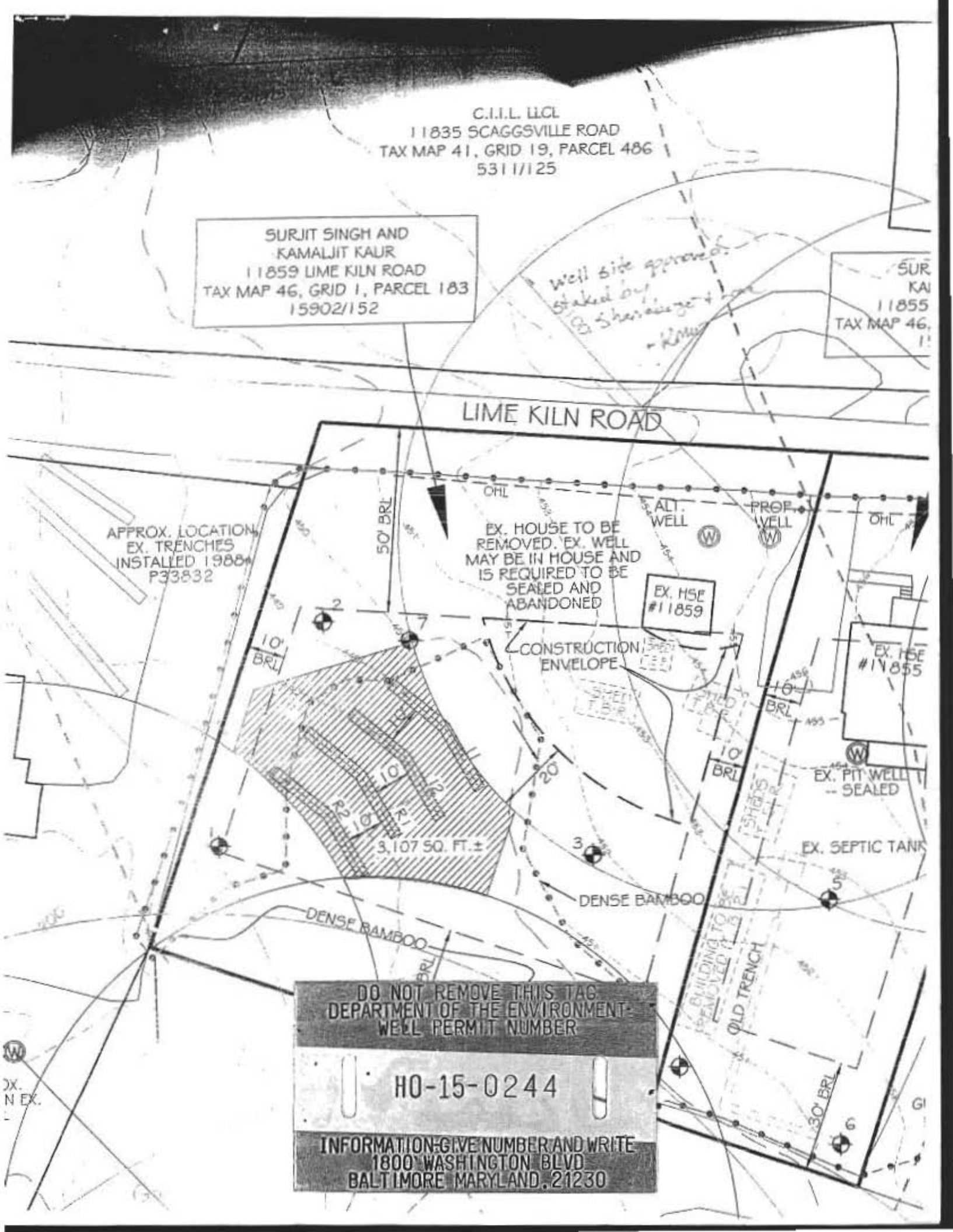
H0-15-0244

INFORMATION: GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE, MARYLAND, 21230

EX.
N EX.

W

G



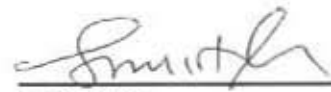
Greenleaf Builders LLC

1601 Jackson Street / Baltimore, MD 21230 (C) 410-977-1328 (F) 443-266-7675

To: Jeff Williams, Chief
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045

From: Surjit Singh
2634 Raptor Dr.
Odenton, MD 21113

I am requesting a variance which will allow drain fields to be upgraded from a newly established well at 11863 Lime Kiln Rd. and 8020 Hunterbrooke Lane. First we need to drill a new well at 11855 Lime Kiln Rd., then the two wells at 8020 + 11863, lastly we will drill a new well at 11859 Lime Kiln.



Surjit Singh

11-10-2015

Date

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 119535 Account #: 1404
Reference: Green Leaf Builders Company: Carroll Water Systems
Location: 11859 Lime Kiln Road Requested By: Brian Smith
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 1/22/2018 1630 Site: Pressure Tank
Date/Time Rec'd: 1/23/2018 1528 Treatment: Prior To Multimedia
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: Client Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Manganese	0.11	mg/L	0.05*	200.8	2/1/2018 / 1202 / MO

*Iron + manganese
contributing to
excess turbidity*
*Iron removal
see device intact.
post treatment
turbidity (1/16/18)*
(RM)

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 Manganese Detection Limit: 0.0050 mg/L
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 Sub-contracted to Reference Lab #128
- 5 ND = None Detected; N/A: Not Available
- 6 pH and Chlorine level tested in lab
- 7 Sample collected by client, analyzed as received

Reason for Test : Client's Information

Date Reported: 2/2/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 119534 Account #: 1404
Reference: Green Leaf Builders Company: Carroll Water Systems
Location: 11859 Lime Kiln Road Requested By: Brian Smith
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 1/22/2018 1630 Site: Pressure Tank
Date/Time Rec'd: 1/23/2018 1528 Treatment: Prior To Multimedia
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: CWS Client Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	40.8	NTU	<10	SM20 2130B	1/23/2018 / 1635 / CRS
Iron	0.27	mg/L	0.3*	FR, 45 (126)	1/24/2018 / 0930 / CRS
Solids, Total Dissolved	179	mg/L	500*	S2540C-11	1/26/2018 / 1515 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND = None Detected; N/A: Not Available
- 6 pH and Chlorine level tested in lab
- 7 Sample collected by client, analyzed as received

Reason for Test : Client's Information

Date Reported: 1/26/2018

