Appendix B Property Owner Questionnaires, Field Sampling Forms, and Calibration Logs – October through December 2012

Sampling Appointment Setup		
Property Address	11711 Serene Ct.	
Property Owner	Jack Andrews	
Date owner called to set appointment	10/12/12	
Name of person calling to set appointment	Jack	
Date and time of sampling appointment	10/16/12 800	
	7 1	_
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	e filled out with FCHD records or through interview with the	
property owner, or both. Gorman answers as necessary at the property.		
How many wells do you have supplying your house?	<u> </u>	
What is the well tag number(s)?	FR 88 2816	
Age of the well	04-01-1992	
Casing depth of the well	20 ft	
Total depth of the well	400 ft	_
Well driller	Easterday	_
Well completion report available? (attach copy if yes)	yes - a Hached	_
When was your well pump last replaced?	July 2006	
	J	
Do you have any concerns with the amount of water your well provides?	yes	
Has your well ever run dry?	yes	
Do you have any taste and/or odor problems with your water?	yes (no) not constrain	urrent
	but in	past
How old is your house?	1995	
Has the plumbing ever been remodeled/replaced?	yes	
If yes, when?	544000	
What type of piping do you currently have in your house? (circle one)	copper pvc other	
What is the brand of the faucet in your kitchen?	Kohler-maybe	
What material is the faucet made of?	metal -chrome	
Do you know how old the faucet is?	about Syrs	
Do you have a pressure tank?	yes no	
If yes, where is it located?	basement	_
What is the size or model/maker of your pressure tank?	40 gal Wellstrol model W	203
Do you have a water sediment filter?	yes no	
Do you have U.V. light?	yes	
Do you have a carbon filtration water system?	yes	
Do you have any other treatment devices on your water system?	yes	
If yes, what kind?	50 Finer	_
Where are the treatment devices located?	basement	_

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	,	no	
If yes, where is it located?	baseme	ent		
Is there a drain for the flushed water to run to and is that drain operational?	yes		no	usually hooks up hose
Do you have a mop sink we can take a water sample from?	yes U	psteirs	no	Up nose
Do you have a bathtub we can take a water sample from?	yes	-	no	
			C-002-00	
Do you have your water regularly sampled?	yes	1	no	
If yes, when was the last sample collection?				
If yes, will you provide copies of the sample results?	yes		no	
Have you made any recent changes to your water system based on sample results (e.g. installed	ed a treatment de	vice)?	_	
	yes	(no)	
		^		
Other comments.				
Property owner refused to sign Citing advice from 1	awyer. P	ctures	ivere	not
taken since property owner did not initial.	1			
Signatures To the best of my knowledge, the above information is accurate.				
FCHD				
Name Bryan Crampton Signature Bupn Compton	Data	inlush	n	
Name Organ Campion Signature & Sugar Campion	Date	10/16/1	See	
Property Owner				
Name Signature	Date			
Name	Date			**************************************
May we take pictures of your plumbing and faucets? initial	yes		no	
1/				
email jacaesar @ comcast.net				
this form emailed 10/15/12				

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Date and time of sa		Jock John John John John	Seren Seren Seren Ji2 Cendro Ji2 8:	CUL. EWS OCam	\						
At Sampling Appo Date Arrival time Departure Time FCHD Staff CGS Staff Property Owner Other (affiliation)	Pryan Cramp Matt Emery Jack Andrews	ton_									
Sample Locations	and IDs			Ch	eck to indicate sample	e collection			Enterreading		
			10 NO. 100.	Total Lead /	Dissolved Lead /	Hexavalent		500	Linter reading		
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pH	Temperature	ORP	
First Draw	11711Screne pros	Kitchen Sink	8:05	V	V	1	V_	7.63	22.8°C	1019	
Flushed* Duplicate	11711 Serone-Flishe	Sink	8 40	-	V	V	V	6.88	20.8°C	191.9	
Flushed Sample - C Prior to sample coll the selected sample The order of prefe 1. A spigot prior to t 2. A spigot after the 3. A bathtub faucet If 1 or 2, has the pre Purge time begin Purge time end <u>Dissolved Analysis</u> Samples filtered? First Draw Flushed <u>Equipment Calibrat</u> Provide notes on ce pH ORP	(e.g. how long, from which tap/to- constitute One edion, purge plumbing system for e collection spigot into drain or but rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any w or other higher velocity spigot (e.	or 15 minutes fricket prior to fill sas follows: treatment. vater treatment. g. a wash sink	ing sample bottli in basement/lau onal? Additional galbr	spigot into fundes Indig room) afte	tioing drain in the res	nd any water to	an add	yes	water from	of favoret	downstairs
FCHD Name	ove listed individuals were at my	pton	Signature Signature	s and that I obs	yan Claring	ollected from the	Date Date Date	10/16/13	/ <i>i</i> &		

10/11/2012

Maryland Department of Assessments and Taxation Real Property Data Search (vw6.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

			Owner Infor	mation			,		
Owner Name: ANDREWS JOHN D SR & BC Mailing Address: 11711 SERENE COURT MONROVIA MD 21770			NIE M	1	Use: Principal Deed Refe	Residence:		RESIDENT YES 1) /02094/ 2)	
		Loca	tion & Structur	re Informatio	n				
Premises Address 1711 SERENE CT 0-0000			LOT 7 S 1.5620 A	Description SECTION III ACRES QUILITY					
Contract Con	arcel Sub Distri	ct Subdivision 0000	Section III	Block	<u>Lot</u> 7	Assessment 1	Area	Plat No: Plat Ref:	0049/ 019
Special Tax Areas		Town Ad Valorem Tax Class	NONE 251						
Primary Structure Bi	<u>iilt</u>	Enclosed Area 2,294 SF		Propert 1.5600 A	y Land A	rea		County Use	
Stories Basement 2.000000 YES	Type STANDARD UNI	Exterior T FRAME							
			Value Inform	mation					
Land Improvements: Fotal:	156,700 199,300 356,000	Value As Of 01/01/2010 156,700 199,300 356,000	Phase-in Ass As Of 07/01/2012	As Of 07/01/2	013				
Preferential Land:	0.		Transfer Info	vm ation	_			<u> </u>	
	ORMAN H. & BARBA	ARA	Transici inio	Date: Deed1:	05/10/1 /02094/		Price: Deed2:	\$229,000	
Seller: Type:				Date: Deed1:			Price: Deed2:	*	
Seller: Cype:				Date: Deed1:			Price: Deed2:		
			Exemption Inf	ormation					
Partial Exempt Asses County State Municipal	sments			Class 000 000 000		07/01/2012 0.00 0.00 0.00		07/01/2013	
Γax Exempt: Exempt Class:						Special	Tax Recap	pture:	

9264	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE IN COLS. 3-6 ON ALL CAR	PUNCHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received			PERMIT NO.
DATE Received	DATE WELL COMPLETE	Depth of Well	FROM "PERMIT TO DRILL WELF"
8 13	15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	last name	U a first name	21. 32
STREET OR RFD SUBDIVISION	27 CA	IOWN Z	megually 7
SORDIVISION		SECTION	LOT /
Not required for	r driven wells	WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF PENETRATED, THEIR	COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF DESCRIPTION (Use		CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO Check if water bearing	NO. OF BAGS NO. OF POUNDS 65046	PUMPING RATE (gal. per min. 4 11 15
Top Soil	0 2	GALLONS OF WATER	METHOD USED TO R. 1.4
Clay	23	from ft. to ff.	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
	1 2	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 64
Sheley	3 10	casing CASING RECORD	17 20
brown slate	10 17	types insert ST CO	WHEN PUMPING 22 25
Paralita	1	appropriate STEEL CONCRETE CONCRETE PL OT	TYPE OF PUMP USED (for test)
Graysiane	1 /~ /	below PLASTIC OTHER	A air P piston T turbine
brown shipe	42 50 V	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
blue shale	50 85	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 below)
7 1	85 70	57 6 2011	J jet S submersible
Drown 3 racke		60 61 . 63 64 66 70	The second secon
Grayslate	90 400	diameter depth (feet)	PUMP INSTALLED
0. , - ,		inch from to	DRILLER WILL INSTALL PUMP YES NO
			(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
		G	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
		screen type SCREEN RECORD or open hole	TYPE OF PUMP INSTALLED
		insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
		code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon)
		C 2	PUMP HORSE-POWER
		DEPTH (nearest ft.)	(nearest ft.)
		F 1 HO [8 400]	CASING HEIGHT (circle appropriate box and enter casing height)
		C 8 9 11 15 17 21	+ above LAND SURFACE
A-A-B-1		S 23 24 26 30 32 36	below (nearest foot)
CIRCLE APPROP	ONED AND SEALED	E 3	49 50 51 LOCATION OF WELL ON LOT
WHEN THIS WELL W		N 38 39 41 45 4/ 51	SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA	RINED TO PRODUCTION	SLOT SIZE 123 DIAMETER (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P WELL		OF SCREEN (NCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL	A 04 "WELL CONSTRUCTION"	from to	N.
ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AND	THAT THE INFORMATION PRE-	GRAVEL PACK	well 50' o
MY KNOWLEDGE. DRILLERS IDENT. NO	40	FLOWING WELL INSERT F IN BOX 68 68	X 30
HAUR F.	Souther !	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	1
DRILLERS SIGNATURE	ON APPLICATION	T (E.R.O.S.) W Q	0
(MUST MATCH SIGNATURE		70 72 74 75 76	5/
SITE SUPERVISOR (sign. o	of driller or journeyman	TELESCOPE LOG OTHER DATA	7
responsible for sitework if of		CASING INDICATOR	8.7.80

<i>t</i> Å Ğ E					°OF	
	.7	-	,	-		
DATE		ā	*	38		



FIELD DATA SHEET HYDROGEOLOGIC AREA WELL YIELD TEST

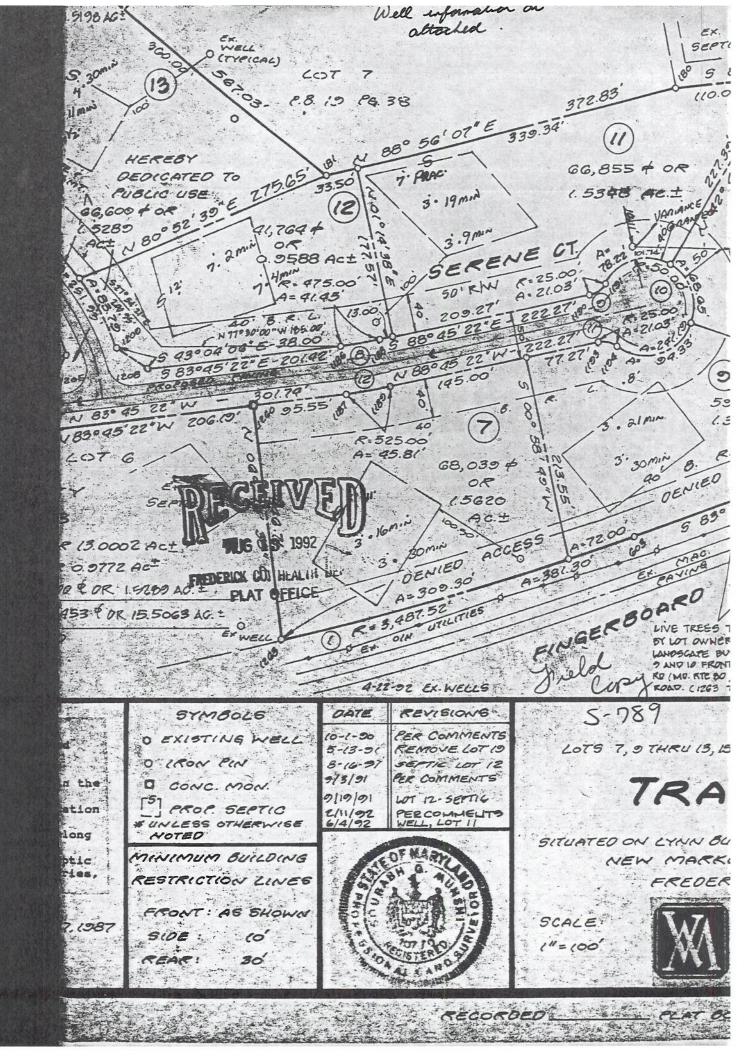
390	HIDROGE	OLOGIC AREA WELL III	TD IESI	1
MARYLAN	D WELL PERMIT NO. F.	R-88. 2816 ELEC	CTION DISTRICT	*
LOCATIO	N OF PROPERTY (road)	ma R+ 80		
SUBDIVI	SION Tranquilities	LOT 7	BLOCK SE	c
WELL DR	ILLER <u>Easterlay</u> EPTH OF WELL <u>400</u>	OWNER S	utn	
D	EPTH OF WELL 406	13/4 apm	74	
D	ISTANCE OF MEASURING POI	INT (M.P.) ABOVE GROUND	1 1	
	STATIC WATER LEVEL (S.W.I			
	RATE PUMPINGRESERVOIR		And the second section of the second section of the second section of the second section secti	
40			10 APM	
ī	TIME PUMP STARTED 6,2	O REACH PUMPING WATER LI	EVEL 161 FT. B	ELOW M.P.
II. RECOV	ERY PUMP TEST DATA- OBSE	ERVATIONS TO BE RECORDED	EVERY 15 MIN	UTES
				
	tiamen rever	PUMPING RATE	DIOU METER READING	CALCULATED FLOW
TIME	WATER LEVEL BELOW M.P.	Time to fill gal. bucket	FLOW METER READING (if used)	GPM
7:30	161	14 sec		4,2
7:45	161	14	Pump 300'	4.2
8:00	161	14	D. E.	4,2
815	161	14		4,5
8.30	161	14		4,2
8:45	161	14		4.2
7:00	161	1.1		14.2
7:15	161			4,2
O PS	161	14		4.2
9.55	162	14		4.7
10:00	162	[4		4.2
10:5	162	14		4.2
15:30	/62	14		41.2
			·	2
***************************************	3			

				_

	County Well Permit No. 92-30
FREDERICK COUNTY HI	FAITH DEPARIMENT WELL PERMIT mail to
Applicant or Owner Sexton Contra	ctors Driller Casterda.
Street or R.F.D. 8701 Rocky	Ridge Rd. Rocky Ridge mo \$1778
Location of Property if if Lin	gerboard Pd.
80 8	Tax Map 97/98 Parcel 22
If Subdivision: (Name) Tranquilit.	- Block or
Area of Lot 68,039 Square Feet 7 or Acres 1.562	Well To Furnish water to: Home V Farm
Public or Industrial Private Water Co. Commercial	Test Well Heat Pump
certificate of this well must be filed by forty-five (45) days after completion of d	anding that the well will be drilled only at the and as shown in the sketch below. A completion the driller, at the Health Department, within willing. All well drilling operations will be of the State Department of Health. Drilling at etch, WOIDS this approval certificate.
Signature of Applicant	1-21-92 Date
	Agent
TO BE COMPLETED BY HEALTH DEPARTMENT	North Grid 550 East Grid 0728
NOTES - NOT DRAWN TO SCALE WELL TO BE AT LEAST 10'FROM SIDE AND REAR PROPERTY LINE N 15'FROM FRONT LINE 30'FROM ANY BUILDING 100'FROM ANY SEPTICAREA SERENE CT 95.55' A-45.81 145.00' RT 80 FINGER BOARD RT 80 FINGER BOARD	NOTICE - READ CAREFULLY The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the Frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property. SEPTIC AREA THIS DATE 7-31-92
The property described above has been inspe	ected and the well site approved as shown

Date of Approval JAN 22,1992

Sanitarian Danis Statul



Sampling Appointment Setup	
Property Address	11712 Serene Ct.
Property Owner	Ben Gray
Date owner called to set appointment	10/11/12
Name of person calling to set appointment	Ben Gray 301 35 6 5324
Date and time of sampling appointment	10/19/12 Friday 300
V 65 05	24 Wednesday
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	1
What is the well tag number(s)?	FR 88-2818
Age of the well	04-01-1992
Casing depth of the well	40 ft
Total depth of the well	400 ft
Well driller	E asterday
Well completion report available? (attach copy if yes)	yes attached
When was your well pump last replaced?	
Do you have any concerns with the amount of water your well provides?	yes no
Has your well ever run dry?	yes no
Do you have any taste and/or odor problems with your water?	yes no
How old is your house?	1995
Has the plumbing ever been remodeled/replaced?	yes no not since they
If yes, when?	
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	Kohler
What material is the faucet made of?	meta!
Do you know how old the faucet is?	2 years old
Do you have a pressure tank?	yes
If yes, where is it located?	- basement
What is the size or model/maker of your pressure tank?	Proflo Amtrol PF-32 manufactured
Do you have a water sediment filter?	yes no 2005
Do you have U.V. light?	yes no
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	yes no
If yes, what kind?	neutralizer, Softner
Where are the treatment devices located?	basement

Do you have a spigot or tap to take a water sample near your pressure tank?	(yes)	no	2.0
If yes, where is it located?	right off	pressure	tank
Is there a drain for the flushed water to run to and is that drain operational?	yes	no	
Do you have a mop sink we can take a water sample from?	yes	no	
Do you have a bathtub we can take a water sample from?	(yes) upsk	irs no	
Do you have your water regularly sampled?	yes	no	9
If yes, when was the last sample collection?	about	month	ago
If yes, will you provide copies of the sample results?	yes	no -	they don't
Have you made any recent changes to your water system based on sample results (e.	g. installed a treatment device)	?	have,
	yes	no	See note
Other comments. There is a bathroom near the raw ta Softner installed in August 2012 and Stoner Interprises in Hagerstown has the homeowner does not have the lab Signatures To the best of my knowledge, the above information is accurate. FCHD Name Lindsay Cinthica M. Signature Property Owner Name Name Signature Signature	d Some adjustme Sampled the results.	ents sin water	ce then. but
May we take pictures of your plumbing and faucets? initial	yes	no	

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoin	tment Setup									
Property Address		11-	7/2 5	erene	Court					
Property Owner		Be		*						
	to set appointment		0/11/12							
	alling to set appointment	Bei	7	30	01-356-5	5324				
	ampling appointment	10,	24/12		nesday :					
Phone number to d	call in case of changes	30	1-356-	5324	7		*****			
At Sampling Appo	10-24-12									
Date	3:00	8								
Arrival time	2:50	ē								
Departure Time	5,31									
FCHD Staff	Lindsey Lini	Thicum								
CGS Staff	Matt Emer	V								
Property Owner	Ben Gray		eather	Gray			9			
Other (affiliation)										
Sample Locations	and IDs			Che	ck to indicate sample	e collection			Enter reading	
	60.246.7.0027.005.79			Total Lead/	Dissolved Lead /	Hexavalent			Litter roading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pH	Temperature	ORP
First Draw	11712 serene-first dia	Kitchen Sink	3,000 M	X	X	X	Х	6,94	19.4%	180.6
Flushed*	1712 - Serene - flushed	7	3:40pm	X	×	X	X	6112	17.0°C	216
Duplicate	11712-Sciene - Duplicate		3:40 pm	X	X	<i>X</i>	X	6.42	17.0%	
First Draw Sample	bi	B	Pressure To	nk						
Any water use in la	st 6 hours?		No							
If yes, describe use	(e.g. how long, from which tap/to	ilet)		3/ 2/						
		1 5								
Flushed Sample - 0 Prior to sample coll	arde One ection, purge plumbing system for	15 minutes fr	om a wide-open	spigot into fund	loing drain in the æs	sidence. Purge	an add	litional galon of	fwater from	
	e collection spigot into dain or but		ing sample bottle	es				re secono s economic		
	erence for this sample collection is									
-	the pressure tank and any water tr									
	pressure tank, but prior to any wa									
3. A batriub laucet	or other higher velocity spigot (e.g	j. a wash sink	in basementiau	ndiy room) aiter	the pressure tank a	nd any water t	reatmer	IL.		
If 1 or 2, has the pr	operty owner confirmed that the sp	oigot is operati	onal?							
Purge time begin	3:19		Additional galler	n purged from s	eleded sample colle	ction miact?		VIOC		
Purge time end	3:36		Additional galbi	i puigea iioiii si	eleded sample whe	cuon spigot?		yes	4 8	
Section Section (1997)	Complete									
Dissolved Analysis Samples filtered?	Samples									
First Draw	Yes									
Flushed	Ves									
Equipment Calibrat	ion					100				
	alibration induding standards used	and results o	f calibration							
pH										
ORP					4881181180000			1.1923		
Signatures										
To the best of my k	nowledge, the above information i	s accurate.								
FCHD	1 1 1 4			1-1	7'7	/ .		011		
Name	· Lindsey Linthic	um	Signature	and y	1 Lu		Date	10-24-1	12	50
				1/1		/				
CGS	11 -			Must	//			1. /21	117	
Name	· Matt Emery		Signature	TWZ			Date	10/04	112	a
I certify that the abo	ove listed individuals were at my p	roperty to colle	ect water sample	s and that I obs	erved the samples of	ollected from t	he local	ions noted abo	ve.	
Property Owner		W 55	70	*	1	19/			~	96
	Heather Gray		Signature		Leahul	N X	Date	10-2	14-18	
	7			1/	1	//	- cottan			
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3 of 3

Maryland Department of Assessments and Taxation Real Property Data Search (vw4.2A) FREDERICK COUNTY Go Back
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GroundRent Redemption
GroundRent Registration

Account Identifi	er:	1	District - 09 Acco	unt Number	- 285261					
				Owner Info	rmation					
Owner Name: Mailing Address				ER	Use: Principal Residence: Deed Reference:				RESIDENTIAL YES 1) /06017/ 00546 2)	
		3000	Loca	tion & Structu	re Informatio	n				
Premises Addres 11712 SERENE CT 0-0000				LOT 10 2.2250	Description SECTION II ACRES QUILITY	I.				
Map Grid 0097 0006	Parcel 0157	Sub District	Subdivision 0000	Section III	Block	Lot 10	Assessment I	Area	Plat No: Plat Ref:	0049/019
Special Tax Area	15.		wn Valorem CClass	NONE 251						
Primary Structu 1995	re Built		Enclosed Area 2,156 SF		Property 2.2200 AC	Land Ar	'ea		County Use	
Stories Baser 2.000000 YES	7.	Type E STANDARD UNIT F	xterior RAME							
				Value Infor	mation					
Land Improvements: Total:		164,600 248,200 412,800	Value As Of 01/01/2010 164,600 248,200 412,800	Phase-in As As Of 07/01/2012 412,800	As Of 07/01/20	013				
Preferential Land	<u>d:</u>	0								
				Transfer Info						
		ELIZABETH IMPROVED			Date: Deed1:	05/17/20 /06017/ 0		Price: Deed2:	\$695,000	
		AN H. & BARBARA IMPROVED	90.000		Date: Deed1:	12/11/19 /02145/		Price: Deed2:	\$275,955	
Seller: Type:					Date: Deed1:			Price: Deed2:		
				Exemption Inf	ormation					
Partial Exempt A County State Municipal	ssessmen	ts			Class 000 000 000		07/01/2012 0.00 0.00 0.00		07/01/2013	
Tax Exempt: Exempt Class:			3000000000					Tax Reca	pture:	
			Homes	tead Applicati	ion Informatio	n				
Homestead Appli	cation Sta	atus:	No Application	n	entel Maral III					

C 1 9267 (THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR	DEN UNCHE	UENCE V USE C		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
ST/CO USE ONLY DATE Received	15	/ELL CO	MPLETE 92	D Depth of Well 22 4 2 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" F
STREET OR RFD	last nam	ie j	1	Dt X 0 first name TOWN	Herri III
SUBDIVISION 2	111		Serv.	SECTION TOWN	LOT 10
WELL L	-	# 10 /		GROUTING RECORD	
Not required for STATE THE KIND OF PENETRATED, THEIR THICKNESS AND IF	FORMAT COLOF	TIONS R, DEPTH		WELL HAS BEEN GROUTED (Circle Appropriate Box). TYPE OF GROUTING MATERIAL	C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FE	ET I TO	Check if water bearing	CEMENT C M BENTONITE CLAY B C	PUMPING RATE (gal. per min. 4
Top Soil	0	2 8	bearing	NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from from ft. to 54 BOTTOM 58 (enter 0 if from surface)	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING
Shaley	15	15		casing CASING RECORD	17 20
brown slate	35			insert appropriate STEEL CONCRETE	WHEN PUMPING 22 25 TYPE OF PUMP USED (for test)
blueslate		40		code below PLASTIC OTHER	A air P piston T turbine
BEJWH SATE	70	50		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O (describe
GRAY Slate"	50	61	,	TYPE (nearest inch) (nearest foot)	J jet S submersible
brown strife	61	75	· ·	5 7 63 64 66 70	27
GRAYSLATE	75	93		C OTHER CASING (if used) diameter depth (feet)	PUMP INSTALLED
brown slate	95	98		inch from to	DRILLER WILL INSTALL PUMP YES NO
GRAYSlate	98	400		A S I I I I I I I I I I I I I I I I I I	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
				screen type SCREEN RECORD or open hole	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. TYPE OF PUMP INSTALLED
				insert appropriate STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
				code below BRONZE HOLE P L O T	CAPACITY: GALLONS PER MINUTE (to pagget gallon) 31 35
		12.5		PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 37 41
		NI A		DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
		22		E 1 H O 3 8 4 0 0 1	CASING HEIGHT (circle appropriate box and enter casing height)
				H 2	LAND SURFACE (nearest
CIRCLE APPROPE A A WELL WAS ABANDO WHEN THIS WELL WA	ONED A	ND SEA	LED	C 23 24 26 30 32 36 E 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAI		, F		SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P WELL CONVER				OF SCREEN (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AND T SENTED HEREIN IS ACCURATE AND	4.04 "WELL CONDITION THAT THE I	L CONSTE NS STATES NFORMATI	UCTION" IN THE ON PRE-	from to GRAVEL PACK L L L L L L L L L L L L L L L L L L L	30' Well
DRILLERS IDENT, NO.	20			FLOWING WELL INSERT F IN BOX 68 68	30' vell
Leine 7.	The	trus	an	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	77
DRILLERS SIGNATURE (MUST MATCH SIGNATURE	ON APP	PLICATIO	N)	T (E.R.O.S.) W Q	[2]
	WEC.			70 72 TELESCOPE LOG OTHER DATA	26
SITE SUPERVISOR (sign. of responsible for sitework if di	ifferent f	rom perr	nittee)	CASING INDICATOR	MD RT. 80

Page	of	20	4-1-	92	8.00			
Date			3		. Re	view		
		HYDROGEOLOG	FIELD DATA		ELD TEST	and and a		1
Maryland	d Well Permit	No. Fr. 88.	1811	Ele	ection Dist	rict		
Location	of Property	(road). M	& Row	te 80				
	sion <u>Iran</u>				Pla	nt	Sec.	-
	iller Easter			Owner (
	Depth of Wel Distance of Static Water	1 400 Measuring Point Level (S.W.L	/ ½ nt (M.P.) .) below M	above gro	ound 2			
I. High	Rate Pumping	reservoir	drawdown					
	ime pump star	The same of the sa	numning wa	Pumping		6.PA	, D	

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
830	78	15 sec		4
8.45	75	15	Pump 300'	4
9:00	75	15		10-290-2
7.15	78	15		4
7.30	75	15		4
7.45	74	15	Trailer	4
10.00	74	15		4
10 12	74	15		4
/0130	78	/ j *		ay
157115	75	75		4

15

4

11,00

11,15

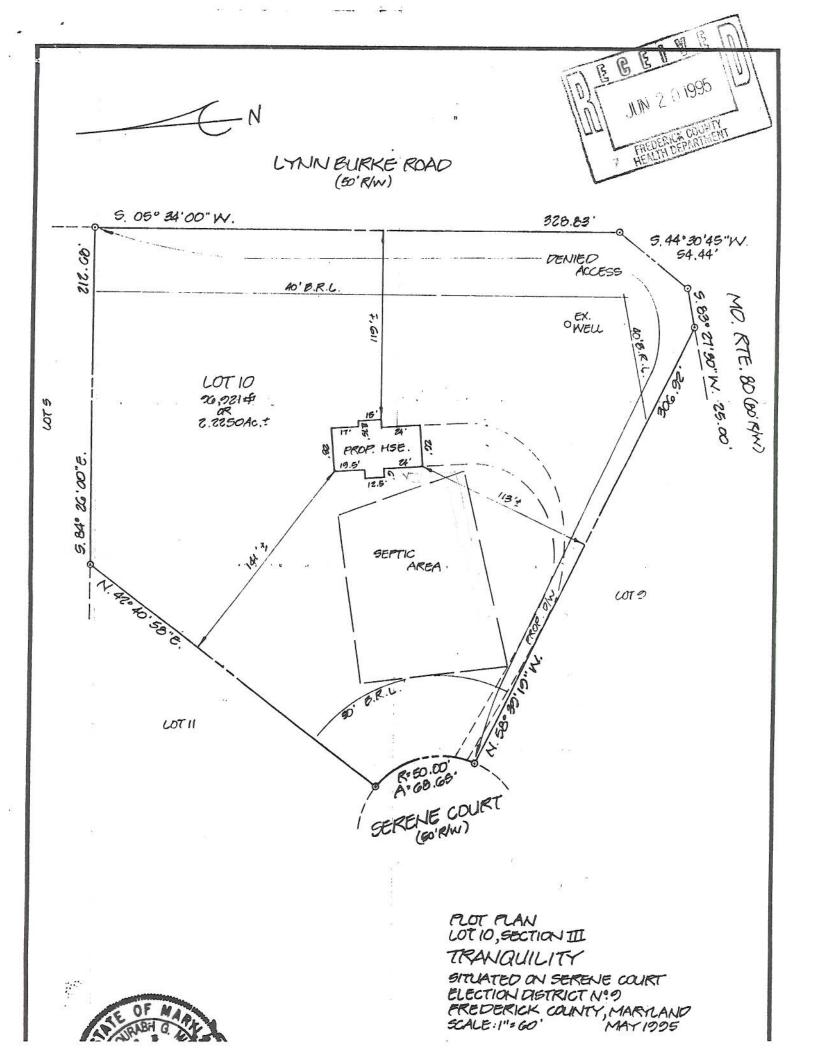
11:30

75

75

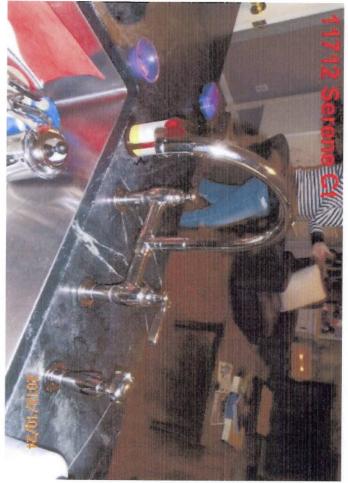
78

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

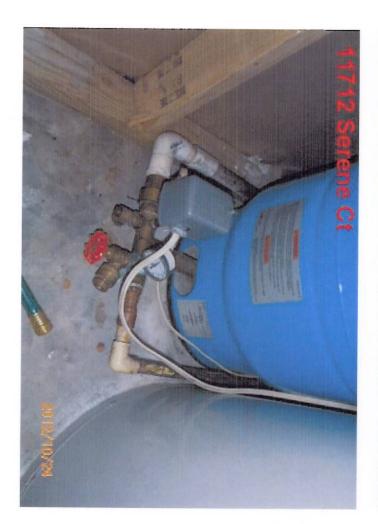


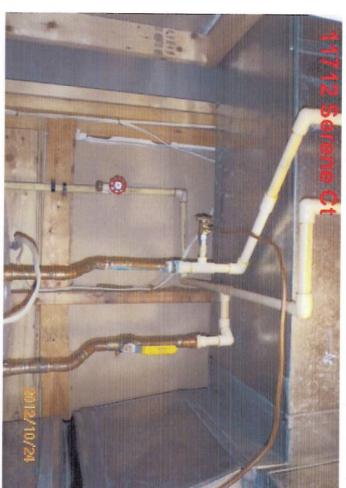










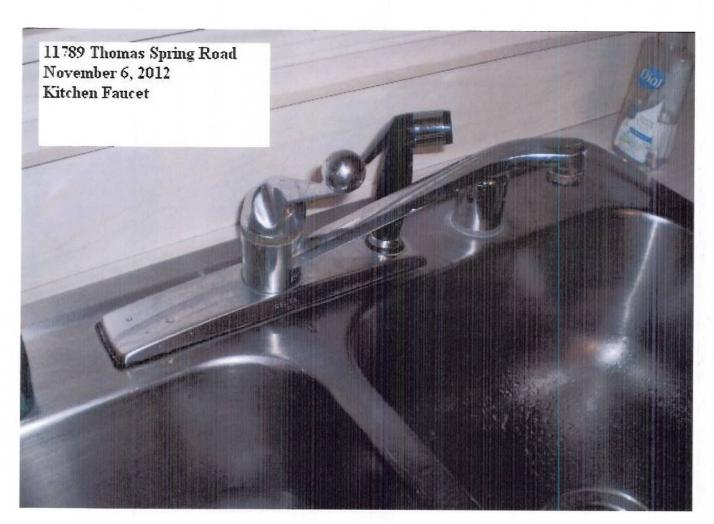


FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

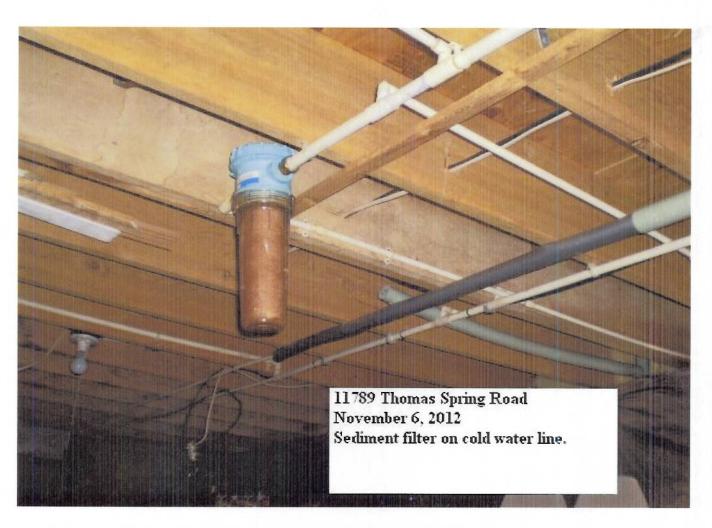
Sampling Appoint	tment Setup	2000 0000000000000000000000000000000000								
Property Address		11780	Thoma	og Opr	ing Pd	<u>.</u> .				
Property Owner		John & Mary Malone								
Date owner called	to set appointment	10/20								
Name of person ca	Illing to set appointment	many malone								
Date and time of sa	ampling appointment	11/6/12 6:00 am								
Phone number to o	all in case of changes	301	-471-34	106						
As Complian Ann										
At Sampling Appo	in bala									
Arrival time	6:00om	-								
Departure Time	6:50 am	-								
2 oparters Times	0 0	- ,								
FCHD Staff	Bryon Gam	pton_								
CGS Staff	Matt Emery	-								
Property Owner	John Maldh	C					-			
Other (affiliation)										
Sample Locations	and IDs									
Sample Locations	and ibs			Che	ck to indicate samp	ole collection			Enterreading	
Sample Type	Sample ID	Location	Sample Time	Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	11794 Theiras Spring-	Kitchen Sink	6.05			Oli Oli dili	./	6.64	18.5°C	178
Flushed*	11789 Thomas Spring	Caracie	10.45	1/	1	1/	1	7.03	1300	170.8
Duplicate	Trooter .	1100000110	-0 .0					17-2	1,7,3	1.10.4.3
First Draw Sample	8									
Any water use in la	st 6 hours?		No							
	e (e.g. how long, from which tap/to	oilet)								
Flushed Sample - 0	Circle One	<i>*</i>							AVI SOLUTION TO SO	
Prior to sample coll	ection, purge plumbing system fo				ioing drain in the re	esidence. Purge	an add	litional galon of	water from	
	e collection spigot into dain or bu erence for this sample collection is		ng sample bottle	es						
1. A spigot prior to	the pressure tank and any water t	reatment.								
2. A spigot afterthe	pressure tank, but prior to any w	ater treatment.								
3 A bathtub faucet	or other higher velocity spigot (e.	g. a wash sink	in baæment/laur	ndry room) after	the pressure tank	and any water t	reatmer	nt.		
If 4 or 2 has the or	that the conference is not the conference in the conference	-141	10							
ii i or z, nas the pr	operty owner confirmed that the s	pigot is operati	onal?							
Purge time begin	625		Additional galbri	purged from s	elected sample coll	lection spigat?		UCO_	_	
Purge time end	6:40	2: <u>2</u> ;						1		
Dissolved Analysis	Samples									
Samples filtered?	n loc									
First Draw	<u> 400</u>	•								
Flushed	-4co	75				20				
Provide notes on or	ion alibration induding standards use	d and meulte of	calibration							
pH	and and an analysis and an ana	a arra rosano o	Campratori							
ORP									***************************************	
Signatures										
	nowledge, the above information	is accurate.			1					
FCHD	Barra Crom	200		Bu	na (lam	nton	5	nt 1.1	10	
Name	- Uldu Anim	Mac	Signature	- recyc	or very	unr	Date	-4101	16-	
200	-1			111	//					
CGS Name	. Matt FMAN	,	Signature	7 144	-	7	Date	11/6/13	(
	F			7	1//			45 0000		
The state of the s	ove listed individuals were at my p	property to colle	ct water sample:	s and that I obs	erved the samples	collected from t	ne locat	ons noted abov	e.	
Property Owner	JOHN MA	-LOW	Signature	O.L.	- mil.	ne.	Date	11/	06/17	
Name		- 1- 1	Signature			1000	Date	- / / 3	7 1 60	· 3

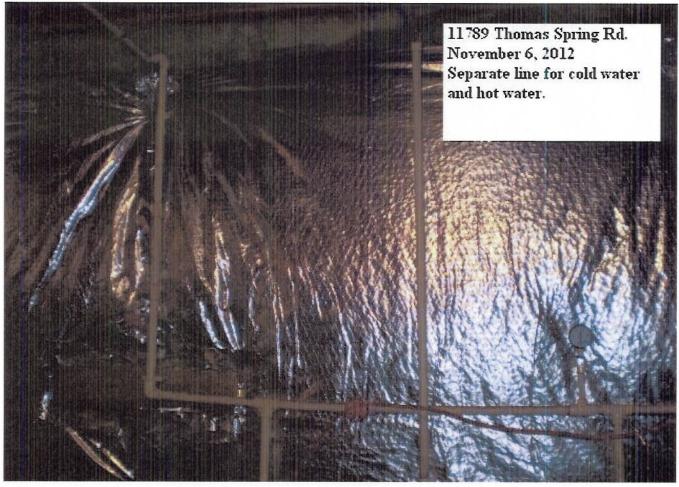
Sampling Appointment Setup	
Property Address	11789 Thomas Spring Re
Property Owner	John & Mary Malone
Date owner called to set appointment	10/25/12
Name of person calling to set appointment	Mary
Date and time of sampling appointment	10/30/12 430 pm tuesda
	John 301471 3456 Mary 301 606 20
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through interview with the
property owner, or both. Committaliswers as necessary at the property.	
How many wells do you have supplying your house?	/
What is the well tag number(s)?	FR 81 2878
Age of the well	03-03-86
Casing depth of the well	93 ft
Total depth of the well	loofeet
Well driller	Easterday
Well completion report available? (attach copy if yes)	yes attached
When was your well pump last replaced?	about 3 years gan
	, ,
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes no
Do you have any taste and/or odor problems with your water?	yes
	Sometimes
How old is your house?	1986
Has the plumbing ever been remodeled/replaced?	yes no
If yes, when?	-
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	delta
What material is the faucet made of?	Stainless Steel
Do you know how old the faucet is?	1986
Do you have a pressure tank?	yes no
If yes, where is it located?	Sears/Kenimore bosement
What is the size or model/maker of your pressure tank?	Flo Tech FP7120-08, 82 gal.
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes no
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	yes
If yes, what kind?	Soffner
Where are the treatment devices located?	basement

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?		
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	ves garage	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	Spring 20	12
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results (e.g.	. installed a treatment device)?	
	yes	no
Other comments.		
<u>Signatures</u> To the best of my knowledge, the above information is accurate.		
FCHD O A		7
Name Bryon Crampton Signature Byyan Clam	plot Date 11/6	12
7	/	
Property Owner) · · · · 0	
Name JOHN MALONE Signature	Mular Date 11	10/12
May we take pictures of your plumbing and faucets? initial		
May we take pictures of your plumbing and faucets? initial	/ ves /	no









LIBER ON	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER
DATE WELL COMPLETED TO SERVICE TO	Depth of Well 22 0 0 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" F R - 8 1 - 2 8 7 8 28 29 30 31 32 33 34 35 36 37
SEXTON CONTRA	first name	C. AIRY,
ORRED TRANCETTITY	SECTION II	LOT 10
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed). FROM TO if we bear to be a sheet shee	NO. OF BAGS NO. OF ROUNDS 35 46 A6 NO. OF BOUNDS 35 46 NO. OF BOUN	PUMPING RATE (gal. per min. 3 0 11 15 to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucht WATER LEVEL (distance from land surface) BEFORE PUMPING 2 0 17 20
brown slate 40 50 CA blue slate 50 70	code below PLASTIC OTHER	WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 C contributed P rotate O other
brown slate 7080 / blue slate 80100 /	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) 60 61 63 64 66 70 E OTHER CASING (if used)	C centrifugal R rotary (describe below) J jet S submersible
THE WAY OF	diameter depth (feet) H from to	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH 137 41 PASING HEIGHT (circle appropriate box
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL	N 38 39 41 45 4/ 51	and enter casing height) LAND SURFACE LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCT ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCT AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN ABOVE CAPTIONED PERMIT, AND THAT THE INFORMA PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE OF MY KNOWLEDGE. DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION SITE SUPERVISOR (sign. of driller or journeym responsible for sitework if different from permit	GRAVEL PACK TOM TO THE HOLD TO THE TOTAL TO THE HOLD TO THE TOTAL TO THE HOLD TO THE TOTAL TO THE TOTAL TO THE HOLD TO THE TOTAL TO THE	Thomas Soring RA

Maryland Department of Assessments and Taxation Real Property Data Search (vw6.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

				8784	Ow	ner Inform	ation						
Mailing Address: 1		11789 T	MALONE JOHN J & MARY K 11789 THOMAS SPRING ROAI MONRO VIA MD 21770			Use: Principal Residence: Deed Reference:					RESIDENTIAL YES 1) /01352/ 00831 2)		
			***************************************	Lo	cation &	Structure	Informatio	n					
11789 TF	es Address HOMAS SPI VIA 21770-		D		20.1	L 10 S 2 1.395 AC	Pescription PL 3 THOS SPN S SPRING	1G	-				
Map 0097	<u>Grid</u> 0006	<u>Parc</u> 0172	el Sub Distr	ict Subdivis	ion	Section 2	Block	L 10	ot)	Assessmen 1	nt Area	Plat No: Plat Ref:	19 3
Special	Tax Areas			Town Ad Valorem Tax Class		NONE 251			8				
Primary 1986	Structure	Built		Enclosed Ar 2,138 SF	ea_		Property 1.3900 AC		Area		<u>C</u>	County Use	
<u>Stories</u> 2.000000	Basem YES	<u>ent</u>	Type STANDARD UNI	Exterior T FRAME									
					Va	lue Informa	tion						
Total:	ements:		154,600 173,500 328,100	Value As Of 01/01/2010 154,600 173,500 328,100	As O	1/2012	As Of 07/01/20	013					
					Tran	sfer Inform	ation						-
Seller: Type:			MAN & BARBARA I IMPROVED	Α			Date: Deed1:	07/28/ /01352	1986 2/ 00831		Price: Deed2:	\$128,000	
Seller: Type:							Date: Deed1:				Price: Deed2:		
Seller: Type:							Date: Deed1:				Price: Deed2:		
					Exem	ption Inforr	nation					And Delivery	
Partial I County State Municip	Exempt As	sessme	nts			00 00 00	00		07/ 0.0 0.0 0.0	0		07/01/2013	
Tax Exe Exempt										Special Ta N	x Recapt	ture:	
				Hon	estead .	Application	Informatio	n					

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	ment Setup		v ·	1/ 0	1	0	. (1				
Property Address		KITK & Anotte Rossell									
Property Owner		1897 barley Cy									
Date owner called t	to set appointment	A coette O accell									
Name of person ca	lling to set appointment										
Date and time of sa	ampling appointment		11/13/1	01-5	25 21	24	_				
Phone number to c	all in case of changes			301-5	775-31	27					
At Sampling Appo	ointment 112117										
Date	1115116	2									
Arrival time	4150										
Departure Time FCHD Staff	ni i - cuandi i s La										
CGS Staff	ALC	4 50	1200	0							
	Any	2140	000	Sa []		37.					
Property Owner Other (affiliation)	N	The	10 0 2	2011							
		<i>F</i> 1									
Sample Locations	and IDs			Che	eck to indicate sample	e collection			Enter reading		
	2		County Toro	Total Lead /	Dissolved Lead /	Hexavalent	V00-	-11	T	ODD	
Sample Type	Sample ID O((CU)	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	6 GU	Temperature	ORP	
First Draw	11894 Bourley Flush	Kitchen Sink	(1.20	~	×	8	N	701	15 69	166.6	
Flushed*	11894Barley Flushe	laundry	5.50	- 10	X	×	^	1.01	13-00	100.0	
Duplicate		,									
First Draw Sample			no								
Any water use in la	st 6 nours? e (e.g. how long, from which tap/to	ilet)									
5 0	A 5 (5)	met)									
the selected sample	<u>Circle One</u> lection, purge plumbing system for e collection spigot into drain or bu erence for this sample collection is	cket prior to filli			tioing drain in the æs	sidenæ. Purge	an add	ditional galon of	water from		
	the pressure tank and any water t										
	pressure tank, but prior to any w										
U	or other higher velocity spigot (e.		in basement/laur	ndry room) afte	r the pressure tank a	ind any water f	treatme	nt.			
	operty owner confirmed that the s				•	-					
Purge time begin	SINC		Additional galler	nurged from t	selected sample colle	ation migat?					
Purge time begin	5:20		Additional galbr	i purged irom s	sereded sample whe	cuon spigot?			-		
Dissolved Analysis Samples filtered?	Samples										
First Draw	MPS										
Flushed	465	•									
Equipment Calibrat	tion alibration induding standards use	d and results of	f calibration								
pH										1000	
ORP											
Signatures To the best of my k	knowledge, the above information	is accurate.									
FCHD	Λι			Λ -	1	1		1	1		
Name	etticio Eu arag	jel sto	 Signature 	A FNO	nguis	la	Date	<u> 11/13</u> 1	12	-	
CGS	M	J		1	10/			111-1	~		
CGS Nami	1 att Ener	À	Signature	9/101	1/		Date	. ///3//	2		
	4	/		10	and the ameles	collected from	the loc	tions noted sha	110	-	
	ove listed individuals were at my p		u water sample	A I A	serveriume sampres d	oneded from	u le loca	inoris rioled abo			
Property Owner Name	Streetle The	isch	Signature	(V_{\perp})	sse		Date	. 11	13/201	1	
				V					55.00		

Sampling Appointment Setup	
Property Address	11894 Boden Ct.
Property Owner	Kirk Russell & Anate Russell
Date owner called to set appointment	11812
Name of person calling to set appointment	Annate Russell
Date and time of sampling appointment	11/13/12 5:00 cm
	C.301-775-3134
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR-73-5173
Age of the well	1977
Casing depth of the well	. 21'
Total depth of the well	105'
Well driller	Easterday
Well completion report available? (attach copy if yes)	yes (attached)
When was your well pump last replaced?	
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes no
Do you have any taste and/or odor problems with your water? SIMC+imes but hard to descr. be	no yes no
terrings of the state of the st	late 70 - early 80'S
How old is your house? NOUCO IN 1996 Has the plumbing ever been remodeled/replaced?	
If yes, when?	Mine Control Thothe and faucette
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	Moen
What material is the faucet made of?	110 011
Do you know how old the faucet is?	Since after 1996
Do you have a pressure tank?	ves no
If yes, where is it located?	laundry room
What is the size or model/maker of your pressure tank?	Topologia de la companya de la compa
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	(yes) kitcher no
If yes, what kind?	point of use sediment tains
Where are the treatment devices located?	for whole house - not charact
11 50	metime
Dole drink boyled water	not normally
10f3 dola drink bottled water "	5 A a at 1 a 25 1 at 10/11/2012
2 2095 -	Somerines boilted

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?	laundry ROOM	
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	yes	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection? \ast few hanths	Jenkins testing	9 Alliour CR
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results	(e.g. installed a treatment device)?	
	yes	no
Other comments.		
<u>Signatures</u> To the best of my knowledge, the above information is accurate.		
FCHD	1:	
Name Alicia Evangelista Signature Alwia Eva	rngulsta Date 11/13/1	2
Property Owner Name Signature Annette	WSSELL Date	13(2012
May we take pictures of your plumbing and faucets? initial	yes /	no

AFTER WELL COMPLET WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 FILL IN THIS FORM COMPLETELY COUNTY WELL COMPLETION REPORT DEPTH OF WELL PERMIT NO. FROM "PERMIT TO DRILL WELL" 100 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37 517 DRILLERS IDENTIFICATION NO. FIRST NAME LAST NAME POST OFFICE STREET OR RFD-WELL DESCRIPTION WELL LOG GROUTING RECORD STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) (SEO. NO.) N PUMPING TEST 44 DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) TYPE OF GROUTING MATERIAL (CIRCLE FEET BOX) FROM C M BC 45 46 NO. OF BAGS NO. OF POUNDS # GALLONS PER MINUTE TO NEAREST GALLON GALLONS OF DEPTH OF GROUT SEAL (TO NEAREST FOOT) WATER LEVEL: (DISTANCE FROM LAND SURFACE) 48 52 (ENTER 0 IF FROM SURFACE) CASING CASING RECORD INSERT ST co TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX. APPROPRIATE CODE BELOW T TURBINE PL OT 27 PLASTI OTHER OTHER (DESCRIBE C R ROTARY 0 BELOW) MAIN NOMINAL DIAMETER 2.7 TOTAL DEPTH CASING TOP (MAIN) CASING OF MAIN CASING (NEAREST FOOT) Freen Valley Let 21, Black TYPE S SUBMERSIBLE 27 64 66 PUMP INSTALLED OTHER CASING (IF USED) TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DEPTH (FEET) ORILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) SCREEN RECORD SCREEN TYPE OR OPEN HOLE 35 ST BR H O INSERT PUMP HORSE POWER APPROPRIATE 41 37 BRASS OPEN HOLE CODE PUMP COLUMN LENGTH (NEAREST FOOT) BELOW 47 PL OT CASING HEIGHT (CIRCLE APPROPRIATE BOX OTHER AND ENTER CASING HEIGHT) 2 (SEQ. NO. DEPTH (NEAREST WHOLE FOOT) 49 FROM EACH LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES SHOW PERMANENT SURBEZ (MEASUREMENTS TO WELL). CIRCLE APPROPRIATE BOXES 24 23 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED SLOTSIZE 1. P TEST WELL CONVERTED TO PRODUCTION WELL (NEAREST INCH) DIAMETER OF SCREEN I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. GRAVEL PACK IF WELL DRILLED WAS A 68 F FLOWING WELL CIRCLE BOX DRILLERS NAME WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (20000 (E.R.O.S.) WQ 72 TELESCOPE CASING LOG SIGNATURE を記さ

FREDERICK COUNTY HEALTH DEPARTMENT

Permit No. 11-2255	
L' Easterday	
of any mod.	
c or ion / Lot No. 3/	
shment Other	

Frederick County Approval Certificate For Well Installation
owner of Property Whadridge Inc. Driller Inch Easterday. Street or R.F.D. 1 D Summit Go Street or R.F.D.
owner of Ref.D. 7 D Summit Gre Street or R.F.D.
post Office Stuckerstung md. 20160 Post Office my md.
Location of property
If Subdivision: Name Anem Valley Section Lot No. 2/
Well to furnish water to: House Commercial establishment Other
Lot Size: Width (front) Depth (l. side) Area of lot sq.ft. (rear) (r. side) acres
This application is made with the understanding that the well will be drilled only at the place designated by the Health Department and as shown in the sketch below. A completion certificate of this well must be filed by the driller, at the Health Department, within fifteen (15) days after completion of drilling. All well drilling operations will be carried out in accordance with regulations of the State Department of Health. Drilling at any other location, other than shown on sketch, VOIDS this
Date Greguet 22,1977 Signature of Applicant Owner Contractor Well Driller Agent
TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION
NOTE : WELL TO BE LOCATED INC FT. FILCH
SEPTIC SEEPICE AREN' OF ALL
ADTUNIAL FROMERIES
16 xc & W ALSO : ENGINES NOT TO SCALE.

- WELL AREA IS AT LUCATION SIKEWA CN RECOKD FLAT.

NOTICE - READ CAREFULLY

The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the Frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applican is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property.

The property described above has been inspected and the well site Date of approval

Sanitarian

Sampling Appointment Setup	2:7
Property Address	3740 Blueberry Ct. Henravia
Property Owner	Roy J & Christine Miller
Date owner called to set appointment	10/18/2017
Name of person calling to set appointment	Christine Miller
Date and time of sampling appointment	10/24/12
Can be filled out by FCHD staff prior to or during the sampling appointment. Ca property owner, or both. Confirm answers as necessary at the property.	an be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	/
What is the well tag number(s)?	N unknown - missing fromw
Age of the well	1972 7/6/19782
Casing depth of the well	20'
Total depth of the well	240'
Well driller	Easterdau
Well completion report available? (attach copy if yes)	Yes-attached
When was your well pump last replaced?	9/22/2007
Do you have any concerns with the amount of water your well provides?	yes no
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes no
How old is your house?	30 VC3
Has the plumbing ever been remodeled/replaced?	yes (no
If yes, when?	,,,
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	Moen
What material is the faucet made of?	2
Do you know how old the faucet is?	10 VES ?
Do you have a pressure tank?	yes no
If yes, where is it located?	basement
Ahat is the size or model/maker of your pressure tank?	Utilitech
Do you have a water sediment filter?	(yes) no
Do you have U.V. light?	yes no
Do you have a carbon filtration water system?	yeś (no
Do you have any other treatment devices on your water system?	yes no
If yes, what kind?	acid neutralizes
Where are the treatment devices located?	hasement

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?	front of ton	k
is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	yes	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	10/18/12	
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results (e.g. in	nstalled a treatment device)	?
	yes	no
Signatures To the best of my knowledge, the above information is accurate.		
Name Bryan Crampton Signature Buyan Campton	Datei0	24/12
Property Owner Name Christine Miller Signature Chesist Mil	the Date 1	1/23/12
May we take pictures of your plumbing and faucets? initial	ves	no

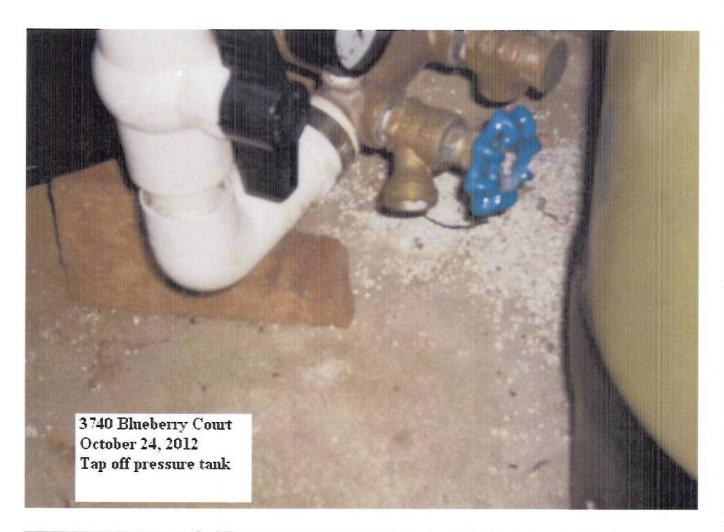
FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

First Draw Sample Any water use in last 6 hours? If yes, describe use (e.g. how long, from which tap/foliet) Flushed Sample -Circle One Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into fundioing drain in the residence. Purge an additional galon of water from the selected sample collection spigot into drain or bucket prior to filling sample bottles. The order of preference for this sample collection is as follows: 1. A spigot after the pressure tank and any water treatment. 2) A spigot after the pressure tank but prior to any water treatment. 3. A bathfub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundy room) after the pressure tank and any water treatment. If 1 or 2, has the property owner confirmed that the spigot is operational? Purge time begin 3. Additional galbn purged from selected sample collection spigot? Purge time begin 3. Additional galbn purged from selected sample collection spigot? First Draw Flushed 4. C. Cand G. Worked Confident ORP Signatures To the best of my knowledge, the above information is accurate.	Sampling Appoint	ment Setup	OTILIA	01 1	. 0						
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Name Bryan Crampton Signature Byan Clampton Date 10/24/12 CGS Name Lara Bonnett Signature May 34 Date 10/24/12		nowledge, the above information is	s accurate.								
cas Name Lara Bonnett Signature Jan 34 Date 10/24/17	FCHD	_ ^			0	1 -				X	
Name Lara Bonne Signature Jan Date 10/24/17	Name	Bryan Crami	pton	Signature	Buj	in Gam	yptor	Date	10/24	112	-
I certify that the above listed individuals were at my property to collect water samples and that I observed the samples collected from the locations noted above.	CGS Name	Lara Bonn	ett	Signature	190		31	Date	10/2	4/12	
	I certify that the abo	ove listed individuals were at my p	roperty to colle	ct water sample:	and that I obs	erved the samples	collected from t	he locat	ions noted abo	ve.	
Property Owner Name Christ J Trusc Signature Date 10/24/12	(i) (i)	Christ In	n_	Signature				Date	10 24	12	

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling. HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS Owner of Property from Const. (a Driller & Address Min Exact location of property where well was drilled If Subdivision: Name Licentally Block No. 1 Lot No. 35 ermit No. FR-7X-07/7 (This is the number issued by the Department onstruction and performance characteristics of well ?) Ground water encountered at _____ ft. 3) At what depth was first vein of water encountered 40 ft. Cased off: Yes___ No___) Total depth of well 240 ft. Standing water level in well below ground surface when not pumping _____ ft. Casing: Diameter of casing / Length of metal casing 20

Are casing joints water tight? Yes No How were these joints sealed by welding by treaded sleeve — Finished casing terminates 2 ft. above ground level 5 ft. below ground Well cement grouted: Yes No To what depth / ft.

(if answer to No. 6 is NO an acceptable explanation in detail is necessary _____ Yield of well: 3 gal. per min. No. of hours pump operated at this rate during test hours minutes. Log of materials encountered during drilling reby certify that the above information concerning this well is true and correct. .3740 Blueberry Ct. Dept. of Geology, Mines and Water Resources License No. 42





Maryland Department of Assessments and Taxation Real Property Data Search (w2.2A) FREDERICK COUNTY Go Back
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New Search
GroundRent Redemption
GroundRent
Registration

Accor	ınt	Iden	tifier:

Homestead Application Status:

100 100	Accoun	nt Identi	<u>fier:</u>		District - 09 A	ccount Num	ber - 25280	0				
						Owner Inf	ormation					
			<u>s:</u>	3740 BLU	EBERRY CT.	BERRY CT.			Principal Residence:			
According Acco					Loca	ation & Struc	ture Informati	on				
100 100	3740 BL	UEBERRY	CT			L 3 E/S	5 B F S .81 A BLUEBERRY	C Y COURT				
Pacial Tax Areas	<u>Мар</u> 0098		Parties AV ed to	l Sub Distric	200.00.00.00.00.00.00.00.00.00.00.00.00.			- C.	77	nent Area		8 174
	Special	l Tax Are	<u>as</u>	Δ	d Valorem		ΙΈ					
Name	Primar 1972	ry Struct	ure Bui	<u>lt</u>		rea_			rea	C	ounty Use	
Note	Stories 2.000000	16. St	<u>ement</u>		State of the state							
As Of O7/01/2013 O7/01/2013 O7/01/2013 and 138,800 139,900 139,900 278,700						Value Info	ormation					
Transfer Information Price: S87,500 Price: Price		ements:		138,800 139,900	As Of 01/01/2010 138,800 139,900	As Of 07/01/2012	As Of	_				
HOLD, WILLIAM E & JUDITH A Pate: 11/01/1982 Price: \$87,500		ential La	nd:		270,700	270,700						
None						Transfer In	formation					
type: Deed1: Deed2: eller: Deed1: Price: type: Deed1: Deed2: Deed2:	Seller: Type:									0.000	\$87,500	
Deed1: Deed2:	Seller: Type:	9					55555555555555					
Class 07/01/2012 07/01/2013 Ounty 000 0.00 tate 000 0.00 Iunicipal 000 0.00 ax Exempt: Special Tax Recapture: xempt Class: NONE	Seller: Type:						San San San San San					
county 000 0.00 tate 000 0.00 Iunicipal 000 0.00 ax Exempt: Special Tax Recapture: xempt Class: NONE						Exemption I	nformation			2000		
NONE NONE	County State	Ľ	Assessn	nents			000		0.00 0.00	2	07/01/2013	
Homestead Application Information									Special	O	ture:	
					Home	estead Applica	tion Informat	ion				

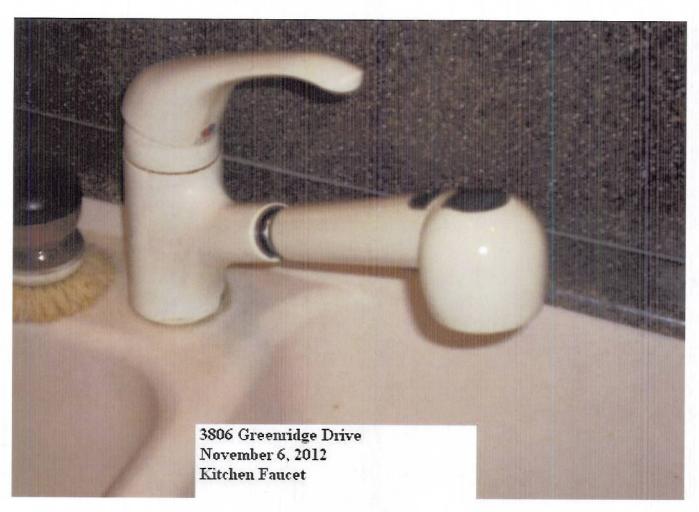
Approved 01/12/2011

Sampling Appoint	tment Setup	2011	C	Dida-	D-						
Property Address		(Rode	ALL LANCE	rooge	VI.						-
Property Owner	to set appointment	10/26	CH KIN	à č							-
	to set appointment alling to set appointment	Bodo	eu Kinc	\							20
	ampling appointment	11/6/1	2 5:00	Sam							
	call in case of changes	301-5	14-845	3							-
	.										-:
At Sampling Appo	ointment										
Arrival time	5:00 000	-									
Departure Time	5.40 am										
	0	- 1									
FCHD Staff	inition Game	OTTON	-								-0
CGS Staff	High Ernery										-
Property Owner	maney rung										7
Other (affiliation)						22-11-11					37
Sample Locations	s and IDs										-
	1	1		Total Lead /	ck to indicate sampl Dissolved Lead /	e collection Hexavalent	\vdash		Enter reading	2000	1
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pH	Temperature	ORP	-
First Draw	2806 Fran Kicke 16	Kitchen Sink	5:05	1	V	/	1	6.52	23.300	238	1
Flushed*	1806 Gran Kidy FIVE	Mip Sink	5:35	-V		V	\vee	افافا	18.7°C	246	1
Duplicate		1							٠		1
First Draw Sample	Contact seed		NC-								
Any water use in la			_No_								
If yes, describe use	e (e.g. how long, from which tap/t	oilet)									-
the selected sample	Cirde One lection, purge plumbing system fo le callection spigot into diain or b erence for this sample callection i	icket prior to fill			tioing drain in the les	sidence, Purge	an addi	tional galon of	water from		
	the pressure tank and any water										
2. A spigot afterthe	e pressure tank, but prior to any v	vater treatment.									
3. A bathtub faucet	t or other higher velocity spigot (e	.g. a wash sink	in basement/lau	indry room) after	the pressure tank a	nd any water t	treatmen	mop	oink in	laundn	4 roc
If 1 or 2, has the pr	roperty owner confirmed that the	spigot is operati	ional?						3 -1		-
Purge time begin	5:15am		Additional galb	n purged from s	elected sample colle	ction spigot?		VCO			
Purge time end	5:30 am	_									
Dissolved Analysis Samples filtered?	Samples										
First Draw	1100										
Flushed	uco	-									
Equipment Calibrat			f nalla			22.0					
	alibration induding standards use	ed and results o	calibration								
pH ORP											n d
ONE	(- 50
Signatures											
	knowledge, the above information	is accurate.		0	1						
FCHD	Bron Cram	radio	121 1	Bur	m / Image	the		11/10/1	7		
Nami	· equitaling	21016	Signature	· Vuju	n cang		Date	140/1		:	
CGS				// /	1/2			T.			
Name	· Mat En	1/1/	Signature	1111			Date	11/6/15	2		
		property to "		Same to se	anind the monter	ollariari from	he locat	one nated at a			
Property Owner	ove listed individuals were at my	property to colle	ec water sample	s and that i obs	erved the samples o	olleaea from t	rie iocati	oris noted abo	ve.		
Name	· Lodney &1	~ 4	Signature	. Kod	new K	in	Date	11/6	112		
, talli	1				7	7					
2 -62	U)			()	J				10/11/2011	

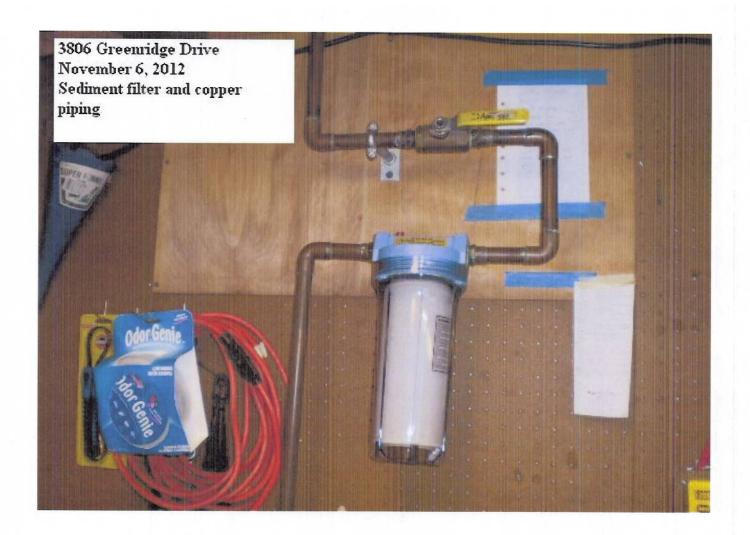
3 of 3

Sampling Appointment Setup	man la Dil Da
Property Address	3806 Green Kidge Dr.
Property Owner	Rodney King
Date owner called to set appointment	10/26/12 301514 8453
Name of person calling to set appointment	<u>Kodney</u> office 3019756987
Date and time of sampling appointment	11/6/12 500 Am Tuesday
	9
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR 73 2176
Age of the well	4-15-75
Casing depth of the well	20 feet
Total depth of the well	105 feet
Well driller	Easterolag
Well completion report available? (attach copy if yes)	yes attached
When was your well pump last replaced?	about 7 years
	,
Do you have any concerns with the amount of water your well provides?	yes no
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes no clon't drink
	water
How old is your house?	1976
Has the plumbing ever been remodeled/replaced?	(yes) portions no
If yes, when?	over the years
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	moen
What material is the faucet made of?	both metal/plaste
Do you know how old the faucet is?	2007
Do you have a pressure tank?	yes
If yes, where is it located?	basement-New last year
What is the size or model/maker of your pressure tank?	Utilitech LPT52
Do you have a water sediment filter?	yes no
Do you have U.V. light?	yes no
Do you have a carbon filtration water system?	yes
Do you have any other treatment devices on your water system?	yes no
If yes, what kind?	neutralizer hasement
Where are the treatment devices located?	basement

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?		
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	(yes) haseme	nt no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	abou	+ month
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results (e.g.	installed a treatment device)?	
	yes	no
Other comments.		
<u>Signatures</u> To the best of my knowledge, the above information is accurate.		
FCHD 2 A 1	/	
Name Brigh Compton Signature Dun Com	007 Date 11/16	112
		1
Property Owner .	1	1
Name Lodney King Signature Kouling K-	Date	0/12
May we take pictures of your plumbing and faucets? initial	(ves)	no







FREDERICK COUNTY DEPARTMENT OF HEALTH

12 East Church Street Winchester Hall

Frederick, Maryland

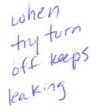
o be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

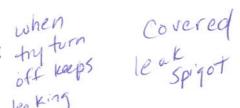
HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS

Date april 15-1975	_
Owner of Property Owing Coust. Inc. Driller & Flasheday	_
address 91 Semintail. Talkenbury Address not dies Mil.	
Exact location of property where well was drilled than Valley Section F- lot 7	
of pt.80	
If Subdivision: Name Lana Walla, Block No. 7 Lot No. 7	_

Sampling Appoint	ment Setup	2027	3 Commis	oxidae	Do					
Property Address		Double	Schlassi	nace	. אר.		1		7	
Property Owner Date owner called t	to act appointment	HILIIA	in all	riger						-40
	lling to set appointment	Poul	Schless	Singer						
	ampling appointment	12/11/1	2 7:00	amy						-
	all in case of changes	240-3	308-29	25						,
									alis	
At Sampling Appo	intment									
Date	121112									
Arrival time	6:50 am									
Departure Time	1.30 am	1								
FCHD Staff	Bryon Crame	oton								
CGS Staff	Lara Bennett									
Property Owner	Hou Schlessin	roer								
Other (affiliation)	(authorized authorized authorize	0								
Sample Locations	and IDs			Che	eck to indicate samp	ole collection	-		Enter reading	
				Total Lead /	Dissolved Lead /	Hexavalent				000
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	7.03	Temperature	ORP
First Draw Flushed*	2222 Greenriche Elich	Kitchen Sink	1010	1	/	/	1	6.91	16.0°C	2110
Duplicate	DO-P CICCIA CAL-FIGHE		1-00	V	-	-	V	0.1	16.00	210
In the second second second second		L> tap	off pros	evic tor	K					
First Draw Sample	et 6 hours?		Na							
Any water use in la	e (e.g. how long, from which tap/to	ilot)	110	-						
		iiet)								
	orae One ection, purge plumbing system for ecallection spigot into diain or bud				tioing drain in the Æ	sidenæ. Purge	an add	ditional galon of	water from	
	erence for this sample collection is									
	the pressure tank and any water tr									
	e pressure tank, but pilor to any wa or other higher velocity spigot (e.ç			ndry room) afte	r the pressure tank	and any water	treatme	nt.		
If 1 or 2, has the pro	operty owner confirmed that the sp	oigot is operat	ional?						ucs f	ourct look
Diseas time havin	7.17		Additional calls	a accessed from a	sladed sample call	action spicatO		1100	-1 3	
Purge time begin Purge time end	7.32		Additional galbr	1 purged from s	elected sample coll	ection spigot?		400	-	
Dissolved Analysis	Samples									
Samples filtered?										
First Draw	400									
Flushed	<u> 400</u>									
Provide notes on ca	<u>ion</u> alibration induding standards used	d and results o	f calibration							
pH										
ORP										
Signatures To the best of my ki	nowledge, the above information i	s accurate								
FCHD	anomougo, are apore mornacom	o accurate.		2	1	,				
Name	Bruan Cram	pton	Signature	Levi	an Clan	relot	Date	12/1/1	2	
0.5500.5		1		7		1		- 11	Was	
CGS	LOSA R.	ennet	+	10	/ _	>°	11	10%	112	
Name	Laid De	en n e i	Signature	Ja	ME		Date	10/1	112	
I certify that the abo	ove listed individuals were at my p	roperty to colle	ect water sample	s and that t obs	erved the samples	collected from	the loca	tions noted abov	e.	
Property Owner	.7			1/	1/1	1 1		; 7	1 - 1	2
Name	Pan / Schi	1255117	Signature	Yan	XJohl.	10 mm	✓ Date	14-	1-10	

Sampling Appointment Setup	
Property Address	3833 Greenridge Dr
Property Owner	Paul Schlessinger
Date owner called to set appointment	11/16/12
Name of person calling to set appointment	Paul 240 308 2925
Date and time of sampling appointment	11/24/12 7004m Saturday
12	12/1/12 700 Am
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	Í
What is the well tag number(s)?	FR 73 0081
Age of the well	Sept 29 1972
Casing depth of the well	20'
Total depth of the well	300'
Well driller	Easterday
Well completion report available? (attach copy if yes)	
When was your well pump last replaced?	older 2005 house
Do you have any concerns with the amount of water your well provides? Has your well ever run dry? Do you have any taste and/or odor problems with your water?	yes no bought house yes no yes
How old is your house?	1972
Has the plumbing ever been remodeled/replaced?	yes no
If yes, when?	prior to 2005
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	
What material is the faucet made of?	(1) (1) 2006
Do you know how old the faucet is?	older than 2005
Do you have a pressure tank?	has leak basement
If yes, where is it located?	
What is the size or model/maker of your pressure tank?	
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	Ves yes
If yes, what kind?	NEUTRAZET
Where are the treatment devices located?	hasement





Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no	
If yes, where is it located?	leak		
Is there a drain for the flushed water to run to and is that drain operational?	yes	no (2	2' ftawac
Do you have a mop sink we can take a water sample from?	yes	no	
Do you have a bathtub we can take a water sample from?	yes	no	
Do you have your water regularly sampled?	yes	no	
If yes, when was the last sample collection?			
If yes, will you provide copies of the sample results?	yes	no	
Have you made any recent changes to your water system based on sample results (e.	g. installed a treatment device)?	>	
	yes	no	
Other comments.			
Signatures To the best of my knowledge, the above information is accurate. FCHD			
Name Bryan Crampton Signature Buyan Clan	nplot Date 12/1	/12	
Property Owner Name Shessing Signature Cans Ah	Date	2/1/12	
May we take pictures of your plumbing and faucets? initial	yes)	no no	

Maryland Department of Assessments and Taxation Real Property Data Search (vw6.2A) FREDERICK COUNTY Go Back
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GroundRent Registration

			0	wner Informa	tion					
Owner Name: Mailing Address		SCHLESSING 3833 GREENE MONROVIA		quia	Sec. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	al Reside			RESIDE YES 1) /0569 2)	
			Location	& Structure I	nformatio	n				
Premises Addres 8833 GREENRIDG MONROVIA 21770	E DR			Legal D L 38 B F 0.54 ACR GREEN V	E		-5.030			
Map Grid 0098 0001	Parcel 0208	Sub District	Subdivision 0000	Section 2	n Blo		<u>Lot</u> 38	Assessment Ar	rea	Plat No: Plat Ref:
Special Tax Area	<u>s</u>	Town Ad Va Tax C		NONE 251						
Primary Structu 1972	re Built		nclosed Area 136 SF		Property 23,522 SF	Land A	rea	(County U	se
Stories Baser 1.000000 YES		e Exte								
				/alue Informa	tion					
Land Improvements: Fotal:	123 99,; 222	se Value Val As 0 01/0 1,100 123, 500 99,5 2,600 222,	Of As 1/2010 07/ 100 00	nase-in Asses Of /01/2012 2,600	As Of 07/01/20	013				
Preferential Land	<u>l:</u> 0		Т-	ansfer Inform	ation					
Seller: FILBA	NI DRIICE A	& ELEANOR W.	- 11	AND STREET STREET, STR	Date:	11/14/20	105	Price:	\$351,5	:00
	LENGTH IMP				Deed1:	/05691/		Deed2:	3331,0	
Seller: Type:					Date: Deed1:			Price: Deed2:		
Seller: Type:					Date: Deed1:			Price: Deed2:		
			Exe	mption Inform	nation					
Partial Exempt A County State Municipal	ssessments			00 00 00	0		07/01/2 0.00 0.00 0.00	2012	07/01/2	013
Γax Exempt: Exempt Class:							Spe	ecial Tax Recap NONE	ture:	
		THE RESERVE OF THE PARTY OF THE			Informatio					

DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY OWNER COL 15 LAST NAME COL. 34 STREET OR RFD COL 36 COL. 55 POST OFFICE L COL 57 В 1 COL. 76 CONTINUED DRILLER INFORMATION B 3 LOCATION OF WELL (SEO. NO.) (SEQ. NO.) COUNTY NUMBER (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION FIRST NAME LOT DRILLER LAST NAME 46 48 50 NEAREST TOWN SIGNATURE L 71 MILES FROM TOWN (ENTER O IF IN TOWN) MI В 2 WELL INFORMATION 76 77 78 (SEQ. NO.) BI 6 4 DIRECTION FROM TOWN MAXIMUM PUMPING RATE (GALLONS PER MINUTE) AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) N NORTH E EAST N E NORTHEAST SE SOUTHEAST USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) N W NORTHWEST SW SOUTHWEST NEAR WHAT FARMING, AGRICULTURE, IRRIGATION 11 SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N INDUSTRIAL , COMMERCIAL, STATE AND FEDERAL GOVERNMENT. s E W FT DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) MI MUST HAVE STATE HEALTH DEPT. APPROVAL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH, ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP. TEST APPROXIMATE DEPTH OF WELL FEET APPROXIMATE DIAMETER OF WELL (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED s THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER 54 65 BOX A E G U WRITE INITIALS IN BOX NUMBER FORCE 0/5 67 68 5/5 B 4 HEALTH DEPARTMENT APPROVAL CONTINUED NORTH COORDINATE 2 (SEQ. NO.) 7. 50 51 52 53 54 55 CIRCLE BOX 41 s COUNTY NAME COUNTY NO. MO. YR. COORDINATE 57 58 59 60 61 62 DATE 63 ELEVATION AT WELL HEAD (FEET) APPROVED BY 48 65 66 67 68 0/0 5/0 B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY) (SEQ. NO.) 2 6 63

STATE OF MARYLAND

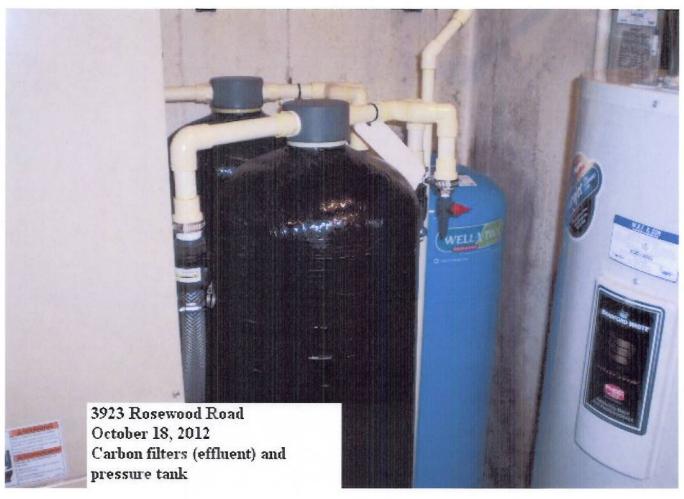
DWR PERMIT NUMBER

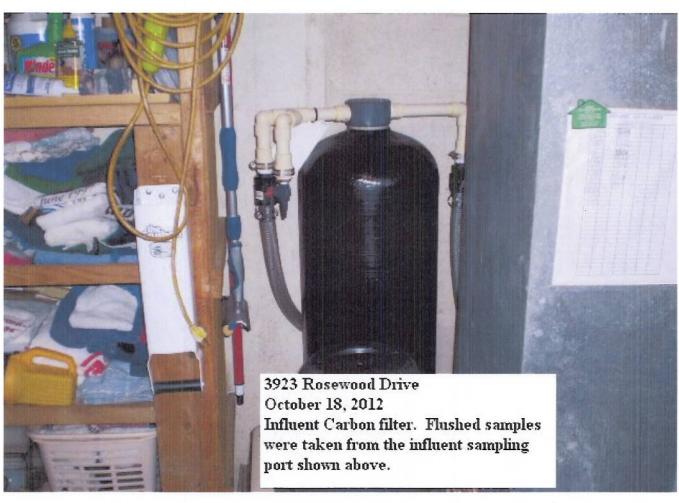
Sampling Appointment Setup	
Property Address	3923 Rosewood
Property Owner	Dorothy Stevens
Date owner called to set appointment	10/15/12
Name of person calling to set appointment	Dorothy 301 840 3205
Date and time of sampling appointment	10/18/12 700 Thursdae
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR 73 2473
Age of the well	07-22-75
Casing depth of the well	23 ft
Total depth of the well	250 ft
Well driller	Easterday
Well completion report available? (attach copy if yes)	yes attached
When was your well pump last replaced?	over 15 years ago
	,
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes terrible no
	- Suel
How old is your house?	1975
Has the plumbing ever been remodeled/replaced?	yes no
If yes, when?	_ switched to pue about 2004
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	
What material is the faucet made of?	brushed nickel
Do you know how old the faucet is?	about 2004
Do you have a pressure tank?	yes rew 24rs no
If yes, where is it located?	basement
What is the size or model/maker of your pressure tank?	WX-203 (001-16,2009), 32 gallono
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes
Do you have any other treatment devices on your water system?	yes
If yes, what kind?	
Where are the treatment devices located?	basement

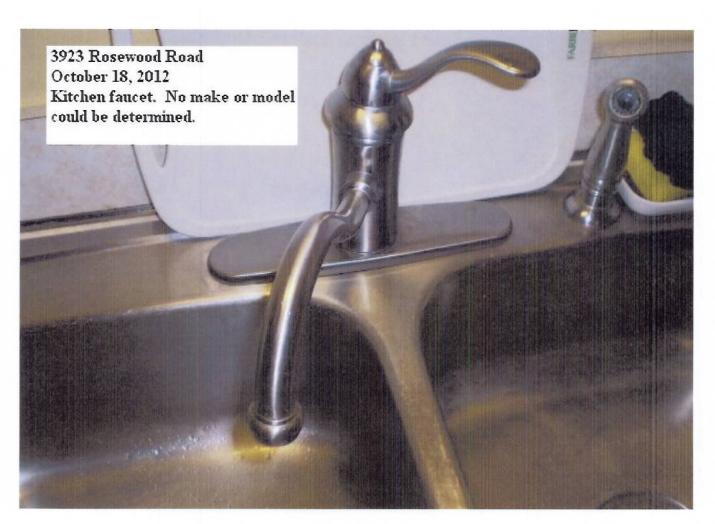
Do you have a spigot or tap to take a water sample near your pressure tank?	yes no
If yes, where is it located?	basement - does have inf/mid/eff
Is there a drain for the flushed water to run to and is that drain operational?	yes no
Do you have a mop sink we can take a water sample from?	(yes) basement no
Do you have a bathtub we can take a water sample from?	yes no
Do you have your water regularly sampled?	yes no
If yes, when was the last sample collection?	Oct 4,2012 GES
If yes, will you provide copies of the sample results?	yes no
Have you made any recent changes to your water system based on sample results (e	e.g. installed a treatment device)?
	yes
Other comments.	
<u>Signatures</u> To the best of my knowledge, the above information is accurate.	
FCHD 0 1	
Name Bryan Crampton Signature Buyan Clamy	010F Date 10 R 12
Property Owner	10
Name DOROTHY STEVEWS Signature Wille	10/18/12
A Company of the Comp	(d)
May we take pictures of your plumbing and faucets? initial	(ves) no

Date and time of sar	o set appointment ing to set appointment	3923 Doro 10 15 1 Doro 10 18 301-1	Prosecus thy 5to 2 hy 5to 12 1.0 340 32	vens oam						
At Sampling Appoil Date Arrival time Departure Time FCHD Staff CGS Staff Property Owner Other (affiliation)	Bryan Cram Laura Benn Dorothy Ster	pton.								
Sample Locations	and IDs			Chr	ok to indicate compl	o collection			Enterreading	
South Market States	grand (manageria)			Total Lead/	ck to indicate sample Dissolved Lead /	Hexavalent		900	Enterreading	100000000
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pH ~ O3	Temperature	ORP
First Draw ,	3123 Kescucad - Kriw	Kitchen Sink	7:45	1	/	/	1	5.92	22.2°C	246
Flushed*	3-123 Kasauaa - Husha	-	1:45	~			1	5.82	18.10	238
Duplicate		1 7	Chaol o	ort Coc o	arloon fil4	aca				
Flushed Sample - Ci Prior to sample colle the selected sample The order of prefer 1. A spigot prior to the 2. A spigot after the 3. A bathtub faucet of If 1 or 2, has the propure time begin Purge time begin Purge time end Dissolved Analysis S Samples filtered? First Draw Flushed	(e.g. how long, from which tap/toi ride One ction, purge plumbing system for collection spigot into drain or but ence for this sample collection is ne pressure tank and any water tr pressure tank, but prior to any wa or other higher velocity spigot (e.g. perty owner confirmed that the sp	15 minutes for ket prior to filli as follows: eatment. ater teatment. a wash sink igot is operational and results of and results of and results of the single singl	om a wide-open sing sample bottle in basement/laur onal? Additional gallon	spigot into fund iss andry room) after a purged from s	ioing drain in the res	sidence. Purge and any water tr			vater from	
Signatures To the best of my kn FCHD Name CGS	Bryon Cromp Lara Benn e listed individuals were at my pr	olon ett	Signature Signature ct water samples	Jaru	erved the samples of	Short Solie con the Straw	Date Date	10 18 10 18 10 18	1 1	5

3 of 3







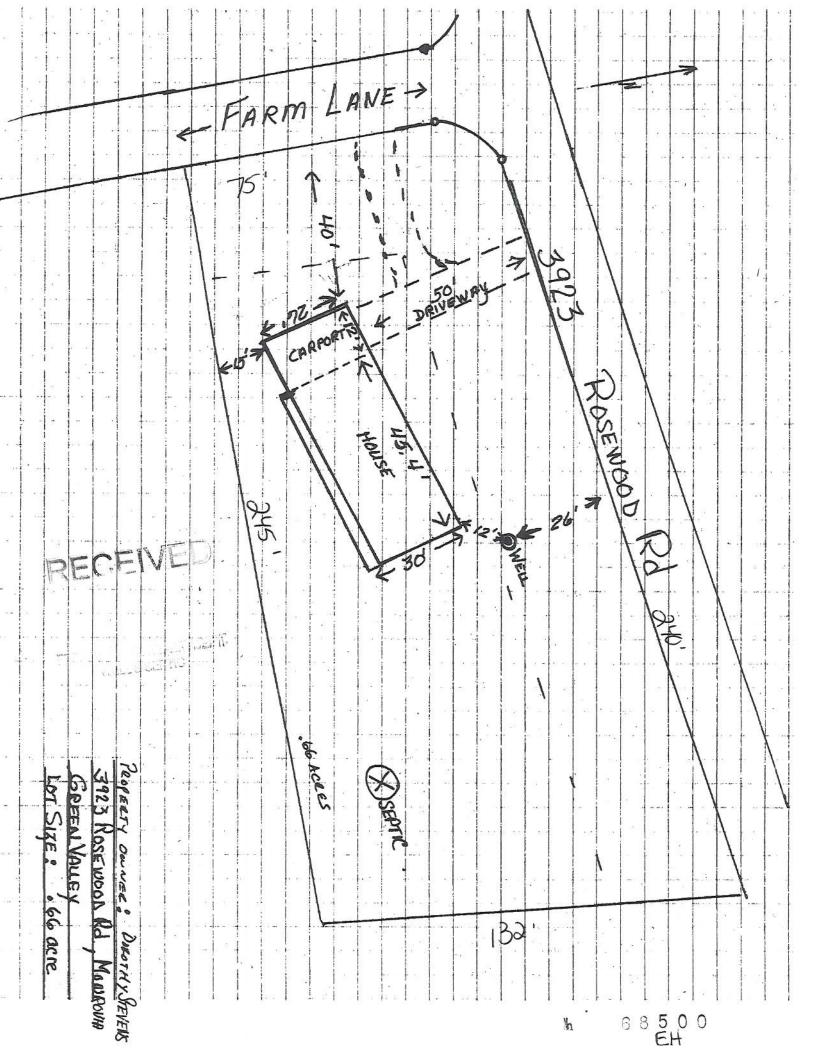






Maryland Department of Assessments and Taxation Real Property Data Search (vw2.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

			Owner Infor	nation		-	
Owner Name: Mailing Address:	3923 RG	NS RONALD LEE & I DSEWOOD DRIVE DVIA MD 21770	OOROTHY M	Use: Princ Deed	ce:	RESIDENTIAL YES 1) /01055/ 00146 2)	
		Loc	ation & Structur	e Information			
Premises Address 3923 ROSEWOOD DR MONROVIA 21770-000	00		L 1 B C FARM	Description G S 2 .66 AC RD. & ROSEWOO N VALLEY	DD RD.		
	Parcel Sub	District Subdiv	vision Sect 2	ion Block G	Lot A	ssessment Area	Plat No: Plat Ref:
Special Tax Areas	Town Ad Valorem Tax Class	NONE 251					
Primary Structure B 1975	Built	Enclosed At 1,269 SF	rea	Property Land 28,750 SF	d Area	Cour	nty Use
Stories Basemen 1.000000 YES		Exterior O UNIT FRAME					
			Value Inforn	nation			
Land Improvements: Fotal: Preferential Land:	117,100 115,800 232,900	As Of 01/01/2010 117,100 115,800 232,900	Phase-in Ass As Of 07/01/2012 232,900	As Of 07/01/2013			
Telefendar Dana.	-		Transfer Info	mation			
Seller: Type:		The state of the s		Date: Deed1:		Price: Deed2:	
Seller: Type:				Date: Deed1:		Price: Deed2:	
Seller: Type:				Date: Deed1:		Price: Deed2:	
			Exemption Info	rmation			
Partial Exempt Asse County State Municipal	ssments			Class 000 000 000	07/01/201 0.00 0.00 0.00	12 07	/01/2013
Fax Exempt: Exempt Class:					Specia	al Tax Recapture NONE	e:
		Hom	estead Application	n Information			
Homestead Applicat	ion Status:	Approved	02/02/2010			***************************************	



12 East Church Street Winchester Hall

Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Owner of Property Meen Valley Blds Priller L. H. Ecs Lei deaf
Address & Mt Clint Md. Address Mt Clint Md
Exact location of property where well was drilled
If Subdiving: Name Secretalley Block No. G Lot No.
This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit
(2) Ground water encountered atft.
(3) At what depth was first vein of water encountered 100ft. Cased off: Yes_ No
(4) Total depth of well 2.50 ft. Standing water level in well below ground surface when not pumping 50 ft.
(5) Casing: Diameter of casing 6 Length of metal casing 23 Are casing joints water tight? Yes No How were these joints sealed by welding
Finished casing terminates 2 ft. above ground level ft. below ground level.
(6) Well cement grouted: Yes No To what depth 2 ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of well: 5 gal per min. No. of hours pump operated at this rate during test hours minutes.
(8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct. Well Driller Dept. of Geology, Mines and Water Resources License No.

WRA PERMIT NUMBER STATE OF MARYLAND WATER RESOURCES ADMINISTRATION 1 .2 3 (SEQ. NO.) 6 THIS NUMBER IS TO BE PUNCHED N COLS. 8-6 ON ALL CARDS) TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY OWNER COL 15 LAST NAME COL. 34 COL 36 COL. 55 OF FICE L COL. 76 DRILLER INFORMATION CONTINUED B 3 LOCATION OF WELL (SEQ. NO.) (SEO. NO.) COUNTY SUBDIVISION SECTION NEAREST TOWN SIGNATURE MI MILES FROM TOWN (ENTER O IF IN TOWN) B 2 WELL INFORMATION DIRECTION FROM TOWN (SEQ. NO.) MAXIMUM PUMPING RATE (GALLONS PER MINUTE) N E NORTHEAST S E SOUTHEAST N NORTH E EAST AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) USE FOR WATER (CIRCLE APPROPRIATE BOX) SW HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT FARMING, AGRICULTURE, IRRIGATION INDUSTRIAL , COMMERCIAL, STATE AND FEDERAL GOVERNMENT. DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) MUNICIPAL WATER SUPPLY MUST HAVE STATE HEALTH DEPT. APPROVAL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TO ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN O SKETCH, ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BE AND THE BOX NUMBER FROM THE WELL LOCATION MAP. TEST APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) REVERSE-ROTARY DRIVE-POINT CABLE OTHER (DESCRIBE) REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) вох NUMBER FORCE CONDITIONS 0/5 HEALTH DEPARTMENT APPROVAL B 4 NORTH COORDINATE (SEQ. NO.) MONIC STATE HEALTH 3 57 58 59 60 61 62 ELEVATION AT WELL HEAD (FEET) APPROVED BY 5/0 (SEQ. NO.)

Sampling Appointr	mpling Appointment Setup DOSSESSE SE SE PONGIA ROSS										
Property Address											
Property Owner											
Date owner called to	realled to set appointment 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Name of person call	ime of person calling to set appointment										
Date and time of sar	mpling appointment	3		*2.4	111311	2					
Phone number to ca	all in case of changes			301	-112	-5803					
At Sampling Appoi	intment /										
Date	te 11/13/12										
Arrival time	time 3:43										
Departure Time	resture Time										
	Staff Alicia Evangelista Matt Emery Matternation										
FCHD Staff				24 E	200	0					
CGS Staff		_	Mry	MEC	000	_					
Property Owner			111-1	/11/2.	KO5						
Other (affiliation)			1								
		4	draw								
Sample Locations	and IDS	1			Che	eck to indicate sample	e collection			Enter reading	
				0	Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pН	Temperature	ORP
Sample Type	Sample ID	al	Location	Sample Time	VII Official	× Circulation	V.	X	771	18.6	170.8
First Draw	7 1 100	-0-1	Kitchen Sink	41.30	¥	V	- V	X	7.00	14 3	1612
Flushed*	3993 KOSEW	00d	727	41,70	-	~	7	-	7100	10 . 5	
Duplicate		-									
First Draw Sample			Flushed								
Any water use in la	st 6 hours?			_no	• 1						
If yes, describe use	(e.g. how long, from which	tap/to	oilet)				-	_			
Flushed Sample - Circle One Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into fundioing drain in the residence. Purge an additional galon of water from the selected sample collection spigot into dain or bucket prior to filling sample bottles * The order of preference for this sample collection is as follows:											
1. A spigot prior to	the pressure tank and any v	watert	treatment.	57 8	01 '	1.0					
2 A spigot after the 3. A bathtub faucet	pressure tank and any or pressure tank, but prior to or other higher velocity spi	any w got (e.	vater treatment .g. a wash sink	Sam in basement/lau	indry room) after	+ 2 er the pressure tank a	and any water	treatme	nt.		
If 1 or 2, has the pr	operty owner confirmed that	at the s	spigot is operat	tional?							
Purge time begin	4.00		- g	Additional galb	n purged from	seleded sample colle	ection spigat?			£6	
Purge time end			-								
Dissolved Analysis Samples filtered?	Samples										
First Draw	Yes										
Flushed	yes		_								
Equipment Calibration Provide notes on calibration induding standards used and results of calibration											
pH											
ORP											
Signatures To the best of my knowledge, the above information is accurate.											
FCHD Nam											
CGS Name X MAH Enery Signature A Date 11/13/12											
I certify that the above listed individuals were at my property to collect water samples and that I observed the samples collected from the locations noted above.											
Property Owner Name Ronald DR055, Signature Ronald Massigner 7 11/13/12											

	201-831-3154
Sampling Appointment Setup	h - 3 - 1
Property Address	3933 Rosewood
Property Owner	Ronald Ross
Date owner called to set appointment	11/5/12
Name of person calling to set appointment	
Date and time of sampling appointment	11/13/12 400pm Tuesday
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	filled out with FCHD records or through interview with the
II. I	1
How many wells do you have supplying your house?	FR 73 3388
What is the well tag number(s)?	March 26 '76
Age of the well	20
Casing depth of the well	160'
Total depth of the well	Easterday
Well driller	
Well completion report available? (attach copy if yes)	Vernin Arnot - 3 VES
When was your well pump last replaced?	Vermin production of chart
	1068
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes to no
Do you have any taste and/or odor problems with your water?	yes (no)
	10.77
How old is your house?	1977 (10) SOFFINET - 2/2012
Has the plumbing ever been remodeled/replaced? Yicker Guicet	
If yes, when?	insulation of plumbing w/HzO
What type of piping do you currently have in your house? (circle one)	copper pvc other
What type of piping do you currently have in your house? (circle one) What is the brand of the faucet in your kitchen? What material is the faucet made of? Do you know how old the faucet is? Do you have a pressure tank?	Moen
What material is the faucet made of?	
Do you know how old the faucet is?	-10 YES
Do you have a pressure tank?	(yes) no
If yes, where is it located?	basement . Tyrs old
What is the size or model/maker of your pressure tank?	
Do you have a water sediment filter?	yes no
Do you have U.V. light?	ves
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system? H2	yes no
If yes, what kind?	
Where are the treatment devices located?	
in basemen	+
drinks bottled 420	10/11/2012
10f3 Doggy drinks reg. 440	10/11/2012

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?		
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	yes	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	Jenkins	9(7/7012
If yes, when was the last sample collection?	Jenemo	11/1/2016
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results	s (e.g. installed a treatment device)?	
	yes	no
Other comments.	not since - Hyo soluner	heavsi of
	results	
Signatures To the best of my knowledge, the above information is accurate.		
Name Alicia Evangelista Signature Alicia É	Evangleste 11	113/12
Property Owner Name Romald D. Ross St. Signature Romald D.C.	Ross, Sr Date 11	//3/2012
May we take pictures of your plumbing and faucets? initial	R Su (yes)	no

THE FREDERICK COUNTY DEPARTMENT OF HEALTH 12 East Church Street

Winchester Hall Frederick, Maryland

To be completed by well driller. Copy to be sent to the Frederick County-Health Department within fifteen (15) days after completion of drilling.

by well driller. Copy to be sent on of drilling.
To be completed by well driller. Copy to be sell-tion of drilling. To be completed by well driller. Copy to be sell-tion of drilling. To be completed by well driller. Copy to be sell-tion of drilling.
Department WISTON CERTIFICATE TON
To be completed by Wells days after completed Department within fifteen (15) days after completion CERTIFICATE FOR PRIVATE WELLS HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS Date
Date
1 4 South fail draw
Driller 2.1. Casual Com/
Owner of Property driving Const Driller & Last and Address Mt and Address Mt 180
Owner of first AddressAddress
Exact location of property where well was drilled
Frect location of property who
Lot No. 44
If Subdiv n: Name Green Valley Block No
Name Green Value
1 // // 3 3 3 3 4 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
of Geology.
Construction and performance characteristics of well
Construction and personal largest bit
(1) Diameter of largest bitft.
(1) Diameter of the
(1) Diameter of large ft. (2) Ground water encountered at
first vein of water encountered AD 101
(3) At what depth was first vein of water encountered No. (4) Total depth of well 160 ft. Standing water level in well below ground surface when not pumping 40 ft.
of well 160 ft. Standing water 100 40 ft.
(4) Total depth of well /60 1t. when not pumping
//// casingioints segion
No How were of casing by tight? Yes No How were
(5) Casing: Diameter of casing 6/4 Length of metal No How were these joints water tight? Yes No by welding by treaded sleeve by treaded sleeve the below ground
ft. below ground
by treaded sleeve
Finished casing terminal
level. /8 ft.
Till ves No To what departion in detail is necessary
level. No To what depth / 8 ft. Tre (6) Well cement grouted: Yes No an acceptable explanation in detail is necessary
Effe Oist (7) Yield of well: 20 gal per min. No. of hours pump operated at this rate during minutes. test hours minutes.
No of hours pump operated at this minutes.
Effe hours hours
Dist (7) Yield of World
Disting and correct.
District (8) Log of materials encountered during drilling
(8) Log of materials encountered during drilling (9) Log of materials encountered during drilling (1) Log of materials encountered during drilli
Thereby certify that the above
Well Driller and Water Resour
Well Driller Dept. of Geology, Mines and Water Resour
License No.
- va

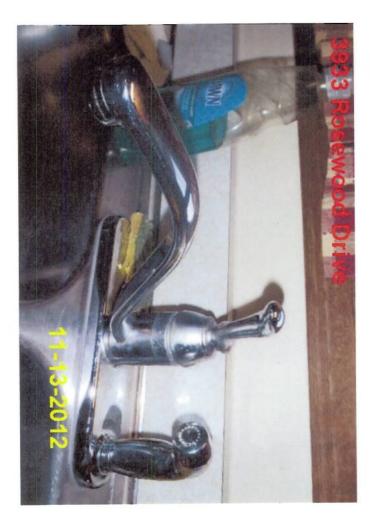
FREDERICK COUNTY HEALTH DEPARTMENT

Permit No.

15-378

Frederick County Approval Certificate For Well Installation

of Property_	Irving Construction Co.	Driller	Franklin Best	erday	
street or R.F.D.	9 N. Summit Avenue	Street or	R.F.D.		
	aithersburg, Md.	Post Offi	ceMt.Al	y, Md.	
Location of property	new - Green Velle	eySubdivison -	Plat 2 block K	lot 44	
	overced Road				
If Subdivision: Name	Green Valley Subdivic	sion		Plat 2 Lot No.	44
Well to furnish wat	er to: House X	Commercial es	tablishment	Other	
(re	ont) 245 Depth (1. ar) 220 (r.	side) 37.7			
the place designate completion certific partment, within fi	made with the understand by the Health Departmente of this well must be fteen (15) days after concarried out in accordance at any other location, e.	ent and as sho e filed by the empletion of d ee with regula	driller, at i rilling. All tions of the S	the Health well drill State Depar	De- ling rtment
Date 3/9/76	15	ture of Appli	Milli-		
	HEALTH DEPARTMENT AND MA		NOTICE . The second sec	No CAREFU	ewith red by
	419	80	en. this pand the sand the must be sand the sand	/ emitor of the control of the comportant of the comportant of the control of the	which ry nature d that it f to any
De Deroi	cated According to	1 5ep	TIC		
245.00	44-16	1 ARE	1	AFTER THIS	D DATE 26
The property descri	327,29 bed above has been insp	ected and the	well site app	roved as s	hown.
Date of approval 3	-(7-76 s	anitarian 🏒	rowos OV	100-10	COLUMN TO SERVER







Sampling Appoint	tment Setun										
Property Address	20411 1 5 1										
Property Owner		Karen Anderson + Ron Anderson									
Date owner called	to set appointment	11/2/12									
	Illing to set appointment	Kare	'n						TOTAL AND THE STREET		50.
Date and time of sa	ampling appointment	11/7	/12	Wedneso	day 7:	ODan					57.
Phone number to c	hone number to call in case of changes 301-831-9743										
At Sampling Appo	11/-/-										
Date	11/7/12	-									
Arrival time	7:00 am	2									
Departure Time	1:37 am	-									
FCHD Staff	Lmdser Linther	cu M									
CGS Staff	Lara Benne	ett									
Property Owner	Karen Anderson	1									
Other (affiliation)		72									<u>'</u>
											į.
Sample Locations	and IDs										•
	T	T		Total Lead /	eck to indicate samp	Hexavalent			Enter reading	Γ	1
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pH	Temperature	ORP	
First Draw	3984A Farm-First Dry	Kitchen Sink	7:05	- -	X	X	×	7.55	22.70	150	
Flushed*	3989A Farm-Flushed	1	7:42			×	-	6.84	18.50	153.8	
Duplicate		(0000	sure tank		1 0 1			110		0 .	1
First Draw Sample		-bis	DULL E IMME	2 Sin	ks in Ritch	han p We	Son	mpled tro	on Sint i	n trent	ol windo
Any water use in la			110	-							
If yes, describe use	(e.g. how long, from which tap/to	oilet)									
Flushed Sample - C									**************************************		
	ection, purge plumbing system fo e callection spigot into drain or bu				dioing drain in the æ	sidence. Purge	an add	ditional galon of	vater from		
	erence for this sample collection is										
-	the pressure tank and any water t										
	pressure tank, but prior to any w										
3. A bathtub faucet	or other higher velocity spigot (e.	g. a wash sink	in basement/laur	ndry room) afte	er the pressure tank a	ind any water t	reatme	nt.			
If 1 or 2, has the pr	operty owner confirmed that the s	pigot is operat	ional?								
								1			
Purge time begin	7:23	-	Additional galbr	n purged from	selected sample colle	ction spigot?			-		
Purge time end	1:38	-									
Dissolved Analysis Samples filtered?	Samples										
First Draw	Yes										
Flushed	Vac	-									
Equipment Calibrat											
	alibration induding standards use	d and results o	of calibration								
pH											
ORP	<u> </u>										ŧ.
Signatures											
	nowledge, the above information	is accurate.									
FCHD	Imless I withou	E.	Signature	Zil	12	£	Date	11-7-1	2		
iname	- minusy - minus	WM_	_ oignature	-/	,	2.5.00	Date	11-7-7	~	20	
CGS				1		71	-		,		
Name	Lara Bennett		Signature	Ma	W -	$\supset N$	Date	11/7	/12		
	ove listed individuals were at my p	proporty to cell	-	1	connot the complex	allocted form	•0 00 0 00			•	
Property Owner		V1 -50	eo water sample	1 1	0 1		ne ioca	ions noted abov	· .		
Name	Karen Anders	OI.	Signature	Kare	n (Inde	wen	Date	11/	7/12		

Sampling Appointment Setup		100
Property Address	3984 A Farm	Ln
Property Owner	Karen Anderson	Ron Anderson
Date owner called to set appointment	11/2/12	
Name of person calling to set appointment	Karen 301	831 9743
Date and time of sampling appointment	11/7/12 Wedne	Sday 700am
		,
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through	interview with the
How many wells do you have supplying your house?	1 , 2 wells	on property
What is the well tag number(s)?		
Age of the well		
Casing depth of the well		
Total depth of the well	1	
Well driller		
Well completion report available? (attach copy if yes)	5	
When was your well pump last replaced?	Hyears,	when house built
	,	
Do you have any concerns with the amount of water your well provides?	yes	no
Has your well ever run dry?	yes	no
Do you have any taste and/or odor problems with your water?	yes	no
	0 8	
How old is your house?	2008	
Has the plumbing ever been remodeled/replaced?	yes	no
If yes, when?		
What type of piping do you currently have in your house? (circle one)	copper pvc other	
What is the brand of the faucet in your kitchen?	2 faucets in lite	hen-delta, Kohle,
What material is the faucet made of?	both metal - polishe	d nickel
Do you know how old the faucet is?	2008	
Do you have a pressure tank?	yes	no
If yes, where is it located?	basemen	<u> </u>
What is the size or model/maker of your pressure tank?		
Do you have a water sediment filter?	yes	no
Do you have U.V. light?	yes	no
Do you have a carbon filtration water system?	yes	no
Do you have any other treatment devices on your water system?	yes	no
If yes, what kind?		
Where are the treatment devices located?	Softner	-
	basement	

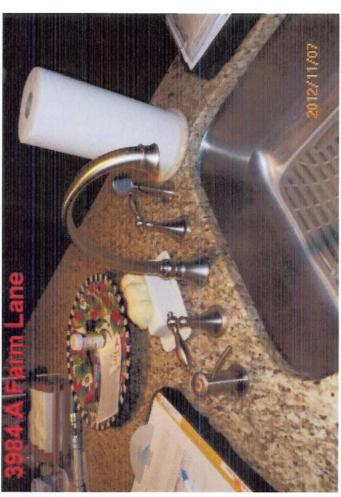
Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?	after p	ressure tank
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	yes ups	tairs no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	early Oct or	late Sept.
If yes, will you provide copies of the sample results?	yes GE	S no
Have you made any recent changes to your water system based on sample results (e	.g. installed a treatment devi	ce)?
	yes	no
Other comments.		

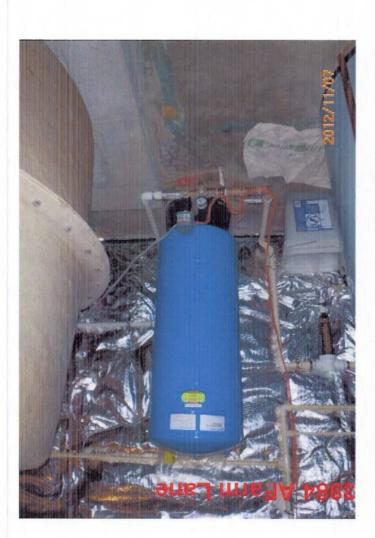
Signatures		
To the best of my knowledge, the above information is accurate.		
FCHD		
Name Lindsey Lythroum Signature Thy	Date	
Property Owner		
		11/7/12
Name <u>Karen Anderson</u> Signature <u>Kouen Undo</u>	Nam Date	111100
May we take pictures of your plumbing and faucets? initial	yes	no













STATE OF MARYEN 45 DAYS AFTER WELL IS COMPLETED. MDE USE ONLY WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY. B PUNCHED NUMBER PLEASE TYPE PERMIT NO. Depth of Well FROM "PERMIT TO DRILL WELL" DATE WELL COMPLETED 400 (TO NEAREST FOOT) TOWN COREENVALLE STREET OR RFD SECTION FARM SUBDIVISION **GROUTING RECORD** 3 WELL LOG WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one HOURS PUMPED (nearest hour) BENTONITE CLAY BC FEET DESCRIPTION (Use additional sheets if needed) 4620 NO. OF POUNDS 2080 FROM TO PUMPING RATE (gal. per min.) NO. OF BAGS GALLONS OF WATER_ METHOD USED TO TOP Soil 2 0 MEASURE PUMPING RATE L DEPTH OF GROUT SEAL (to nearest foot) 2 30 WATER LEVEL (distance from land surface) BOTTOM (enter 0 if from surface) BEFORE PUMPING CASING RECORD casing types CO WHEN PUMPING insert appropriate code OT TYPE OF PUMP USED (for test) below T turbine 80 160 Total depth Nominal diameter Gray Slate MĂIN other top (main) casing of main casing CASING 0 (describe (nearest inch)! (nearest foot) C TYPE 5+ centrifugal Brown State 160 below) 63 64 66 S J jet submersible 60 61 OTHER CASING (if used) Gray 9/ab 161 depth (feet) from PUMP INSTALLED DRILLER INSTALLED PUMP YES opaing 260 (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD TYPE OF PUMP INSTALLED screen type PLACE (A,C,J,P,R,S,T,O) 29 or open hole HO BIR IN BOX 29. HOLE appropriate **BRONZE** GALLONS PER MINUTE 31 35 400 OIT (to nearest gallon) PUMP HORSE POWER 37 DEPTH (nearest ft.) PUMP COLUMN LENGTH C 2 (nearest ft.) NUMBER OF UNSUCCESSFUL WELLS: CASING HEIGHT (circle appropriate box 21 and enter casing height) WELL HYDROFRACTURED above LAND SURFACE 36 30 32 CIRCLE APPROPRIATE LETTER 26 23 .24 (nearest) A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED S below foot) 50 51 45 47 38 39 41 **ELECTRIC LOG OBTAINED** LOCATION OF WELL ON LOT TEST WELL CONVERTED TO PRODUCTION SLOT SIZE 1 SHOW PERMANENT STRUCTURE SUCH AS 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 BUILDING, SEPTIC TANKS, AND /OR (NEAREST DIAMETER LANDMARKS AND INDICATE NOT-LESS INCH) THAN TWO DISTANCES 60 (MEASUREMENTS TO WELL) from GRAVEL PACK L DRILLERS LIC. NO. 1 WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.1 75 D 0 3 WQ (E.R.O.S.) (3) 74 75 76 SITE SUPERVISOR (sign. of driller or journeyman LOG TELESCOPE INDICATOR OTHER DATA

responsible for sitework if different from permittee)

Maryland Department of Assessments and Taxation Real Property Data Search (vw6.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

					Owner Info	rmation						
ANDERS			ANDERSON 3984 FARM		EN-TRUSTEES		Use: Principal Residence: Deed Reference:			AGRICULTURAL YES 1) /02957/ 00965		
			MONROVIA	MD 21770-8914						2)		
				Lo	cation & Structi				×			
3984 FAR	s Address RM LN VIA 21770-0	000	Legal Description 34.32 AC S/S RT. 80									
Map 0097	<u>Grid</u> 0012	Parcel 0123	Sub Dis	strict Subdiv	vision Sec	ction E	llock	Lot	Assessment Ar	ea	Plat No: Plat Ref:	
Special '	Tax Areas			Town Ad Valorem Tax Class	NONE 251							
Primary 2008	Structure	Built		Enclosed At 6,974 SF	<u>ea</u>	Proper 34.3200		l Area	2	County Use		
Stories 1.000000	Basemo YES	and the same of th	<u>e</u> NDARD UN	Exterior IT BRICK								
					Value Info	rmation						
Land Improve Total:	ements:	274 824	,600 ,700 99,300	Value As Of 01/01/2010 274,600 824,700 1,099,300	Phase-in A: As Of 07/01/2012 1,099,300	As Of 07/01/2	2013		RENTIAL LAND V			
Preferen	tial Land:	12,	100	58 88	887, 887							
					Transfer Inf	ormation						
Seller: Type:		ON RONAL MS LENGTI		EN W		Date: Deed1:		6/2001 57/ 00965	Price: Deed2:	\$0		
Seller: Type:					The same of	Date: Deed1:			Price: Deed2:			
Seller: Type:						Date: Deed1:			Price: Deed 2:			
					Exemption In	formation						
Partial E County State Municip	Exempt Ass	essments				Class 000 000 000		07/01/ 0.00 0.00 0.00	2012	07/01/	2013	
Fax Exe Exempt									ecial Tax Recap		TAX	
				Hon	nestead Applica	tion Informat	ion					
II. m. cata	ad Annlia	tion Status		No Applica			1000					

Sampling Appoints	7000										
Property Address		3985 Farm Lane									
Property Owner	Nick Chaobinen										
Date owner called to	r called to set appointment										
Name of person calling to set appointment											
Date and time of sar	te and time of sampling appointment 11/13/12 @ 30 M										
Phone number to ca	all in case of changes				•						
At Sampling Appoi	intment 11 3 1 Z	•									
FCHD Staff CGS Staff	1. 4 6 . 0										
Property Owner	Á1.	rV	chaal	hind	^	-					
Other (affiliation)	1)	A	C.100								
Outer (anniadori)		11			***************************************						
Sample Locations	and IDs										
					eck to indicate sampl					Enterreading	
Sample Type	Sample ID	Location	Sample Time	Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs		рН	Temperature	ORP
First Draw		tchen Sink	3:00	V	V	V	V	Ca	66	17100.	200
Flushed*		Bursing!	3:30	×	X	V	X	10	67	15,9°C	218
Duplicate		1							4 /		
Maria de la compania del compania del compania de la compania del la compania de la compania dela compania del la compania de la compania de la compania dela compania del la compania de	2 2 2										
First Draw Sample	t C housen		00								
Any water use in las		ilot\	110	2							
ii yes, describe use	(e.g. how long, from which tap/to	ilet)									
Flushed Sample - Circle One Prior to sample addlection, purge plumbing system for 15 minutes from a wide-open spigot into fundicing drain in the esidence. Purge an additional galon of water from the selected sample addlection spigot into drain or bucket prior to filling sample bottles * The order of preference for this sample addlection is as follows:											
1. A spigot prior to the	ne pressure tank and any water tr	eatment.									
2. A spigot afterthe	pressure tank, but prior to any wa	ater treatment.									
	or other higher velocity spigot (e.g			ndry room) afte	r the pressure tank a	and any water t	reatmer	nt.			
If 1 or 2, has the pro	perty owner confirmed that the sp	olgot is operati	onal?								
Purge time begin Purge time end	3:10	£	Additional galbr	n purged from s	selected sample colle	ection spigot?		-			
Dissolved Analysis S	Samples			()							
Samples filtered?	Voc		ssolve	01							
First Draw Flushed	400	J N.	570	60							
riusned	162			1							
Equipment Calibration Provide notes on calibration induding standards used and results of calibration											
pH		-									
ORP											
Signatures To the best of my knowledge, the above information is accurate.											
FCHD A											
Name	Alicia Evange)lista	Signature	HUC	La E NO	nah) Oak		11 1	3/12	_
CGS Name MAHF EMERY Signature ANT Date 11/13/12											
I certify that the abo	ve listed individuals were at my p	roperty to colle	ect water sample	s and that I obs	served the samples of	allected from t	he local	tions no	ted above	9.	
Property Owner	Property Owner Name Na										
		,		1							

Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appointment Setup	7
Property Address	3985 Farm Lane
Property Owner	Nick Choobineh
Date owner called to set appointment	11/7/12
Name of person calling to set appointment	Nick C- 703 675 6282
Date and time of sampling appointment	11/13/12 3:00 Tuesday
	h 301-831-9727
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be f property owner, or both. Confirm answers as necessary at the property.	filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	<u> </u>
What is the well tag number(s)?	FR 73 2894
Age of the well	may 4 '76
Casing depth of the well	22
Total depth of the well	100
Well driller	Easterday
Well completion report available? (attach copy if yes)	Ves 3
When was your well pump last replaced?	
	,
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes
	10705
How old is your house?	ex 1970'S
has the blumbing ever been remodeled/replaced?	yes
If yes, when?	plumbing
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	
What material is the faucet made of?	appears to be brass colored
Do you know how old the faucet is?	u yrs old
Do you have a pressure tank?	yes no
If yes, where is it located?	garage
What is the size or model/maker of your pressure tank?	
Do you have a water sediment filter? H 20 SOFTET	yes
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes
Do you have any other treatment devices on your water system?	yes
If yes, what kind?	neutralizer softner
Where are the treatment devices located?	garage basement

1013 using bottled water-including dog

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?		
Is there a drain for the flushed water to run to and is that drain operational?	AE (yes)	no
Do you have a mop sink we can take a water sample from?	(yes) laundryn	om no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	don't recall, but	regularly
If yes, will you provide copies of the sample results?	yes	no J
Have you made any recent changes to your water system based on sample results	(e.g. installed a treatment device)?	_
	yes	no
Other comments.		
Signatures To the best of my knowledge, the above information is accurate. FCHD		
Name Alicia Evangulytesignature Alicia E Can	gelista Date 11/13/	17
Property Owner Name Nick chooking Signature	Date 0-	13-12
May we take pictures of your plumbing and faucets? initial	yes	no
	PET	owner

3985 Farm Rd.

THE FREDERIC COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date May 476
Owner of property Frien Vally Driller & R. Cartelle
Address Lutherbury 114. Address 11t. Air 1161.
Exact location of property where well was drilled on pl. 80 12 mile east
If Subdivision: Name Substilly Block No. 1 Lot No. 8
Permit No. $1=R-73-2894$ (This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit 10.m
(2) Ground water encountered at ft.
(3) At what depth was first vein of water encountered 30ft. Cased off: Yes No
(4) Total depth of well 100 ft. Standing water level in well below ground surface when not pumping 25 ft.
(5) Casing: Diameter of casing 6.41DLength of metal casing 2.2 Are casing joints water tight? Yes No How were these joints sealed by welding
by treaded sleeve Finished casing terminatesft. above ground levelft. below ground levelft.
(6) Well cement grouted: Yes VNo To what depth ZC ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of will: /2 gal. per min. No. of hours pump operated at this rate during
(8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct.
Well Driller Dept. of Geology, Mines and Water Resources License No

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	ment Setun									
Property Address	arient octop	3987	Form	lana						
		Dean	TUITIT	- June			-			
Property Owner		11/01	112 600	Dund						
Date owner called t		2000	12	1:			-			
	lling to set appointment	Lenn	15 Ga	aing						
	impling appointment	3/191	21 7 111	Copm		need just				
Phone number to ca	all in case of changes	240	267-40	55.3	61-831-66	35	B00011-			-
		((CCIL)		(home))				
At Sampling Appo	intment									
Date	11-9-12	Ţ.								
Arrival time	1:58 pm	8								
Departure Time		€								
EQUID 01-#	1'1. 1. 4	, `								
FCHD Staff	Lindsey Lin !	recin M								
CGS Staff	Mall Emery									
Property Owner	Dennis Gooding						00000		4802	
Other (affiliation)										
Sample Locations	and IDs			Che	ol to indicate compl				Fataranada	
				Total Lead/	ck to indicate sample Dissolved Lead /	Hexavalent			Enter reading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pН	Temperature	ORP
First Draw	3987 Farm-First Drag	Kitchen Sink	2:00pm	X	*	X	X	7.32	19.80	18.2
Flushed*	3987 Farm-Flushed		2:35pm	X	Х	X	X	6.45	16.0	191,2
Duplicate										
First Draw Sample		CP	ressure ta	nk						
Any water use in las	et 6 hours?		NO							
		T=43	///	• 3						
ii yes, describe use	(e.g. how long, from which tap/toi	iet)	-				_			
Flushed Sample - C										
Prior to sample colle the selected sample	ection, purge plumbing system for ecollection spigot into drain or bud	15 minutes fro	om a wide-open :	spigot into fund	ioing drain in the æs	idenæ. Purge	an add	litional galon of	water from	
	rence for this sample collection is		ing sample bottle							
1. A spigot prior to the	he pressure tank and any water to	eatment.								
2.) A spigot afterthe	pressure tank, but prior to any wa	ater treatment.								
	or other higher velocity spigot (e.g		in basement/laur	ndry room) after	the pressure tank a	nd any water t	reatmer	nt		
If 1 or 2, has the pro	perty owner confirmed that the sp	igot is operati	onal?						20000000000000000000000000000000000000	
	21120							I		
Purge time begin	2115 PM		Additional gallon	purged from s	eleded sample colle	ction spigat?			-	
Purge time end	d: -30 pm									
Dissolved Analysis	Samples									
Samples filtered?	M									
First Draw	<u> </u>									
Flushed	Yes					- 29				
Equipment Calibration	on									
	libration induding standards used	and results of	calibration							
pН										
ORP			AT THE COLUMN TO SERVED ON	.00-22-02-02-03-03-03-03-03-03-03-03-03-03-03-03-03-						
Signatures										
To the best of my kn	nowledge, the above information is	accurate.								
FCHD	1 1 1 4	•			,	411.		11	201	
Name	Lindsey Loithic	cum	Signature	21	42		Date	11-9-10	2	
	/			./	<i>'</i> .					
CGS				1	1	/_		.61		
	matt Emery		Signature	1th	1/		Date	11/4/1	2	
		Q04 W		7 30 0	12			1		
	ve listed individuals were at my pr	operty to colle	ct water samples	and that I obse	erved the samples of	ollected from t	ne locat	ions noted abov	e.	
Property Owner	N / 11			10	. 19	00		11/1	3/10	
Name	Dennis Goodin	9	Signature	Mys	us the	adin	Date	11/	1112	
	,	,			((-J			

3 of 3

Sampling Appointment Setup		
Property Address	_3987 Form Lan	e
Property Owner	Dannie Gooding	2
Date owner called to set appointment	11/8/12	3
Name of person calling to set appointment	Dennio Gooding	
Date and time of sampling appointment	_119/12 2:00 or	n
200 - 80 - 2000/		
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or thro	ough interview with the
How many wells do you have supplying your house?		
What is the well tag number(s)?	FR-73-2897	
Age of the well	1975	
Casing depth of the well	23'	
Total depth of the well	145	
Well driller	Easterday	
Well completion report available? (attach copy if yes)	yes lattach	od)
When was your well pump last replaced?	Summer 2	012
Do you have any concerns with the amount of water your well provides?	yes	€ Mos
Has your well ever run dry?	yes	(10)
Do you have any taste and/or odor problems with your water?	yes	no-don't use
20		
How old is your house?	1975	
Has the plumbing ever been remodeled/replaced?	(yes)	no
If yes, when?	all	
What type of piping do you currently have in your house? (circle one)	copper pvc other	
What is the brand of the faucet in your kitchen?	concrece sta	idard
What material is the faucet made of?	2 2 years	
Do you know how old the faucet is?	Splastic	
Do you have a pressure tank?	yes	(no)
If yes, where is it located?	direct feed -ex	Dansien tank
What is the size or model/maker of your pressure tank?		·
Do you have a water sediment filter?	yes	no
Do you have U.V. light?	yes	no
Do you have a carbon filtration water system?	yes	X66
Do you have any other treatment devices on your water system?	(ves)	no
If yes, what kind?	Softener Ino	ut - Kinetica
Where are the treatment devices located?		

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located? Is there a drain for the flushed water to run to and is that drain operational?	yes	no.
Do you have a mop sink we can take a water sample from?	yes (yes)	no no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	(ves)	no
If yes, when was the last sample collection?	VOC	
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results (e.g.	installed a treatment device)?	
	yes	no
Other comments.		
Signatures To the best of my knowledge, the above information is accurate. FCHD Name Lindsey Lmthrown Signature	Date	9-12
Property Owner Name CARULY D GOODING Signature	Date	11/9/12
May we take pictures of your plumbing and faucets? initial	ves	(00)

Account Identifier:

District - 09 Account Number - 234829

		WAR.			ROLL	Owi	ner Inform	ation	SUE	A STATE OF	CALL THE STATE OF	
Owner 1	170,				IIS P & CAR	OL A		<u>Use:</u> Princij	RESIDENTIAL YES			
Mailing	Address:		3987 FARM LN MONROVIA MD 21770-8904					Deed F	Reference	i	1) /00953/ 00840 2)	
		Leurs.			Loca	ation &	Structure	Information				
3987 FAF	es Address RM LN VIA 21770-						L7BG FARM F	Description S 4.46 AC RD. VALLEY				
<u>Мар</u> 0097	Grid 0012	Parc 0121	el Sub Di	strict	Subdivisio 0000	<u>on</u>	Section 4	Block G	Lot 7	Assessment Area	Plat No: Plat Ref:	6 166
Special '	Tax Areas			Town Ad Valo Tax Cla			NONE 251					
Primary 1976	Structure	e Built			closed Area 52 SF	a		Property La 20,038 SF	nd Area		County Use	
<u>Stories</u> 2.000000	Basem YES	ent	Type STANDARD U	Exter INIT FRAM								
	1. 1. 16					Val	ue Informa	ation			SECTION 1	
Land			Base Value	Valu As Of 01/01 118,4	/2010	As Of	se-in Asses f /2011	As Of 07/01/2012				
Improve Total:	ements:		277,430 435,290	195,7 314,1		314,1	00	314,100				
-	ntial Land	:	0	,.	~~	51,,1		0				
				14-2		Tran	sfer Inforn	nation				
Seller: Type:								Date: Deed1:		Price: Deed2:		
Seller: Type:								Date: Deed1:		Price: Deed2:		
Seller: Type:								Date: Deed1:		Price: Deed2:		
		in all			BA ILA	Exemp	ption Infor	mation				19 8
Partial I County State	Exempt As	sessme	nts				0	Class 00 00	C	7/01/2011 .00 .00	07/01/2012	
Municip	oal							00		.00	0.00	
Tax Exe Exempt										Special Tax Reca NONE	pture:	
					Home	stead A	Application	Information	G 14			Wales
Homeste	ead Applic	ation S	tatus:	A	pproved 0)1/12/2	2011					

THE FREDERIC COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall Frederick, Maryland

3987 Farm Lane

To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date 12-4-75
er of property Thean Valley Mld- Driller L. A Cartenday
ress Lhithersbury M.J. Address Mr. ain
et location of property where well was drilled South wile nt. 80 /2 mile
ast of nt.75
Subdivision: Name then Vally Block No. 1 Lot No. 7
mit No. $FR-73-2597$ (This is the number issued by the Department of Geology.)
struction and performance characteristics of well
Diameter of largest bit 10m
Ground water encountered atft.
At what depth was first vein of water encountered 50ft. Cased off: Yes No
Total depth of well 145 ft. Standing water level in well below ground surface when not pumping 45 ft.
Casing: Diameter of casing 6/4 FO Length of metal casing 73 Are casing joints water tight? Yes 10 No How were these joints sealed by welding
Finished casing terminatesft. above ground levelft. below ground levelft.
Well cement grouted: Yes No To what depth ft. (if answer to No. 5 is NO an acceptable explanation in detail is necessary
THE PART OF THE PA
Yield of will: gal. per min. No. of hours pump operated at this rate during test hours minutes.
Log of materials encountered during drilling
ereby certify that the above information concerning this well is true and correct.
Well Driller Dept. of Geology, Mines and Water Resources License No. 42

Sampling Appointment Setup	22.00 to 1
Property Address	3989 Farm Lane
Property Owner	Sherri Purkable
Date owner called to set appointment	10/15/12
Name of person calling to set appointment	Sherri 301 922 9698
Date and time of sampling appointment	10/19/12 6:00am Friday
	9
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	e filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR-73-2664
Age of the well	12-4-75
Casing depth of the well	21 ft
Total depth of the well	145 ft
Well driller	Easterday
Well completion report available? (attach copy if yes)	yes - a Hached
When was your well pump last replaced?	prior to her buying house almost quears ago
Do you have any concerns with the amount of water your well provides?	yes no
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes
	1 1 1001
How old is your house?	about 1976
Has the plumbing ever been remodeled/replaced?	yes (no) she has lived
If yes, when?	there
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	delta or Pfister
What material is the faucet made of?	metal silver color (Copper)
Do you know how old the faucet is?	there when bought house
Do you have a pressure tank?	yes no
If yes, where is it located?	basement
What is the size or model/maker of your pressure tank?	Goulde 180EX
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	yes no
If yes, what kind?	conditioner
Where are the treatment devices located?	hasement

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	
If yes, where is it located?	off pressure tank	<u> </u>
Is there a drain for the flushed water to run to and is that drain operational?	yes no	
Do you have a mop sink we can take a water sample from?	(yes) basement no	
Do you have a bathtub we can take a water sample from?	yes no	
Do you have your water regularly sampled?	yes no	
If yes, when was the last sample collection?	about take August	10/17/12
If yes, will you provide copies of the sample results?	yes no	
Have you made any recent changes to your water system based on sample results	(e.g. installed a treatment device)?	
	yes)
Other comments.		
Signatures To the best of my knowledge, the above information is accurate. FCHD		
Name Signature	Date	Y_NY_N
Property Owner Surve terk signature_	Date 10/19/	12
May we take pictures of your plumbing and faucets? initial	(yes) no	

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	tment Setup	2000	P 1							
Property Address		2404	Form	<u>Lanc</u>						
Property Owner		onerr	1 Hurka	blc_						
Date owner called t	to set appointment	10/15/12	2	1.1						
Name of person cal	lling to set appointment	Sherr	i Purks	able						
Date and time of sa	ampling appointment	10/19/1	2-600	am						
Phone number to ca	all in case of changes	301-9	122-464	16					-	
At Sampling Appo	intment in Lio LiD									
Date	10119112	i								
Arrival time	7:40 000	į								
Departure Time	1.10 011									
FCHD Staff	Brugan Crame	note								
CGS Staff	Matt Francy					2002				
Property Owner	Sinceri Purkahi	e								
Other (affiliation)						West to make the		Later Constitution		
Outer (anniauon)										
Sample Locations	and IDs									
				Total Lead /	ck to indicate sample Dissolved Lead /	le collection Hexavalent			Enter reading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	рН	Temperature	ORP
First Draw	3989 Farm-First Day	Kitchen Sink	6:10	/	/	1	1	6.45	20.50	198.6
Flushed*	3989 Farm-Flushad	Bosenon Wash Sal	L6:40	1	/	/	/	6.42	19.8°C	139.4
Duplicate										
First Draw Sample			_							
Any water use in la			No							
	e (e.g. how long, from which tap/to	oilet)		-						
		5A5256								11000000
the selected sample	<u>Circle One</u> lection, purge plumbing system for le callection spigot into diain or bu erence for this sample callection is	cket prior to fill	om a wide-open ing sample bottle	spigot into fund es	tioing drain in the æ	sidenæ. Purg	an add	itional galon of	water from	
mannet francher still anders	the pressure tank and any water t									
	e pressure tank, but prior to any w									
	t or other higher velocity spigot (e.			indry room) afte	r the pressure tank a	and any water	treatmer	nt.		
If 1 or 2, has the pr	roperty owner confirmed that the s	pigot is operat	ional?							
D N bi-	10:20 am		Additional gallo	n nurned from s	selected sample colle	ection spinat?		405		
Purge time begin	(a: 35 000	-25	Additional galb	ii puigea ii oiii .	sereaca sample con	octori spigoti		700	_	
Purge time end	9.33011	- 0								
Dissolved Analysis Samples filtered?	sSamples									
First Draw	ucs									
	Tica	-								
Flushed	-45					- 15 				
Equipment Calibra Provide notes on o	<u>ation</u> calibration induding standards use	d and results o	of calibration							
pH										
ORP										
	knowledge, the above information	is accurate.		0	0					
FCHD Nam	Bryon Crampt	97_	Signature	• Buya	n Clamp	top	_ Date	10/19/1	2	<u>u</u>
CGS	Si Matt Eng	'N	Signatur	, Hut	1/		Date	10/19/1	2	
I certify that the ab	pove listed individuals were at my	property to coll	_		served the samples	collected from	the loca	tions noted abo	ve.)	
Property Owner	ci . 1)	,	1	X	-	1.1	100	i	. /.	
Nam	ne Sherri fu	in ka	& CSignatur	· Koh	une 1	unu	Det	10/1	4/17	=
				1				1	a .	

Maryland Department of Assessments and Taxation Real Property Data Search (vw2.2A) FREDERICK COUNTY Go Back
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GroundRent Registration

Account I	dentifier:		Dis	trict - 09 Accou	ınt Number	- 245847					
					Owner Infor	mation					
Owner Na		81	PURKABLE 3989 FARM MONROVIA				al Residen eference:	ce:		RESIDENTIAL YES 1) /04355/ 00001 2)	
					n & Structur	e Informatio	n				
Premises A 1989 FARM MONROVIA		0			L 6 B G S/S FAI	Description S 4 .47 AC RM RD I VALLEY					
1011 Process	Grid P: 012 01	arcel 21	Sub District	Subdivision 0000	Section 4	Block G	Lot 6	Assessme 1	ent Area	Plat No: Plat Ref:	6 10
Special Ta	x Areas		Ad V	alorem	NONE 251						
Primary S 1975	tructure B	ailt		Enclosed Area 1,248 SF		Property 20,473 SF	Land Arc	ea .	2	County Use	
Stories 1,000000	Basement YES		e <u>E</u> NDARD UNIT FI	xterior RAME	781	2017-02					
					Value Inform	nation					
Land Improvem Total:	ents:	119	As 01 ,000 11 ,300 11	Of /01/2010 9,000 9,300	Phase-in As: As Of 07/01/2012 238,300	As Of 07/01/20	113				
Preferenti	al Land:	0	3)								
					Transfer Info	rmation					_
Seller: Type:	MUNDAY, ARMS LEN		NCE J & KATHA PROVED	RENE A		Date: Deed1:	01/16/200 /04355/ 0		Price: Deed2:	\$284,900	
Seller: Type:						Date: Deed1:			Price: Deed2:		
Seller: Type:						Date: Deed1:			Price: Deed2:		
				E	xemption Inf	ormation				201 00011	
Partial Ex County State Municipa	empt Asses	ssments				Class 000 000 000		07/01/2012 0.00 0.00 0.00		07/01/2013	
Tax Exem Exempt C					1				Fax Recap	oture:	
				Homest	ead Applicati	ion Informati	on				
Homestea	d Applicat	on Stati	is:	Approved 0	1/12/2011						

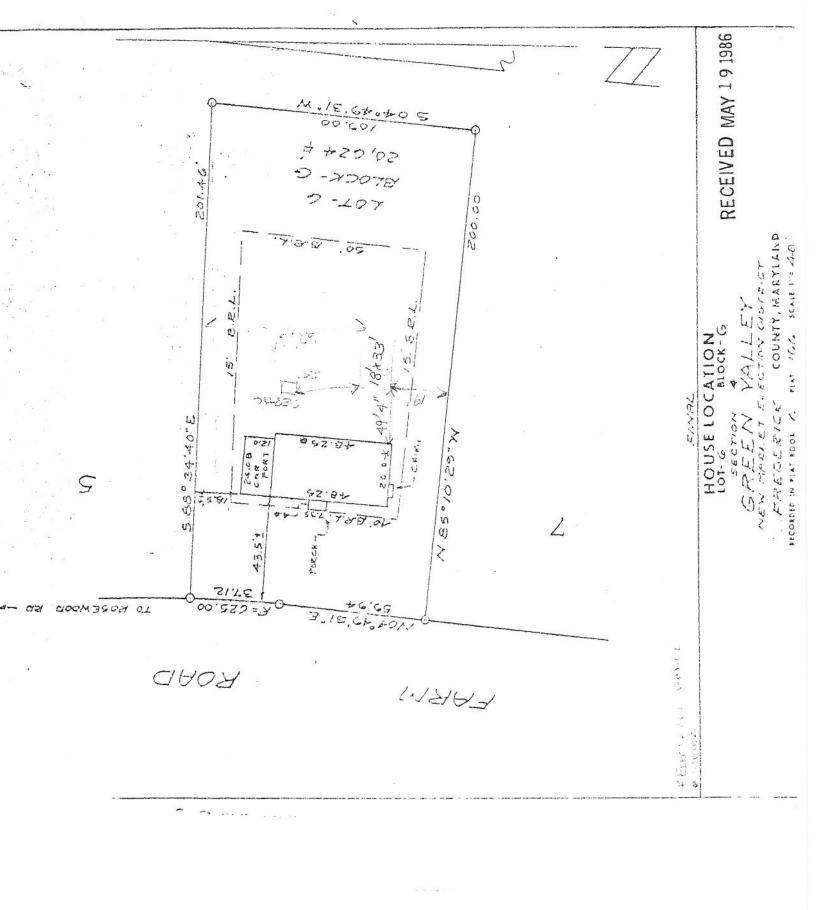
WRA PERMIT NUMBER STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401 2 3 (SEQ. NO.) 6 ... HIS NUMBER IS TO BE PUNCHED COLE, 3-6 ON ALL CARDS) APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY DATE RECEIVED COL. 34 COL. 55 OFFICE L COL. 76 LOCATION OF WELL DRILLER INFORMATION (SEQ. NO.) (SEQ. NO.) COUNTY SUBDIVISION SECTION SIGNATURE MILES FROM TOWN (ENTER O IF IN TOWN) WELL INFORMATION DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) B 4 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) N E NORTHEAST S E SOUTHEAST E EAST N NORTH AVERAGE DAILY QUANTITY NEEDED (GALLONS PERDAY) USE FOR WATER (CIRCLE APPROPRIATE BOX) S SOUTH N W NORTHWEST S W SOUTHWE D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT F FARMING, AGRICULTURE, IRRIGATION INDUSTRIAL , COMMERCIAL, STATE AND FEDERAL GOVERNMENT. DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION ROADS AND STREAMS WITH NORTH IN THE DIJECTION OF THE ARR TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSS SKETCH, ALSO SHOW, BY MEANS OF AR "X" THE WELL LOCATION AND THE BOX NUMBER FROM THE WELL LOCATION MAP. APPROXIMATE DEPTH OF WELL METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED 30-37 AIR-ROTARY ROTARY (HYDRAULIC ROTARY) AIR-PERCUSSION REVERSE-ROTARY DRIVE-POINT CABLE REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) NORTH COORDINATE HEALTH DEPARTMENT APPROVAL B 4 COUNTY NO. COUNTY HAME APPROVED BY

THE FREDERICE COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall

Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

FEATURE DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date 12-4-75
Owner of property Licenvalley Bld. Driller of fr Easterday
Address Maithenbur 211d Address Int. ain
Exact location of property where well was drilled South sed not so to mile
last of 125
If Subdivision: Name Isanvalley Block No. 6 Lot No. 6
Permit No. FR-73-7664 (This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit 10in
(2) Ground water encountered atft.
(3) At what depth was first vein of water encountered Soft. Cased off: Yes No L
(4) Total depth of well 145 ft. Standing water level in well below ground surface when not pumping 40 ft.
(5) Casing: Diameter of casing LETO Length of metal casing Z/ Are casing joints water tight? Yes No How were these joints seal ed by welding
Finished casing terminatesft. above ground levelft. below ground levelft.
(6) Well cement grouted: Yes No To what depth 19 ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of will: 5 gal. per min. No. of hours pump operated at this rate during test hours minutes.
(8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct.
It Easterday
Well Driller Dept. of Geology; Mines and Water Resources
License No. $\sqrt{2}$







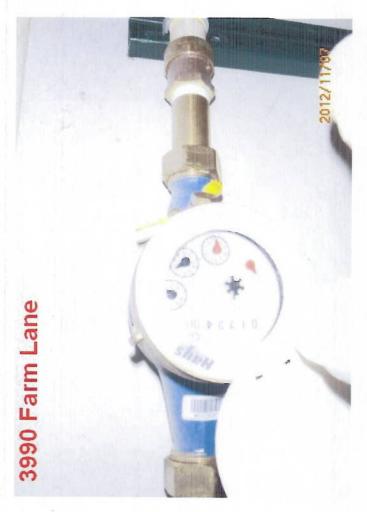
FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

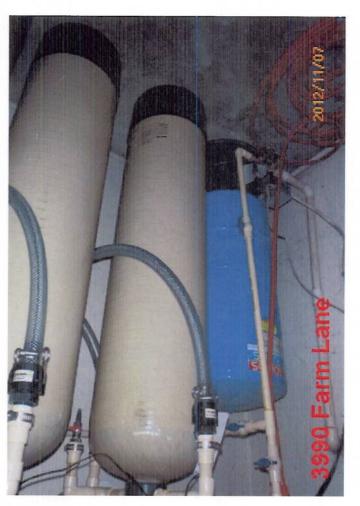
Sampling Appoint	ment Setup									
Property Address		399	10 Far	m Lin	e					
Property Owner		kitt	v Brad	lev		* ****				
Date owner called t	to set appointment	10.	19-12	/		80000				
Name of person cal	lling to set appointment	Kit	ty							S21000
Date and time of sa	ampling appointment	10-31	12	11-7-12		8:0	0	Wednesd	احر	
Phone number to co	all in case of changes	3	01-831	-669	2				1	
At Sampling Appo	intment									
Date	11-7-12	F2								
Arrival time	8:00	6)								
Departure Time	9:00									
FCHD Staff	Internal partle	ream								
CGS Staff	Linescy Linin	+								
	kitt. Drill									
Other (affiliation)	MILY Bracale	y						AND PRODUCE AND ADDRESS.		
Outer (anniauori)										
Sample Locations	and IDs									
					ck to indicate sampl				Enter reading	
Sample Type	Sample ID	Location	Sample Time	Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pН	Temperature	ORP
First Draw	3990 Farm-First Down	Kitchen Sink	8:07	X	×	×	×	6.71	19.90	161.2
Flushed*	3990 Farm Flushed	100000000000000000000000000000000000000	8:42	X	X	×	×	6.25	16.60	177.6
Duplicate	The fact of the state of		0.774					51,2	1.0.0	11110
		-	-Spigot	Diver To	first carb	In Pitte	^		-1	
First Draw Sample	-1 0 h0		200	11101	IIFSI ERIO	TITLE	FT.			
Any water use in las		II-M	110	**						
if yes, describe use	(e.g. how long, from which tap/to	net)								
Flushed Sample - C		15 minutes fr	om a wida anan i	minut into freedom	Value design in the sec	sidenes Duran		titional natura at	ata e feam	
the selected sample	ection, purge plumbing system for a callection spigot into dain or but	ket prior to fill			doing drain in the les	siderios. Furge	anauc	attorial galori of	water nom	
	rence for this sample collection is									
	he pressure tank and any water tr									
	pressure tank, but prior to any wa									
A bathtub faucet	or other higher velocity spigot (e.g	g. a wash sink	in basement/laur	ndry room) after	r the pressure tank a	and any water t	reatme	nt.		
If 1 or 2, has the pro	operty owner confirmed that the sp	oigot is operati	onal?							
10 AM 1	4171	-						-1		
Purge time begin	8:21		Additional galbr	purged from s	eleded sample colle	ection spigot?		_1_	<u></u>	
Purge time end	8:36									
Dissolved Analysis	Samples									
Samples filtered?	V									
First Draw	Yes .									
Flushed						10				
Equipment Calibrati			f callbacking							
	alibration induding standards used	and results of	calibration							
pH										
ORP										
Cianaturas										
Signatures To the best of my ki	nowledge, the above information i	s accurate.								
FCHD	2000 2000 2000 2000			1.	· .					
Name	Lindsey Linthi	cam	Signature	Ly	ZIL		Date	11-7-	12	2
				1		j ,				
CGS				M		- 11		11/7	1	
Name	Lara Benn	ett	Signature	/ Yara			Date	11///	18	
I certify that the abo	ove listed individuals were at my p	roperty to colle	ect water sample	s and that I obs	erved the samples of	collected from t	he loca	tions noted abo	ve.	
Property Owner		,			2			1	1	
Name	Kitty Bradle	ď	Signature	RI	-Van -		Date	K/7/	12	
, tame	7	/	. Signature	1//						7).
				0						

3 of 3

Sampling Appointment Setup		
Property Address	3990 Farm	Lane
Property Owner	Kitty Brad	ley
Date owner called to set appointment	10/9/12)
Name of person calling to set appointment	Kittu	
Date and time of sampling appointment	10/31/10 800	ulednesday
	11/7/12	J
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or the	rough interview with the
How many wells do you have supplying your house?		
What is the well tag number(s)?	FR-73-28	395
Age of the well	05-04-19	76
Casing depth of the well	21 feet	
Total depth of the well	200 feet	
Well driller	Easterday	
Well completion report available? (attach copy if yes)	completion eer	tificate - attached
When was your well pump last replaced?		
	*	
Do you have any concerns with the amount of water your well provides?	yes	(no)
Has your well ever run dry?	yes	(no)
Do you have any taste and/or odor problems with your water?	yes	no
How old is your house?	36 years	
Has the plumbing ever been remodeled/replaced?	yes	no
If yes, when?		
What type of piping do you currently have in your house? (circle one)	copper pvc other	
What is the brand of the faucet in your kitchen?		
What material is the faucet made of?		
Do you know how old the faucet is?		
Do you have a pressure tank?	yes	no
If yes, where is it located?		
What is the size or model/maker of your pressure tank?		
Do you have a water sediment filter?	yes	no
Do you have U.V. light?	yes	no
Do you have a carbon filtration water system?	yes	no
Do you have any other treatment devices on your water system?	ves	no
If yes, what kind?	Newtralizer	
Where are the treatment devices located?		

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?		
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	yes	no
Do you have a bathtub we can take a water sample from?	yes	(no)
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	***	
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results (e.g. in	nstalled a treatment device)	?
	yes	no
Other community		
Other comments.		
<u>Signatures</u> To the best of my knowledge, the above information is accurate.		
FCHD		
Name Lindsay Conthisum Signature The Italy	Date	7-12
Property Owner		1 1
Name Kitty Bradley Signature Kitty Bradler	7 Date	11/7/12
May we take pictures of your plumbing and faucets? initial	(yes)	no













THE FREDERICK COUNTY DEPARTMENT OF HEALTH 12 East Church Street

12 East Church Street Winchester Hall Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

	HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Owner	of property Leen Valley Buld Driller & F. Carterday
A 3.3	21 - 1 1 Driller J. Carberday
Addre	ss Sathersburg and Address Mt. airy and.
Exact	location of property where well was drilled At. 80 1/2 mule last of 75
Personal Market	
	bdivision: Name then Valley Block No. = Lot No. 45
Permi	t No. FR-73-2895 (This is the number issued by the Department of Geology.)
Const	ruction and performance characteristics of well
	Diameter of Largest bit
(2)	Ground water encountered atft.
(3)	At what depth was first vein of water encountered 65 ft. Cased off: Yes No 2
	Sotal depth of well 200 ft. Standing water level in well below ground surface when not pumping ft.
(5) 0	Casing: Diameter of casing 444D length of metal casing 2/ Are casing joints water tight? Yes VNO How were these joints sealed by welding
	Finished casing terminates 2ft. above ground level ft. below ground level
(6) W	ell cement grouted: Yes V No To what depth 19 ft. if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Y	ield of w 11: 5 gal. per min. No. of hours pump operated at this rate during test hours minutes.
(8) L	og of materials encountered during drilling
I here	by certify that the above information concerning this well is true and correct. LA. Carterlay Well Driller
	Dept. of Geology, Mines and Water Resources License No. 42

FREDERICK COUNTY HEALTH DEPARTMENT

English the state of the state		Permit 1	No. 25-13
Frederick County Approval Ce	rtificate For We		
Owner of Property Green Valley Builders	Driller	L. F. Easterd	ay
Street or R.F.D. 9 North Summit Avenue	Street or I	R.F.D	
Post Office Gaithersburg, Maryland	Post Office		
Location of property W. side of Farm Roa			ing something with the
If Subdivision: Name Green Valley	na sana ang ang ang ang ang ang ang ang ang	lock or F	Lot No. 45
Well to furnish water to: House x new	_Commercial esta	blishment	Other
Lot Size: Width (front) 234.00 Depth (1. (rear) 269.00			
This application is made with the understarthe place designated by the Health Department completion certificate of this well must be partment, within fifteen (15) days after completions will be carried out in accordance of Health. Drilling at any other location, approval certificate.	ent and as shown e filed by the d empletion of dri	in the sketc riller, at th lling. All w ons of the St wn on sketch,	h below. A e Health De- ell drilling
Owner	Contractor	Well Dri	
O BE COMPLETED BY HEALTH DEPARTMENT AND MA	DE A PART OF TH	IS APPLICATION	N
WELL Located according to		1 /5/1	
Final Pat Location NOTICE - READ CAREFULLY	87		N
The applicant for this permit is herewith /// advised that the property to be served by			
this system is in an area shown to be in the Frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property.	O D ER THIS DATE 30-76 N. S. E. House	75+	0-15'- VELL
2/29/76 SE	POTIC AREA DING		

The property described above has been inspected and the well site approved as shown. Date of approval 8-1-75 Sanitarian Thomas S. Molly L

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						Owner I	nformat	ion				-1.		
				BRADLEY KITTY LEA CO-TRUSTEE & JACOBSEN INGRID A CO-TRUSTEE				Use: Principal Residence:			RESIDENTIAL YES			
Mailing Address:		3990 FAR MONROV	M LANE IA MD 21	770				Deed	d Refere	nce:		1) /08904/ 000 2)	051	
					Locatio	on & Stru	cture I	formatio	n					
Premise	s Address					L	gal De	scription	n					
990 FAI								4 1.10 A	C					
MONRO	VIA 21770-	0000					RM RD							
							-	ALLEY	>					
Мар	Grid	Parc	el Sub Dist		Subdivision		tion	Block	5)	Lot		nent Area	Plat No:	6 16
097	0012	0121			0000	4	(F	1	45	1		Plat Ref:	
				Town		NO	NÉ							
pecial	Tax Areas			Ad Valo		251								
				Tax Cla									- 4	
Alexander of the second	Structure	Built			closed Area			Property		nd Area		9	County Use	
976		_		1,27	4 SF			1.1000 AC	2					
Stories .	Basem	ent	Type	Exteri										
.000000	YES		STANDARD UN	IT FRAMI	3									25.000.700
						Value In	formati	on						
			Base Value	Value	5.0	Phase-in	Assess	ments						
				As Of 01/01/		As Of 07/01/2012		As Of	010					
Land			151,200	151,20		77/01/2012		07/01/20	013					
Control of the same	ements:		146,800	146,80										
Fotal:			298,000	298,00	0 2	298,000								
referer	tial Land:		0											
						Transfer I	nforma	tion						
eller:	BRADLI	EY KIT	TY LEA				D	ate:	05/	25/2012		Price:	\$0	
ype:	NON-AF	MS LE	NGTH OTHER					eed1:	/08	904/ 0005	1	Deed2:		
Seller:	BRADLI	EY, RUS	SSELL GLENN &	KITTY LI	EA			Date:	10	0/26/1992		Price:	\$0	
ype:							- 6	Deed1:		1833/ 002	21	Deed2:		
Seller:	SMITH,	CYNTH	IIA H & KITTY E	RADLEY				Date:	10	0/03/1989		Price:	\$35,000	
ype:			NGTH OTHER				2.3	Deed1:		1596/ 008	52	Deed2:	255,000	
					F	xemption	Inform	etion			22-1	PRIVATE/SUMBILIS		
artial I	Exempt As	e oce m o	nte		E.	puoli	- 7200		mS.I.		7/01/2012		07/01/2012	
County	exempt AS	сээше	HES.				000				7/01/2012 .00		07/01/2013	
tate							000				.00			
Aunicip	al						000				.00			
ax Exe	mpt:					10117			-		Special	Tax Recap	ture:	
xempt	15.25										Special	NONE	THE CO.	
					Homesta	ad Appli	cation I	nformati	on					
	ad Applic				proved 02/									

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

She wouldn't fill out questionaire but took it for her lawyer to review to make sure it was ok to fill out. She has our fax # if she deades to do it.

Sampling Appoints	ment Setup	2001	Frm	Lanc		0	50	Sax !	# 4.8	ne	
operty Address operty Owner		Shell	1 Plack				-1	don t	a do i	+	
	o set appointment					our fox # if the decides to do it.					
	ling to set appointment	Shal	Li Plas	V.		122.0					
	mpling appointment	1.1.111.									
	all in case of changes	301-1	021-30	21	1						
none number to ca	all in case of dilanges	201-1	W31-38	01							
t Sampling Appoi	intment										
ate	11/14/12										
rrival time	450000										
eparture Time	6 com	•									
	0 0										
CHD Staff	bryan Crami	pton									
GS Staff	1110H Emery										
roperty Owner	Shelly Plask	7									
ther (affiliation)	1										
ample Locations	and IUS			Che	ck to indicate samp	le collection			Enterreading		
Cample Torre	Comple ID	Leaction	Cample To	Total Lead/	Dissolved Lead /	Hexavalent	woo.	p.II		000	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	рн 7.45	Temperature	173.9	
rst Draw	3991 Form-Flushed	Kitchen Sink	11.20	V -		-V	Y/	6.87	15.5°C	202	
ushed*	3491 FORM- Flushau	tank tap	17:50	V		- V	V	(0.0 (19.5 C	202	
plicate											
rst Draw Sample ny water use in las yes, describe use ushed Sample - C for to sample colle a selected sample The order of prefer	(e.g. how long, from which tap/to	r 15 minutes fro cket prior to filli as follows:			ioing drain in the re	sidence. Purge	an add	itional galon of	water from		
ny water use in las yes, describe use ushed Sample - Coro to sample colle a selected sample the order of prefer A spigot prior to the A spigot after the A bathtub faucet of 1 or 2, has the prouge time begin urge time begin urge time end ssolved Analysis: amples filtered?	(e.g. how long, from which tap/to- circle One edicion, purge plumbing system for e collection spigot into diain or but rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any w or other higher velocity spigot (e.g. perty owner confirmed that the spigoty of the samples Samples	r 15 minutes fro cket prior to filli as follows: reatment. ater teatment. g. a wash sink pigot is operati	om a wide-open ing sample bottle in basement/laur onal?	es ndry room) after		and any water			water from	<u> </u>	
nst Draw Sample ny water use in las yes, describe use ushed Sample - C ior to sample colle the order of prefer A spigot prior to the A spigot after the A bathtub faucet of 1 or 2, has the pro- urge time begin urge time end assolved Analysis: amples filtered? rst Draw	(e.g. how long, from which tap/to circle One ection, purge plumbing system for a collection spigot into dain or but rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any w	r 15 minutes fro cket prior to filli as follows: reatment. ater teatment. g. a wash sink pigot is operati	om a wide-open ing sample bottle in basement/laur onal?	es ndry room) after	the pressure tank	and any water			water from	<u> </u>	
nst Draw Sample ny water use in las yes, describe use ushed Sample - C ior to sample colle the order of prefer A spigot prior to the A spigot prior to the A spigot after the A bathtub faucet of 1 or 2, has the pro- urge time begin urge time end assolved Analysis: amples filtered? rst Draw ushed quipment Calibrati	(e.g. how long, from which tap/to circle One edicion, purge plumbing system for a collection spigot into drain or but rence for this sample collection is the pressure tank and any water tripressure tank, but prior to any wor other higher velocity spigot (e.g. pperty owner confirmed that the spigot samples	r 15 minutes fro cket prior to filli as follows: reatment. ater treatment. g. a wash sink pigot is operati	om a wide-open ing sample bottle in basement/laur onal? Addtional galbr	es ndry room) after	the pressure tank	and any water			water from	ò	
nst Draw Sample ny water use in las yes, describe use ushed Sample - C ior to sample colle be selected sample The order of prefet A spigot prior to th A spigot after the A bathtub faucet 1 or 2, has the pro- urge time begin urge time end ussolved Analysis: amples filtered? rst Draw ushed auipment Calibrati rovide notes on ca	(e.g. how long, from which tap/to circle One ection, purge plumbing system for a cellection spigot into dain or bur rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any wor other higher velocity spigot (e.g. poerty owner confirmed that the spigot to the confirmed that the spigot that the spigot that the confirmed that the spigot that the	r 15 minutes fro cket prior to filli as follows: reatment. ater treatment. g. a wash sink pigot is operati	om a wide-open ing sample bottle in basement/laur onal? Addtional galbr	es ndry room) after	the pressure tank	and any water			water from	ò	
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rst Draw Sample my water use in las yes, describe use ushed Sample - C rior to sample colle le selected sample The order of prefei A spigot prior to th A spigot after the A bathtub faucet 1 or 2, has the pro urge time begin urge time end issolved Analysis amples filtered? irst Draw lushed quipment Calibrati rovide notes on ca H RP	(e.g. how long, from which tap/to circle One ection, purge plumbing system for a cellection spigot into dain or bur rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any wor other higher velocity spigot (e.g. poerty owner confirmed that the spigot to the confirmed that the spigot that the spigot that the confirmed that the spigot that the	r 15 minutes frocket prior to fillings follows: reatment. ater treatment. g. a wash sink pigot is operation.	om a wide-open ing sample bottle in basement/laur onal? Addtional galbr	ndry room) after	the pressure tank	and any water		yes	water from	<u> </u>	
rst Draw Sample rsy water use in las yes, describe use ushed Sample - C ior to sample colle ior to sample colle The order of prefer A spigot prior to the A spigot after the A bathtub faucet I or 2, has the pro- urge time begin urge time begin urge time end issolved Analysis: amples filtered? rst Draw ushed quipment Calibrati rovide notes on call RP ignatures of the best of my kr CHD Name	(e.g. how long, from which tap/to- circle One ection, purge plumbing system for ections properly of the dain or but rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any w or other higher velocity spigot (e.g. poperty owner confirmed that the spigot of the system of the syst	r 15 minutes frocket prior to fillings follows: reatment. ater treatment. g. a wash sink pigot is operation.	om a wide-open ing sample bottle in basement/lauronal? Additional gallor f calibration	ndry room) after	the pressure tank	and any water	treatmer	11/19	water from 400	5	
rst Draw Sample ny water use in las yes, describe use ushed Sample - C ior to sample colle e selected sample The order of prefei A spigot prior to th A spigot after the A bathtub faucet of 1 or 2, has the pro urge time begin urge time begin urge time end ussolved Analysist amples filtered? rst Draw ushed cuipment Calibrati rovide notes on ca th RP ugnatures of the best of my kr CHD Name GS Name	(e.g. how long, from which tap/to- circle One ection, purge plumbing system for ections properly of the dain or but rence for this sample collection is the pressure tank and any water to pressure tank, but prior to any w or other higher velocity spigot (e.g. poperty owner confirmed that the spigot of the system of the syst	r 15 minutes frocket prior to filling as follows: reatment, atter treatment, g. a wash sink pigot is operational of the pigot is operational o	om a wide-open ing sample bottle in basement/laur onal? Additional galbr f calibration Signature Signature	ndry room) after in purged from s	the pressure tank	ection spigot?	_ Date	11/14	12	5	
rst Draw Sample ny water use in las yes, describe use ushed Sample - C rior to sample colle e selected sample The order of prefer A spigot after the A bathtub faucet 1 or 2, has the pro urge time begin urge time begin urge time end issolved Analysist amples filtered? irst Draw ushed quipment Calibrati rovide notes on ca H RP ignatures o the best of my kr CHD Name	(e.g. how long, from which tap/to birde One edicin, purge plumbing system for excited on purge plumbing system for excited on spigot into diain or bur rence for this sample collection is the pressure tank and any water tripressure tank, but prior to any wor other higher velocity spigot (e.g. poperty owner confirmed that the spigot of the system of th	r 15 minutes frocket prior to filling as follows: reatment, atter treatment, g. a wash sink pigot is operational of the pigot is operational o	om a wide-open ing sample bottle in basement/laur onal? Additional galbr f calibration Signature Signature	ndry room) after in purged from s	the pressure tank	ection spigot?	_ Date	11/14	12	>	

Account Identifier:

District - 09 Account Number - 222502

			Owner Inform	nation				
Owner Name: Mailing Address:	PLOSKI SHELLY			0.0000000000000000000000000000000000000	al Residence: eference:		RESIDENTIAL YES 1) /07926/ 00456 2)	
		Locatio	on & Structure	Information	TO BUILDING			
Premises Address 3991 FARM LN MONROVIA 21770-0000			L 5 B G S/S FAI	Description S 4.51 AC RM RD VALLEY				
Map Grid Pa 0097 0012 012	Sub District	Subdivision 0000	Section 4	Block G	Lot 5	Assessment Area 1	Plat No: Plat Ref:	6 166
Special Tax Areas		n ⁄alorem Class	NONE 251					
Primary Structure Bui 1975		Enclosed Area 1,600 SF		Property 22,216 SF	Land Area		County Use	
Stories Basement 2.000000 YES	Type Ex STANDARD UNIT FR.	terior AME						
	NET PERMIT		Value Inform	ation		SEPTEMBER 1		F. Con
Land Improvements:	A: 01 161,740 87	Of A	Phase-in Asse As Of 07/01/2011	As Of 07/01/20	12			
Total: Preferential Land:	347,540 18 0	8,100	88,100	188,100 0				
			Fransfer Infor	mation	TO POST			
Seller: PLOSKI, TOI Type: NON-ARMS	DD J. SR. LENGTH OTHER			Date: Deed1:	07/28/2010 /07926/ 00456	Price: Deed2:	\$0	
	DD J. SR. & THERESA L. LENGTH OTHER			Date: Deed1:	06/30/2004 /04708/ 0016	Price: Deed2:	\$0	
Seller: BARKLEY, J Type: ARMS LENG	OHN F., JR. 6TH IMPROVED			Date: Deed1:	03/01/1995 /02079/0107	Price: Deed2:	\$159,000	
		E	xemption Info	rmation				7737
Partial Exempt Assessi County State Municipal	ments			Class 000 000 000	07 0.6 0.6	00	07/01/2012	
Tax Exempt: Exempt Class:						Special Tax Recap	pture:	
		Homesto	ead Applicatio	n Informatio	n I November			
THE AMERICAN STREET								

3991 Farm-Rd

THE FREDERICK COUNTY DEPARTMENT OF HEALTH

12 East Church Street

Winchester Hall

Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date Sept. 25-1925
Owner of Property Licen Valley Buld. Driller I & Casheday
Exact location of property where well was drilled West side Farm Md.
If Subdivi n: Name Theen Valley Block No. 1 Lot No. 5
This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit
(2) Ground water encountered at ft.
(3) At what depth was first vein of water encountered 40ft. Cased off: Yes No
(4) Total depth of well 120ft. Standing water level in well below ground surface when not pumping 30 ft.
(5) Casing: Diameter of casing 6/4/D Length of metal casing 2/ Are casing joints water tight? Yes No How were these joints sealed by welding
by treaded sleeve Finished casing terminates 2ft. above ground level ft. below ground
level.
(6) Well cement grouted: Yes No To what depth 19 ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of well: 15 gal per min. No. of hours pump operated at this rate during test hours minutes.
(8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct. A Eaglerday Well Driller Dept. of Geology, Mines and Water Resources License No. Z
broade no. 70

Sampling Appointment Setup	
Property Address	399 2 Farm Lane
Property Owner	Richard Podliska
Date owner called to set appointment	11/1/12
Name of person calling to set appointment	Richard 301-831-6816
Date and time of sampling appointment	11/9/12 7:00 +m Friday
	J .
Can be filled out by FCHD staff prior to or during the sampling appointment. Can	be filled out with FCHD records or through interview with the
property owner, or both. Confirm answers as necessary at the property.	
How many wells do you have supplying your house?	/
What is the well tag number(s)?	FR-73-2626
Age of the well	1975
Casing depth of the well	21'
Total depth of the well	345'
Well driller	Easterday
Well completion report available? (attach copy if yes)	ues (attached)
When was your well pump last replaced?	2010
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes no
atter Cho	ange tanks rusty/smell/taste
How old is your house?	1975-1976 lived there all alo
Has the plumbing ever been remodeled/replaced?	yes
If yes, when?	
What type of piping do you currently have in your house? (circle one)	copper pvc other thicker copper
What is the brand of the faucet in your kitchen?	Delta
What material is the faucet made of?	stainless
Do you know how old the faucet is?	about 10 years - have Roatsink
Do you have a pressure tank?	yes no
If yes, where is it located?	basement
What is the size or model/maker of your pressure tank?	40. Smith Model TDU32 (TOGET
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes no
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	yes no
If yes, what kind?	
Where are the treatment devices located?	RO under sink
	neutralizar baccomont

Do you have a spigot or tap to take a water sample near your pressure tank?	yes no
If yes, where is it located?	base of pressure tank
Is there a drain for the flushed water to run to and is that drain operational?	yes
Do you have a mop sink we can take a water sample from?	(yes basement no
Do you have a bathtub we can take a water sample from?	yes no
Do you have your water regularly sampled?	yes
If yes, when was the last sample collection?	October 2012
If yes, will you provide copies of the sample results?	(yes) (9ES no
Have you made any recent changes to your water system based on sample results	(e.g. installed a treatment device)?
	yes no
Other comments.	new neutralizer about
	I week ago
Meter Acading before GAC Filters: 301, 295	
<u>Signatures</u> To the best of my knowledge, the above information is accurate.	
Name Bryan Crampton Signature Byan Co	Implos Date 11/9/12
Property Owner Name Statistical Post TSMSignature	11/5/12
May we take pictures of your plumbing and faucets? initial	yes no

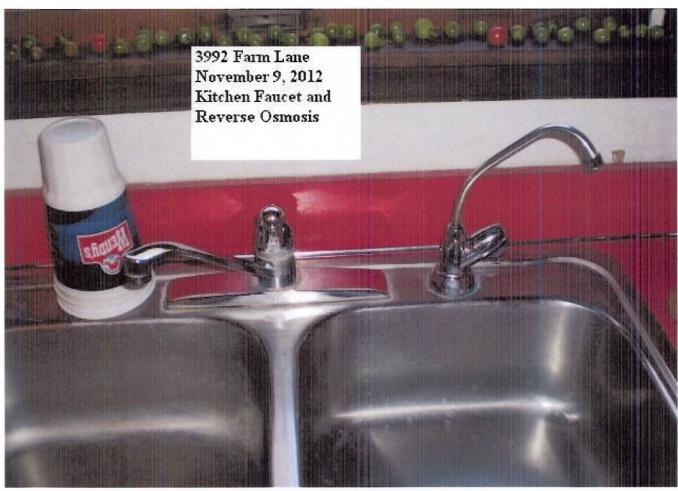
THE FREDERICK COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

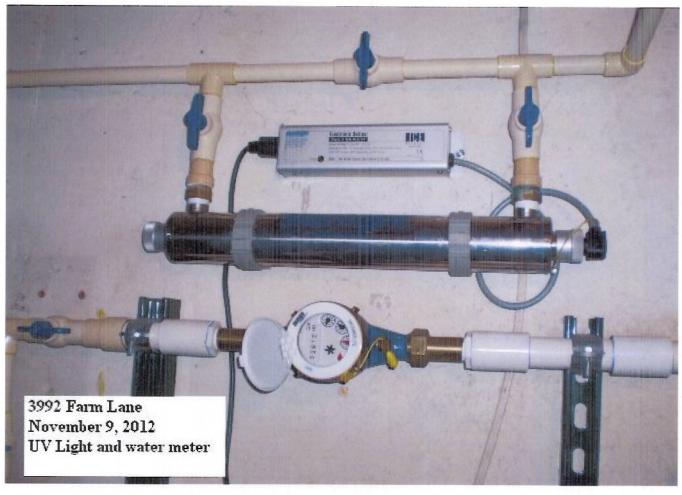
-	HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
	Date 12-4-75
Own	er of property Many Valle, Ruld. Driller & F. Easterday
Addı	ress Lathardus and Address not air
Exac	ct location of property where well was drilled Wouth side of Rt. 80 12 mile
	East of 75
If S	Subdivision: Name Sheen Valley Block No. F Lot No. 44
Perm	it No. FR-73-2626 (This is the number issued by the Department of Geology.)
Cons	struction and performance characteristics of well
(1)	Diameter of largest bit
(2)	Ground water encountered atft.
(3)	At what depth was first vein of water encountered 55 ft. Cased off: Yes No Z
(4)	Total depth of well 365 ft. Standing water level in well below ground surface when not pumping 50 ft.
(5)	Casing: Diameter of casing 6470 Length of metal casing 7/ Are casing joints water tight? Yes No How were these joints sealed by welding
	Finished casing terminates 2ft. above ground level ft. below ground level.
(6)	Well cement grouted: Yes No To what depth 9 ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7)	Yield of wall: / gal. per min. No. of hours pump operated at this rate during test / hours minutes.
(8)	Log of materials encountered during drilling
	reby certify that the above information concerning this well is true and correct. ### Table ### Well Driller Dept. of Geology, Mines and Water Resources License No. 12

. 4	FREDERICK COUNTY HEALTH DEPARTMENT
	Frederick County Approval Certificate For Well Installation
0	ner of Property Green Valley Builders, Inc. Driller L. F. Easterday
S	reet or R.F.D. 9 North Summit Ave. Street or R.F.D.
P	st Office Gaithersburg, Maryland Post Office
L	cation of property W. side FarmRoad
_	77 - 21
I	Subdivision: Name Green Valley Sub. Section Lot No. 44
W	ll to furnish water to: House x new Commercial establishment Other
L	t Size: Width (front) 140.00 Depth (l. side) 215.00 Area of lot sq.ft. (rear) 125.97 (r. side) 185.00 acres
p o o a	mpletion certificate of this well must be filed by the driller, at the Health Dertment, within fifteen (15) days after completion of drilling. All well drilling erations will be carried out in accordance with regulations of the State Department Health. Drilling at any other location, other than shown on sketch, VOIDS this proval certificate. te Signature of Applicantion of Applicantion of the State Department of Applicantion
T	BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION
	215' NOTICE - READ CAREFULLY
ARM ROAD	The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the frederick County Comprehensive Water and Severage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property.
	SEPTIC
	AFTER THIS DATE 185
	e property described above has been inspected and the well site approved as shown. te of approval 4-25-75 Sanitarian Thomas & Moulu A.









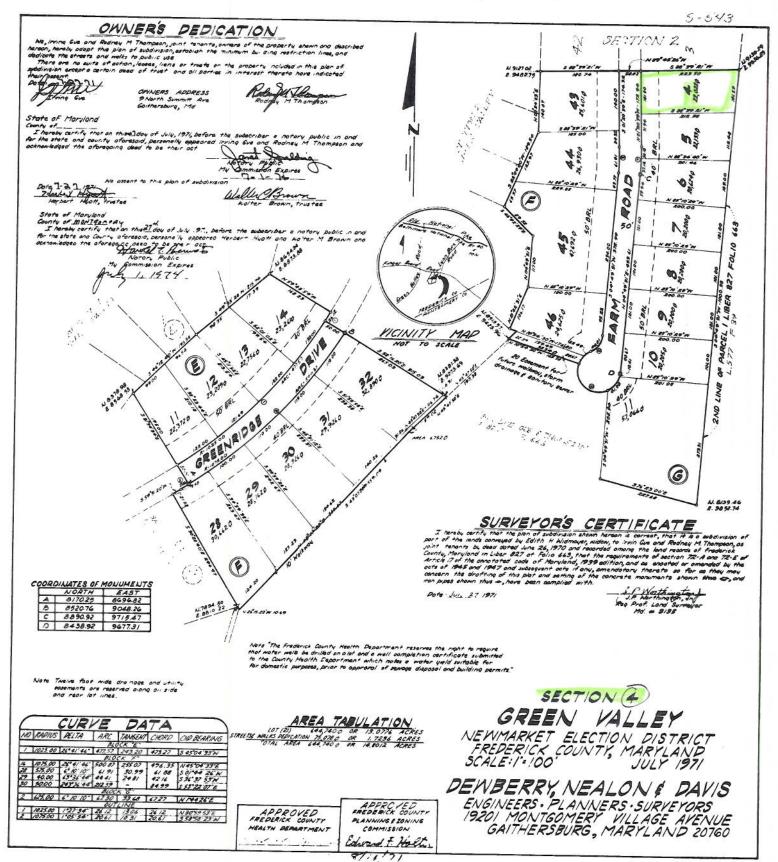
Sampling Appointment Setup	
Property Address	3993 Farm La. Monrovia Md. 2177
Property Owner	Michael & Diane Hughes
Date owner called to set appointment	10/12/12
Name of person calling to set appointment	Diane Hughes
Date and time of sampling appointment	10/23 k2 2:00 Am
Can be filled out by FCHD staff prior to or during the sampling appointment. Can property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR 03 2474
Age of the well	34 Years (Plus)
Casing depth of the well	Virknach
Total depth of the well	11
Well driller	//
Well completion report available? (attach copy if yes)	No
When was your well pump last replaced?	10-15 Yeurs
Do you have any concerns with the amount of water your well provides?	yes 60
Has your well ever run dry?	yes (B)
Do you have any taste and/or odor problems with your water?	yes & No oder no Have Not Drank
How old is your house?	34 Years (Plus)
Has the plumbing ever been remodeled/replaced?	yes (no)
If yes, when?	
What type of piping do you currently have in your house? (circle one)	copper puc other & PVC to Press, tank
What is the brand of the faucet in your kitchen?	De Ita
What material is the faucet made of?	Metal
Do you know how old the faucet is?	3-5 Your
Do you have a pressure tank?	(yes) no
If yes, where is it located?	Busement
What is the size or model/maker of your pressure tank?	Well Trol
Do you have a water sediment filter?	(no)
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes 🔞
Do you have any other treatment devices on your water system?	(yes) no
If yes, what kind?	Fitter differ Soft + Noutral 201
Where are the treatment devices located?	Businent

Do you have a spigot or tap to take a water sample near your pressure tank?	yes , no	
If yes, where is it located?	Busement	
Is there a drain for the flushed water to run to and is that drain operational?	(ves) no	
Do you have a mop sink we can take a water sample from?	yes no	
Do you have a bathtub we can take a water sample from?	yes no	
Do you have your water regularly sampled?	yes no	
If yes, when was the last sample collection?	16/17/12	
If yes, will you provide copies of the sample results?	yes (ho)	
Have you made any recent changes to your water system based on sample results (e.g. insta	alled a treatment device)?	
	yes no	
Other comments. Orinkd Gok with	Mse Bottle Water To	
Signatures To the best of my knowledge, the above information is accurate.		
Name Diane Hyghts Signature Cliane Highs	24 Date 10 17 12	
Property Owner Name/Mi ke Diane Hughes Signature Mihe Hyph	Date 10/12/12	
May we take pictures of your plumbing and faucets? initial	yes (no)	

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoin	tment Setup	220	2 –	5						
Property Address		3993 Farm Lanc								
Property Owner		Michael + Diane Hughes								
Date owner called	to set appointment	10/17	112		J					
Name of peson calling to set appointment Diana Horas										
Date and time of s	Date and time of sampling appointment 10/25/12 7 00 0M									
Phone number to d	call in case of changes		/						330000000000000000000000000000000000000	
At Sampling Appo	ointment									
Date	10/20/12	,								
Arrival time	01.0									
Departure Time	eparture Time S. OO a yr									
FCHD Staff	Bruan Crami	oton								
CGS Staff	Matt Emery									
Property Owner	Michael + Dia	ne thy	ines							
Other (affiliation)		0		***						
									-	-
Sample Locations	and IDs			-						
				Total Lead /	ck to indicate samp Dissolved Lead /				Enterreading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pН	Temperature	ORP
First Draw	3993 Form-First Draw	Kitchen Sink	7:05	V		V	/	7.09	21-1°C	191.4
Flushed*	3993 Farm-Flushed)	7:40	/	_/_	/	/	6.03	16.70C	185.3
Duplicate										
First Draw Sample		Hopig	prior-	to pressi	ore tank					
Any water use in la	st 6 hours?		No							
If yes, describe use	e (e.g. how long, from which tap/to	ilet)		•						
Flushed Sample - C										
	ection, purge plumbing system for	15 minutes fro	om a wide-open :	spigot into fund	ioing drain in the re	sidence. Purge	an add	itional galon of	water from	
the selected sample	e collection spigot into drain or buo erence for this sample collection is	cket prior to fill	ing sample bottle	es						
_	the pressure tank and any water tr									
	pressure tank, but prior to any water to									
				ader room) offer	the smearing teals	and anataa t				
5. A balliob ladder	or other higher velocity spigot (e.g	j. a wasi sirik	in basementiaur	idiy room) arter	the pressure tank	and any water t	reatmer	it.		
If 1 or 2, has the pr	operty owner confirmed that the sp	oigot is operati	onal?						ue	5
B F	7:18am		0.000 0.00	2.2					1	
Purge time begin	- m - m - i		Additional galbri	purged from s	elected sample coll	ection spigot?	9	yes	-	
Purge time end	1:34 am									
Dissolved Analysis Samples filtered?	Samples									
First Draw	UCS									
Flushed	1166									
Provide notes on ca	ion alibration induding standards used	and results of	f calibration							
pH										
ORP	(N									
	8									
Signatures										
To the best of my k	nowledge, the above information is	s accurate.		-						
FCHD	Burn Com	le a		Bu.	· //-	6		1.		
Name	- Dryon Cramp	70Y1	Signature	Muye	in cian	por	Date	10/12	5/12_	
				-//	4/	//		,	1	
CGS	M. 13 -									
Name	MALL TURY		Signature	11			Date	10/0	0/10	
I certify that the abo	ove listed individuals were at my pr	operty to colle	ct water samples	and that I obse	erved the samples of	collected from th	ne locati	ons noted abov	e.	
Property Owner	7. 11	1		0	01	P		#10	i	
Name	Diane Huo	hes	Signature	Mrs	ne Nu	gles	Date	10 /	25/12	>

3 of 3



THE FREDERICK COUNTY DEPARTMENT OF HEALTH

12 East Church Street
Winchester Hall
Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County-Health Department within fifteen (15) days after completion of drilling.

	HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
	Date <u>\$-11-75</u>
Owne	or of Property Chempally Bld. Driller of Flasheday
Addr	ess thatherburg M. Address Met. airy Mal.
Exac	et location of property where well was drilled Mt 86 west of Lynn Runke
If S	Subdivi n: Name Kreen Welly Block No. & Lot No. 4
T. mer 75.	This is the number issued by the Department of Geology.)
Cons	truction and performance characteristics of well
(1)	Diameter of largest bit
(2)	Ground water encountered atft.
(3)	At what depth was first vein of water encountered 60 ft. Cased off: Yes No
(4)	Total depth of well 405 ft. Standing water level in well below ground surface when not pumping 45 ft.
(5)	Casing: Diameter of casing CATOLength of metal casing 23 Are casing joints water tight? Yes No How were these joints sealed by welding
	Finished casing terminatesft. above ground levelft. below ground level.
(6)	Well cement grouted: Yes No To what depth 1/ ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7)	Yield of well: /2 gal per min. No. of hours pump operated at this rate during test hours minutes.
(8)	Log of materials encountered during drilling
I he	reby certify that the above information concerning this well is true and correct. Well Driller Dept. of Geology, Mines and Water Resources License No. 47

FREDERICK COUNTY HEALTH DEPARTMENT

	Permit No.
Frederick County Ap	proval Certificate For Well Installation
Owner of Property Greenvalley Buil	lders, Inc. Driller L. F. Easterday
Street or R.F.D.9 North Summit Ave	eStreet or R.F.D
Post Office Gaithersburg, Md.	Post Office Mt. Airy
Location of property S. side Rt.	80 - ½ mile past Rt. 75
If Subdivision: Name Greenvalley	Block or G Section Lot No. 4
Well to furnish water to: House	<pre>Commercial establishment Other</pre>
Lot Size: Width (front) 1/1/10 (rear)	Depth (1. side) <u>A.5.00</u> Area of lot sq.ft. (r. side) <u>A/1.00</u> acres
the place designated by the Health completion certificate of this well partment, within fifteen (15) days operations will be carried out in	understanding that the well will be drilled only at h Department and as shown in the sketch below. A ll must be filed by the driller, at the Health Desafter completion of drilling. All well drilling accordance with regulations of the State Department location, other than shown on sketch, VOIDS this Signature of Applicant Owner Contractor Well Driller Agent
TO BE COMPLETED BY HEALTH DEPARTM	ENT AND MADE A PART OF THIS APPLICATION
17' 17' 17' 17' 17' 17' 17' 17' 17' 17'	The applicant for this permit is herewith advised that the property to be served by

The property described above has been inspected and the well site approved as shown.

Date of approval 1-7-75

Sanitarian Lienness D. Model 41

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	tment Setup									
Property Address		3991	1 Farm	Lan	c					
Property Owner		Ken Jackson								
Date owner called to set appointment		ulil	12							
Name of person ca	illing to set appointment	- Kon	Jacks	00						
Date and time of sa	ampling appointment	1191	12 60	oam						
Phone number to c	all in case of changes	301-E	528-67	08						
At Sampling Appo	pintment									
Date	11/9/12									
Arrival time	val time 5:55am									
Departure Time										
1127 (1272 (1172	Boise									
FCHD Staff	pryan tram	pron								
CGS Staff	Lara benne	<u> </u>								
Property Owner	Ken Jackso	<u>n</u>								
Other (affiliation)										
Sample Locations	and IDS			Chi	eck to indicate sample	e collection			Enter reading	
	120000000000			Total Lead /	Dissolved Lead /	Hexavalent		~~		
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pH	Temperature	ORP
First Draw	3494 Form- Draw	Kitchen Sink	6:05	- V	V	V /	V	6.87	20.6°C	145.4
Flushed*	3994 Farm - Flushad	oncoc	6.43		Υ,	V	V .	6.5	17.1°C	211
Duplicate	3444 Farm-Flushed	11	_	V	V		V	11	11	
First Draw Sample	00									
Any water use in la	st 6 hours?	19	No							
If yes, describe use	(e.g. how long, from which tap/to	ilet)							- 2000	
Flushed Sample - C	Pirde One									
Prior to sample coll	ection, purge plumbing system for				tioing drain in the res	sidence. Purge	an addi	tional galon of	water from	
	e collection spigot into drain or but prence for this sample collection is		ng sample bottle	es						
	the pressure tank and any water to									
-	pressure tank, but prior to any w									
	or other higher velocity spigot (e.		in hammant/lau	nder room) ofto	r the emesum tenk o	and any untor t	matman	•		
o. A balladb ladder	of other righter velocity spagot (e.,	g. a wasi siin	iii baaciiiciiviau	ildiy room, are	title plessure talik a	inu any water t	a eau i ei i			
If 1 or 2, has the pro	operty owner confirmed that the sp	pigot is operati	onal?						400	
(2)	1.110								1	
Purge time begin	10.19		Additional galbr	n purged from s	seleded sample colle	ction spigot?		400	<u>-</u>	
Purge time end	6:05	i.								
Dissolved Analysis	Samples									
Samples filtered?	1100									
First Draw	465									
Flushed	40					25				
Equipment Calibrat Provide notes on ca	<u>ion</u> alibration induding standards used	d and results of	f calibration							
pН	X-11	- 10								
ORP										
Signatures										
To the best of my k	nowledge, the above information i	s accurate.								
FCHD	R C.	1		42.	Cia	1/20		1) lali	~	
Name	Name Dryan Grampton Signature Dyan Gumpler Date 11912									
	XEX				1	>	7			
CGS Name	1 av. (Span T)									
		raparti to		7/1	annot the second	ollogical (one note	/	
	ove listed individuals were at my p	roperty to colle	a water sample	andinati obs	erved the samples of	ulleaed from t	ne iocati	uns noted abov	e.	
Property Owner	Kom Latoraba.	~		ton	La Pra			11/9	112	
Name	Total Singest), /	Signature	1011	gradin		Date	- 1/	10	

3 of 3

PROPERTY OWNER QUESTIONAIRE Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appointment Setup	
Property Address	3994 Farm Lane
Property Owner	Ken Jackson
Date owner called to set appointment	11/1/12
Name of person calling to set appointment	Ken Jackson 3015286702
Date and time of sampling appointment	11/9/12 600 xm Friday
	J
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR 73 2625
Age of the well	Sept 25, 1975
Casing depth of the well	21
Total depth of the well	160
Well driller	Easterday
Well completion report available? (attach copy if yes)	yes attached
When was your well pump last replaced?	1
Da van have an extra with the second of the second of	
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes no don't drink
Do you have any taste and/or odor problems with your water?	yes no don't drink
How old is your house?	1975
Has the plumbing ever been remodeled/replaced?	yes no
If yes, when?	not water tank pressure tank-2 wks
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	Delta
What material is the faucet made of?	metal
Do you know how old the faucet is?	?
Do you have a pressure tank?	yes no
If yes, where is it located?	Laundry Room
What is the size or model/maker of your pressure tank?	Flox 2 Pro H2P35, 33.4 gal
Do you have a water sediment filter?	yes
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes
Do you have any other treatment devices on your water system?	yes
If yes, what kind?	neutralizer softner
Where are the treatment devices located?	laundry room

Do you have a spigot or tap to take a water sample near your pressure tank?	<u>(yes)</u>	no	
If yes, where is it located?		1022 - W. 11	
Is there a drain for the flushed water to run to and is that drain operational?	yes	no	
Do you have a mop sink we can take a water sample from?	yes	no	
Do you have a bathtub we can take a water sample from?	yes	no	
Do you have your water regularly sampled?	yes	no	
If yes, when was the last sample collection?			
If yes, will you provide copies of the sample results?	yes	no	
Have you made any recent changes to your water system based on sample results (e.g.	installed a treatment device)?		
	yes	no	
Other comments. Meter Beading before CPC Filters: 140 520	mllona		
	3		
<u>Signatures</u> To the best of my knowledge, the above information is accurate.			
Name Bryan Crampton Signature Byan Clam	<i>plot</i> Date 1119	1/12	
Property Owner Name Ken Jackson Signature Kon Joshan	Date//- C	7-12	
May we take pictures of your plumbing and faucets? initial	yes)	no	

THE FREDERICK COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall

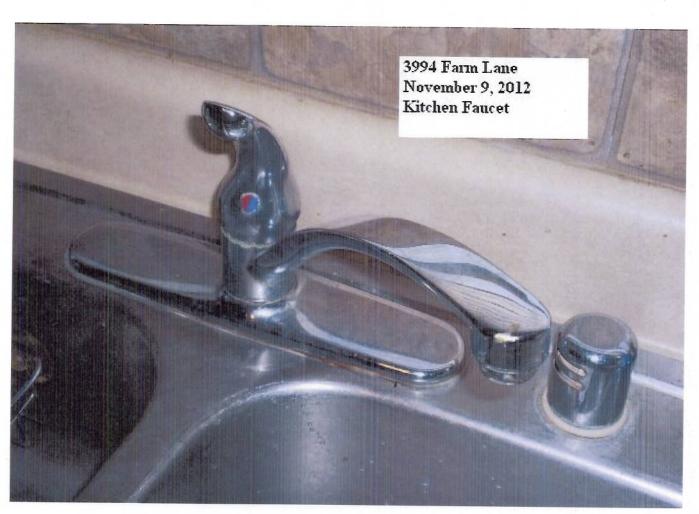
Frederick, Maryland

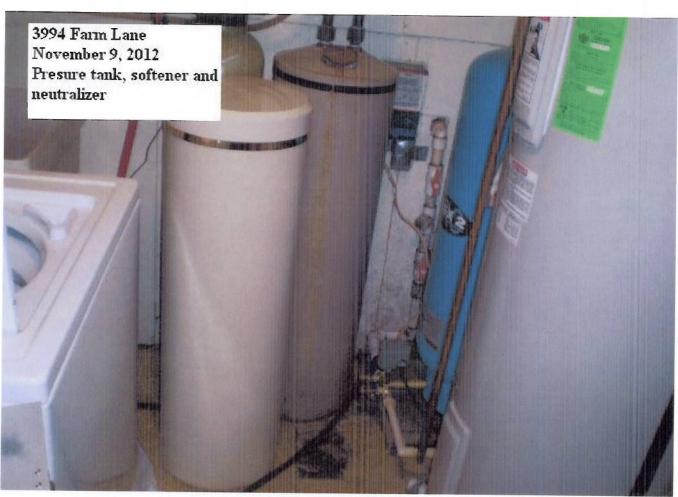
NOTE -- To be completed by well driller. Copy to be sent to the Frederick County-Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date Sept. 25/975
Owner of Property Lacen Valley Build Priller La Eagloida
Address Daithersburg Address ant. any met.
Exact location of property where well was drilled West side Fram MV.
If Subdivin: Name them Valley Block No. E Lot No. 43
(This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit 10m
(2) Ground water encountered atft.
(3) At what depth was first vein of water encountered 65ft. Cased off: Yes No.
(4) Total depth of well 160 ft. Standing water level in well below ground surface when not pumping 50 ft.
(5) Casing: Diameter of casing 6470Length of metal casing 2/ Are casing joints water tight? Yes No How were these joints sealed by welding
Finished casing terminatesft. above ground levelft. below ground levelft.
(6) Well cement grouted: Yes No To what depth 19 ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of well: 5 gal per min. No. of hours pump operated at this rate during test hours minutes.
(8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct. ### Landan Well Driller Dept. of Geology, Mines and Water Resources License No. 42

FREDERICK COUNTY HEALTH DEPARTMENT
Permit No.

Frederick County Approval Certificate For	Well Installation
Owner of Property GreenValley Builders, Inc. Driller	L. F. Easterday
Street or R.F.D. 9 N. Summit Avenue Street or	
Post Office Gaithersburg, Maryland Post Offi	
Location of property W. side Farm Road	
Bookston of Parlament	
If Subdivision: Name Green Valley Sub.	Block or F Section Lot No. 43
Woll to furnish water to: House x new Commercial es	tablishmentOther
Lot Size: Width (front) 140.00 Depth (1. side) 185.00 (rear) 140.00 (r. side) 180.00	Area of lot sq.ft. acres
This application is made with the understanding that the the place designated by the Health Department and as sho completion certificate of this well must be filed by the partment, within fifteen (15) days after completion of operations will be carried out in accordance with regula of Health. Drilling at any other location, other than approval certificate.	e driller, at the Health De- drilling. All well drilling ations of the State Department
Date 3/27/75 Signature of Appl:	cant
	or Well Driller Agent
TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF	NOTICE - READ CAREFULLY
DRIVE 185' DRIVE 40' Well 0 65' Well 0 66.	The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the fraderick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property.
180' The property described above has been inspected and the	







Sampling Appointment Setup	
Property Address	3995 Farm Ln
Property Owner	Jim Jamitis
Date owner called to set appointment	10/16/12
Name of person calling to set appointment	Jim Jamitis 3018655352
Date and time of sampling appointment	10/24/12 800 Wednesday
Can be filled out by FCHD staff prior to or during the sampling appointment. property owner, or both. Confirm answers as necessary at the property.	Can be filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR 73 2475
Age of the well	8-11-75
Casing depth of the well	23 ft
Total depth of the well	185 f+
Well driller	Easterday
Well completion report available? (attach copy if yes)	yes- a Hached
When was your well pump last replaced?	last year
Do you have any concerns with the amount of water your well provides?	yes
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	yes no clon't drink
How old is your house?	1975
Has the plumbing ever been remodeled/replaced?	yes no
If yes, when?	some in basement
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	thank delta
What material is the faucet made of?	Stainles5
Do you know how old the faucet is?	about 1 year ago
Do you have a pressure tank?	yes no
If yes, where is it located?	basement
What is the size or model/maker of your pressure tank?	illell X-Trol, WX-2Q3
Do you have a water sediment filter?	yes no
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	yes
Do you have any other treatment devices on your water system?	yes no
If yes, what kind?	
Where are the treatment devices located?	Softner neutralizer basement

Do you have a spigot or tap to take a water sample near your pressure tank?	yes no
If yes, where is it located?	right at pressure tank
Is there a drain for the flushed water to run to and is that drain operational?	yes no
Do you have a mop sink we can take a water sample from?	(yes) basement no
Do you have a bathtub we can take a water sample from?	yes no
Do you have your water regularly sampled?	yes no
If yes, when was the last sample collection?	Sept. 2012 GES
If yes, will you provide copies of the sample results?	yes no
Have you made any recent changes to your water system based on sample results	(e.g. installed a treatment device)?
	yes
Other comments.	
<u>Signatures</u> To the best of my knowledge, the above information is accurate.	
Name Bryan Crampton Signature Byan Cu	Maria 10/24/12
Property Owner Name HELENM JAMITIS Signature Telen M. S.	Samulia Date 10-24-12
May we take pictures of your plumbing and faucets? initial	yes no

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	ment Setup	200-	J							
Property Address	perty Address 3995 Farm Lanc									
Property Owner	Jim.	+ Helen	Jamit	ne		72.6				
Date owner called t	to set appointment	10/16	12							
Name of person cal	lling to set appointment	Jim	Jamitis	9						
Date and time of sa	impling appointment	10124	112 8:0	20 am						
Phone number to ca	all in case of changes	301-8	65-535	52					NOTES OF THE WAS BEING	Ē.
At Sampling Appo	intment									
Date	10/24/12									
Arrival time	8:15am									
Departure Time	9:15 am									
FOUR 61-#	Brian Cram	2								
FCHD Staff	1 air Boom	Mar								
CGS Staff	Laid benner	<u> </u>					1112000			
Property Owner	TICIO I JOINE	70		42						
Other (affiliation)										
Sample Locations	and IDe									
Sample Locations	and ibs			Che	eck to indicate sampl	e collection			Enter reading	
Sample Type	Sample ID		C	Total Lead /	Dissolved Lead / Chromium	Hexavalent	v00-		T	000
	2000s Taxon End Ams	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	7.10	72.39	ORP
First Draw	2000 From Elizabeth	Kitchen Sink	8.55	1	-/-	-/	1	6.00	17.5°C	197 7
Flushed*	OTTO FOILIT-FINSTER		0.00				V	6.00	11.50	171.1
Duplicate		220	ip off pro	9.061769 -	took				L	
First Draw Sample		110	if on bu		TOL INC					
Any water use in las	st 6 hours?		400		1 0					1
If yes, describe use	(e.g. how long, from which tap/toi	let)	about 2	10 seco	nds from	upoh	CIVE	DOHOR	com o	nk
Flushed Sample - C										
	ection, purge plumbing system for e collection spigot into dain or but				tioing drain in the les	sidence, Purge	an add	litional galon of	water from	
	rence for this sample collection is			375						
1. A spigot prior to t	he pressure tank and any water tr	eatment.								
2 A spigot afterthe	pressure tank, but prior to any wa	ater treatment.								
3. A bathtub faucet	or other higher velocity spigot (e.g	ı. a wash sink	in basement/laur	ndry room) afte	r the pressure tank a	ind any water t	reatmer	nt.		
16 d as 2 has the am			10						ue:	~
ii i oi z, nas the pic	operty owner confirmed that the sp	igot is operati	onar						40.	
Purge time begin	8:32 am		Additional galbr	n purged from s	elected sample colle	ction spigot?		400		
Purge time end	3:53 am									
Dissolved Analysis	Samples									
Samples filtered?										
First Draw	<u> VC5</u>									
Flushed	<u> </u>									
Equipment Calibrati	ion									
Provide notes on calibration including standards used and results of calibration										
рН									,	
ORP										
Signatures To the best of my ki	nowledge, the above information is	s accurate.								
FCHD	- 1			0	1	1				
	Name Bruan Cramoton Signature Bluan Clampton Date 10/24/12									
	Date to the state of the state									
cgs 1 D ++										
Name	Name Loura Bennell Signature Tork Date 10/24/12									
I and the state of	un linta di la di Jaluaria di anta di		/	N		allantari form		-		•
Property Owner	YELEN M JAN	1/T/<	eu water sample	s and that I obs	erved the samples of	olleaed from t	ne 100a1	uons noted abov	e.	
		112	0.	Nella	Man	sitio!	90 000 -2 00-20-	10-0	24-1)
Name			Signaturé	- com	Yall	www	Date			=

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Maryland Department of Assessments and Taxation Real Property Data Search (5w2.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent
Registration

FREDERICK COUNTY HEALTH DEPARTMENT

Permit No. 74-+22

Frederick County Approval Certificate For Well Installation

Owner of Property Green Valley Builders. Inc. Dr	rillerFranklin Easterday
Street or R.F.D. 9 N. Summit Ave. St	reet or R.F.D.
Post Office Gaithersourg, Maryland Po	ost Office Mt. Airy, Md.
Location of property new dwelling - Gree	enridge Drive off Rt. 80 left on
Blueberry Rd., on Ferm Road, lot 2 block (
If Subdivision: Name Green Valley Subdivision	Block or G Section Lot No.
Well to furnish water to: House x new Commer	
Lot Size: Width (front) 101 Depth (1. side) (rear) 101 (r. side)	245 Area of lot sq.ft.
This application is made with the understanding to the place designated by the Health Department and completion certificate of this well must be filed partment, within fifteen (15) days after completi operations will be carried out in accordance with of Health. Drilling at any other location, other approval certificate. Date Maurhen 25 1974	l as shown in the sketch below. A l by the driller, at the Health Decon of drilling. All well drilling regulations of the State Department than shown on sketch, VOIDS this
Signature o	f Applicant Contractor Well Driller Agent X
TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A P	
LOT 2-6	Vo.
Poposechell 19'	
House House	NOTICE PREAD CAREFULLY
Drive 1	The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such foture community system if and when the sources available to early the property.
Lot A-6 The property described above has been inspected a	nd the well site annroyed as shown.
	an Thomas D. Molling

STATE OF MARYLAND WRA PERMIT NUMBER WATER RESOURCES ADMINISTRATION 2 3 (SEQ. NO.), 6: (THIS NUMBER IS TO BE BUNCHED N COLS, 3-6 ON ALL CARDS) TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY DATE RECEIVED OWNER IRST NAME DRILLER INFORMATION CONTINUED LOCATION OF WELL (SEO. NO.) (SEQ. NO.) COUNTY SUBDIVISION 42 DRILLER 50 SIGNATURE M MILES FROM TOWN (ENTER O IF IN TOWN) 76 77 78 2 WELL INFORMATION DIRECTION FROM TOWN (SEQ. NO.) MAXIMUM PUMPING RATE (GALLONS PER MINUTE) N NORTH E EAST N E NORTHEAST S E SOUTHEAST AVERAGE DAILY QUANTITY NEEDED (GALLONS PERDAY) USE FOR WATER (CIRCLE APPROPRIATE BOX) 5 SOUTH S W SOUTHWE HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT FARMING, AGRICULTURE, IRRIGATION ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W INDUSTRIAL , COMMERCIAL , STATE AND FEDERAL GOVERNMENT. DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE LAPPROPRIATE BOX) MUST HAVE STATE HEALTH DEPT. APPROVAL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TO ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON SKETCH, ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BE AND THE BOX NUMBER FROM THE WELL LOCATION MAP. APPROXIMATE DEPTH OF WELL PEET APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) REVERSE-ROTARY DRIVE-POINT CABLE OTHER (DESCRIBE) REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (WRAUSE ONLY) BOX NUMBER FORCE CONDITIONS 0/5 HEALTH DEPARTMENT APPROVAL COORDINATE STATE HEALTH EAST COORDINATE 57 58 59 60 DATE ELEVATION AT WELL HEAD (FEET) APPROVED BY SPECIAL CONDITIONS 8-68

THE FREDERICK COUNTY DEPARTMENT OF HEALTH

12 East Church Street
Winchester Hall
Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date 8-11-75
Owner of Property Theen Valley Bed- Priller I H Easterday
Address Waithersberg Mr. Address Mt. airs
Exact location of property where well was drilled M. So west of Lynn Burke to
If Subdivision: Name Shan alley Block No. 1 Lot No. 3
(This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1), Diameter of largest bit
(2) Ground water encountered atft.
(3) At what depth was first vein of water encountered
(4) Total depth of well 185 ft. Standing water level in well below ground surface when not pumping 45 ft.
(5) Casing: Diameter of casing <u>ULT</u> Dength of metal casing <u>7</u> 3 Are casing joints water tight? Yes No How were these joints sealed by welding by treaded sleeve
Finished casing terminates 2ft. above ground levelft. below ground levelft.
(6) Well cement grouted: Yes No To what depth ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of well: 2 gal per min. No. of hours pump operated at this rate during test hours minutes.
(8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct.
Jest / Lastraly
Well Driller Dept. of Geology, Mines and Water Resources License No. 42



Frederick County Health Department

JAMES E. BOWES, M.D., M.P.H. Health Officer, Frederick County

April 1, 1999

ENVIRONMENTAL HEALTH SERVICES 350 Montevue Lane Frederick, Maryland 21702 Telephone: 301-694-1719

Mr. James J. Jamitis 3995 Farm Lane Monrovia, MD 21770

> Re: Well Variance Request Green Valley Lot 3G Sec. 2

Permit # B9900660

Dear Mr. Jamitis:

The Health Department has received your March 30, 1999 letter requesting a variance to Maryland Department of the Environment (MDE) Well Construction Regulation, COMAR 26.04.04.05.B2., which requires a thirty (30) foot separation between a well and a building. The distance requirement was established to prevent contamination of the well by pesticides and/or insecticides which may be used around the foundation. Your request is prompted by the fact that your proposed garage will be only six (6) feet from the existing well.

I have reviewed your request with Environmental Health staff. The factors in the review are as follows:

- 1. The proposed six (6) foot separation between the garage and the well allows a well driller sufficient room to rework the well, if necessary.
- 2. The position of the house and the size of the lot limit the space available to locate the garage.
- 3. You and your contractor have agreed to use materials and techniques in the construction of the garage which will negate the need for foundation treatment at a later time.

On the basis of these factors, the Health Department hereby grants you a conditional, twenty-four (24) foot variance from the required distance separation allowing you to construct your garage at the proposed location.

Please bear in mind that the type of materials that are frequently stored in garages can be as harmful as pesticides and insecticides. Additional care and caution should be exercised when using, storing and disposing of any and all toxic and/or hazardous materials which are stored in the garage.



JAMES JAMITIS

DATE:	3-	30-99	

Frederick County Health Department Individual Well & Septic Branch 350 Montevue Lane Frederick, MD 21702

RE: Request for Well Siting Variance between Well and Foundation

Dear Approving Authority:

I am requesting a variance in State Department of the Environment's Well Construction Regulation (COMAR 26.04.04.05,B,2). This regulation requires a 30 foot distance between the well and a building foundation for the purpose of protecting the well from a foundation or soil treatment to control pests, insects, and vermin.

In lieu of changing the location of my building foundation, my contractor and I agree to use construction techniques and materials which will not require the foundation or soil to be treated for pests, insects, or vermin in the future.

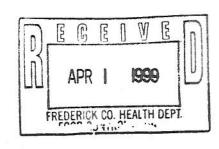
Thank You

James J. Jamilie (Signature of Owner)

(Signature of Contractor)

3/30/99 (Date)

3/3//99 (Date)



CE: NOEL STONER

James J. Jamitis 3995 Farm Lane Monrovia, MD 21770 March 30, 1999

Dr. James Bowes 350 Montevue Lane Frederick, MD 21701

This is a letter requesting a variance associated with a building permit to add an attached garage to my home. The current separation between the exposed water well casing and the rear corner of my home is 15 feet. Due to the positioning of the well relative to the house, after the addition is added the separation will only be 6 feet. The resulting separation will not meet the requirement for well and structure separation of 30 feet.

There is little or no alternative to the location planned for the addition from the standpoint of aesthetics and availability of space. The garage either needs to be attached to the house or positioned to the rear of the house (30 feet back of the well casing) which would require a driveway placed around the well casing with appropriate casing protection. This does not seem to be a viable approach to solving the problem. The position of the house and the size of the plot limit the space available for the garage.

I request approval of this variance and of the requested building permit to allow me to proceed with the planned addition.

Your cooperation would be greatly appreciated.

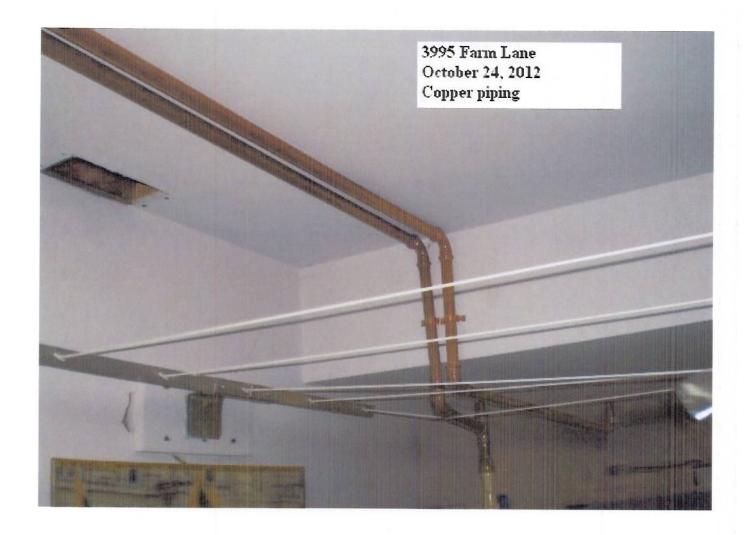
Sincerely,

James J. Jamilis

copy to be bowers







PROPERTY OWNER QUESTIONAIRE Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

mayala @ mailed nist. governailed sofiula

Sampling Appointment Setup	nace Fra	m Lane
Property Address	3996 Fari	n cure
Property Owner	Melissa	Ayala
Date owner called to set appointment	10/16/12	
Name of person calling to set appointment	Melissa	
Date and time of sampling appointment	10/24/12 30	1 1
		dnesday
Can be filled out by FCHD staff prior to or during the sampling appointment. Ca property owner, or both. Confirm answers as necessary at the property.	an be filled out with FCHD records or the	rough interview with the
How many wells do you have supplying your house?		
What is the well tag number(s)?	FR-73-26	524
Age of the well	09-25-19	75
Casing depth of the well	23 f	<u>eet</u>
Total depth of the well	180 -	feet
Well driller	Easterday	/
Well completion report available? (attach copy if yes)	completion ce,	rtificate - attached
When was your well pump last replaced?	·	
Do you have any concerns with the amount of water your well provides?	yes	no
Has your well ever run dry?	yes	no
Do you have any taste and/or odor problems with your water?	yes	no
How old is your house?	8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Has the plumbing ever been remodeled/replaced?	yes	no
If yes, when?		
What type of piping do you currently have in your house? (circle one)	copper pvc other	
What is the brand of the faucet in your kitchen?		
What material is the faucet made of?		
Do you know how old the faucet is?		
Do you have a pressure tank?	yes	no
If yes, where is it located?		
What is the size or model/maker of your pressure tank?		
Do you have a water sediment filter?	yes	no
Do you have U.V. light?	yes	no
Do you have a carbon filtration water system?	yes	no
Do you have any other treatment devices on your water system?	yes	no
If yes, what kind?		
Where are the treatment devices located?		

Sampling Appointment Setup	and the second second second second second
Property Address	3996 Farm Lane, Monrovia 2177
Property Owner	Santiago and Mellissa Ayala
Date owner called to set appointment	october 16, 2012
Name of person calling to set appointment	Mellissa Ayala
Date and time of sampling appointment	october 24, 2012 @ 4pm
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	e filled out with FCHD records or through interview with the
How many wells do you have supplying your house?	
What is the well tag number(s)?	
Age of the well	
Casing depth of the well	
Total depth of the well	187 feet
Well driller	
Well completion report available? (attach copy if yes)	
When was your well pump last replaced?	2011
Do you have any concerns with the amount of water your well provides?	yes 🚳
Has your well ever run dry?	yes 😥
Do you have any taste and/or odor problems with your water?	ver odor no
	27
How old is your house?	3/years
Has the plumbing ever been re-modeled/replaced?	yes
If yes, when?	nla
What type of piping dc you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	Moen
What material is the faucet made of?	
Do you know how old the faucet is?	6 years
Do you have a pressure tank?	ves
If yes, where is it located?	laundry room in basement
What is the size or model/maker of your pressure tank?	
Do you have a water sediment filter?	yes no
Do you have U.V. light?	yes
Do you have a carbon filtration water system?	(Yes) no
Do you have any other treatment devices on your water system?	yes
If yes, what kind?	nla
Where are the treatment devices located?	nla

Do you have a spigot or tap to take a water sample near your pressure tank?	Below tank	no
If yes, where is it located?	BE LOW TRACE	
Is there a drain for the flushed water to run to and is that drain operational?	ves	no
Do you have a mop sink we can take a water sample from?	(yes)	no
Do you have a bathtub we can take a water sample from?	yes	6
Do you have your water regularly sampled?	Ves	no
If yes, when was the last sample collection?	october 4,2	012_
If yes, will you provide copies of the sample results?	(yes)	no
Have you made any recent changes to your water system based on sample results	(e.g. installed a treatment device)?	
	yes	6
Other comments.		
Signatures		-
To the best of my knowledge, the above information is accurate.		
FCHD		
NameSignature	Date	
Description Comment		· · · · · · · · · · · · · · · · · · ·
Property Owner Name Mellisse Aya Lasignature Mull	Garl Date 1	0/24/12
May we take pictures of your plumbing and faucets? initial	yes yes	6

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	ment Setup	5200200		,						
Property Address		399		n Lane						
Property Owner		Mel	issa A	yala						
Date owner called t	to set appointment	10/	16/12							
Name of person cal	lling to set appointment	me	1955a							
Date and time of sa	impling appointment	10/2	4/12	Wednesd	lay 4:00	pm				
Phone number to ca	all in case of changes	301-	975-5	771	·•					
At Sampling Appo	0									
Date	10-24-12									
Arrival time	4:05	3								
Departure Time	4:52	•								
FCHD Staff	linker linth	e Le te im								
CGS Staff	matt Emery	17 60.74				WHEN THE STATE OF				
Property Owner	Melissa Anala									
Other (affiliation)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Other (anniation)										
Sample Locations	and IDs									
				Che Total Lead /	ck to indicate samp				Enterreading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	рН	Temperature	ORP
First Draw	3946 FARM - First Draw	Kitchen Sink	16:15 om	×	X	X	X	5,84	23.6°C	207
Flushed*	3996 Farm- Flushell		16:40 pm	X	X	X	X	6.30	18,100	187,2
Duplicate										
First Draw Sample			INF After f	pressure to	ink but beto	re treatme	et			
Any water use in la	et 6 hours?		no							
	e (e.g. how long, from which tap/to	silet)		•						
Flushed Sample - 0	<u>Cirde One</u> lection, purge plumbing system fo	r 15 minutes fo	om a wide-open	solaat into fund	tioing drain in the R	esidence, Puras	an add	fitional galon o	f water from	
the selected sample	e callection spigot into drain or bu	cket prior to fill	ing sample bottle	ss spigot into rand	oning didnir in the id		9.	3		
	erence for this sample collection is									
2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	the pressure tank and any water t									
	e pressure tank, but prior to any w					and him trades		-10		
3. A bathtub faucet	or other higher velocity spigot (e.	g, a wash sink	in basement/lau	ndry room) after	rthe pressure tank	and any water	reatme	nt.		
If 1 or 2, has the pr	operty owner confirmed that the s	pigot is operati	onal?							
	new.									
Purge time begin	4:20	-	Additional galbr	n purged from s	elected sample col	llection spigot?				
Purge time end	4:40									
Dissolved Analysis	Samples									
Samples filtered?	11									
First Draw	yes	-								
Flushed	-					15				
Equipment Calibra	tion									
	alibration induding standards use	d and results o	f calibration							
pH				**			-			
ORP										
A. 200 (1000)										
Signatures To the best of my l	knowledge, the above information	is accurate.				_				
FCHD	. 1			1	, 7	11	•			
Nam	e Lindsey Linth	cum	Signature		4	10	Dat	10-2	4-12	_
				//						
CGS				SAN	-//			1.1-	110	
	ne Matt Emery		Signature	TW	1		Dat	e 10/29	1/12	
	pove listed individuals were at my	nronostu to sell	- 105.900.000	7	served the samples	s collected from	the loc	ations noted ah	ove.	
			ed water sample	and triations	ti .	wileten nom	/	I I I I I I I I I I I I I I I I I I I	1	
Property Owner Nam	Mellissa	Ayal	A Ciantin	· Ma	llin	M.	Det	e (6)	24/12	_
	100		SIUIBIUI	- L/ - 1/\	/ V V V V	- A	1 000	-		

Carage
Pressure tank
bypass

Juf > mid > Eff > meter > softner distribution

Neutralizar hot water

Maryland Department of Assessments and Taxation Real Property Data Search (vw1.1A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

Date County Use County Us				Owner Inform	nation					
County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Enclosed Area Property Land Area County Use Primary Structure Built Primary Structure B	aus 5005 W NO O	3996 FA	ARM LN	moderned (compressed	Use: Prine	CONTRACTOR OF THE PARTY OF THE	nce:		YES 1) /04581/ 00460	
1	Mailing Address 3996 FARM LN MONROVIA MD 21770-8914									
Town	3996 FARM LN			L 42 B I W/S FA	S 2.57 AC RM RD		7.11			
Primary Structure Built								ent Area		6 15
Stories Stories Stories SPLIT FOYER FRAME SPLIT FOYER FR	Special Tax Areas		Ad Valorem							
Note		ilt				Land Area			County Use	
Pase Value	Alfred and a final									
As Of				Value Inforn	nation					
Transfer Information	- Control of the Cont	124,800	As Of 01/01/2010 124,800	As Of	As Of	13				
Seller: ATKINS, BOWMAN S., III & STEPHANIE Date: 05/05/2004 Price: \$304,900			266,400	266,400						
Type: ARMS LENGTH IMPROVED Deed1: /04581/00460 Deed2:				Transfer Infor	mation			9619		
Deed			TEPHANIE				50		\$304,900	
Type: Deed1: Deed2:									\$109,000	
Partial Exempt Assessments	Seller: Type:									
County 000 0.00 State 000 0.00 Municipal 000 0.00 Tax Exempt: Special Tax Recapture: Exempt Class: NONE			E	emption Info	rmation					
Exempt Class: NONE Homestead Application Information	Partial Exempt Assess County State Municipal	ments			000 000	0.	00 00		07/01/2013	
·	Tax Exempt: Exempt Class:							The state of the s	ture:	
Homestead Application Status: Approved 03/14/2011			Homes	tead Application	on Informati	on				
	Homestead Applicatio	n Status:	Approved 0.	3/14/2011						

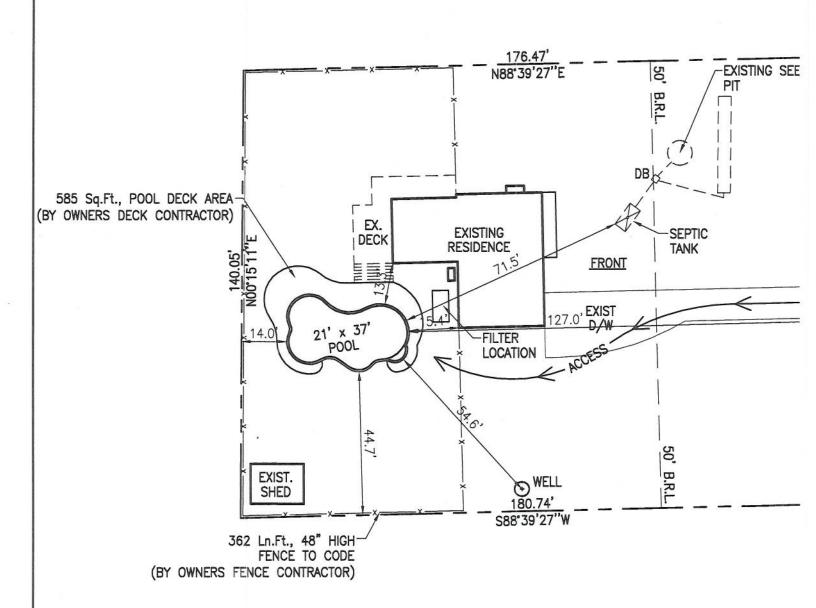
THE FREDERICK COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall

Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Date Sept. 25, 1975
Owner of Property Green Valley Build, Priller 17 Lasterday
Address Louthershine Address Mt. aire
Exact location of property where well was drilled West side Fram AV.
If Subdivin: Name Green Valley Block No. F Lot No. 42
(This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit
(2) Ground water encountered at ft.
(3) At what depth was first vein of water encounteredft. Cased off: Yes No
(4) Total depth of well 180 ft. Standing water level in well below ground surface when not pumping 50 ft.
(5) Casing: Diameter of casing CFDLength of metal casing 23 Are casing joints water tight? Yes No How were these joints sealed by welding
Finished casing terminatesft. above ground levelft. below ground levelft.
(6) Well cement grouted: YesNo To what depthZO ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of well: 5 gal per min. No. of hours pump operated at this rate during test hours minutes. (8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct. ### Father Well Driller Dept. of Geology, Mines and Water Resources License No. 42

SETBACKS:	l.
REAR PL.	6'
SIDE PL.	6'
HOUSE	0'
SEPTIC	10"
WELL	30'



Sampling Appointment Setup	
Property Address	3997 Farm Lane
Property Owner	Leonard Szeliga
Date owner called to set appointment	10/11/12
Name of person calling to set appointment	Len 3018319687
Date and time of sampling appointment	-10/18/12 800 Thorsday
Plaschedoled Te	> 10/23/12 Tuesday
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be fi	illed out with FCHD records or through interview with the
property owner, or both. Confirm answers as necessary at the property.	
How many wells do you have supplying your house?	
What is the well tag number(s)?	FR-73-2472
Age of the well	07-23-1975
Casing depth of the well	23 feet
Total depth of the well	140 feet
Well driller	Easterday
Well completion report available? (attach copy if yes)	Completion certificate - attached
When was your well pump last replaced?	14z-2 yrs. ago
	, ,
Do you have any concerns with the amount of water your well provides?	yes no
Has your well ever run dry?	yes
Do you have any taste and/or odor problems with your water?	(yes) ago no
How old is your house?	1975
Has the plumbing ever been remodeled/replaced?	yes
If yes, when?	- wanner to treatment or otherns
What type of piping do you currently have in your house? (circle one)	copper pvc other
What is the brand of the faucet in your kitchen?	Kohler
What material is the faucet made of?	metal
Do you know how old the faucet is?	recent but not sure of year
Do you have a pressure tank?	ves
If yes, where is it located?	Bosement
What is the size or model/maker of your pressure tank?	Agua Air-Model V60, 19.9 gallons
Do you have a water sediment filter?	yes no
Do you have U.V. light?	yes no
Do you have a carbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	yes
If yes, what kind?	pH neutralizer
Where are the treatment devices located?	
	Prement

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?	off pressure tank b	ut inamessible.
Is there a drain for the flushed water to run to and is that drain operational?	yes	(no) undor carpot
Do you have a mop sink we can take a water sample from?	yes	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?	within last m	onth
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample result	s (e.g. installed a treatment device)?	
	yes	no
Other comments.		
Signatures To the best of my knowledge, the above information is accurate. FCHD	2	3
Name Bryan Crampton Signature Byan C Property Owner Name Jen Jzeleg a Signature	,	3/12
May we take pictures of your plumbing and faucets? initial	Sel (yes)	no

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	ment Setup		-							
Property Address			3997	Farn	n Lane					
Property Owner			eonard	Sze	liga		4			
Date owner called t	o set appointment		18/1	1/12						
Name of person cal	ling to set appointment		Len							
Date and time of sa	mpling appointment	/	0/18/12		8:00	Thurs	day	10/23	3/12 8:	00 am
Phone number to ca	all in case of changes		301	1-831-	9687			- 1	•	
At Sampling Appo	intmant									
Date	intratio									
Arrival time	7:55000	•								
Departure Time	9:00 ann	•								
Departure Time	0 0									
FCHD Staff	Bryan Cran	noton	1							
CGS Staff	Lard Bennet	t'								
Property Owner	Leonard Szel	100								
Other (affiliation)		J								
Sample Locations	and IDe									
Sample Locations	and ibs			Che	ck to indicate samp	le collection			Enter reading	
Sample Type	Sample ID	Location	Sample Time	Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	2997 Form-Frei Down		8:00	Cindinani	/	Cindinani	1005	6.10	20.3°C.	241
Flushed*	3917 Form-Flushed	Kitchen Sink	9. ils	/		/	/	5,97	18.2°C	218
Duplicate .	DALLEGHILL-FIGSING		DITO	-	9	-	V	3.71	10000	210
The state of the s		TYTO	fluent tar	p before	coxpoon &	iters				
First Draw Sample Any water use in las	et 6 haurs?		No	5 55						
	(e.g. how long, from which tap/to	ilet)								
Flushed Sample - C Prior to sample colle	irde One ection, purge plumbing system for	r 15 minutes fr	om a wide-open :	spigot into fund	tioing drain in the re	sidence Purce	an add	litional galon of	water from	
the selected sample	collection spigot into drain or but	cket prior to fill								
	rence for this sample collection is he pressure tank and any water to									
40	pressure tank, but prior to any w									
_	or other higher velocity spigot (e.			ndry room) after	the pressure tank a	and any water t	treatmer	nt.		
If 1 or 2 has the or	operty owner confirmed that the sp	niggt is anomt	ional?						1100	
ii i oi z, nas iie pic	perty owner committee that the s	pigot is opeiat	orial r						40	
Purge time begin	8-20am	_	Additional galbri	purged from s	elected sample colle	ection spigot?		405	- 22	
Purge time end	8:35am	-:						1		
Dissolved Analysis: Samples filtered?	Samples									
First Draw	urs									
Flushed	(100)									
		•8								
Equipment Calibrati Provide notes on ca	on dibration induding standards used	d and results o	f calibration							
рН	Calibrated usin	a 4.0.	7.01 10.0	o, read	ling ok					
ORP		7			J					
Signatures To the best of my ki	nowledge, the above information i	is accurate.								
FCHD	_ ^			17	0				1	
Name	Bryan Cramp	note	Signature	Dup	n Jam	alor	Date	10/23	12	
	,	. 1		1	/) 11		, ,	2	
CGS	Lara Ran	ott		7	1	Att		10/03	3/12	
Name	Lara Denn	1011	Signature	1 ara	7	IN	Date	10/00	110	
	ve listed individuals were at my p	roperty to colle	ect water samples	s and that I obs	erved the samples o	collected from t	he locat	ions noted abov	ve.	
Property Owner	Jen do	0.						inlas	112	
Name	Ven XIO	0/10	G Signature				Date	10 60	16-	

Maryland Department of Assessments and Taxation Real Property Data Search (vw4.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

				O	wner Informa	tion			
Mailing Address: 3997			SZELIGA LEONA 3997 FARM LANE MONROVIA MD 2	LIGA LEONARD G & GERALDINE F			se: rincipal Res eed Referen		RESIDENTIAL YES 1) /00965/ 00776 2)
				Location	& Structure I	nformation			
3997 FAI	es Address RM LN VIA 21770-0	0000			Legal De L 2 B G S FARM RI GREEN V	D.			
Map 0098	Grid 0001	Parcel 0208	Sub District	Subdivision 0000	Section 2	Bloc G	k <u>Lot</u> 2	Assessment A	Area Plat No: Plat Ref:
Special	Tax Areas		Town Ad Va Tax C		NONE 251				
Primary 1975	y Structure	Built		nclosed Area 400 SF		Property I 24,394 SF	and Area		County Use
Stories 2,000000	Basemo YES		Exte	ME					
					alue Informat				
Total:	ements: ntial Land:	62, 93,9 156	100 62,1	Of As 0 1/2010 07/0 00 00	ase-in Asses: Of 01/2012 ,,000	As Of 07/01/201	3		
				Tra	nsfer Inform	ition			- St. William St. Communication of the Communicatio
Seller: Type:				\$		Date: Deed1:		Price: Deed2:	
Seller: Type:						Date: Deed1:		Price: Deed2	
Seller: Type:			×	-		Date: Deed1:		Price: Deed2	<u>. </u>
				Exer	nption Inforn	ation			
Partial County State Municit		sessments			00 00 00	0	0.0 0.0 0.0	00	07/01/2013
Tax Exe Exempt								Special Tax Reca NONE	apture:
				Homestead	Application	Information			
22	I A E	ation Status		Approved 01/12	2/2011	-			

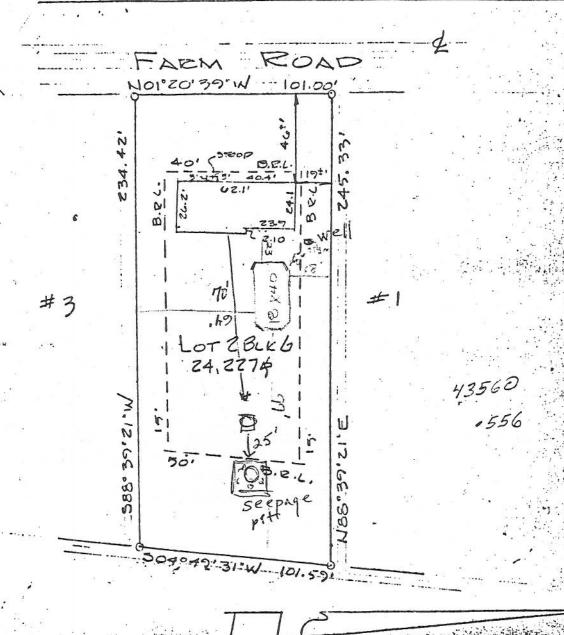
THE FREDERICK COUNTY DEPARTMENT OF HEALTH

Winchester Hall
Frederick, Maryland

NCTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS
Owner of Property Kneedella Blds Driller Lastuday Address Knithuskun MA Address Mt Chiny My
Exact location of property where well was drilled
If Subdiving a: Name Cheen Valley Block No. 6 Lot No. 2 (This is the number issued by the Department of Geology.)
Construction and performance characteristics of well
(1) Diameter of largest bit
(2) Ground water encountered atft.
(3) At what depth was first vein of water encountered 50 ft. Cased off: YesNo
(4) Total depth of wellft. Standing water level in well below ground surface when not pumpingft.
(5) Casing: Diameter of casing 6 Length of metal casing 23 Are casing joints water tight? Yes No How were these joints sealed by welding by treaded sleeve Finished casing terminates 2ft. above ground level ft. below ground level.
(6) Well cement grouted: Yes No To what depth 2/ ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary
(7) Yield of well: 7 gal per min. No. of hours pump operated at this rate during test hours minutes. (8) Log of materials encountered during drilling
I hereby certify that the above information concerning this well is true and correct.

RENN SURVEYS INC.



RECEIVED MAY 31 1984

FINAL

HOUSE LOCATION

DEEEN VALLEY

FIREIRICK COUNTY, MARYLAND

RECORDED IN PLAT BOOK (0 . PLAT 155 SCALE 1"= 50"

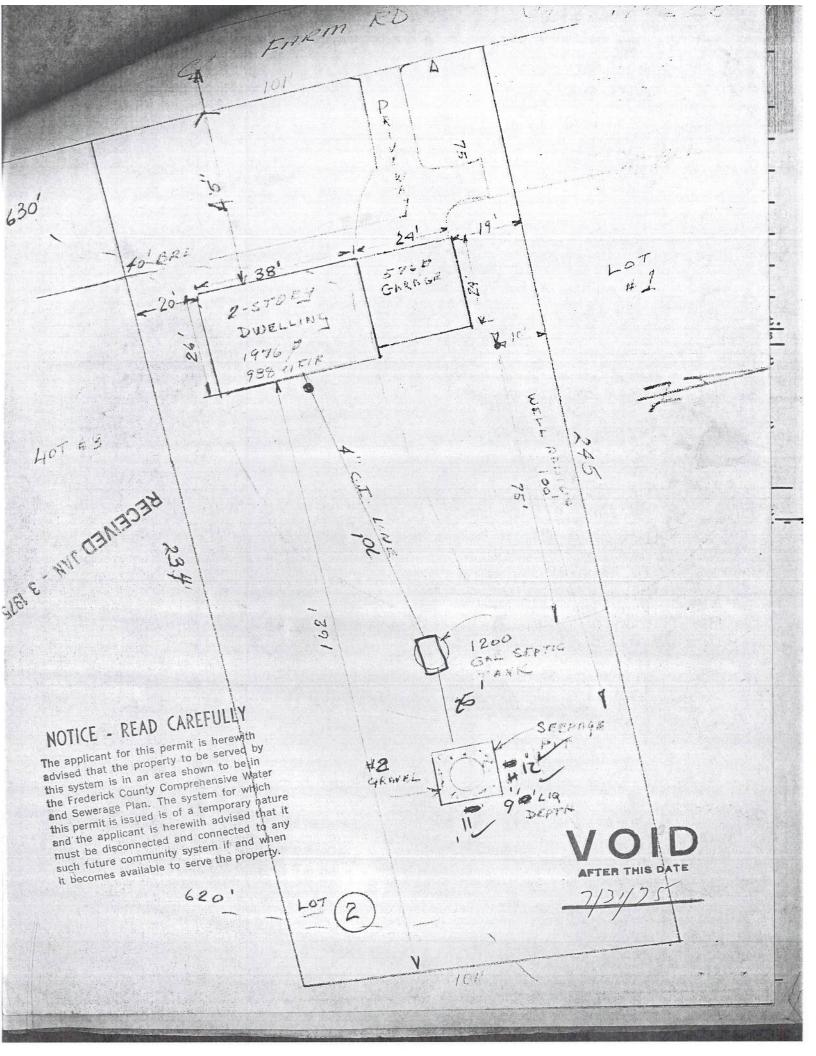
NOTE: This drawing is not intended to establish property lines nor are the existence of corner markers guarenteed. All information shown hereon taken from the land records of the county in which the property is located.

MAY 22, 1975

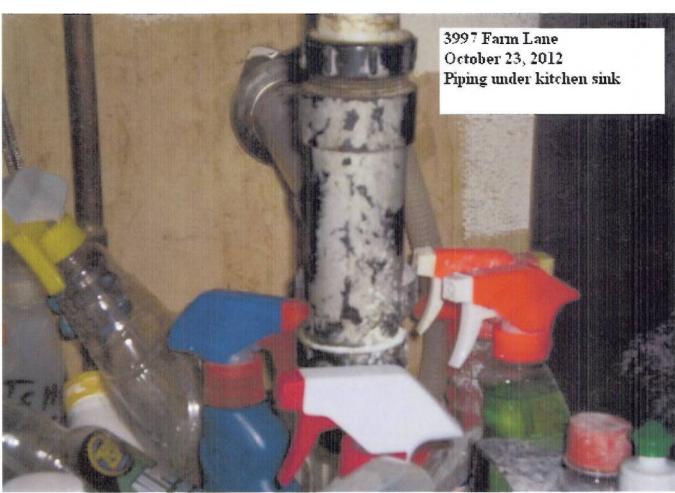
ify that the position of all the existing improvements on the bound of the province of the pro

Registered Land Surveyor Maryland No. 3383

Installation Resterday D. Mt. Airy Ock or General Lot No. 2 lishment Other ea of lot sq.ft. acres Il will be drilled only at in the sketch below. A siller, at the Health Deling. All well drilling ons of the State Department on sketch, VOIDS this Well Driller Agent
cck or 6 ction Lot No. 2 lishment Other ea of lot sq.ft. acres ll will be drilled only at in the sketch below. A ciller, at the Health Deling. All well drilling ons of the State Department on sketch, VOIDS this Well Driller Agent
cck or 6 ction Lot No. 2 lishment Other ea of lot sq.ft. acres ll will be drilled only at in the sketch below. A siller, at the Health Deling. All well drilling ons of the State Department on on sketch, VOIDS this Well Driller Agent
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ction Lot No. 2 lishment Other ea of lot sq.ft.
ction Lot No. 2 lishment Other ea of lot sq.ft.
ea of lotsq.ft. ea of lotsq.ft. acres cll will be drilled only at in the sketch below. A ciller, at the Health Deling. All well drilling ons of the State Department was on sketch, VOIDS this Well DrillerAgentAgent
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acres all will be drilled only at in the sketch below. A riller, at the Health Deling. All well drilling ons of the State Department on sketch, VOIDS this Well Driller Agent
acres all will be drilled only at in the sketch below. A riller, at the Health Deling. All well drilling ons of the State Department on sketch, VOIDS this Well Driller Agent
in the sketch below. A eiller, at the Health De- ling. All well drilling ons of the State Department on on sketch, VOIDS this Well Driller Agent
in the sketch below. A eiller, at the Health De- ling. All well drilling ons of the State Department on on sketch, VOIDS this Well Driller Agent
IS APPLICATION
TI OIL
AFTER THIS DATE
2/3/15
1/3/3
PTIC
applicant for this permit is herewith ed that the property to be served by system is in an area shown to be in rederick County Comprehensive Water Sewerage Plan. The system for which the applicant is herewith advised that it be disconnected and connected to any future community system if and when comes available to serve the property.
) assessed by





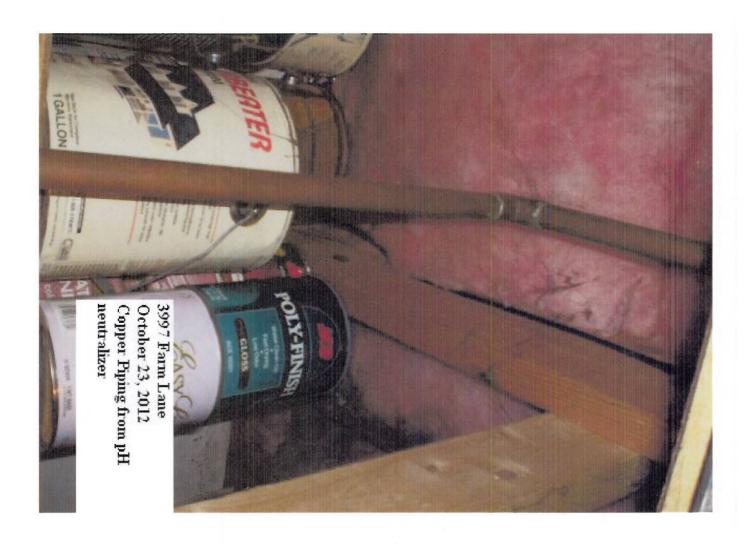












Sampling Appointment Setup		
Property Address	3998 Rue La	ne.
Property Owner	Grossman &	bicc
(2)	1 1	ADITT
Date owner called to set appointment	10/22/12 Tanni (a. =	301 351 1380
Name of person calling to set appointment	Jenniter 2	100 Thursday
Date and time of sampling appointment	10/25/12 3	-co inorsciag
Can be filled out by FCHD staff prior to or during the sampling appointment. Can be property owner, or both. Confirm answers as necessary at the property.	e filled out with FCHD records or through	n interview with the
How many wells do you have supplying your house?	1	
What is the well tag number(s)?	FR-73-3496	<u> </u>
Age of the well	67-09-19	
Casing depth of the well	21	
Total depth of the well	200	
Well driller	Easterday	
Well completion report available? (attach copy if yes)		icate - attached
When was your well pump last replaced?		lu-not Sore
grand references and the second secon	about pump	7
Do you have any concerns with the amount of water your well provides?	yes	(no)
Has your well ever run dry?	yes	no
Do you have any taste and/or odor problems with your water?	yes not sure	no clop't dring
		grang
How old is your house?	Jennifer has	no clor't dring beenthere since 06
Has the plumbing ever been remodeled/replaced?	yes	no-partially
If yes, when?		
What type of piping do you currently have in your house? (circle one)	copper pvc other	mixture
What is the brand of the faucet in your kitchen?		
What material is the faucet made of?		
Do you know how old the faucet is?	= 2 years	
Do you have a pressure tank?	yes	no
If yes, where is it located?		
What is the size or model/maker of your pressure tank?		W
Do you have a water sediment filter?	yes	no
Do you have U.V. light?	yes	no
Do you have a carbon filtration water system?	yes	no
Do you have any other treatment devices on your water system?	yes	no
If yes, what kind?	Water softener & new	ı
Where are the treatment devices located?		
Jennifer is not sure about	questions lanswers	
10f3 and will complete Survey 1	f testina	10/11/2012
Jennifer is not sure about a and will complete survey in shows issues		
3 nows 153085		

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	no
If yes, where is it located?		
Is there a drain for the flushed water to run to and is that drain operational?	yes	no
Do you have a mop sink we can take a water sample from?	yes	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection?		
If yes, will you provide copies of the sample results?	yes	no
Have you made any recent changes to your water system based on sample results ((e.g. installed a treatment device)?	
	yes	no
Other comments.		
	×	
<u>Signatures</u> To the best of my knowledge, the above information is accurate.		
FCHD	-/	
Name Lindsey Linthain Signature Idy	Date_/0-2.	5-12
Property Owner		
Name Semifer Grossman Signature	Date	
May we take pictures of your plumbing and faucets? initial	VAS	no

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	tment Setup	000	0	,						
Property Address		399	18 Ky	in La	ne					
Property Owner		Gro	ssman	4 Wolff						
Date owner called	to set appointment		0/22/1	2						
Name of person ca	Iling to set appointment	Jen	7							
Date and time of sa	ampling appointment	101	25/2	300	Thursda	ay				
Phone number to c	all in case of changes	301	-351-1	380		/				N
At Sampling Appo	1 1									
Date	10/25/12	20								
Arrival time Departure Time	3:45	2								
FCHD Staff	Lindsey Linth	licum								
CGS Staff	matt Emer	4	2000 2000	10.000					(115.)11.23.11.11.22.22.	
Property Owner	Jennifer Gro	SSman					115.000			
Other (affiliation)										
Sample Locations	and IDs									
	T			Total Lead/	ck to indicate sampl Dissolved Lead /	e collection Hexavalent	_	-	Enter reading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs		Temperature	ORP
First Draw	3998 Ryn-First Draw	Kitchen Sink	15:00	X	X	X	X	6.31	27,8°C	172.2
Flushed*	3998 Ryn Flushed	7	15:35	X	X	X	X	6.42	19.6 %	152.3
Duplicate	3998 Ryn-Duplicate,	1	15:35	X	>	×	×	6,42	19.60€	152.3
First Draw Sample	Ī	OB C	-Bathroom	sink nex	t to pressur	eteck				
Any water use in la	st 6 hours?		no	•0						
If yes, describe use	(e.g. how long, from which tap/to	ilet)								
* The order of prefe 1. A spigot prior to to 2. A spigot after the	ection, purge plumbing system for e callection spigot into dain or bust prence for this sample callection is the pressure tank and any water tresponder to any water expressure tank, but prior to any water or other higher velocity spigot (e.s.	cket prior to filli as follows: reatment. ater treatment.	ing sample bottle	es			*:		water from	
If 1 or 2, has the pro	operty owner confirmed that the sp	oigot is operati	onal?						8	
Purge time begin	3:14		Additional galbri	n purged from se	elected sample colle	ction spigot?				
Purge time end	_3,50									
Dissolved Analysis Samples filtered?	Samples									
First Draw	Yes									
Flushed	Yes					774				
Equipment Calibrati Provide notes on ca	ion alibration induding standards used	d and results of	f calibration							
pH										
ORP										
Signatures To the best of my kind FCHD	nowledge, the above information i	s accurate.	Signatura	Ź·)	(1.7 i	tc.	Date	10-2 -	T-/2	
CGS Name	Matt Emery		Signature Signature	All	4		Date	10/2	5/12	
I certify that the abo	ove listed individuals were at my pr	roperty to colle	ect water samples	s and that I obse	rved the samples o	ollected from t	ne locat	tions noted abo	ve,	
Property Owner Name	Jenniler Gras	sman	Signature	Jenn	fer I	war	Date	10/2	15/12	

There are two sinks in kitchen. We used the one next to the dishwashur.

Rainsoft

Pressure water softener maybe new by-pass

Well xtrol by-pass

distribution

Account Identifier:

Homestead Application Status:

District - 09 Account Number - 262555

AND DESCRIPTION OF THE PARTY OF								-	
			Owner Inform	nation				18 12 8	
Owner Name:	Owner Name: GROSSMAN JENNIFER AMY WOLFF				al Residence	<u>:</u>	RESIDENTIAL YES		
Mailing Address:		RYE LN ROVIA MD 21770-8922		Deed Ro	eference:		1) /06053/ 00299 2)		
		Location	on & Structure	Information			RIL STATES	AT U.S.	
Premises Address 3998 RYE LN MONROVIA 21770-0000	0		L 9 B K .94 AC	Description S 5 PL 2 RYE LA RSE ANE & ROSE	EWD RD				
	arcel Sub Dist	Subdivision 0000	Section 5	Block K	Lot 9	Assessment Area 1	Plat No: Plat Ref:	12 155	
Special Tax Areas		Town Ad Valorem Tax Class	NONE 251						
Primary Structure Bu 1977	<u>iilt</u>	Enclosed Area 2,112 SF		Property 40,946 SF	Land Area		County Use		
Stories Basement 2.000000 YES	Type STANDARD UN	Exterior IT FRAME							
			Value Inform	ation					
	Base Value	Value	Phase-in Asse	essments					
¥ 3	105 080	01/01/2010	As Of 07/01/2011	As Of 07/01/20	12				
<u>Land</u> Improvements:	195,080 167,890	146,400 185,600							
Total:	362,970		332,000	332,000					
Preferential Land:	0	332,000	,52,000	0					
			Fransfer Infor	mation	Me-ARIE			dy y	
	HILIP E & BARBARA GTH IMPROVED	\ L		Date: Deed1:	06/06/2006 /06053/ 0029	Price: Deed2:	\$474,900		
Seller: Type:				Date: Deed1:		Price: Deed2			
Seller: Type:				Date: Deed1:		Price: Deed2			
	EVEN CYCLE V	E	xemption Info	rmation	THE				
Partial Exempt Assess	sments			Class	C	7/01/2011	07/01/2012		
County			(000	C	.00			
State			(000	C	.00			
Municipal			(000	C	0.00	0.00		
Tax Exempt: Exempt Class:						Special Tax Reca NONE	apture:		
		Homest	ead Applicatio	n Informatio	n		MAN AND THE REAL PROPERTY.	47.10	

Approved 06/05/2012

3998 Rye Lane

PREDERICE COUNTY DEPARTMENT OF HEALTH 12 East Church Street Winchester Hall Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS Owner of property Chris Caryl Co. Driller L. Address 9 N. Suramitt are Address Rt3 and Exact location of property where well was drilled <u>Ineen</u> If Subdivision: Name Dreen Wally Block No. K Lot No. Permit No. Fn -73 - 3496 (This is the number issued by the Department Construction and performance characteristics of well (1) Diameter of largest bit ___/0" (2) Ground water encountered at 80 ft. (3) At what depth was first vein of water encountered 60 ft. Cased off: Yes ___ No___ (4) Total depth of well 200 ft. Standing water level in well below ground surface when not pumping _____ft. (5) Casing: Diameter of casing 6-184 Length of metal casing 01 Are casing joints water tight? Yes V No How were these joints sealed by welding ____ Finished casing terminates 2 ft. above ground level ft. below ground 6) Well cement grouted: Yes V No To what depth 19 ft. (if answer to No. 6 is NO an acceptable explanation in detail is necessary. 7) Yield of will: 2 gal. per min. No. of hours pump operated at this rate during test hours O minutes. 3) Log of materials encountered during drilling hereby certify that the above information concerning this well is true and correct. Well Driller Dept. of Geology, Mines and Water Resources License No.

Sampling Appointment Setup		_			
Property Address	4016 Middleton.	Dr.			
Property Owner	William Miltimore				
Date owner called to set appointment	10/12/12				
Name of person calling to set appointment	Brian Mitimore	e 3013702859			
Date and time of sampling appointment	10/18/12 400				
Can be filled out by FCHD staff prior to or during the sampling appointment. Car property owner, or both. Confirm answers as necessary at the property.	n be filled out with FCHD records or throu	ugh interview with the			
How many wells do you have supplying your house?					
What is the well tag number(s)?	FR-88-1006				
Age of the well	04-24-1990	7			
Casing depth of the well	49 feet				
Total depth of the well	500 feet				
Well driller	Quynn / Cr	em well			
Well completion report available? (attach copy if yes)	Yes - a	Hached			
When was your well pump last replaced?	5 years ago				
	/	,			
Do you have any concerns with the amount of water your well provides?	yes	(no)			
Has your well ever run dry?	yes	60			
Do you have any taste and/or odor problems with your water?	yes	no			
How old is your house?	20 yrs				
Has the plumbing ever been remodeled/replaced?	yes	60			
If yes, when?	-				
What type of piping do you currently have in your house? (circle one)	copper (ovc) other				
What is the brand of the faucet in your kitchen?	Delta				
What material is the faucet made of?	metal				
Do you know how old the faucet is?	2 yrs				
Do you have a pressure tank?	(yes)	no			
If yes, where is it located?	Basemen	t			
What is the size or model/maker of your pressure tank?	Well X-Trol WX-202				
Do you have a water sediment filter?	yes	no			
Do you have U.V. light?	yes	60			
Do you have a carbon filtration water system?	yes	@			
Do you have any other treatment devices on your water system?	yes	00			
If yes, what kind?					
Where are the treatment devices located?	inline between	the pressure			
tank and the hot water heater					

Do you have a spigot or tap to take a water sample near your pressure tank?	(yes)	no	
If yes, where is it located?	Inline	*******	
Is there a drain for the flushed water to run to and is that drain operational?	(yes) Sink	no	
Do you have a mop sink we can take a water sample from?	yes	no	
Do you have a bathtub we can take a water sample from?	€s	no	
Do you have your water regularly sampled?	(yes	no	
If yes, when was the last sample collection?	September		
If yes, will you provide copies of the sample results?	(Ves)	no	
Have you made any recent changes to your water system based on sample results ($\boldsymbol{\epsilon}$	e.g. installed a treatment device)?		
	yes	no	
Other comments.			
Signatures To the best of my knowledge, the above information is accurate. FCHD Name Bryan Crampton Signature Buyan Company	amplot Date 10/18/	112	
Property Owner Name 2 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mula Date 10	-18-12	
May we take pictures of your plumbing and faucets? initial	(ver	(60)	

FIELD SAMPLING FORM Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Sampling Appoint	ment Setup		11.1	00 1	11 1 7					
Property Address			4016		lleton D	r.				
Property Owner			Nilliam	Muto	more					
Date owner called to	o set appointment		10/12/12							
Name of person cal	ling to set appointment	B	man							
Date and time of sa	mpling appointment	10	118/12	4:0	0 Thu	rsday				
Phone number to ca	all in case of changes		361	270	2859)				
			J	,	,					
At Sampling Appo	intment , ,									
Date	10/18/12									
Arrival time	3:55pm									
Departure Time	_5:02'om									
	Q C	حماء								
FCHD Staff	bryan Crami	oton								
CGS Staff	Lara bennett									
Property Owner	Bryon Illimon	rė								
Other (affiliation)			***							
Sample Locations	and IDs			Cho	ak ta indiada sama	o collection	_			
				Total Lead /	ck to indicate samp Dissolved Lead /	Hexavalent	-		Enter reading	
Sample Type	Sample ID	Location	Sample Time	Chromium	Chromium	Chromium	VOCs	pН	Temperature	ORP
First Draw	4016 Middleton - Skaw	Kitchen Sink	16:05	/		V	/	6.51	22.60	256
Flushed*	4016 Middleton-Floshed	Wash Sink	16:45	/		/	/	6.42	19.700	201
Duplicate										
First Draw Sample			. 1							
Any water use in las	t 6 hours?		No							
If yes, describe use	(e.g. how long, from which tap/to	ilet)								
	4 E 198 E 28									
Flushed Sample - C Prior to sample colle	<u>irde One</u> ection, purge plumbing system for	15 minutes fro	om a wide-open s	pigot into fund	ioing drain in the re-	idence Purce	an add	itional galon of w	ater from	
the selected sample	collection spigot into drain or but rence for this sample collection is	cket prior to filli			ong aran in the lea	nuciiw. i uige	an auu	idonal galon orw	ater ironi	
	he pressure tank and any water tr									
	pressure tank, but prior to any wa									
	or other higher velocity spigot (e.g		in basement/laur	ndry room) after	the pressure tank a	ind any water ti	reatmen	t		
			10							
ii 1 or 2, has the pro	perty owner confirmed that the sp	olgot is operation	onal?							
Purge time begin	16:16		Additional galbn	purged from se	eleded sample colle	ction spigot?		400		
Purge time end	16:33		30.000 (30.000) . 30.000 🕊 (30.000)							
Dissolved Analysis	Samples									
Samples filtered?										
First Draw	100									
Flushed	<u> 469</u>									
Equipment Calibration										
	libration induding standards used			1100			! }			
pН	Calibrated with	h 4.0,	7.0 an	10.0	readin	d cour	CT.	17		
ORP										
20 10										
Signatures To the best of my kr	nowledge, the above information is	s accurate								
FCHD	Λ Λ			0	1					
Name	Brunn Com	oton	Signature	DIV	in Clan	nnlas	Date	10/18/1	2.	
	7	y mis		7		7		1101		
CGS		-11		1		> 1.				
Name	Inca Bann	0	Signature	1 050		> #	Date	16/19/	112	
			7 10	01 000		41		110	1	
	ve listed individuals were at my pr	roperty to colle	ct water samples	and that I obse	erved the samples c	ollected from th	ne locati	ons noted above		
Property Owner	R		- 1	hour	Wast		2	10-	12-12	
Name	NY NEW / // 11	I I was ALP	Signature	- William	1 11/1/1 200	14 11	Date	10-1	X /	

3 of 3

Sampling Appeniment Setup	
Property Address	4016 Middleton Dr.
Property Owner	William Mitimore
Date owner dated to set appointment	10/12/12
Name of parson calling to set appointment	Brian M. H. more 30/370 2859
Date and time of sampling appointment	10/18/12 400
Can be filled but by FCHD staff prior to or during the sampling appointment. Ca properly owner, or both. Confirm enswers as necessary at the property.	n be filled out with FCHD records or through interview with the
How many walk do you have supplying your house?	/
What is the well teg number(s)?	
Age of the wall	20189
Casing depth of the well	7.
Total depth of the well	5501
Well driller	?
Well completion report available? (attach copy if yes)	NA
When was your well pump last replaced?	5 yrs A60
Do you have any concerns with the amount of weter your well provides?	yes (no)
Has your well ever run dry?	yos (no)
Do you have any tasse and/or oder problems with your water?	yes ne
How old is your house?	20425
Has the plumping ever been remodeled/replaced?	yes (no)
If yes, when?	
What type of piping do you surrently have in your nouse? (circle one)	capper (pvg) other
What is the brand of the faucet in your kitchen?	PELTA
What material is the faucer made of?	METAL
Do you know how old the faucet is?	2425
Do you have a pressure tank?	(yess) no
If yes, where is it located?	Brosenews
What is the size or magel/maker of your pressure tank?	3
Do you have a water esciment filter?	(yes no
Do you have U.V light?	yes (no)
Oc you have a cerbon filtration water system?	yes no
Do you have any other treatment devices on your water system?	yes (nc)
If yes, what kind?	
Where are the treatment devices located? Pressure	TANKE BETWEEN

PROPERTY OWNER QUESTIONAIRE Site Specific Sampling Green Valley / Monrovia Frederick County, Maryland

Do you have a spigot or tap to take a water sample near your pressure if yes, where is it (coated?	tank? ves	. no
	1,7/2	INE "
Is there a drain for the Rushed water to run to and is that drain operado	2hai? (23 .5i \ 1966)	ik no
Do you have a mop sink we can take a water sample from?	(Yas)	na
Do you have a bathtub we can take a water sample from?	6	ne
Do you have your water regularly sampled?	(Yes)	no
If yee, when was the last sample collection?	Sept	
If yes, will you provide copies of the sample reaute?	(198)	no
Haus you made any recent changes to your water system based on sai	mole results (e.g. installed a treatment device	
	уез	no
Other comments.		
Standowns To the best of my knowledge, the above information is occurate.		
FCHD		
Name Signature	Date	
Property Owner Name Bry Aw Millimore Signature Bus	per Millimeral Dava	13-12-12
May we take pictures of your plumbing and feucets? initial	Sam (vos)	no

Maryland Department of Assessments and Taxation Real Property Data Search (vw4.2A) FREDERICK COUNTY Go Back
View Map
New Search
GroundRent Redemption
GroundRent Registration

					Owner Inform	nation				
Owner Nan			4016 MI	ORE WILLIAM B DDLETON DRIVE VIA MD 21770		Use:	l Residence: ference:		RESIDENTIAL YES 1) /01819/ 00367 2)	
					ion & Structure	e Informatio	n		2)	
Premises A 016 MIDDL 0-0000	* I. Court of the Court of Court of			Docat	Legal LT 8 PI 1.385 A	Description LAT 2 SEC 1	L			
8-5	510.5	Parcel 0256	Sub Distric	Subdivision 0000	Section 1	Block	<u>Lot</u> 8	Assessment Ar	ea Plat No: Plat Ref:	45 6
Special Tax	Areas		A	own d Valorem ax Class	NONE 251					
Primary St 992	ructure E	uilt		Enclosed Area 1,608 SF		Property 1.3800 AC	Land Area		County Use	
.000000	Basemen NO	72.7	pe Exte	The state of the s						
					Value Inform	ation				
and	nts:	15 12	54,500 21,100	154,500 121,100	Phase-in Asso As Of 07/01/2012	As Of 07/01/20	013			
<u>l'otal:</u> Preferentia	Land:	0	75,600	275,600	275,600					
					Transfer Infor	mation				
Manage and Associated Spirits and Associated			PARTNERSHIP TH OTHER	INC.		Date: Deed1:	09/08/1992 /01819/ 0036	Price 57 Deed		
0.000			E JOINT VENTU TH OTHER	RE		Date: Deed1:	01/14/1992 /01756/ 013	STANCE OF THE ST		
Seller: Cype:						Date: Deed1:		Price Deed		
				I	Exemption Info	rmation				
Partial Exe County State Municipal	mpt Asse	ssments				Class 000 000 000	0	77/01/2012 0.00 0.00 0.00	07/01/2013	
Tax Exemp Exempt Cla								Special Tax Re NONE		
		-		Homest	tead Applicatio	n Informatio	n			

01 3437		JENCE USE O		STATE OF MARYLAND	45 DAYS AFTER WELL IS COMPLETED.
1 2 3, 6			INLT)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY
(THIS NUMBER IS TO BE P IN COLS. 3-6 ON ALL CAR				PLEASE PRINT OR TYPE	COUNTY NUMBER 89-511
ST/CO USE ONLY					PERMIT NO.
DATE Received	DATE W	ELL CO			FROM "PERMIT TO DRILL WELL"
	0 4	24	9 0	22 5 0 0 26	FR-88-1006
8 13	15		20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNERTurners				first name TOWN	
OTTLEET OTTTI	dast game			IOWN	Frederick
	chers	Chanc	e	SECTION 1	LOT8
WELL L Not required for		alle		GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF				(Circle Appropriate Box)	1 2
PENETRATED, THEIR	COLOR	DEPTH	,	TYPE OF GROUTING MATERIAL 44 44	PUMPING TEST
THICKNESS AND IF DESCRIPTION (Use	WATER B			CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)			Check if water bearing	NO. OF BAGS NO. OF POUNDS 546	PUMPING RATE (gal. per min.
				GALLONS OF WATER	to nearest gal.) 11 15 METHOD USED TO
Brown shale	0	45		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE SUBMERSIDE
Green slate	45	47	The said	from ft. to 4 ft.	WATER LEVEL (distance from land surface)
Brown shale	47	60	Sec. Up	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Green slate	60	63 65		casing CASING RECORD	17 20
Brown shale Green slate	63 65	68		types insert ST CO	WHEN PUMPING
Brown shale	68	70		appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
Green slate	70	80		code	A air P piston T turbine
White slate	80	85		below PLASTIC OTHER	27 27 27
Green slate	85	110		MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
Blue slate	110	115		CASING top (main) casing of main casing	27 (decentage of the control of the
Green slate	115	160		TYPE (nearest inch) (nearest foot)	J jet S submersible
Blue slate	160	175		IST WAR	27 27
Green slate	175	190		60 61 63 64 66 70	
White slate	190	200		E OTHER CASING (if used) C diameter depth (feet) H inch from to	
Green slate	200	210		inch from to	PUMP INSTALLED
White slate	210	230		C	DRILLER WILL INSTALL PUMP YES (O)
Green slate	230	500	X	A S S S S S S S S S S S S S S S S S S S	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
				N G	MUST BE COMPLETED FOR ALL WELLS
WATER @ 230				screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
				or open hole ST BR HO	PLACE (A.C.J.P.R.S.T.O)
DRY HOLES			0 = 2	appropriate STEEL BRASS OPEN	IN BOX - SEE ABOVE:
#1		500		code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		+ = =		below PLASTIC OTHER	(to nearest gallon)
	-	in contin		C 2	PUMP HORSE POWER 37 41
				1 2	PUMP COLUMN LENGTH
				DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
				E 1 HO 47 500	and enter casing height)
				C 8 9 11 15 17 21	LAND SURFACE
				H 2	helow (nearest
CIRCLE APPROP	RIATELE	TTFR		C 23 24 26 30 32 36	49 foot)
A A WELL WAS ABAND	ONED A	ND SEA		E ³	LOCATION OF WELL ON LOT
WHEN THIS WELL W				N 38 39 41 45 47 51	A SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTA				SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVER	RTED TO	PRODU	CTION	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES
I WELL THEREBY CERTIFY THAT THIS WELL	I HAS BEEN	CONSTR	UCTED IN	56 60	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL	04.04 "WELL	L CONSTI	RUCTION"	from to	40
ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AND	THAT THE I	NFORMAT	ION PRE-	GRAVEL PACK L	100 Con
MY KNOWLEDGE.	J GOIVIFLE!	2 IO THE	J201 01	FLOWING WELL INSERT	40-12 90-12
DRILLERS IDENT. NO.	30	3	1	F IN BOX 68 68	and the second s
1 1 (2)		O Mary Mary		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	WELL
DRILLERS SIGNATURE /				T (E.R.O.S.) W Q	
(MUST MATCH SIGNATURE	ON APP	PLICATIO	ON)	74 75 76	
				70 72	
SITE SUPERVISOR (sign. o	of driller o	r journe	yman	TELESCOPE LOG OTHER DATA CASING INDICATOR	Control of the Contro
responsible for sitework if o	C. IT SOME	po"			
and the second of the second of the	o de la compa	West and the same	HOLDER TO	COUNTY	The Manufacture of Committee of the Comm

FREDERICK COUNTY WELL COMPLETION REPORT Frederick County Health Department 12 East Church Street, Winchester Hall Frederick, Maryland 21701

COMPLETION H-24-90

Well Tag No. FR-88-1006 Maryland Coordinate Location - North 551 East 0729
TO BE COMPLETED BY WELL DRILLER AND SUBMITTED TO THE FREDERICK COUNTY HEALTH DEPARTMENT WITHIN 45 DAYS AFTER COMPLETION OF WELL.
OWNER Turners Chance JV ADDRESS 30 W. Patrick St., Frederick Last First
LOCATION OF PROPERTY Rt 80
If subdivision (Name) Turners Chance Lot 8 Section Blk.
REASON FOR DRILLING WELL: (Circle One) - (1) New well (first water supply on property) (2) Replace drilled well which was not adequate or went dry (3) Replaced a drilled well which was contaminated (4) Replace drilled well (other reason)
(5) Replaces a hand dug well (6) Replaces a spring (7) Replaces a cistern (8) A well which is drilled deeper (9) Second well-double system to meet minimum yield standard.
CONSTRUCTION CHARACTERISTICS
(1) Total depth of well 505 ft. Static water level 39 (when not pumping), Amount of reservoir 691.5 gallons (depth of water column x 1.5/gal./ft.)
(2) All depths at which water was encountered $/$ 230 . Cased off Flowing into well
(3) Number of dry holes Depths 500
(4) Amount of casing used 49 ft. Size 65/8 (diameter/inches) Type Steel
(metal/plastic) What type of joints <u>Welded</u> (threaded, welded,
glued, etc.) Amount of casing above ground 18 inches.
(5) Type of grout <u>Cemen+</u> Amount of grout used <u>lo</u> (bags, gallons). Bit size through overburden 9 inches Other <u>lo</u> inches.
PERFORMANCE CHARACTERISTICS
(1) Yield of well9836 gallons/per/minute (exact) Type of test - (Rig)(Pump)
(2) Number of hours tested 6 Draw down water level at the time of test 215 Any additional comments or conditions concerning the well:
I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONCERNING THIS WELL IS TRUE AND CORRECT.
Name - Well Drilling Firm Ouynn Cromwell
License Number 303 Drillers Signature
TOTAL OF ALTERNATION AND ALTERNATION OF A PROPERTY OF A PR

DATE 4.24	LIEIT VIETD TO	com p	¥	60
			DERICK COUNTY	
	rmit No. <u>FR-88-1</u>		or Applicant TURNE	RS CHANCE JV
Location of Propo	erty (road) RT			
Subdivision	URNERS CHANC	E Lot &	Block Plat	Sec
Depth of Well		Height of Me.	asuring Point Above (Ground 21 ·
Static Water Leve	el Below Measuring	Point 39		
The first en	ntry in the table m dicate when the dra	nust be when you begindown phase ends and	in the drawdown. Ent	ter all appropriate pegins.
		PUMPING RATE	I	Ι .
TIME	WATER LEVEL	Time to fill	FLOW METER READING	CALCULATED FLOW
(CHRON.)	Below M.P.	5 gal. bucket	(if used)	(gallons per min.)
7:30AM	39'	193EC		15
7:45	133.6'	160		15
8:00	224,51	.47 Q 16AL	/	1,27
8:15	224,41	147@16A1		1
8:30	224,2'	047@16AL		
8:45	224'	049@1.6AL		
9:00	223.8'	.518 1GAL		
9:15	223,4'	047@ 1864.		
9:30	222.9'	+520 16AL		1.15
9:45	222.5'	1526 16AL		1
10:00	222.3'	,52@16AL		
10:15	221,9'	152@ 16AL		
10:30	åa1,4°	56@ 16AL		
ZY:01	220.3'	1.00@ 16N		' 1
lia)	219.5'	1.000.1ha		1
11:15	219.5	1:01@16N		. 9836
11:30	218.61	1:01@16AL		1
11:45	218.41	1:03@16AL		,
2:00	218'	1:01 @ 16AL		
12:15	218'	1:01@ 16AL		
12:30		1:01@16AL		
12:45	217,4	1:01 & 16AL		
1.00	217.4"	1:01 @ 16AL	•	
1115	2174	1:00 @ 1/00		

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 10.17.13.07Q.

.9836

Signature of Well Driller

Sanitarian Durid Latur

Date of Approval Sept 12,1989

Oakton pH/ORP Calibration Log			Page: 1 of 1	
Project Name: <u>Fo</u>	ormer Green Valle	y Citgo Project	Number : <u>CG-12-0788.03</u>	
Model: Oakton 35	618-Series pH 300 a	and 310 Portable Waterproof pH/mV/°C Meter		
Calibration	ORP -	YSI 3682 Zobell Zolution - Expires 08/2014		
Solutions:	pH -	Field Environmental Instruments, Inc. Buffer Solutions pH 4.00, pH 7.00 & pH 10.00		
Date & Time Checked	Recorded By	Calibation Check/Calibration	Parameters Checked	
10/11/12	Lara Bennett / Matt Emery	Received pre-calibrated Oakton Meter from Field Environmental. CGS confirmed that the meter was calibrated prior to receiving it.	pH / ORP / Temperature	
10/18/12 5:45	Lara Bennett	Calibration Checked - All parameters are correct	pH / ORP / Temperature	
10/23/12 7:40	Lara Bennett	Calibration Checked - All parameters are correct	pH / ORP	
10/24/12 6:00	Lara Bennett	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP	
10/25/12 13:50	Matt Emery	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP / Temperature	
11/6/12 4:00	Matt Emery	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP	
11/7/12 6:30	Lara Bennett	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP / Temperature	
11/9/12 5:45	Lara Bennett	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP	
11/13/12 12:30	Matt Emery	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP	
11/14/12 13:00	Matt Emery	Calibration Checked - All parameters are within 10% of their calibration solution values	pH / ORP	