

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

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

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

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? 1
 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 - attached
 When was your well pump last replaced? July 2006

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 not currently but in past

How old is your house? 1995
 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? Kohler - maybe
 What material is the faucet made of? metal - chrome
 Do you know how old the faucet is? about 5yrs

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? 40gal Wellxtrol model wx203

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? softner
 Where are the treatment devices located? basement

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

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

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 upstairs 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.

Property owner refused to sign citing advice from lawyer. Pictures were not taken since property owner did not initial.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Bryan Crompton Signature Bryan Crompton Date 10/16/12

Property Owner

Name _____ Signature _____ Date _____

May we take pictures of your plumbing and faucets?

initial _____ yes no

email jacaesar@comcast.net
this form emailed 10/15/12

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

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 Andrews
 Date and time of sampling appointment 10/16/12 8:00am
 Phone number to call in case of changes _____

At Sampling Appointment

Date 10/16/12
 Arrival time 7:55am
 Departure Time 9:00am
 FCHD Staff Bryan Crompton
 CGS Staff Matt Emery
 Property Owner Jack Andrews
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	11711 Serene - ^{First Draw}	Kitchen Sink	8:05	✓	✓	✓	✓	7.63	22.8°C	210
Flushed*	11711 Serene - ^{Flushed}	^{Bathroom} Sink	8:40	✓	✓	✓	✓	6.88	20.8°C	191.9
Duplicate										

First Draw Sample

Any water use in last 6 hours? yes
 If yes, describe use (e.g. how long, from which tap/toilet) upstairs bathroom for about 10 seconds

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment. No usable sink/ faucet downstairs

If 1 or 2, has the property owner confirmed that the spigot is operational? _____

Purge time begin 8:20 Additional gallon purged from selected sample collection spigot? yes
 Purge time end 8:35

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration First use - calibrated when rented
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 10/16/12

CGS Name Matt Emery Signature Matt Emery Date 10/16/12

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 Jack Andrews Signature _____ Date 10/16/12

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

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[GroundRent Redemption](#)
[GroundRent Registration](#)

Account Identifier: District - 09 Account Number - 285245

Owner Information

Owner Name: ANDREWS JOHN D SR & BONNIE M **Use:** RESIDENTIAL
Principal Residence: YES
Mailing Address: 11711 SERENE COURT **Deed Reference:** 1) /02094/ 00269
MONROVIA MD 21770 2)

Location & Structure Information

Premises Address **Legal Description**
11711 SERENE CT LOT 7 SECTION III
0-0000 1.5620 ACRES
TRANQUILITY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0097	0006	0157		0000	III		7	1	
									Plat Ref: 0049/ 0195

Special Tax Areas

Town	Ad Valorem	Tax Class
NONE	251	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1995	2,294 SF	1.5600 AC	

Stories	Basement	Type	Exterior
2.000000	YES	STANDARD UNIT FRAME	

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of	As Of	As Of	As Of
Land	156,700	01/01/2010	156,700	07/01/2012	07/01/2013
Improvements:	199,300		199,300		
Total:	356,000		356,000	356,000	
Preferential Land:	0				

Transfer Information

Seller:	Date:	Price:
SEXTON, NORMAN H. & BARBARA	05/10/1995	\$229,000
Type:	Deed1:	Deed2:
ARMS LENGTH IMPROVED	/02094/ 00269	
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 01/26/2010

C1 9264 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

ST/CO USE ONLY DATE Received
 DATE WELL COMPLETED **040192**

Depth of Well **400**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
FR-88-7816

OWNER *John Contreras* last name *Contreras* first name *John* TOWN *Brookley*
 STREET OR RFD *W. N. 80* SUBDIVISION *Virginia* SECTION *7* LOT *7*

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Clay	2	3	
Shale	3	10	
brown slate	10	17	
Gray slate	17	42	
brown slate	42	50	✓
blue slate	50	85	
brown slate	85	90	
Gray slate	90	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **20**

OTHER CASING (if used)
 diameter inch **4** depth (feet) from **0** to **0**

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

C2
 DEPTH (nearest ft.)
 1 **H0** 18 400
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **4**
 from to

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

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

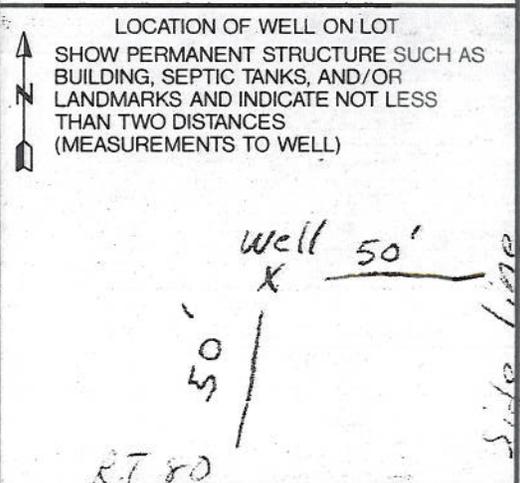
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **64**
 WHEN PUMPING **162**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **4**
 PUMP HORSE-POWER **0.5**
 PUMP COLUMN LENGTH (nearest ft.) **0**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot) **2**
- below }

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



FREDERICK COUNTY HEALTH DEPARTMENT WELL PERMIT

Applicant or Owner Sexton Contractors Driller Easterday

Street or R.F.D. 8701 Rocky Ridge Rd. Rocky Ridge, MD 21778

Location of Property off of Fingerboard Rd.

If Subdivision: (Name) Tranquility Sub. Tax Map 97/98 Parcel 22
Block or Section 3 Lot 7

Area of Lot 68,039 or Acres 1.562 Well To Furnish water to: Home Farm
Public or Industrial Private Water Co. Commercial Test Well Heat Pump

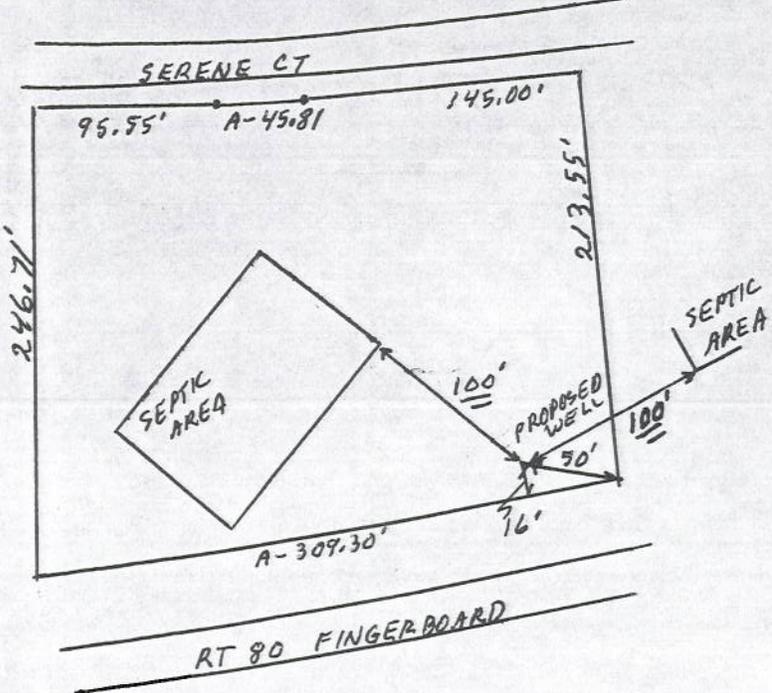
This application is made with the understanding that the well will be drilled only at the place designated by the Health Department and as shown in the sketch below. A completion certificate of this well must be filed by the driller, at the Health Department, within forty-five (45) days after completion 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 approval certificate.

Signature of Applicant Barbara Sexton
Owner Contractor Well Driller Agent

Date 1-21-92

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
- 15' FROM FRONT LINE
- 30' FROM ANY BUILDING
- 100' FROM ANY SEPTIC AREA



NOTICE - READ CAREFULLY

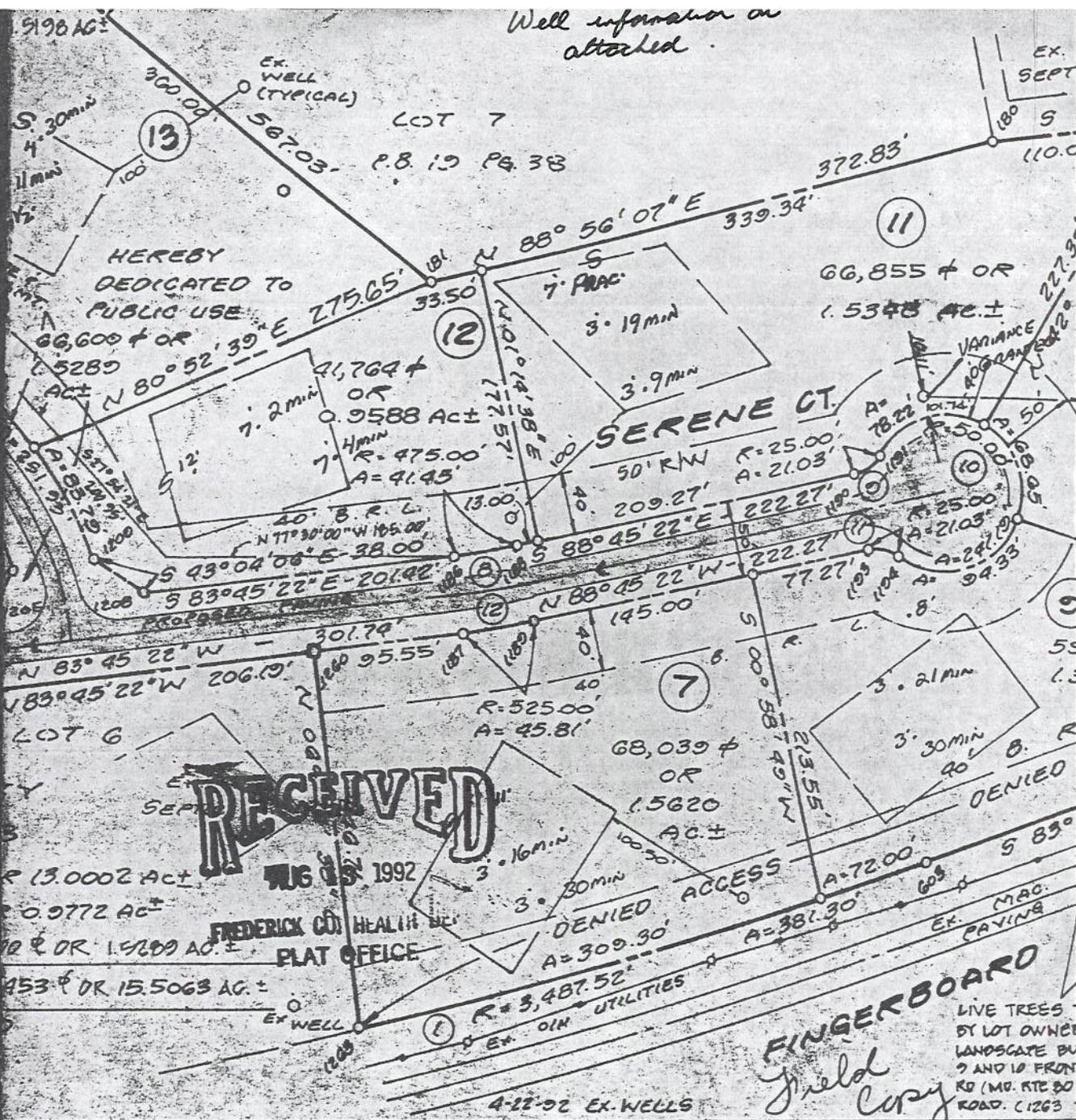
The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the Frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must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

VOID
AFTER THIS DATE
7-31-92

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

Date of Approval JAN 22, 1992 Sanitarian David Detwiler

Well information on attached



RECEIVED
 AUG 15 1992
 FREDERICK CO HEALTH DEPT.
 PLAT OFFICE

FINGERBOARD
 Field Copy
 LIVE TREES TO BE BY LOT OWNER LANDSCAPE BY 7 AND 10 FRONT RD (MD. RTE 30, ROAD. C1263)

SYMBOLS	DATE	REVISIONS
○ EXISTING WELL	10-1-90	PER COMMENTS
○ IRON PIN	5-13-91	REMOVE LOT 19
□ CONC. MON.	8-10-91	SEPTIC LOT 12
[S] PROP. SEPTIC	9/3/91	PER COMMENTS
* UNLESS OTHERWISE NOTED	9/19/91	LOT 12-SEPTIC
	2/11/92	PER COMMENTS
	6/4/92	WELL, LOT 11

MINIMUM BUILDING RESTRICTION LINES
FRONT: AS SHOWN
SIDE: 10'
REAR: 30'



S-789
 LOTS 7, 9 THRU 13, 15
TRA
 SITUATED ON LYNN BL
 NEW MARKET
 FREDERICK
 SCALE:
 1" = 100'

RECORDED PLAT 02

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

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 301 356 5324
 Date and time of sampling appointment 10/19/12 Friday 300
24 Wednesday

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? 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 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 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 owned, 6yrs ago
 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? Kehler
 What material is the faucet made of? metal
 Do you know how old the faucet is? < 2 years old

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? Proflo Amtrol PF-32, manufactured 2005

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? neutralizer, softner
 Where are the treatment devices located? basement

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

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 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

upstairs

no

Do you have your water regularly sampled?

yes

no

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

Have you made any recent changes to your water system based on sample results (e.g. installed a treatment device)?

yes

no

See note below

Other comments.

There is a bathroom near the raw tap.
Softner installed in August 2012 and some adjustments since then.
Stoner Interprises in Hagerstown has sampled the water but
the homeowner does not have the lab results.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Lindsay Linthicum

Signature [Signature]

Date 10-24-12

Property Owner

Name [Signature]

Signature _____

Date October 21 2012

May we take pictures of your plumbing and faucets?

initial

HL

yes

no

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

Sampling Appointment Setup

Property Address 11712 Serene Court
 Property Owner Ben Gray
 Date owner called to set appointment 10/11/12
 Name of person calling to set appointment Ben Gray 301-356-5324
 Date and time of sampling appointment 10/24/12 wednesday 300pm
 Phone number to call in case of changes 301-356-5324

At Sampling Appointment

Date 10-24-12
 Arrival time 3:00
 Departure Time 3:59
 FCHD Staff Lindsey Linthicum
 CGS Staff Matt Emery
 Property Owner Ben Gray & Heather Gray
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	11712 Serene-First draw	Kitchen Sink	3:00pm	X	X	X	X	6.94	19.4°C	180.6
Flushed*	11712-Serene-flushed		3:40pm	X	X	X	X	6.42	17.0°C	216
Duplicate	11712-Serene-Duplicate		3:40pm	X	X	X	X	6.42	17.0°C	

First Draw Sample
 Any water use in last 6 hours? Pressure Tank
 If yes, describe use (e.g. how long, from which tap/toilet) no

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 3:19 Additional gallon purged from selected sample collection spigot? yes
 Purge time end 3:36

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Lindsey Linthicum Signature [Signature] Date 10-24-12

CGS Name Matt Emery Signature [Signature] Date 10/24/12

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 Heather Gray Signature [Signature] Date 10-24-12

Maryland Department of Assessments and Taxation
 Real Property Data Search (v4.2A)
 FREDERICK COUNTY

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[GroundRent Registration](#)

Account Identifier: District - 09 Account Number - 285261

Owner Information

Owner Name: GRAY BENJAMIN & HEATHER **Use:** RESIDENTIAL
Principal Residence: YES
Mailing Address: 11712 SERENE CT **Deed Reference:** 1) /06017/ 00546
 MONROVIA MD 21770-9092 2)

Location & Structure Information

Premises Address: 11712 SERENE CT
 0-0000
Legal Description: LOT 10 SECTION III
 2.2250 ACRES
 TRANQUILITY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0097	0006	0157		0000	III		10	1	Plat Ref: 0049/ 0195

Special Tax Areas: **Town:** NONE
Ad Valorem: 251
Tax Class:

Primary Structure Built: 1995
Enclosed Area: 2,156 SF
Property Land Area: 2.2200 AC
County Use:

Stories: 2.000000
Basement: YES
Type: STANDARD UNIT FRAME
Exterior:

Value Information

	Base Value	Value As Of	Phase-in Assessments	
			As Of	As Of
Land:	164,600	164,600	07/01/2012	07/01/2013
Improvements:	248,200	248,200		
Total:	412,800	412,800	412,800	
Preferential Land:	0			

Transfer Information

Seller: LEARY, JOHN & ELIZABETH **Date:** 05/17/2006 **Price:** \$695,000
Type: ARMS LENGTH IMPROVED **Deed 1:** /06017/ 00546 **Deed 2:**
Seller: SEXTON, NORMAN H. & BARBARA **Date:** 12/11/1995 **Price:** \$275,955
Type: ARMS LENGTH IMPROVED **Deed 1:** /02145/ 01274 **Deed 2:**
Seller:
Type: **Date:** **Price:**
Deed 1: **Deed 2:**

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: No Application

C1 **9267** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
040192

Depth of Well
400
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
FA-88-2878

OWNER *John Conner*
 STREET OR RFD last name *Red Rt 80* first name TOWN *Brownsville*
 SUBDIVISION *Conner* SECTION *3* LOT *10*

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top soil	0	2	
Clay	2	8	
Shaley	8	15	
brown slate	15	35	
blue slate	35	40	
brown slate	40	50	
GRAY slate	50	62	✓
brown slate	62	75	
GRAY slate	75	95	
brown slate	95	98	
GRAY slate	98	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **1000**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **40**
 60 61 63 64 66 70

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

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

C2
 DEPTH (nearest ft.)
 1 **HO** **38** **400**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

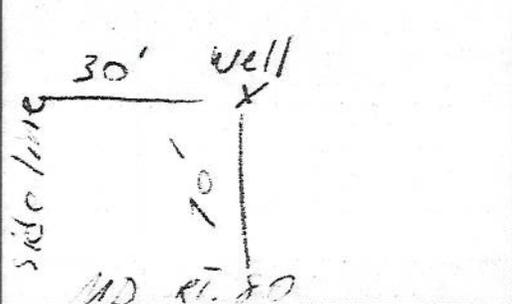
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE *George F. Pastorek*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

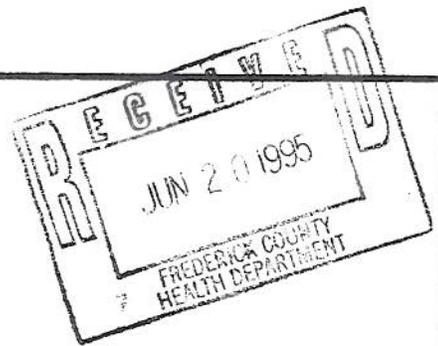
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE *Bucket*
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **47**
 WHEN PUMPING **78**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)
 49 50 51

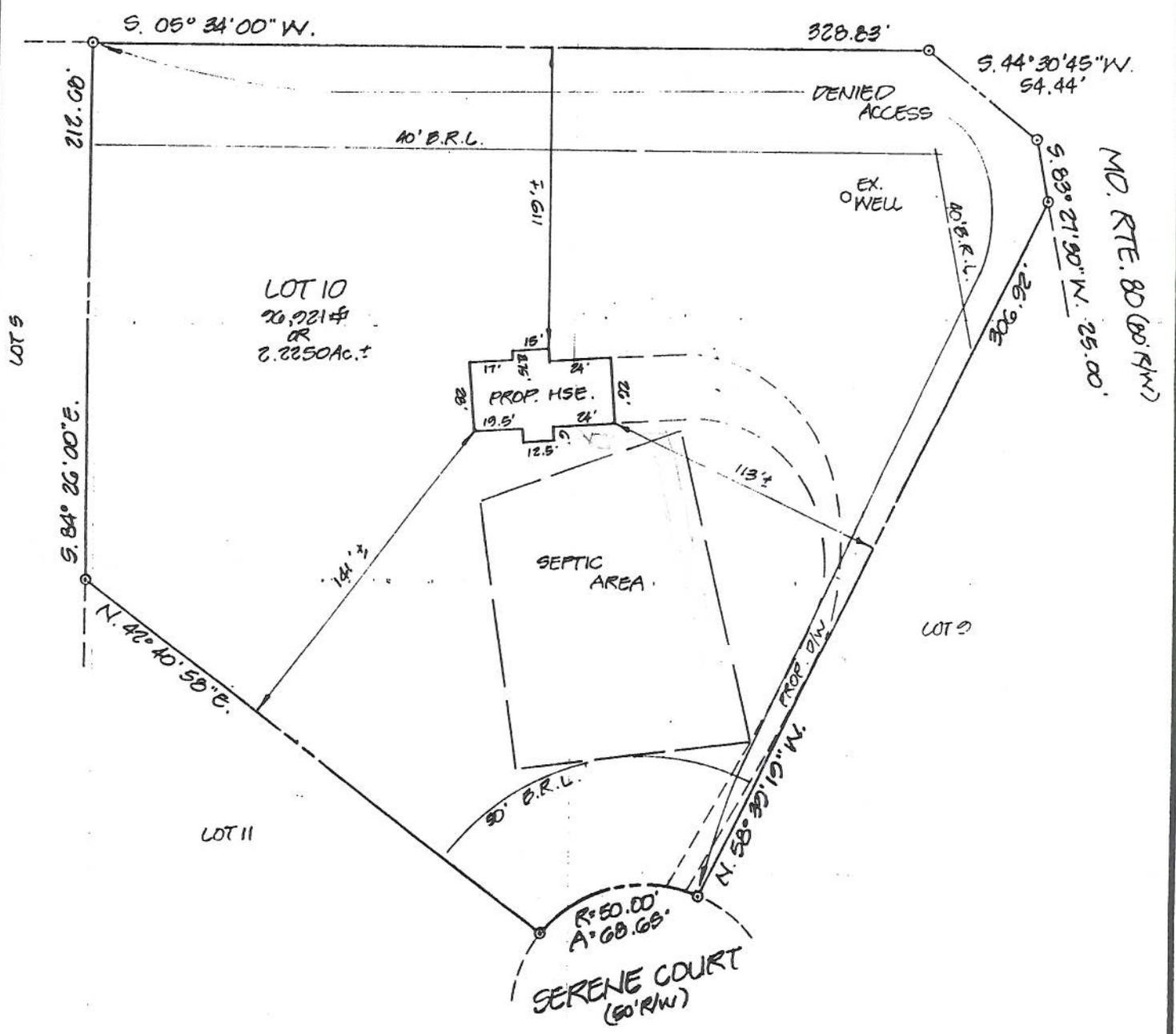
LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

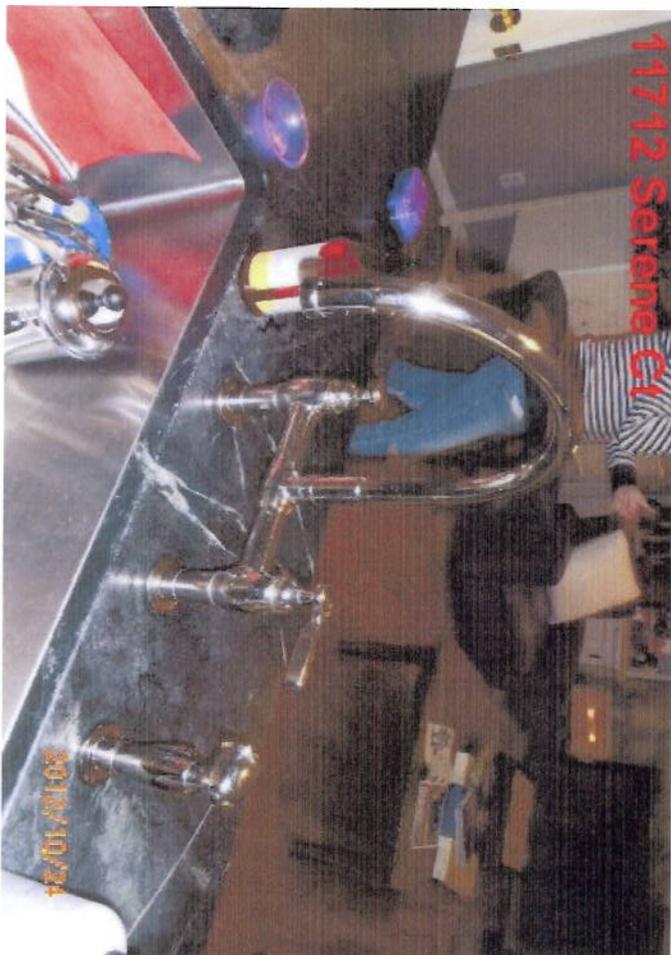
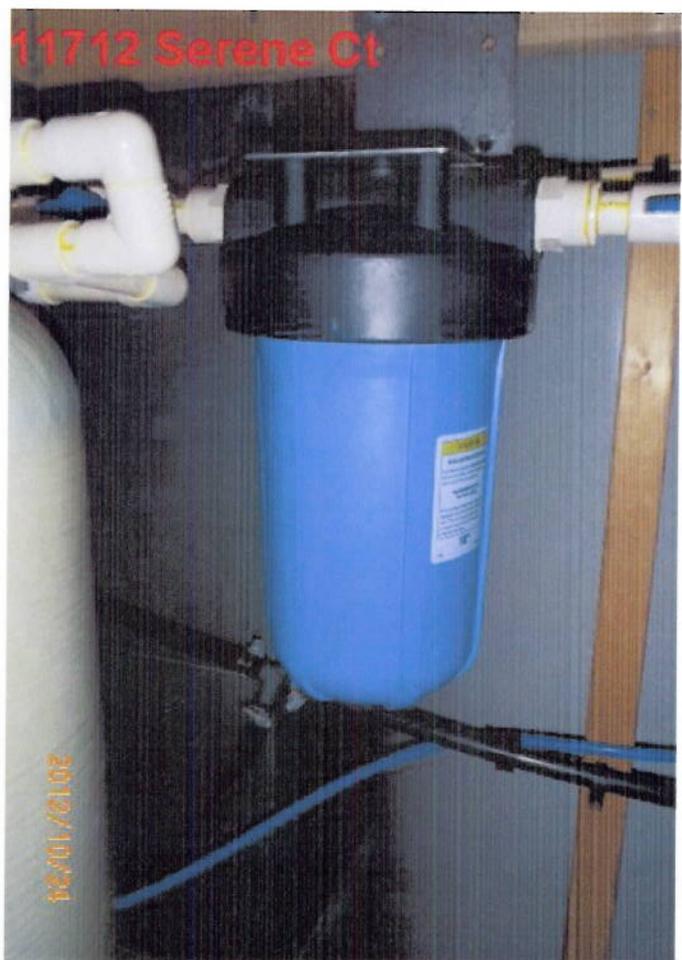


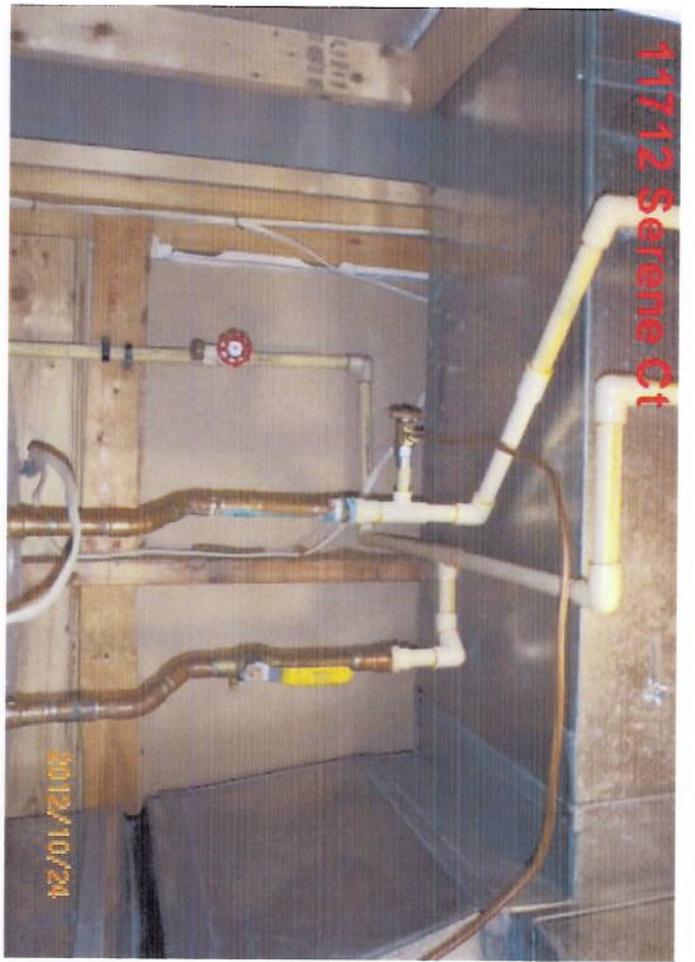
LYNN BURKE ROAD
(50' R/W)



PLOT PLAN
 LOT 10, SECTION III
 TRANQUILITY
 SITUATED ON SERENE COURT
 ELECTION DISTRICT N:9
 FREDERICK COUNTY, MARYLAND
 SCALE: 1" = 60'
 MAY 1995







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

Sampling Appointment Setup

Property Address 11789 Thomas Spring Rd.
 Property Owner John + Mary Malone
 Date owner called to set appointment 10/25/12
 Name of person calling to set appointment Mary Malone
 Date and time of sampling appointment 11/6/12 6:00 am
 Phone number to call in case of changes 301-471-3456

At Sampling Appointment

Date 11/6/12
 Arrival time 6:00 am
 Departure Time 6:50 am
 FCHD Staff Bryan Crompton
 CGS Staff Matt Emery
 Property Owner John Malone
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	11789 Thomas Spring Rd - First Draw	Kitchen Sink	6:05	✓	✓	✓	✓	6.64	18.5°C	178
Flushed*	11789 Thomas Spring Rd - Flushed	Kitchen Sink	6:45	✓	✓	✓	✓	7.03	13.8°C	170.8
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
- ③ A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 6:25 Additional gallon purged from selected sample collection spigot? yes
 Purge time end 6:40

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 11/6/12

CGS Name Matt Emery Signature Matt Emery Date 11/6/12

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 JOHN MALONE Signature John Malone Date 11/06/12

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

Sampling Appointment Setup

Property Address 11789 Thomas Spring Rd
 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 4:30 pm tuesday
John 301 471 3456 Mary 301 606 2671

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? 1
 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 100 feet
 Well driller Easterday
 Well completion report available? (attach copy if yes) yes attached
 When was your well pump last replaced? about 3 years ago

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

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? basement
 What is the size or model/maker of your pressure tank? FloTech FP1120-08 82 gal.

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? softener
 Where are the treatment devices located? basement

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

Do you have a spigot or tap to take a water sample near your pressure tank? If yes, where is it located?	<u>yes</u>	no
Is there a drain for the flushed water to run to and is that drain operational?	<u>yes</u>	no
Do you have a mop sink we can take a water sample from?	<u>yes</u> garage	no
Do you have a bathtub we can take a water sample from?	<u>yes</u>	no
Do you have your water regularly sampled? If yes, when was the last sample collection?	<u>yes</u> Spring 2012	no
If yes, will you provide copies of the sample results?	<u>yes</u>	no
Have you made any recent changes to your water system based on sample results (e.g. installed a treatment device)?	yes	<u>no</u>
Other comments.	_____	

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

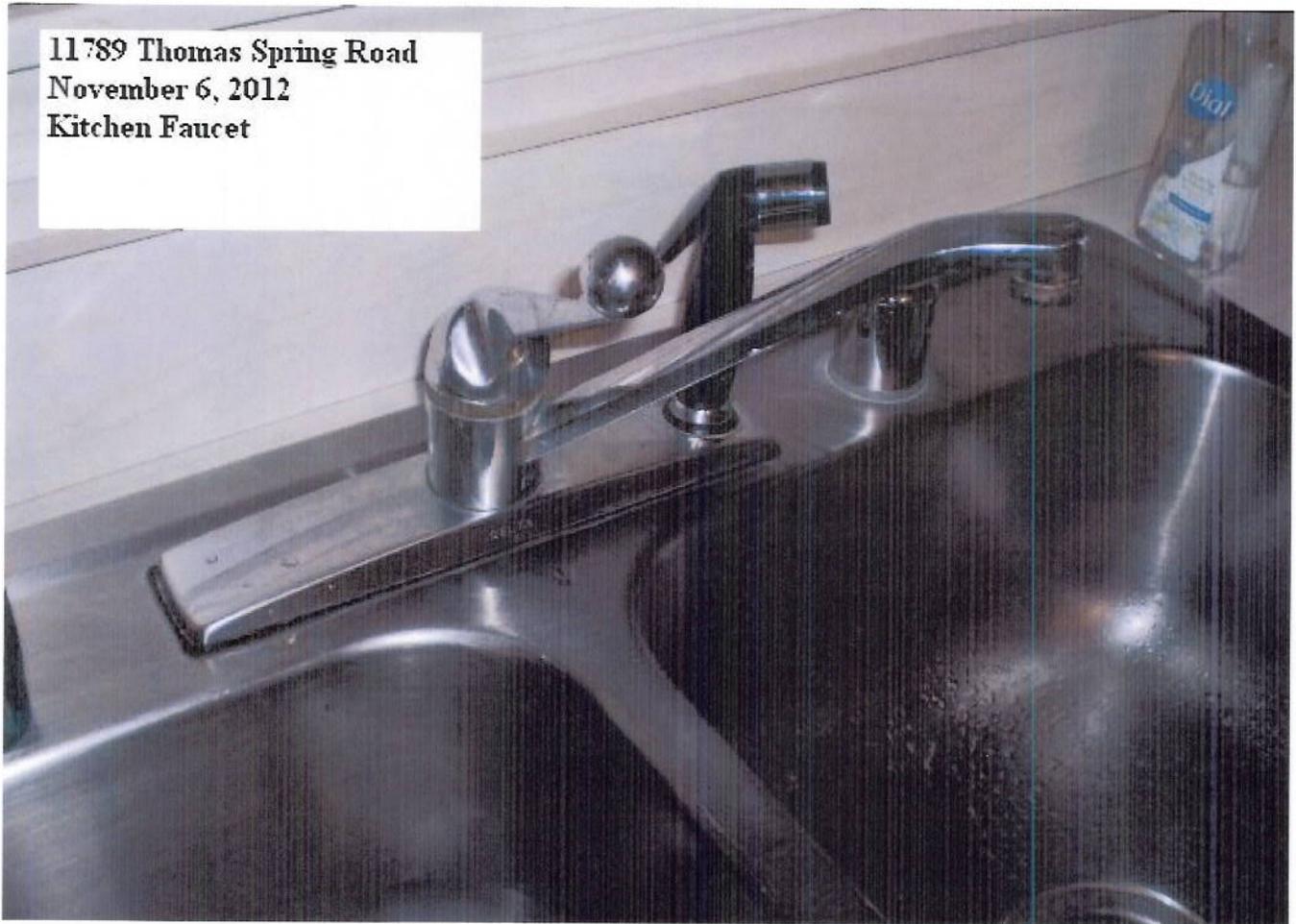
Name Bryan Crompton Signature Bryan Crompton Date 11/6/12

Property Owner

Name JOHN MALONE Signature John Malone Date 11/6/12

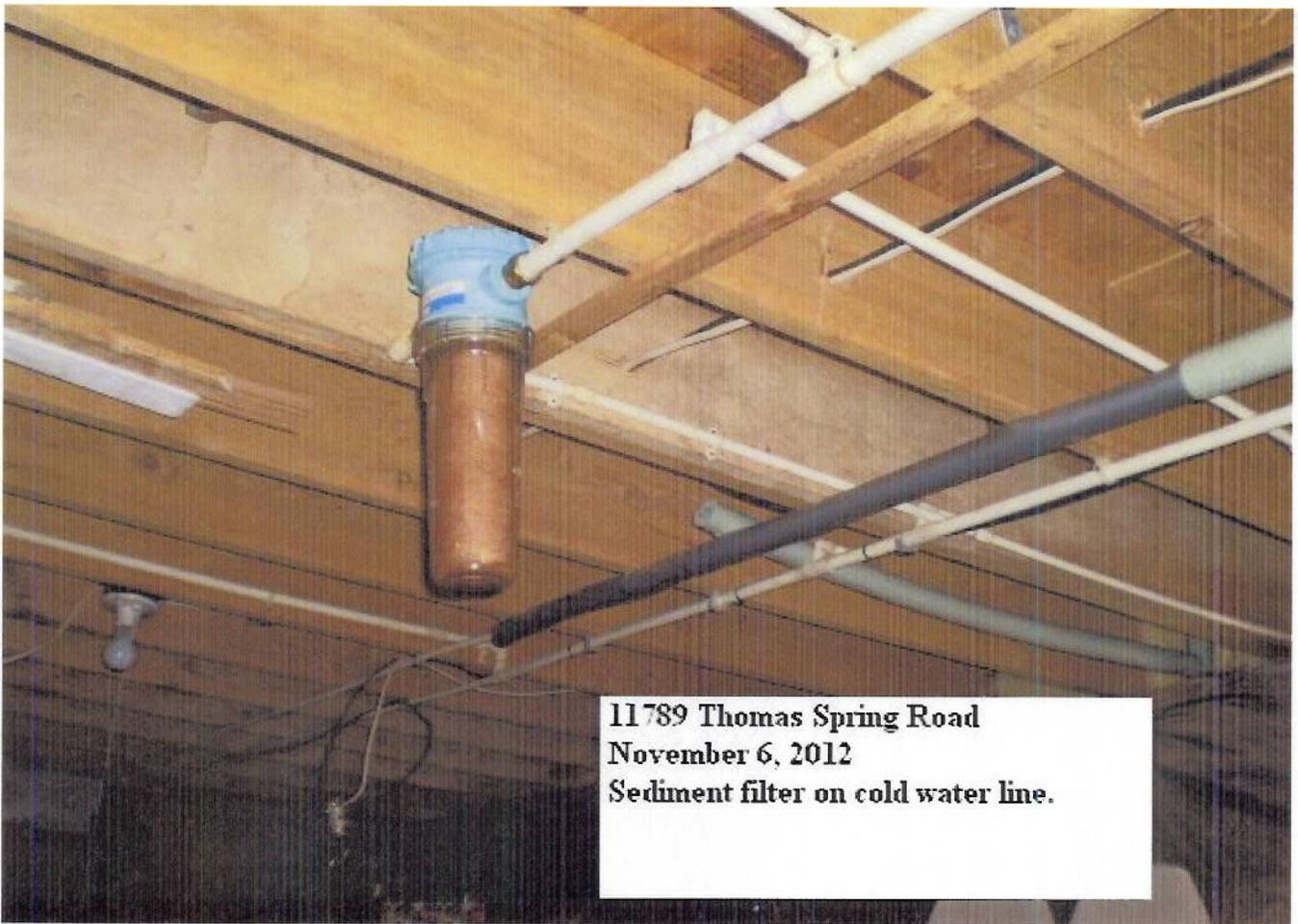
May we take pictures of your plumbing and faucets? initial JM yes no

11789 Thomas Spring Road
November 6, 2012
Kitchen Faucet

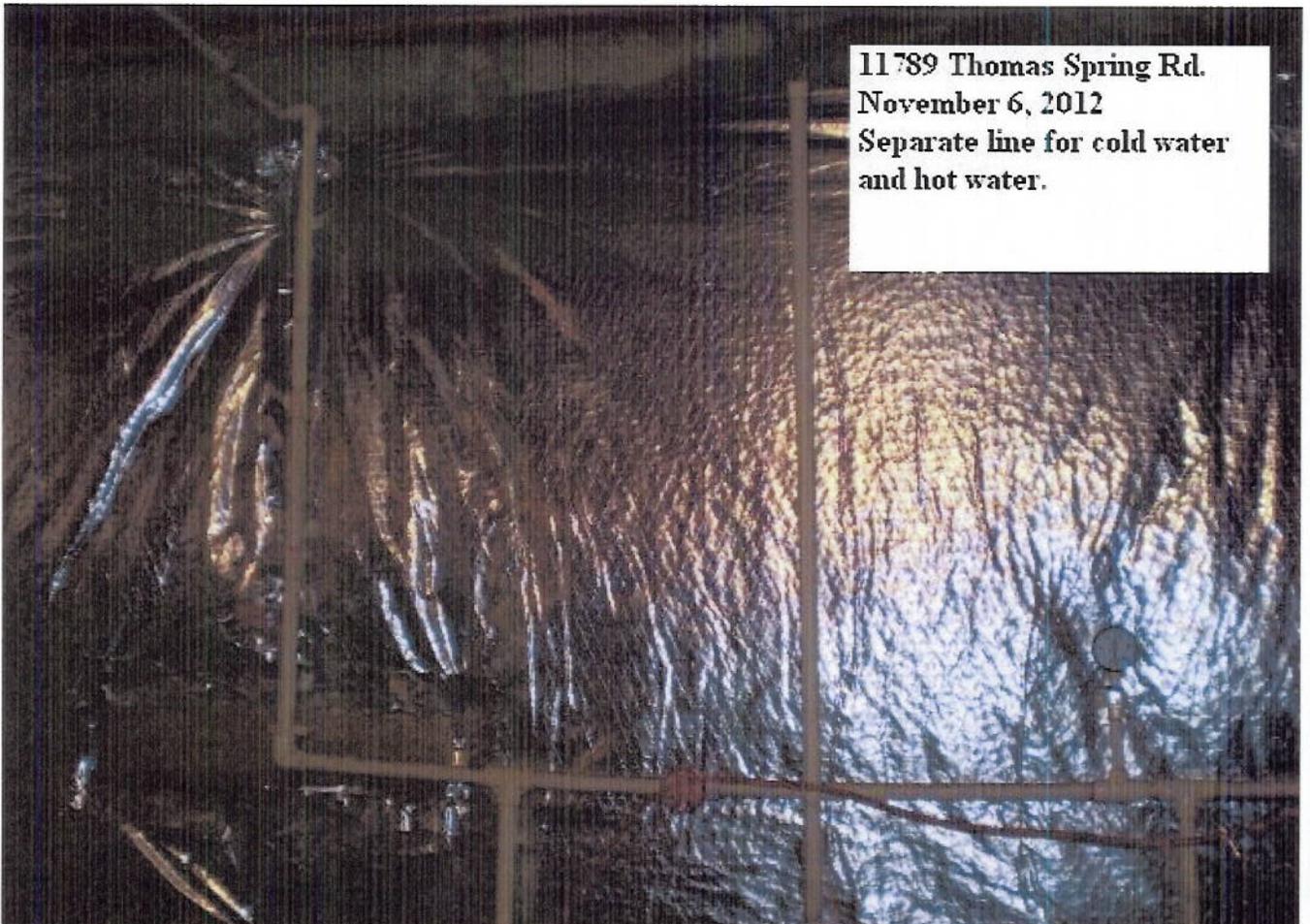


11789 Thomas Spring Road
November 6, 2012
Pressure tank and softener.





**11789 Thomas Spring Road
November 6, 2012
Sediment filter on cold water line.**



**11789 Thomas Spring Rd.
November 6, 2012
Separate line for cold water
and hot water.**

ONLY) *Corbett*

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER *OK*

DATE WELL COMPLETED
030386

Depth of Well
22 **100** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
FR-81-2878

SIXTON CONTRACTORS

OR RFD *4300 WOXLEY VALLEY RD.* first name TOWN *MT. AIRY.*
DIVISION *TRANQUILITY* SECTION *II* LOT *10*

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>Top Soil</i>	<i>0</i>	<i>2</i>	
<i>Clay</i>	<i>2</i>	<i>4</i>	
<i>Shaley</i>	<i>4</i>	<i>7</i>	
<i>blue slate</i>	<i>7</i>	<i>40</i>	
<i>brown slate</i>	<i>40</i>	<i>50</i>	<i>CAVE IN</i>
<i>blue slate</i>	<i>50</i>	<i>70</i>	
<i>brown slate</i>	<i>70</i>	<i>80</i>	
<i>blue slate</i>	<i>80</i>	<i>100</i>	<input checked="" type="checkbox"/>

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS *36* NO. OF POUNDS *3600*
GALLONS OF WATER *180*
DEPTH OF GROUT SEAL (to nearest foot)
from *0* ft. to *60* ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) *6*
Total depth of main casing (nearest foot) *93*

OTHER CASING (if Used)
diameter inch from to

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

DEPTH (nearest ft.)
1 *H0* 91 100
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) *4*

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

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

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) *3*
PUMPING RATE (gal. per min. to nearest gal.) *30*
METHOD USED TO MEASURE PUMPING RATE *Bucket*
WATER LEVEL (distance from land surface) BEFORE PUMPING *20* WHEN PUMPING *100*
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

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)
50' well
water is cloudy at bottom of the well at 50'
MOOD
Thomas Spring Rd.

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

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

DRILLERS IDENT. NO. *40*
George F. Easter
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Foster
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

RECEIVED
MAY 10 1989
HEALTH DEPT.
FREDERICK COUNTY

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

Account Identifier: District - 09 Account Number - 238379

Owner Information			
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Owner Name:	MALONE JOHN J & MARY K	Use:	RESIDENTIAL
Mailing Address:	11789 THOMAS SPRING ROAD MONROVIA MD 21770	Principal Residence:	YES
		Deed Reference:	1) /01352/ 00831 2)

Location & Structure Information			
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Premises Address 11789 THOMAS SPRING RD MONROVIA 21770-0000	Legal Description L 10 S 2 PL 3 1.395 ACTHOS SPNG THOMAS SPRING RD
--	--

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	19 38
0097	0006	0172		0000	2		10	1		
										Plat Ref:

Special Tax Areas	Town	NONE
	Ad Valorem	251
	Tax Class	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1986	2,138 SF	1.3900 AC	

Stories	Basement	Type	Exterior
2.000000	YES	STANDARD UNIT FRAME	

Value Information				
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	Base Value	Value	Phase-in Assessments	
			As Of	As Of
Land	154,600	154,600	01/01/2010	07/01/2012
Improvements:	173,500	173,500		07/01/2013
Total:	328,100	328,100		
Preferential Land:	0			

Transfer Information					
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Seller:	SEXTON, NORMAN & BARBARA	Date:	07/28/1986	Price:	\$128,000
Type:	ARMS LENGTH IMPROVED	Deed1:	/01352/ 00831	Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	

Exemption Information			
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Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt:	Special Tax Recapture:
Exempt Class:	NONE

Homestead Application Information	
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Homestead Application Status:	No Application
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FIELD SAMPLING FORM
Site Specific Sampling
Green Valley / Monrovia
Frederick County, Maryland

Sampling Appointment Setup

Property Address Kirk & Anette Russell
 Property Owner 11894 Barley Ct
 Date owner called to set appointment 11/13/12
 Name of person calling to set appointment Annette Russell
 Date and time of sampling appointment 11/13/12
 Phone number to call in case of changes 301-775-3134

At Sampling Appointment

Date 11/13/12
 Arrival time 4:50
 Departure Time _____
 FCHD Staff Alicia Evangelista
 CGS Staff Matt Emery
 Property Owner Annette Russell
 Other (affiliation) NA

Sample Locations and IDs

Sample Type	Sample ID draw	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	11894 Barley St	Kitchen Sink	4:55	X	X	X	X	6.94	17.6°C	184.5
Flushed*	11894 Barley	Flushed laundry	5:30	X	X	X	X	7.01	15.6°C	166.6
Duplicate										

First Draw Sample

Any water use in last 6 hours? no
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 5:05 Additional gallon purged from selected sample collection spigot? _____
 Purge time end 5:20

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Alicia Evangelista Signature A Evangelista Date 11/13/12

CGS Name Matt Emery Signature Matt Emery 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 Annette Russell Signature Annette Russell Date 11/13/2012

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

Sampling Appointment Setup

Property Address 11894 Barley Ct.
 Property Owner Kirk Russell & Annette Russell
 Date owner called to set appointment 11/8/12
 Name of person calling to set appointment Annette Russell
 Date and time of sampling appointment 11/13/12 5:00 pm
C-301-775-3134

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? 1
 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 no

Has your well ever run dry? yes no

Do you have any taste and/or odor problems with your water? sometimes odor but hard to describe - not consistent yes no

How old is your house? moved in 1996 late 70 - early 80's

Has the plumbing ever been remodeled/replaced? yes no

If yes, when? in kitchen
 What type of piping do you currently have in your house? (circle one) miner - faucet + bathroom faucet/toilet
 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? since after 1996

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?

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? point of use, sediment tank for whole house - not changed in some time

Where are the treatment devices located?

do drink bottled water - not normally
2 dogs - sometimes bottled

**WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT**

IN 30 DAYS AFTER WELL COMPLETE
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER 77-225

DATE WELL COMPLETED 9/14/77
DEPTH OF WELL 105
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
FR-73
5173
DRILLERS IDENTIFICATION NO. 82

OWNER Woodbridge Inc. LAST NAME 9-N. ... STREET OR RFD ... POST OFFICE ... FIRST NAME ...

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	3	
SHALE	3	10	
Brown Slate	10	75	
Blue Slate	75	105	

*Green Valley
Lot 21, Block K*

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 19 FT.

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW
STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW
STEEL BRASS OR BRONZE OPEN HOLE
PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)
FROM 19 TO 105

SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 30 (NEAREST FOOT)
WHEN PUMPING 105 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

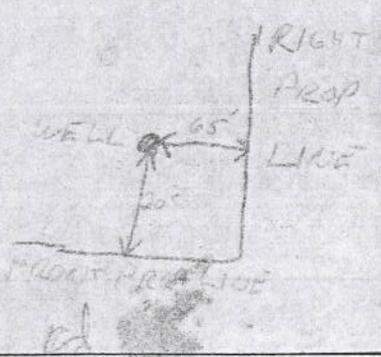
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) _____
PUMP HORSE POWER _____
PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW }

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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.

DRILLERS NAME P. A. Carterday

(PLEASE PRINT) P. A. Carterday

SIGNATURE P. A. Carterday

Frederick County Approval Certificate For Well Installation

Owner of Property Woodridge Inc. Driller Frank Eastaday
 Street or R.F.D. 7 D Summit Ave Street or R.F.D. _____
 Post Office Shelburne Md. 20760 Post Office Mt Airy, Md.
 Location of property _____

If Subdivision: Name Green Valley Block or Section K Lot No. 21

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 approval certificate.

Date August 22, 1977 Signature of Applicant Greg Carey
 Owner _____ Contractor _____ Well Driller _____ Agent

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION



NOTE: WELL TO BE LOCATED 100 FT. FROM SEPTIC SEEPAGE AREA OF ALL ADJOINING PROPERTIES.
 ALSO: DIMENSIONS NOT TO SCALE.
 * - WELL AREA IS AT LOCATION SHOWN ON RECORD PLAT.

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.

VOID

AFTER THIS DATE

9/30/79
pm
2 28 78

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

Date of approval August 25, 1977 Sanitarian Thomas D. Mohler, Jr.

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

Sampling Appointment Setup

Property Address 3740 Blueberry Ct Monrovia 21770
 Property Owner Roy J & Christine Miller
 Date owner called to set appointment 10/18/2012
 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. 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? 1
 What is the well tag number(s)? unknown - missing from well
 Age of the well 1972? 7/6/1972
 Casing depth of the well 20'
 Total depth of the well 240'
 Well driller Easterday
 Well completion report available? (attach copy if yes) Yes - attached
 When was your well pump last replaced? 9/22/2007

Please provide me with a copy of the well completion report

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? 30 yrs
 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? ?
 Do you know how old the faucet is? 10 yrs?

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? 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? yes no

Do you have any other treatment devices on your water system? yes no
 If yes, what kind? acid neutralizer
 Where are the treatment devices located? basement

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

Do you have a spigot or tap to take a water sample near your pressure tank?

If yes, where is it located?

yes no
front of 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 no

Do you have your water regularly sampled?

If yes, when was the last sample collection?

yes no
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. installed a treatment device)?

yes no

Other comments.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Bryan Crompton Signature Bryan Crompton Date 10/24/12

Property Owner

Name Christine Miller Signature Christine Miller Date 10/23/12

May we take pictures of your plumbing and faucets? initial C yes no

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

Sampling Appointment Setup

Property Address 3740 Blueberry Ct.
 Property Owner Ray + Christine Miller
 Date owner called to set appointment 10/18/12
 Name of person calling to set appointment Christine Miller
 Date and time of sampling appointment 10/24/12 7:00 am
 Phone number to call in case of changes _____

At Sampling Appointment

Date 10/24/12
 Arrival time 7:00 am
 Departure Time _____
 FCHD Staff Bryan Crampton
 CGS Staff Lara Bennett
 Property Owner Christine Miller
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3740 Blueberry - First Draw</u>	<u>Kitchen Sink</u>	<u>7:10</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.66</u>	<u>20.6°C</u>	<u>159.1</u>
Flushed*	<u>3740 Blueberry - Flushed</u>	<u>↳ pressure tank tap</u>	<u>7:55</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.13</u>	<u>17.5°C</u>	<u>194.7</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 7:30 Additional gallon purged from selected sample collection spigot? yes
 Purge time end 7:48

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH calibration checked at office and is working correctly
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crampton Signature Bryan Crampton Date 10/24/12

CGS Name Lara Bennett Signature Lara Bennett Date 10/24/12

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 Christine Miller 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 Spring Const. Co. Date 7-6-75
Address Lithersburg Md. Driller A. J. Estabrook
Address 1001 Main St.
Exact location of property where well was drilled 3740 Blueberry Court

Subdivision: Name Green Valley Block No. F Lot No. 38
Permit No. FR-72-0717 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

1) Diameter of largest bit 10"
2) Ground water encountered at _____ ft.
3) At what depth was first vein of water encountered 40 ft. Cased off: Yes ___ No ___
4) Total depth of well 240 ft. Standing water level in well below ground surface when not pumping 30 ft.
5) Casing: Diameter of casing 6 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 15 ft. below ground level.
Well cement grouted: Yes No ___ To what depth 18 ft.
(if answer to No. 6 is NO an acceptable explanation in detail is necessary _____)

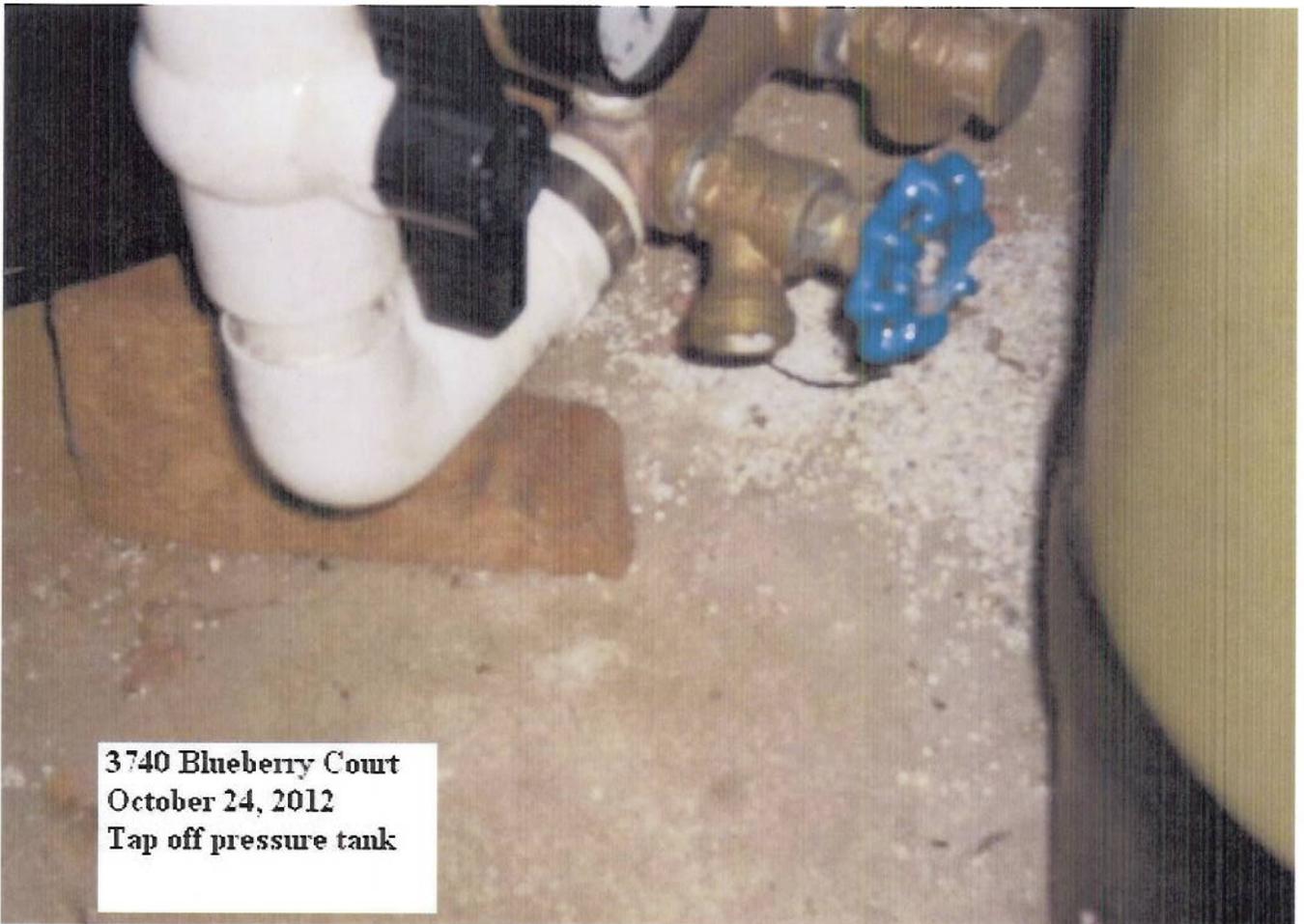
Yield of well: 3 gal. per min. No. of hours pump operated at this rate during test 1 hours _____ minutes.

Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

3740 Blueberry Ct.

A. J. Estabrook
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42



3740 Blueberry Court
October 24, 2012
Tap off pressure tank



3740 Blueberry Ct.
October 24, 2012
Treatment System

Account Identifier: District - 09 Account Number - 252800

Owner Information

Owner Name: MILLER ROAY J & CHRISTINE D **Use:** RESIDENTIAL
Principal Residence: YES
Mailing Address: 3740 BLUEBERRY CT.
 MONROVIA MD 21770 **Deed Reference:** 1) /01183/ 00064
 2)

Location & Structure Information

Premises Address 3740 BLUEBERRY CT
 MONROVIA 21770-0000
Legal Description L 35 B F S .81 AC
 E/S BLUEBERRY COURT
 GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	8 174
0098	0001	0208		0000	2	F	35	1	Plat Ref:	

Special Tax Areas
Town NONE
Ad Valorem 251
Tax Class

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1972	2,024 SF	35,284 SF	

Stories	Basement	Type	Exterior
2.000000	YES	STANDARD UNIT FRAME	

Value Information

	Base Value	Value	Phase-in Assessments	
		As Of 01/01/2010	As Of 07/01/2012	As Of 07/01/2013
Land	138,800	138,800		
Improvements:	139,900	139,900		
Total:	278,700	278,700	278,700	
Preferential Land:	0			

Transfer Information

Seller:	Date:	Price:
HOLD, WILLIAM E & JUDITH A	11/01/1982	\$87,500
Type:	Deed1:	Deed2:
ARMS LENGTH IMPROVED	/01183/ 00064	

Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt:	Special Tax Recapture:
Exempt Class:	NONE

Homestead Application Information

Homestead Application Status: Approved 01/12/2011

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

Sampling Appointment Setup

Property Address 3806 Green Ridge Dr
 Property Owner Rodney King
 Date owner called to set appointment 10/26/12
 Name of person calling to set appointment Rodney King
 Date and time of sampling appointment 11/6/12 5:00 am
 Phone number to call in case of changes 301-514-8453

At Sampling Appointment

Date 11/6/12
 Arrival time 5:00 am
 Departure Time 5:40 am
 FCHD Staff Bryan Crompton
 CGS Staff Matt Emery
 Property Owner Rodney King
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3806 Green Ridge Dr - First</u>	<u>Kitchen Sink</u>	<u>5:05</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.52</u>	<u>23.3°C</u>	<u>238</u>
Flushed*	<u>3806 Green Ridge Dr - Flush</u>	<u>Kitchen Sink</u>	<u>5:35</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.61</u>	<u>18.7°C</u>	<u>246</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment. map sink in laundry room

If 1 or 2, has the property owner confirmed that the spigot is operational? _____

Purge time begin 5:15 am Additional gallon purged from selected sample collection spigot? yes
 Purge time end 5:30 am

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 11/6/12

CGS Name Matt Emery Signature Matt Emery Date 11/6/12

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 Rodney King Signature Rodney King Date 11/6/12

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

Sampling Appointment Setup

Property Address 3806 Green Ridge Dr.
 Property Owner Rodney King
 Date owner called to set appointment 10/26/12 301 514 8453
 Name of person calling to set appointment Rodney office 301 975 6987
 Date and time of sampling appointment 11/6/12 500 Am Tuesday

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? 1
 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 Easterday
 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 no
 Do you have any taste and/or odor problems with your water? yes no don't drink water

How old is your house? 1976
 Has the plumbing ever been remodeled/replaced? yes no
 If yes, when? portions 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 / plastic
 Do you know how old the faucet is? 2007

Do you have a pressure tank? yes no
 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 no
 Do you have any other treatment devices on your water system? yes no
 If yes, what kind? neutralizer
 Where are the treatment devices located? basement

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

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 *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 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.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

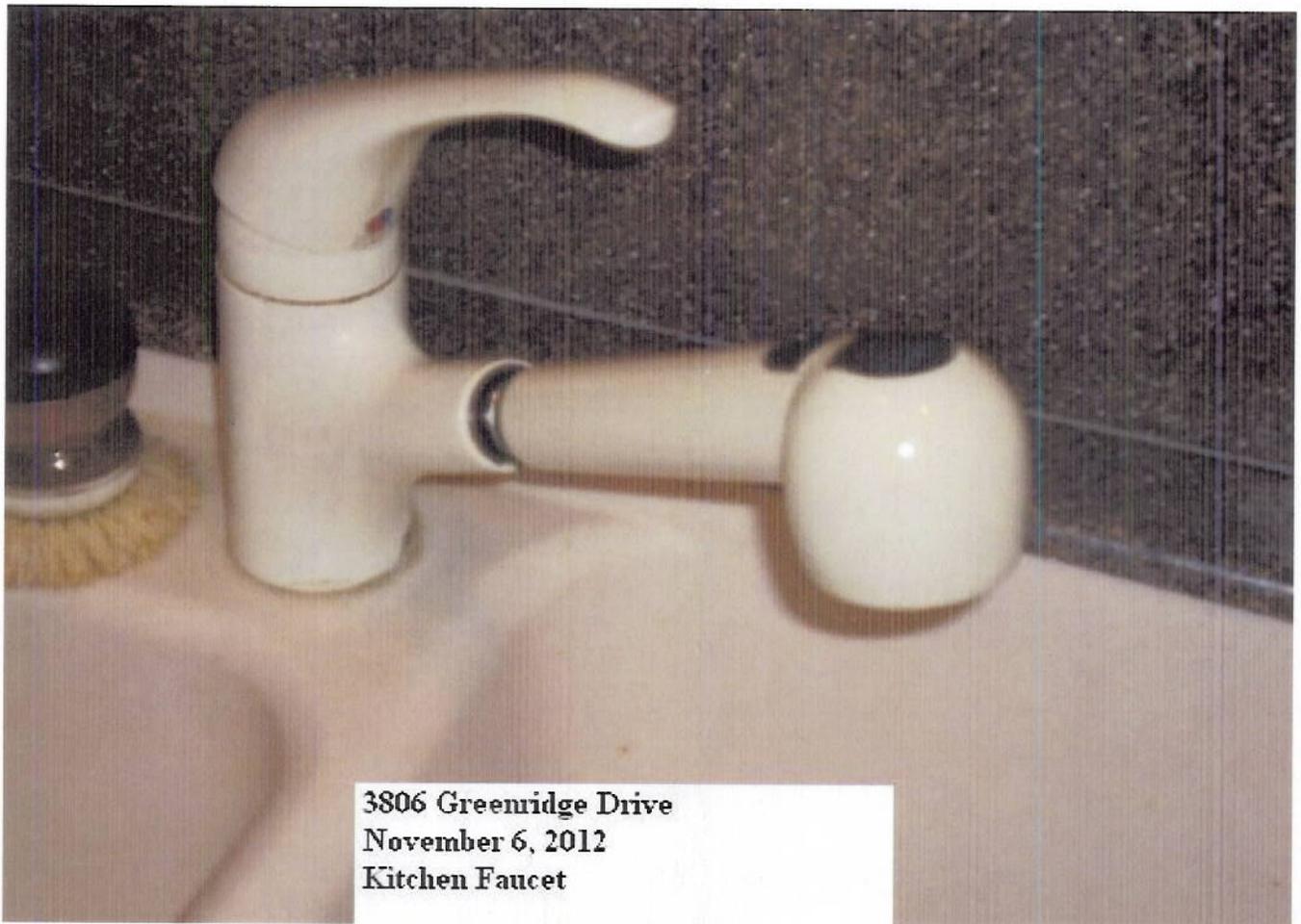
Name *Bryan Crompton* Signature *Bryan Crompton* Date *11/6/12*

Property Owner

Name *Rodney King* Signature *Rodney King* Date *11/6/12*

May we take pictures of your plumbing and faucets?

initial _____ yes no

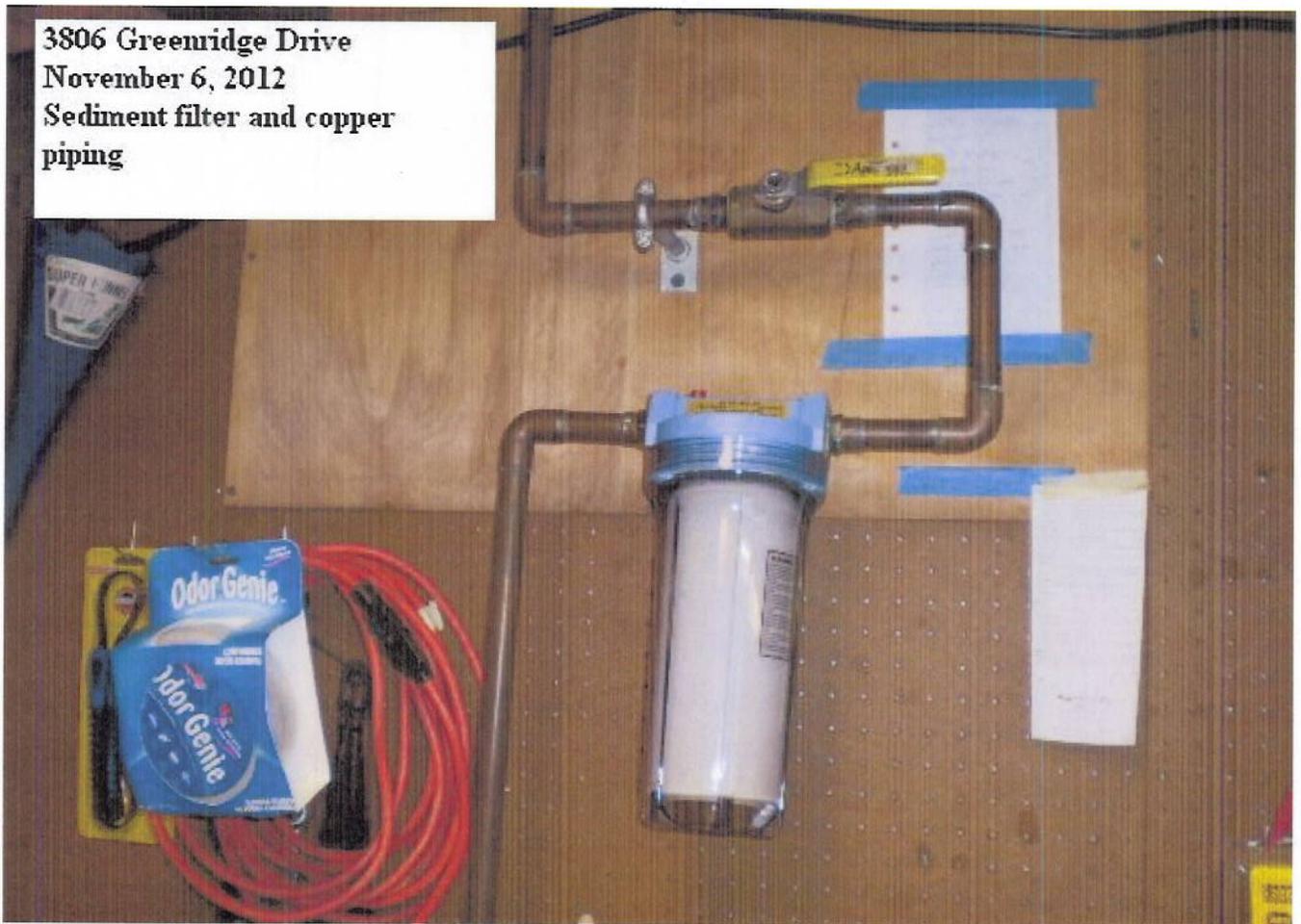


3806 Greenridge Drive
November 6, 2012
Kitchen Faucet



3806 Greenridge Drive
November 6, 2012
Pressure tank and neutralizer

3806 Greenridge Drive
November 6, 2012
Sediment filter and copper
piping



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

3806 Greenridge
Dr.

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 April 15 - 1975
Owner of Property Irving Const. Inc. Driller L F Easby
Address 911 Summit Ave. Easthensburg Address not in Md.
Exact location of property where well was drilled Han Valley Section 15 lot 7
off Rt. 80
If Subdivision: Name Han Valley Block No. 15 Lot No. 7

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

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 Schlessinger
 Date and time of sampling appointment 12/1/12 7:00am
 Phone number to call in case of changes 240-308-2925

At Sampling Appointment

Date 12/1/12
 Arrival time 6:55am
 Departure Time 7:50am
 FCHD Staff Bryan Crompton
 CGS Staff Lara Bennett
 Property Owner Paul Schlessinger
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3833 Greenridge - First Draw</u>	Kitchen Sink	<u>7:15</u>	✓	✓	✓	✓	<u>7.03</u>	<u>18.9°C</u>	<u>219</u>
Flushed*	<u>3833 Greenridge - Flushed</u>		<u>7:35</u>	✓	✓	✓	✓	<u>6.91</u>	<u>16.0°C</u>	<u>216</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational?

yes - faucet leaks

Purge time begin 7:17
 Purge time end 7:32

Additional gallon purged from selected sample collection spigot? yes

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 12/1/12

CGS Name Lara Bennett Signature Lara Bennett Date 12/1/12

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 Paul Schlessinger Signature Paul Schlessinger Date 12-1-12

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

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 700am Saturday~~
 12/1/12 700 am

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? 1
 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

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

bought house 2005

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? _____
 Do you know how old the faucet is? older than 2005

Do you have a pressure tank? yes no
 If yes, where is it located? has leak basement
 What is the size or model/maker of your pressure tank? well xtrol Amatrol

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? Neutralizer
 Where are the treatment devices located? basement

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

*when
try turn
off keeps
leaking*

*Covered
leak
spigot*

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

12' ft away

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 Crompton Signature Bryan Crompton Date 12/1/12

Property Owner Name Paul Schlessinger Signature Paul Schlessinger Date 12/1/12

May we take pictures of your plumbing and faucets? initial PWS yes no

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

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent Redemption](#)
[GroundRent Registration](#)

Account Identifier: District - 09 Account Number - 232079

Owner Information

Owner Name: SCHLESSINGER PAUL W **Use:** RESIDENTIAL
Mailing Address: 3833 GREENRIDGE DR **Principal Residence:** YES
 MONROVIA MD 21770-8934 **Deed Reference:** 1) /05691/ 00323
 2)

Location & Structure Information

Premises Address: 3833 GREENRIDGE DR **Legal Description:** L 38 B F S 2
 MONROVIA 21770-0000 0.54 ACRE
 GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
0098	0001	0208		0000	2	F	38	1	

Special Tax Areas: **Town:** NONE
Ad Valorem: 251
Tax Class:

Primary Structure Built: 1972 **Enclosed Area:** 1,136 SF **Property Land Area:** 23,522 SF **County Use:**

Stories: 1.000000 **Basement:** YES **Type:** STANDARD UNIT FRAME **Exterior:**

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of	As Of	As Of	As Of
Land:	123,100	01/01/2010	07/01/2012	07/01/2013	
Improvements:	99,500	123,100			
Total:	222,600	222,600	222,600		
Preferential Land:	0				

Transfer Information

Seller: FILBAN, BRUCE A. & ELEANOR W. **Date:** 11/14/2005 **Price:** \$351,500
Type: ARMS LENGTH IMPROVED **Deed1:** /05691/ 00323 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: No Application

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

OWNER: Teving Construction Inc
 COL 15 LAST NAME: _____ FIRST NAME: _____ COL. 34
 STREET OR RFD: 900 Summit Ave
 COL 36: _____ COL. 55
 POST OFFICE: Capthorsburg Md
 COL 57: _____ COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE: 7/29/72 LICENSE NUMBER: 42 77 80
 FIRST NAME: F. Easterday DRILLER LAST NAME: _____
 SIGNATURE: _____

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY: FREDERICK (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: GREEN VALLE 23 42
 SECTION: 1E 44 46 LOT: 300 48 50
 NEAREST TOWN: Kemptown 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 14 20

B 4 DIRECTION FROM TOWN
 1 2 3 (SEQ. NO.) 6
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD: RT 480 8 9
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N NORTH S SOUTH E EAST W WEST 30
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 3000 34 37 38 39

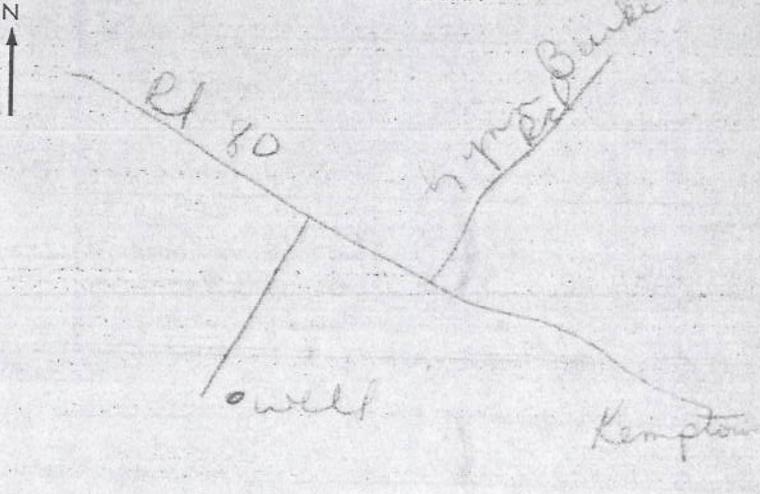
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

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.

APPROXIMATE DEPTH OF WELL: 100 FEET
 24 28

APPROXIMATE DIAMETER OF WELL: 6 (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 DEEPEMED 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
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____
 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____
 FORCE: _____ CONDITIONS: _____
 WRITE INITIALS IN BOX: _____
 54 63 65 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 720 540
 NORTH COORDINATE: 50 51 52 53 54 55
 EAST COORDINATE: _____ 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET): _____ 65 66 67 68
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 S STATE HEALTH (CIRCLE BOX) COUNTY NAME: _____ COUNTY NO.: _____
 DATE: _____ MO. DAY YR. APPROVED BY: _____
 41 43 48

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

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

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 7:00 Thursday

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? 1
 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 yes no
 Has your well ever run dry? yes yes no
 Do you have any taste and/or odor problems with your water? yes yes no terrible smell

How old is your house? 1975
 Has the plumbing ever been remodeled/replaced? yes yes no
 If yes, when? switched to pvc about 2004

What type of piping do you currently have in your house? (circle one) pvc pvc copper other
 What is the brand of the faucet in your kitchen? brushed nickel
 What material is the faucet made of? about 2004

Do you know how old the faucet is? about 2004
 Do you have a pressure tank? yes yes no new 2yrs ago
 If yes, where is it located? basement

What is the size or model/maker of your pressure tank? WX-203 (Oct. 16, 2009), 32 gallons
 Do you have a water sediment filter? yes yes no
 Do you have U.V. light? yes yes no
 Do you have a carbon filtration water system? yes yes no
 Do you have any other treatment devices on your water system? yes yes no

If yes, what kind? basement
 Where are the treatment devices located? basement

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

Do you have a spigot or tap to take a water sample near your pressure tank?

yes *think so* 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 GFS

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 Bryan Crampton Date 10/18/12

Property Owner

Name DOROTHY STEVENS Signature Dorothy Stevens Date 10/18/12

May we take pictures of your plumbing and faucets?

initial ds yes no

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

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 Stevens
 Date and time of sampling appointment 10/18/12 - 7:00 am
 Phone number to call in case of changes 301-840-3205

At Sampling Appointment

Date 10/18/12
 Arrival time 7:00 am
 Departure Time 8:03 am
 FCHD Staff Bryan Crompton
 CGS Staff Laura Bennett
 Property Owner Dorothy Stevens
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3923 Rosewood - 5:25 am</u>	Kitchen Sink	<u>7:15</u>	✓	✓	✓	✓	<u>5.92</u>	<u>22.2°C</u>	<u>248</u>
Flushed*	<u>3923 Rosewood - Flushed</u>		<u>7:45</u>	✓	✓	✓	✓	<u>5.82</u>	<u>16.1°C</u>	<u>238</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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:

- A spigot prior to the pressure tank and any water treatment.
- 2 A spigot after the pressure tank, but prior to any water treatment.
- A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 7:28 am Additional gallon purged from selected sample collection spigot? yes
 Purge time end 7:43 am

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH Standards used were 4.0, 7.0, and 10.0. Read correctly.
 ORP _____

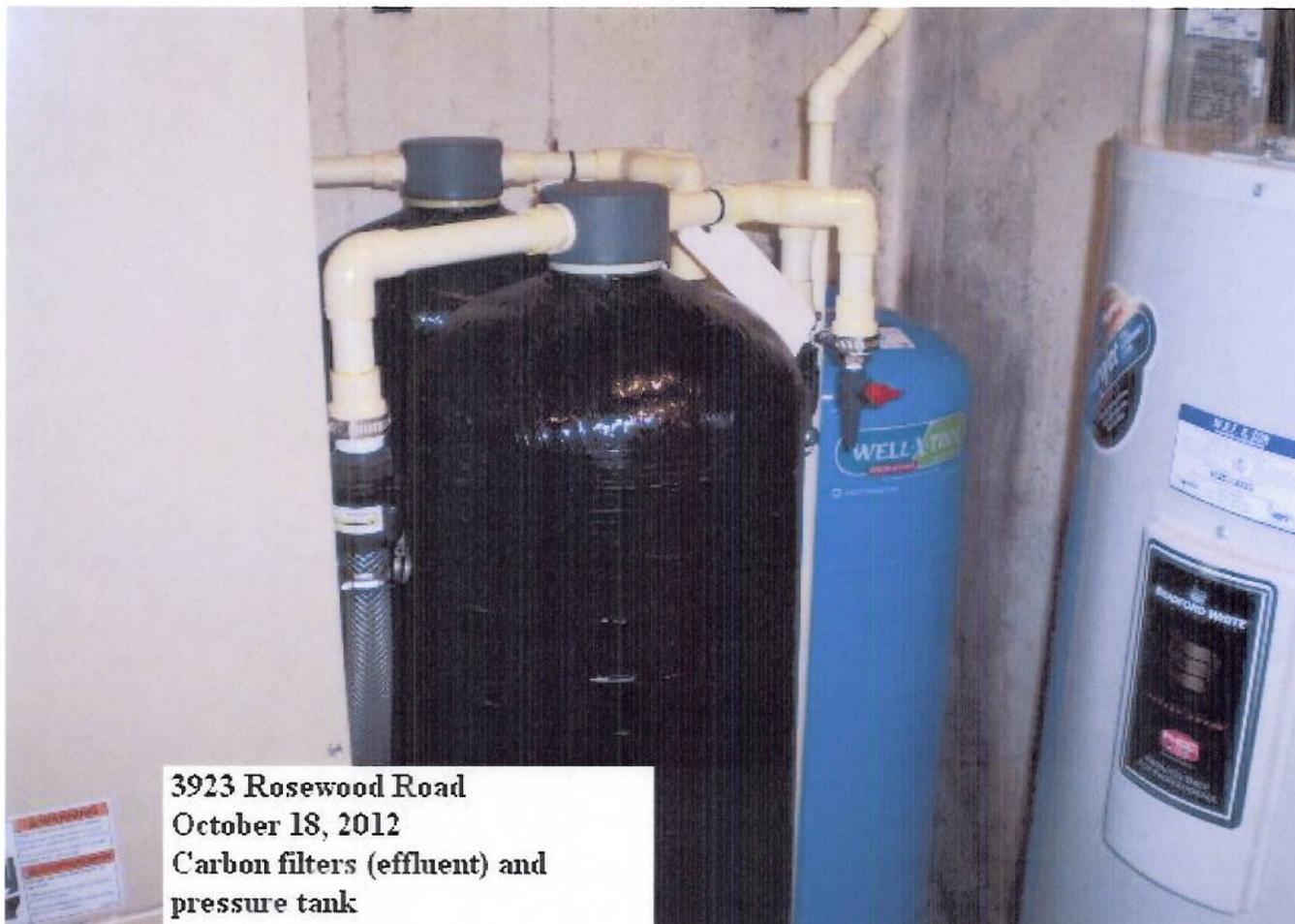
Signatures

To the best of my knowledge, the above information is accurate.

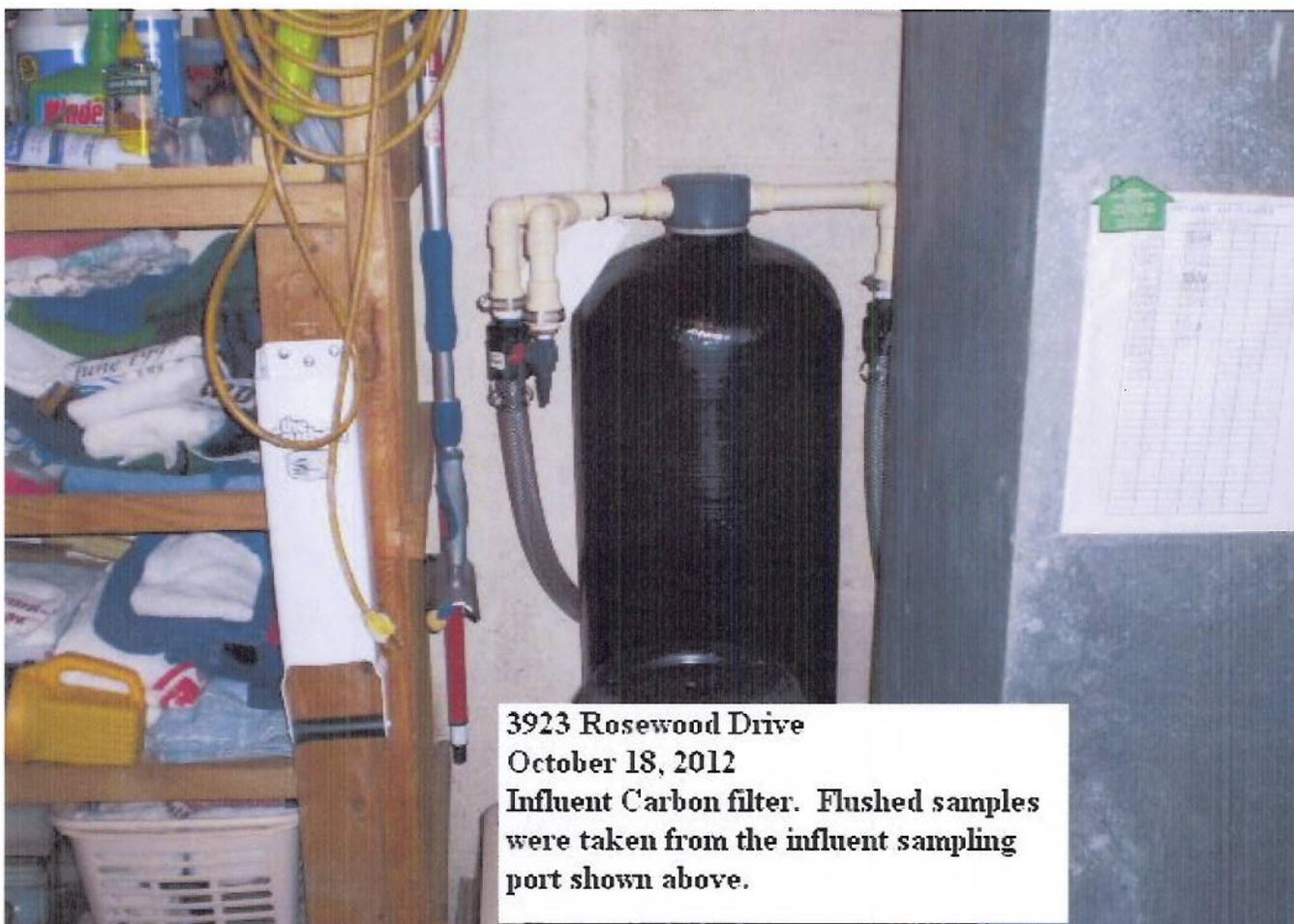
FCHD Name Bryan Crompton Signature Bryan Crompton Date 10/18/12

CGS Name Lara Bennett Signature Lara Bennett Date 10/18/12

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 DOROTHY STEVENS Signature Dorothy Stevens Date 10/18/12

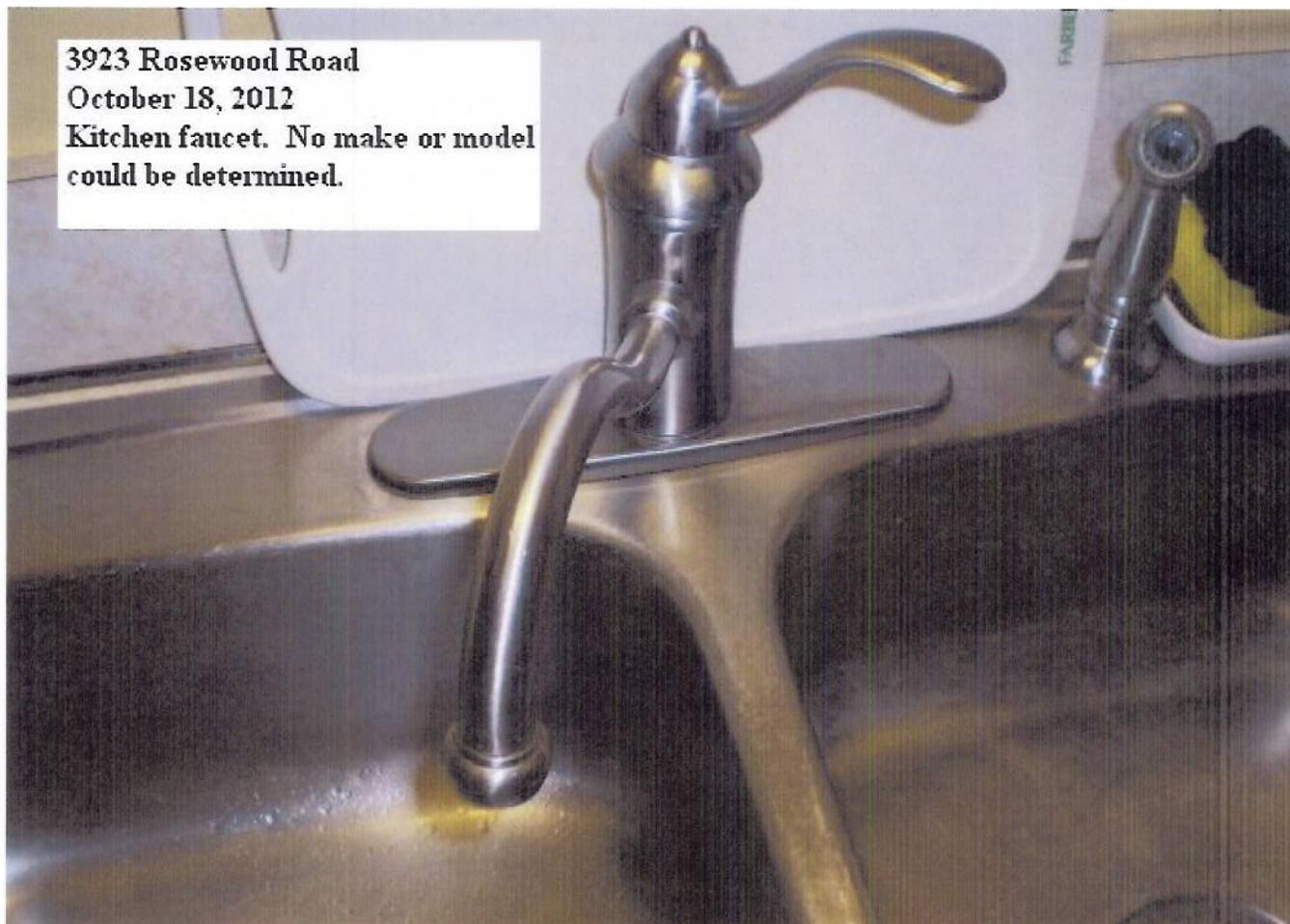


**3923 Rosewood Road
October 18, 2012
Carbon filters (effluent) and
pressure tank**

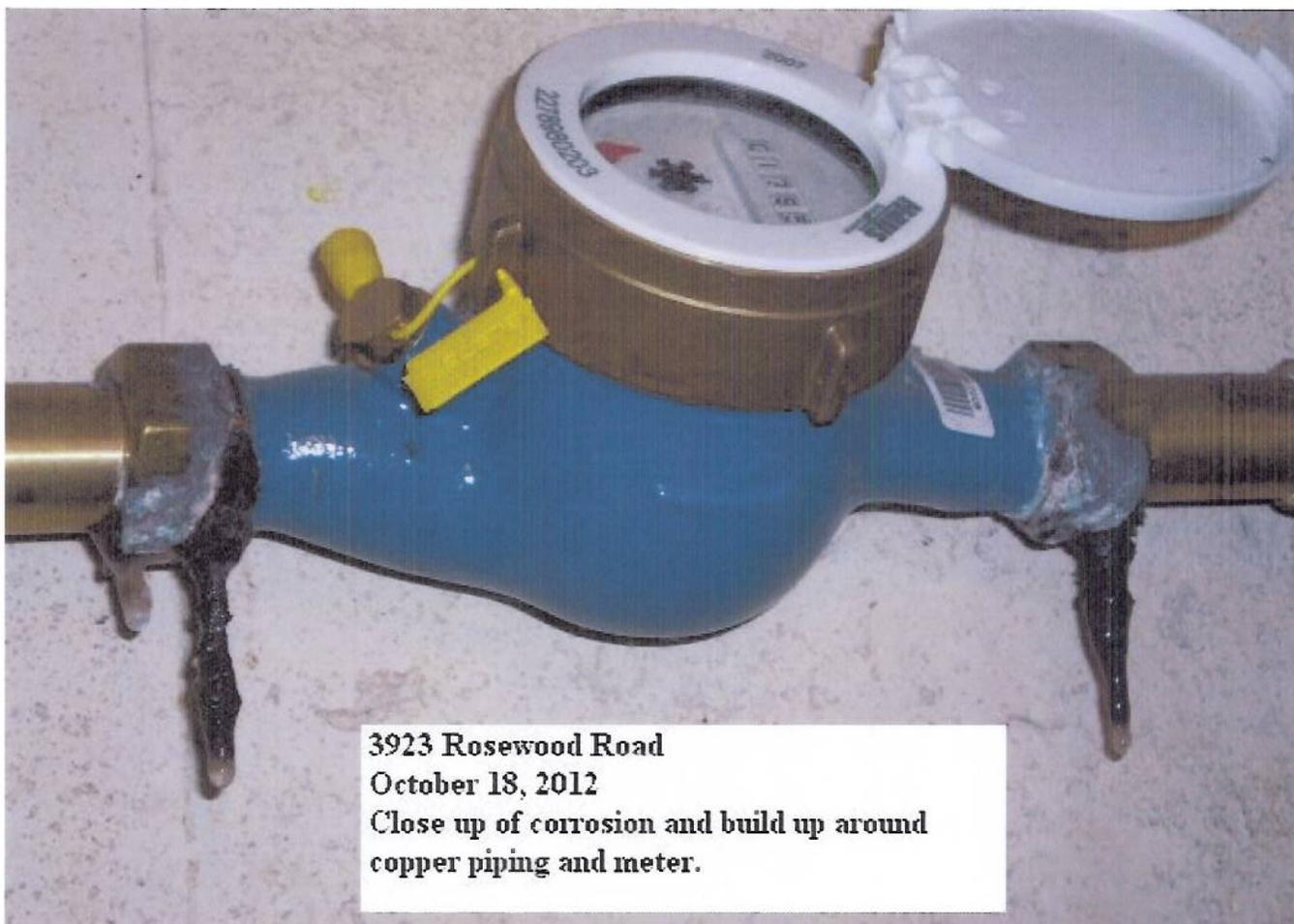


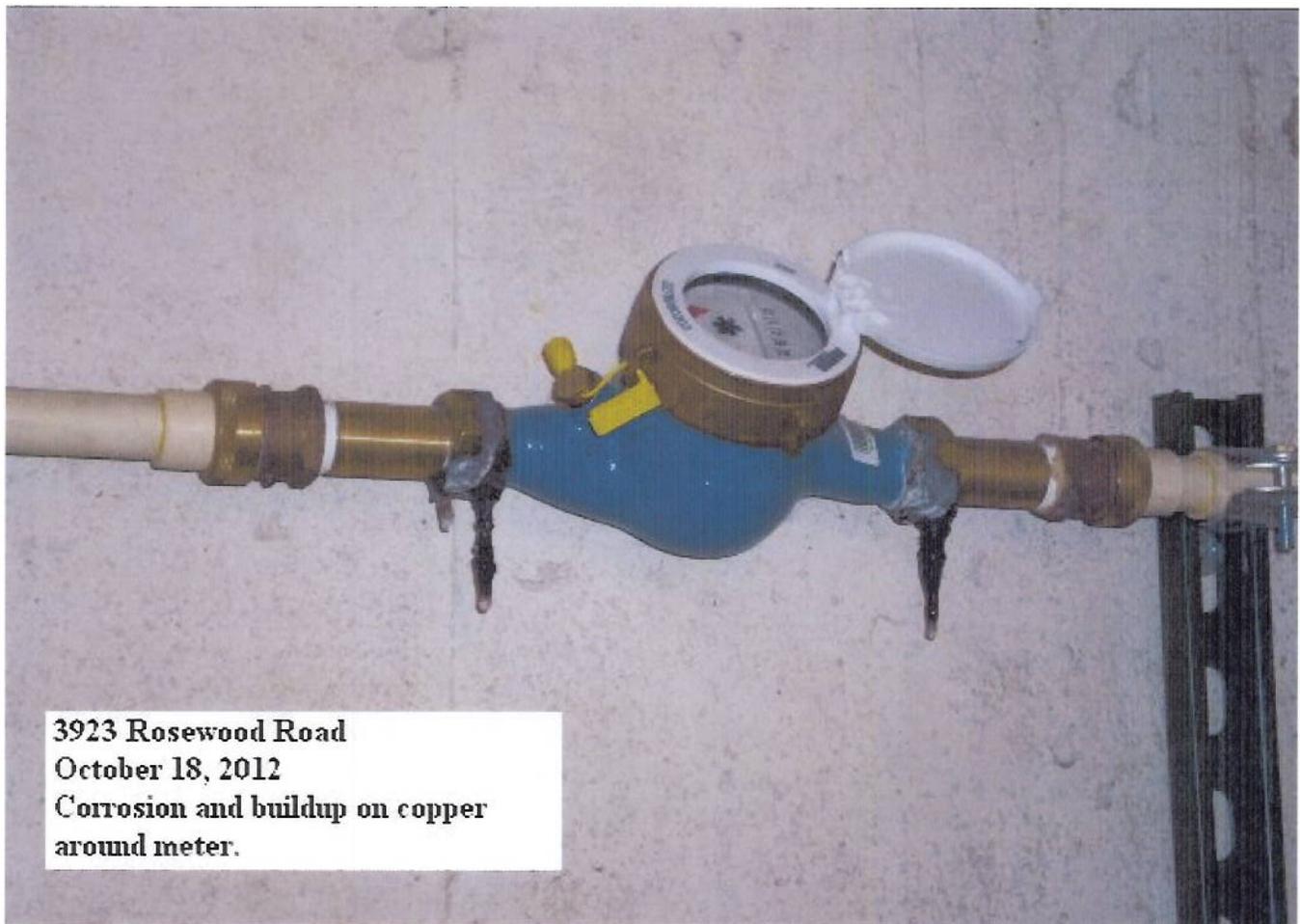
**3923 Rosewood Drive
October 18, 2012
Influent Carbon filter. Flushed samples
were taken from the influent sampling
port shown above.**

3923 Rosewood Road
October 18, 2012
Kitchen faucet. No make or model
could be determined.



3923 Rosewood Road
October 18, 2012
Close up of corrosion and build up around
copper piping and meter.





3923 Rosewood Road
October 18, 2012
Corrosion and buildup on copper
around meter.



3923 Rosewood Road
October 18, 2012
Sampling tap from pressure tank

Account Identifier: District - 09 Account Number - 234802

Owner Information

Owner Name: STEVENS RONALD LEE & DOROTHY M Use: RESIDENTIAL
Mailing Address: 3923 ROSEWOOD DRIVE Principal Residence: YES
 MONROVIA MD 21770 Deed Reference: 1) /01055/ 00146
 2)

Location & Structure Information

Premises Address 3923 ROSEWOOD DR
 MONROVIA 21770-0000
Legal Description L 1 B G S 2 .66 AC
 FARM RD. & ROSEWOOD RD.
 GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
0098	0001	0208		0000	2	G	1	1	

Special Tax Areas
Town NONE
Ad Valorem 251
Tax Class

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1975	1,269 SF	28,750 SF	

Stories 1.000000 Basement YES Type STANDARD UNIT FRAME
Exterior

Value Information

	Base Value	Value	Phase-in Assessments	
			As Of	As Of
			01/01/2010	07/01/2012
				07/01/2013
<u>Land</u>	117,100	117,100		
<u>Improvements:</u>	115,800	115,800		
<u>Total:</u>	232,900	232,900	232,900	
<u>Preferential Land:</u>	0			

Transfer Information

Seller: Date: Price:
Type: Deed1: Deed2:

Seller: Date: Price:
Type: Deed1: Deed2:

Seller: Date: Price:
Type: Deed1: Deed2:

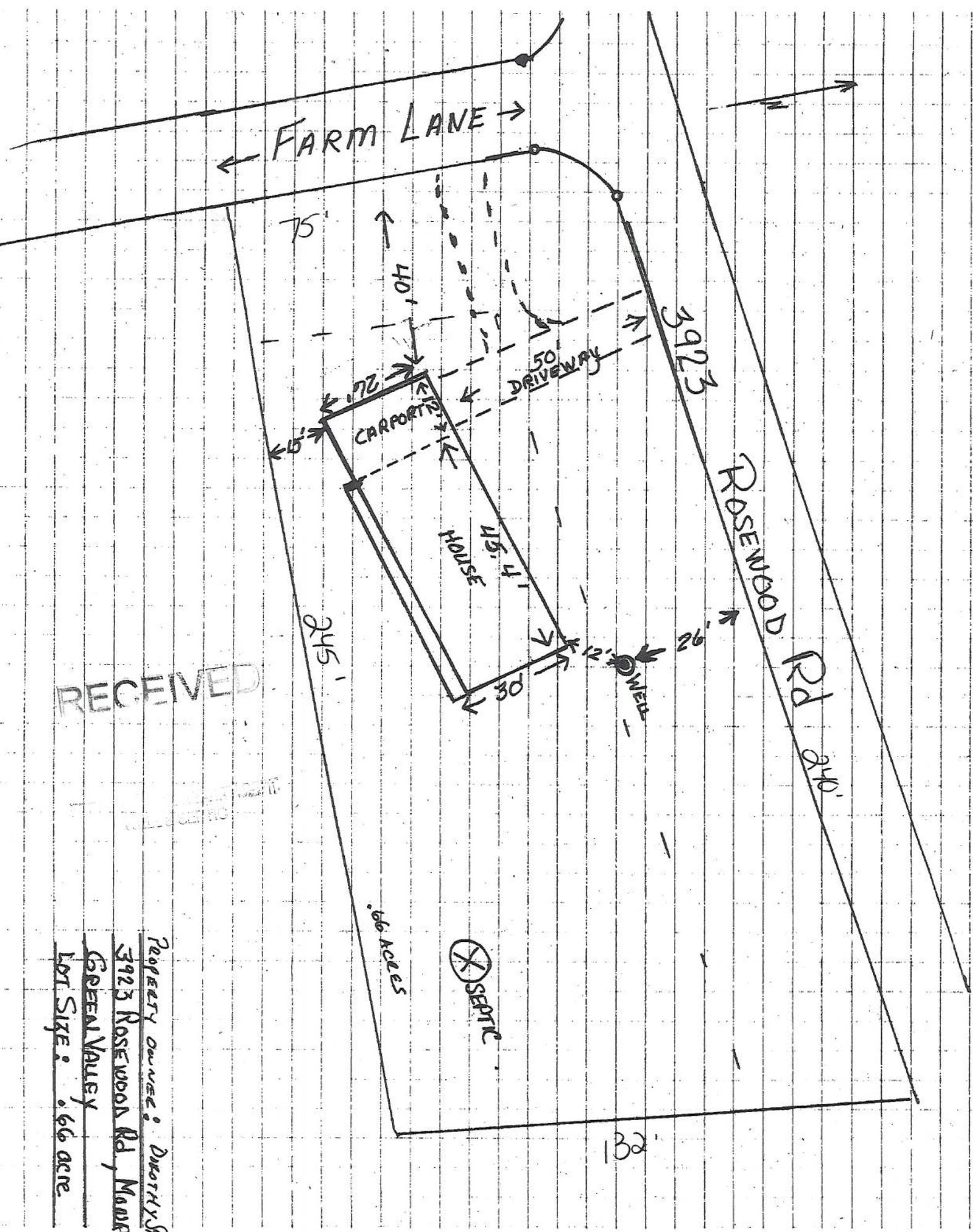
Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
<u>County</u>	000	0.00	
<u>State</u>	000	0.00	
<u>Municipal</u>	000	0.00	

Tax Exempt: Special Tax Recapture:
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 02/02/2010



RECEIVED

PROPERTY OWNERS: DOROTHY STEVENS
 3923 ROSEWOOD Rd, MADRONA
 GREEN VALLEY
 LOT SIZE: .66 acre

68500
 EH

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 July 22 '75
Owner of Property Green Valley Bldg Driller L. F. Eastwood
Address Southview Md Address Mt Airy Md
Exact location of property where well was drilled _____

If Subdivision: Name Green Valley Block No. G Lot No. 1
Permit No. FR 73-247B (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10"
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 100ft. Cased off: Yes ___ No ✓
- (4) Total depth of well 250 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 _____
by treaded sleeve 2
Finished casing terminates 2 ft. above ground level ___ ft. below ground level.
- (6) Well cement grouted: Yes ___ No ✓ To what depth 21 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 1 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.
L. F. Eastwood
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

B-1 2840
SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
FR-73-2473
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
OWNER: Green Valley Builders, Inc.
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 9-D Summit Ave
COL 36 COL. 55
POST OFFICE: Leithersburg Md.
COL 57 COL. 76

B-1 CONTINUED
1 2 3 (SEQ. NO.) 6
DRILLER INFORMATION
DATE: 1-13-75 LICENSE NUMBER: 42
77 80
FIRST NAME: L. F. Easterday DRILLER LAST NAME
SIGNATURE: L. F. Easterday

B-3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Fredrick (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: Green Valley 42
SECTION: G LOT: 1 44 46 48 50
NEAREST TOWN: Keempstown 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 73 76 77 78

B-2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 14 20

B-4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: RT 80 8 8 9 8 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1200 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

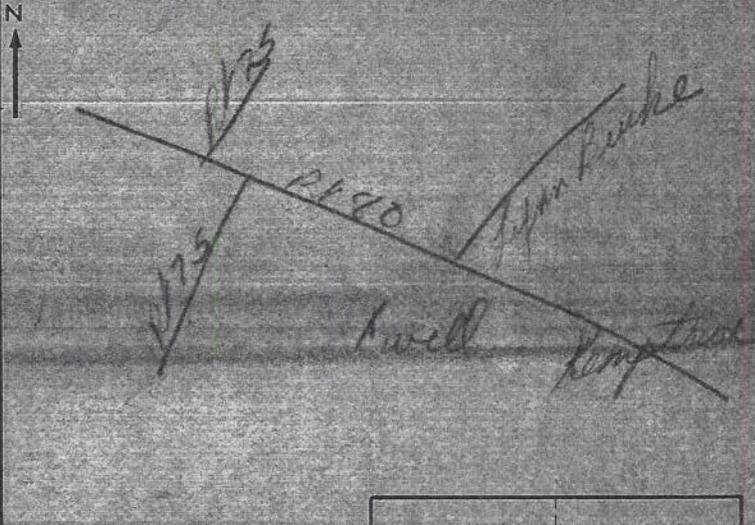
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL: 150 FEET
24 26

APPROXIMATE DIAMETER OF WELL: 6" (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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63
FORCE: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 69 A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 720 540
NORTH COORDINATE: 445000 50 51 52 53 54 55
EAST COORDINATE: 075000 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): 0/0 65 66 67 68 0/0 5/0

B-4 CONTINUED
1 2 3 (SEQ. NO.) 6
HEALTH DEPARTMENT APPROVAL
41 STATE HEALTH (CIRCLE BOX): S COUNTY NAME: FREDRICK COUNTY NO.: 75-5
DATE: 1/13/75 MO. DAY YR. APPROVED BY: _____

B-5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

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

Sampling Appointment Setup

Property Address ~~Rosewood~~ Rose & Ronald Ross
 Property Owner 3993 Rosewood
 Date owner called to set appointment 11/5/12
 Name of person calling to set appointment Ronald Ross (wife is Rose)
 Date and time of sampling appointment 11/13/12
 Phone number to call in case of changes 301-712-5803

At Sampling Appointment

Date 11/13/12
 Arrival time 3:43
 Departure Time _____
 FCHD Staff _____
 CGS Staff Alicia Evangelista
 Property Owner Math Emery
 Other (affiliation) Mr & Mrs. Ross

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3993 Rosewood</u>	<u>Kitchen Sink</u>	<u>3:55</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7.21</u>	<u>18.6</u>	<u>170.8</u>
Flushed*	<u>3993 Rosewood</u>	<u>tap</u>	<u>4:30</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7.06</u>	<u>16.3</u>	<u>161.2</u>
Duplicate										

First Draw Sample
 Any water use in last 6 hours? no
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One
 Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
 2. A spigot after the pressure tank, but prior to any water treatment. - sample site
 3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 4:00 Additional gallon purged from selected sample collection spigot? _____
 Purge time end 4:15

Dissolved Analysis Samples
 Samples filtered? _____
 First Draw YES
 Flushed YES

Equipment Calibration
 Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures
 To the best of my knowledge, the above information is accurate.
 FCHD Name Alicia Evangelista Signature A. Evangelista Date 11/13/12
 CGS Name Math Emery Signature Math Emery 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 D Ross, Sr Signature Ronald D Ross, Sr Date 11/13/12

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

C 301-712-5803
 h- 301-831-3154
 3933 Rosewood
 Ronald Ross
 11/5/12
 11/13/12 400pm Tuesday

Sampling Appointment Setup

Property Address _____
 Property Owner _____
 Date owner called to set appointment _____
 Name of person calling to set appointment _____
 Date and time of sampling appointment _____

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? 1
 What is the well tag number(s)? FR 73 3388
 Age of the well March 26 '76
 Casing depth of the well 20
 Total depth of the well 160'
 Well driller Easterday
 Well completion report available? (attach copy if yes) yes
 When was your well pump last replaced? vermin proof - 3 yrs

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?

to quantity yes yes yes
 concerned about voc's no no no
 to quantity no no no

How old is your house? 1977
 Has the plumbing ever been remodeled/replaced? yes no softner - 2/2012
 If yes, when?
 What type of piping do you currently have in your house? (circle one)
 What is the brand of the faucet in your kitchen?

Kitchen faucet
insulation of plumbing w/ H₂O
 copper pvc other _____
Moen

What material is the faucet made of?
 Do you know how old the faucet is?
 Do you have a pressure tank?
 If yes, where is it located?

pressure tank
hot H₂O heater ~ 10 yrs
3 yrs ago
basement - 3 yrs old

What is the size or model/maker of your pressure tank?
 Do you have a water sediment filter?
 Do you have U.V. light?
 Do you have a carbon filtration water system?
 Do you have any other treatment devices on your water system?
 If yes, what kind?
 Where are the treatment devices located?

H₂O softner
yes no
yes no
yes no
yes no

drinks bottled H₂O
1 of 3 Doggy drinks reg. #H₂O
in basement

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

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? Jenkins 9/7/2012

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. not since 2/01/12
- H2O softener because of
results

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Alicia Evangelista Signature Alicia Evangelista Date 11/13/12

Property Owner

Name Ronald B. Ross, Sr Signature Ronald B. Ross, Sr Date 11/13/2012

May we take pictures of your plumbing and faucets? initial RDR Sr 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.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS

Date March 26 '76
Owner of Property Erving Const Driller L. F. Easterday Inc
Address Saithsburg Md Address Mt Airy Md
Exact location of property where well was drilled off Rt 180
Plot 2
If Subdiv: Name Green Valley Block No. K Lot No. 44
Permit No. FR-73-33880 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10"
(2) Ground water encountered at _____ ft.
(3) At what depth was first vein of water encountered 80 ft. Cased off: Yes ___ No
(4) Total depth of well 160 ft. Standing water level in well below ground surface when not pumping 40 ft.
(5) Casing: Diameter of casing 6 1/4" ID 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 _____ ft. above ground level _____ ft. below ground level.
(6) Well cement grouted: Yes No ___ To what depth 18 ft.
(if answer to No. 6 is NO an acceptable explanation in detail is necessary _____)
(7) Yield of well: 20 gal. per min. No. of hours pump operated at this rate during test 1 hours _____ minutes.
(8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

L. F. Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

FREDERICK COUNTY HEALTH DEPARTMENT

Permit No. 76-305
75-378

Frederick County Approval Certificate For Well Installation

Owner of Property Irving Construction Co. Driller Franklin Easterday
 Street or R.F.D. 9 N. Summit Avenue Street or R.F.D. _____
 Post Office Gaithersburg, Md. Post Office Mt. Airy, Md.
 Location of property new - Green Valley Subdivision - Plat 2 block K lot 44

Rosewood Road

If Subdivision: Name Green Valley Subdivision Block or Section K Plat 2 Lot No. 44

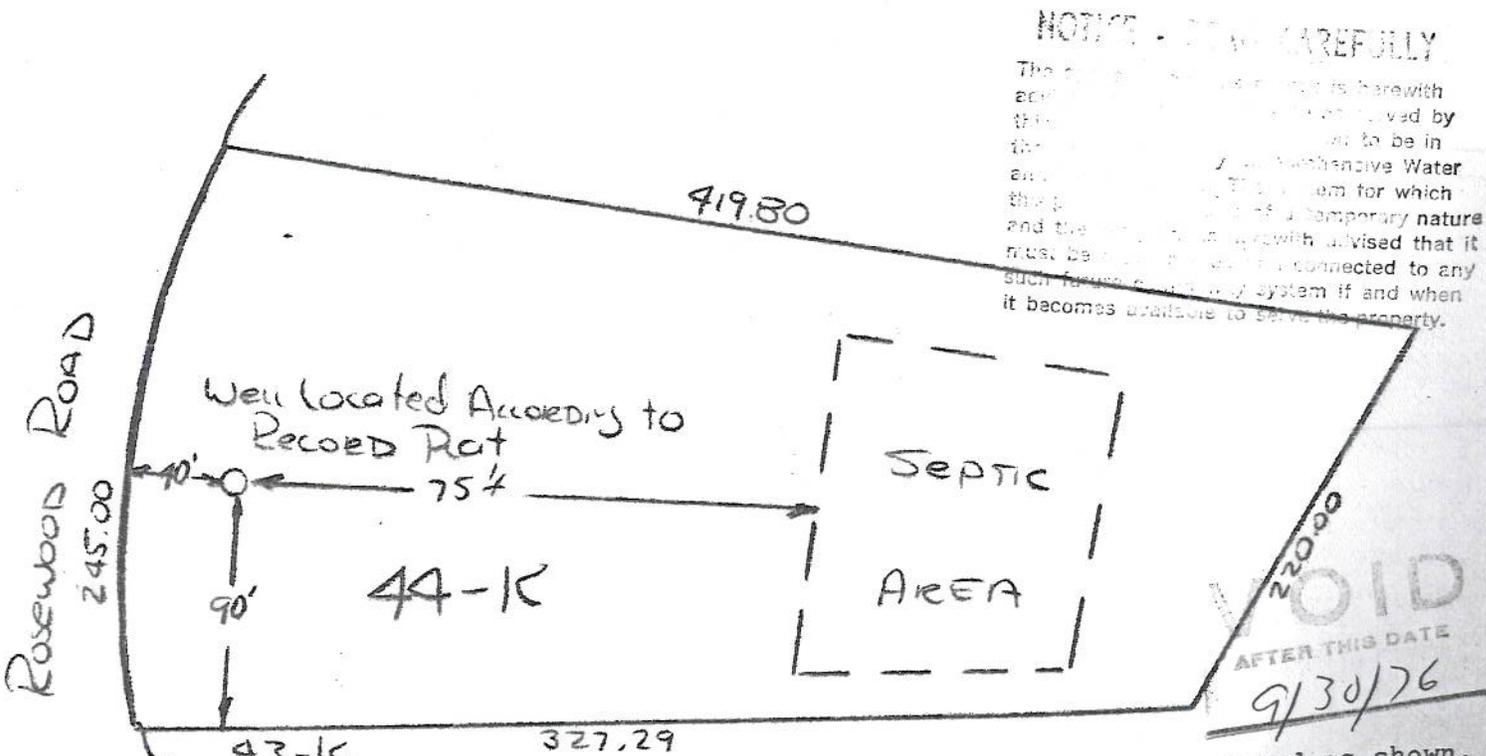
Well to furnish water to: House _____ Commercial establishment _____ Other _____

Lot Size: Width (front) 245 Depth (l. side) 419 Area of lot 78,312 sq.ft.
 (rear) 220 (r. side) 327 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 approval certificate.

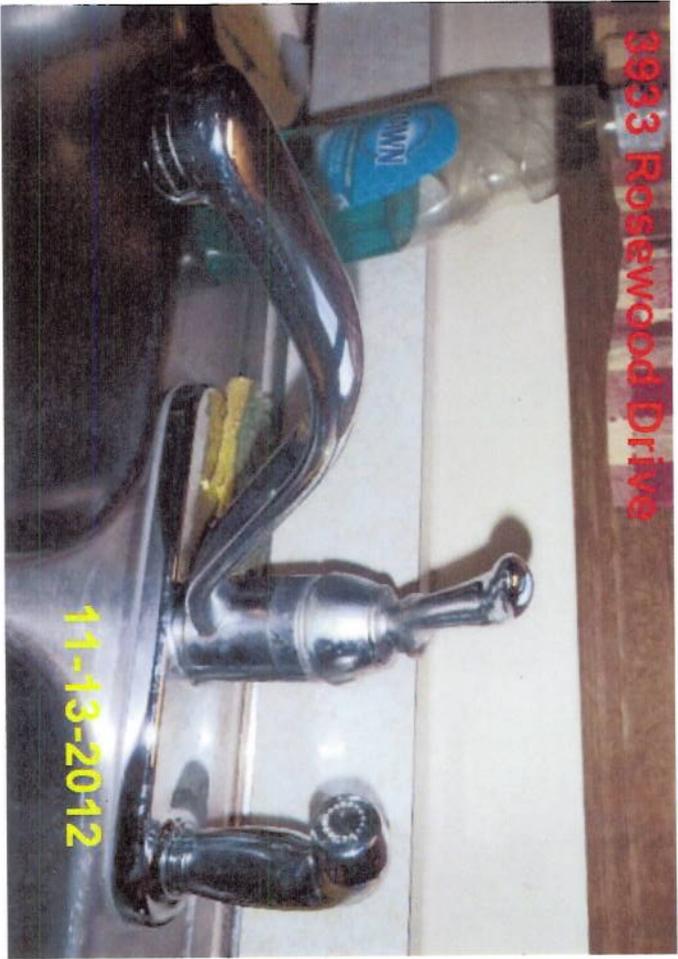
Date 3/9/76 Signature of Applicant [Signature]
 Owner _____ Contractor _____ Well Driller _____ Agent

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION



NOTICE - READ CAREFULLY
 The... is herewith... by... to be in... Water... for which... of a temporary nature... advised that it... connected to any... system if and when... to serve the property.

The property described above has been inspected and the well site approved as shown.
 Date of approval 3-9-76 Sanitarian Thomas J. Mohler



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

Sampling Appointment Setup

Property Address 3984 A Farm Lane
 Property Owner Karen Anderson + Ron Anderson
 Date owner called to set appointment 11/2/12
 Name of person calling to set appointment Karen
 Date and time of sampling appointment 11/7/12 Wednesday 7:00am
 Phone number to call in case of changes 301-831-9743

At Sampling Appointment

Date 11/7/12
 Arrival time 7:00am
 Departure Time 7:59am
 FCHD Staff Lindsay Linthicum
 CGS Staff Lara Bennett
 Property Owner Karen Anderson
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	3984A Farm - First Draw	Kitchen Sink	7:05	X	X	X	X	7.55	22.7°	150
Flushed*	3984A Farm - Flushed		7:42	X	X	X		6.84	18.5°	153.8
Duplicate										

First Draw Sample

Any water use in last 6 hours? NO
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 7:23 Additional gallon purged from selected sample collection spigot? 1
 Purge time end 7:38

Dissolved Analysis Samples

Samples filtered?
 First Draw Yes
 Flushed Yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Lindsay Linthicum Signature Lindsay Linthicum Date 11-7-12

CGS Name Lara Bennett Signature Lara Bennett Date 11/7/12

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 Karen Anderson Signature Karen Anderson Date 11/7/12

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

Sampling Appointment Setup

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 Wednesday 700am

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? 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 _____
 Well driller _____
 Well completion report available? (attach copy if yes) _____
 When was your well pump last replaced? 4 years, 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

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 kitchen - delta, Kohler
 What material is the faucet made of? both metal - polished nickel
 Do you know how old the faucet is? 2008

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? _____
 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

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

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 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

upstairs

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 no

GES

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 Lindsay Luthicum Signature [Signature]

Date _____

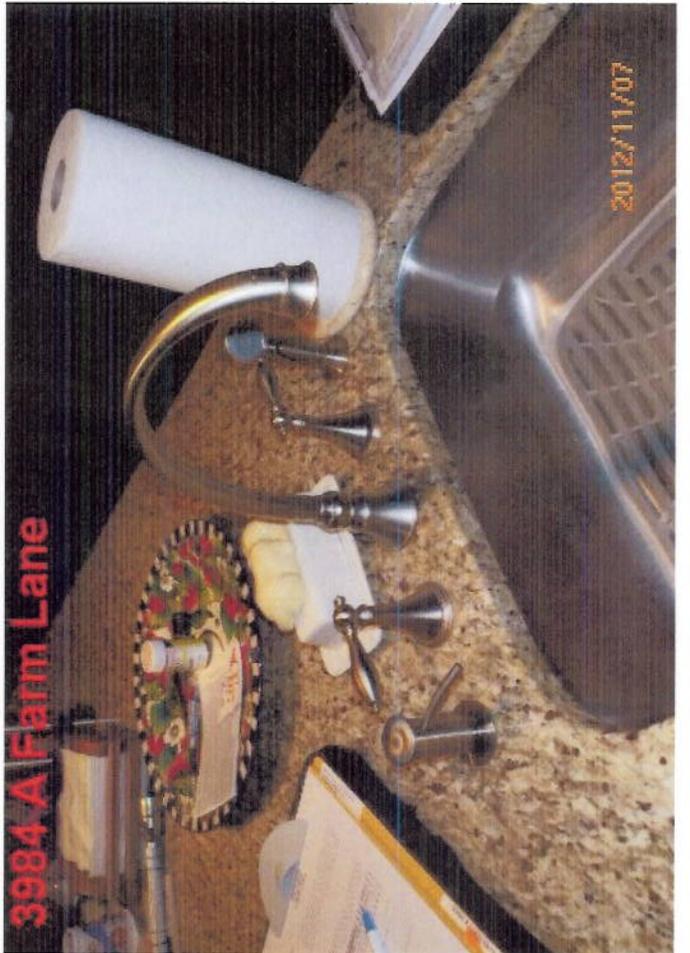
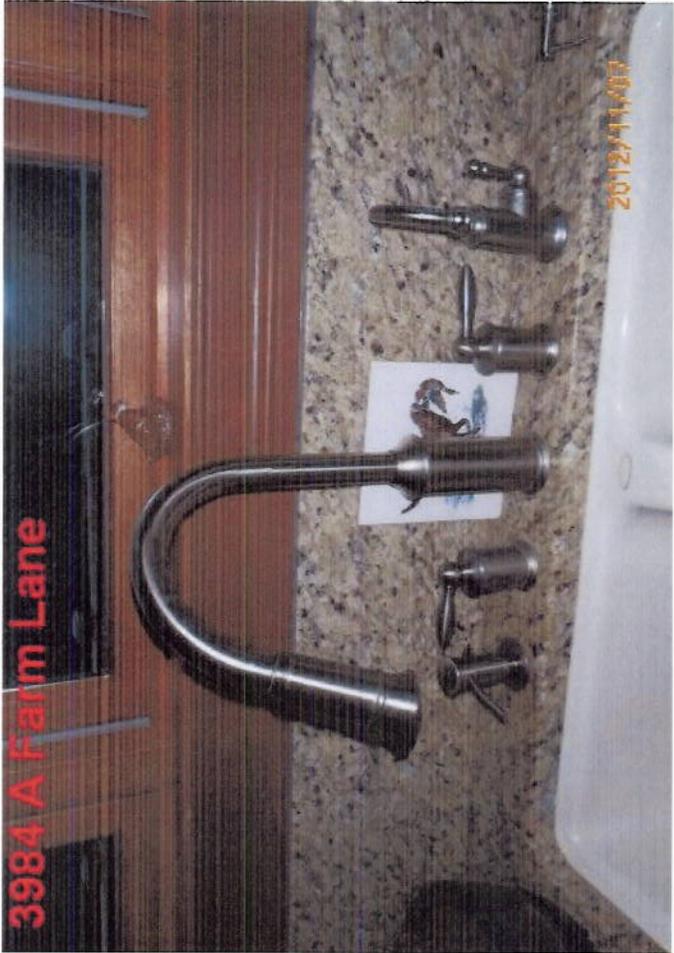
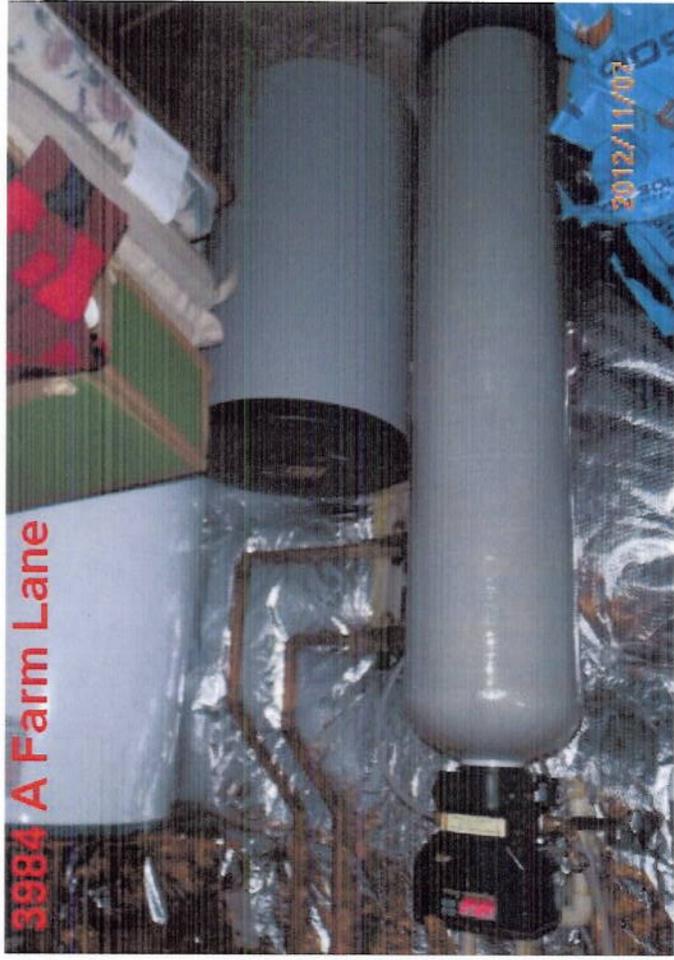
Property Owner

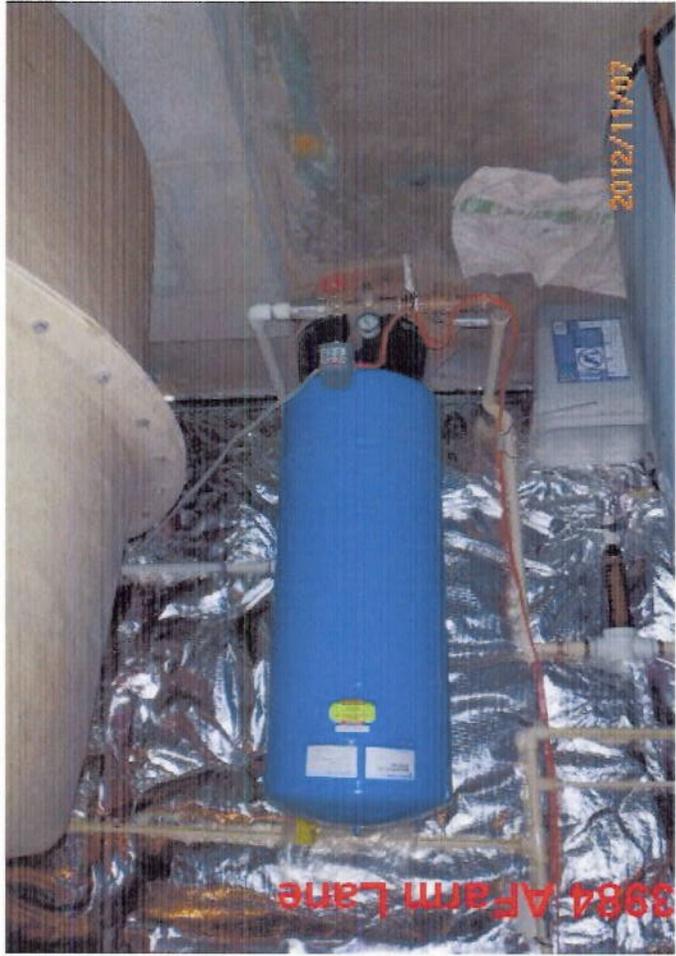
Name Karen Anderson Signature Karen Anderson

Date 11/7/12

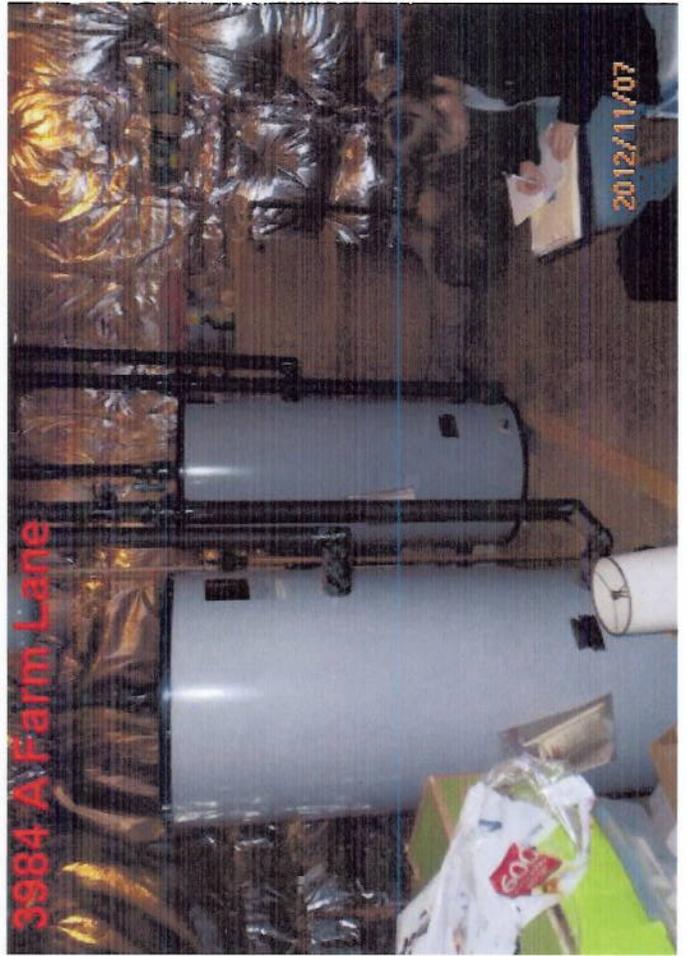
May we take pictures of your plumbing and faucets?

initial ka yes no





3984 A Farm Lane



3984 A Farm Lane

STATE OF COLORADO (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY.
PLEASE TYPE

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

COUNTY NUMBER

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
FR-95-0162
28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED
MM/DD/YY
8/24/04

Depth of Well
22 **400** 26
(TO NEAREST FOOT)

OWNER **ANDERSON RON**
STREET OR RFD **3984 FARM Lane** TOWN **GREENVALLEY**
SUBDIVISION **FARM** SECTION _____ LOT **TENANT ASE**

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	30	
Gray Slate	30	79	
Brown slate	79	80	
Gray Slate	80	160	
Brown Slate	160	161	
Gray slate	161	260	
opening	260	261	
Gray Slate	261	300	
Black Gray Slate	300	400	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **20** NO. OF POUNDS **200**

GALLONS OF WATER **170**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **49** ft.
48 TOP 52 54 BOTTOM 56
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **51**

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

_____ | _____ | _____ | _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

DEPTH (nearest ft.)

C 2

1 **40** **49** **400**

E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3
S R 38 39 41 45 47 51
E
N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
58 60
from to

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**
8 9

PUMPING RATE (gal. per min.) **4**
11 15

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
BEFORE PUMPING **50** ft.
17 20

WHEN PUMPING **400** ft.
22 25

TYPE OF PUMP USED (for test)

A piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } **2** (nearest foot)
49 50 51

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)

Driller Approval
8/24/04

NUMBER OF UNSUCCESSFUL WELLS **01**

WELL HYDROFRACTURED yes no

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 **MWD040**
Ron Anderson
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 **JS D 038**
Chris Hampton

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent Redemption](#)
[GroundRent Registration](#)

Account Identifier: District - 09 Account Number - 221530

Owner Information

Owner Name: ANDERSON RONALD & KAREN-TRUSTEES
 ANDERSON RESIDENCE TRUST
Use: AGRICULTURAL
Principal Residence: YES
Mailing Address: 3984 FARM LN
 MONROVIA MD 21770-8914
Deed Reference: 1) /02957/ 00965
 2)

Location & Structure Information

Premises Address 3984 FARM LN
 MONROVIA 21770-0000
Legal Description 34.32 AC
 S/S RT. 80

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
0097	0012	0123		0000				1	

Special Tax Areas
Town NONE
Ad Valorem 251
Tax Class

Primary Structure Built 2008
Enclosed Area 6,974 SF
Property Land Area 34.3200 AC
County Use

Stories 1.000000
Basement YES
Type STANDARD UNIT BRICK
Exterior

Value Information

	Base Value	Value As Of 01/01/2010	Phase-in Assessments As Of 07/01/2012	As Of 07/01/2013	PREFERENTIAL LAND VALUE INCLUDED IN LAND VALUE
<u>Land</u>	274,600	274,600			
<u>Improvements:</u>	824,700	824,700			
<u>Total:</u>	1,099,300	1,099,300	1,099,300		
<u>Preferential Land:</u>	12,100				

Transfer Information

Seller: ANDERSON RONALD B & KAREN W
Type: NON-ARMS LENGTH OTHER
Date: 09/26/2001
Deed 1: /02957/ 00965
Price: \$0
Deed 2:
Seller:
Type:
Date:
Deed 1:
Price:
Deed 2:
Seller:
Type:
Date:
Deed 1:
Price:
Deed 2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
<u>County</u>	000	0.00	
<u>State</u>	000	0.00	
<u>Municipal</u>	000	0.00	

Tax Exempt:
Exempt Class: AGRICULTURAL TRANSFER TAX
Special Tax Recapture:

Homestead Application Information

Homestead Application Status: No Application

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

Sampling Appointment Setup

Property Address 3985 Farm Lane
 Property Owner Nick Choobineh
 Date owner called to set appointment _____
 Name of person calling to set appointment _____
 Date and time of sampling appointment 11/13/12 @ 3PM
 Phone number to call in case of changes _____

At Sampling Appointment

Date 11/13/12
 Arrival time 3:05
 Departure Time _____
 FCHD Staff Alicia Evangelista
 CGS Staff Matt Emery
 Property Owner Nick Choobineh
 Other (affiliation) N/A

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	3985 Farm - Str	Kitchen Sink	3:00	X	X	X	X	6.66	17.0°C	200
Flushed*	3985 Farm - Flushed	Kitchen Sink	3:30	X	X	X	X	6.67	15.9°C	218
Duplicate										

First Draw Sample

Any water use in last 6 hours? no
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 3:10 Additional gallon purged from selected sample collection spigot? _____
 Purge time end 3:25

Dissolved Analysis Samples

Samples filtered?
 First Draw Yes
 Flushed Yes } Dissolved Pb

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Alicia Evangelista Signature Alicia Evangelista Date 11/13/12

CGS Name Matt Emery Signature Matt Emery 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 Nick Choobineh Signature Nick Choobineh Date 10-13-12

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

Sampling Appointment Setup

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 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? 1
 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) yes
 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?
 Has the plumbing ever been remodeled/replaced? new kitchen faucet / 970's yes no
*lower bathroom
new bath items but original plumbing
 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? appears to be brass colored
 Do you know how old the faucet is? 4 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? H2O softer 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? neutralizer softner
 Where are the treatment devices located? garage, basement

using bottled water - including dog

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

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 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

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 Evangelista Signature Alicia Evangelista Date 11/13/12

Property Owner

Name NICK CHOUBINCH Signature [Signature] Date 10-13-12

May we take pictures of your plumbing and faucets? initial _____ yes no

per owner

3985 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 May 4 76

Owner of property Green Valley Driller J. F. Easterday

Address Waltham Md. Address Wt. Ave 4111.

Exact location of property where well was drilled on rd. 80 1/2 mile east of hys

If Subdivision: Name Green Valley Block No. A Lot No. 8

Permit No. FR-73-2894 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10 in
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 50 ft. 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 1/2 ID Length of metal casing 22
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 ___ ft. below ground level.
- (6) Well cement grouted: Yes No ___ To what depth 20 ft.
(if answer to No. 6 is NO an acceptable explanation in detail is necessary _____)

(7) Yield of well: 12 gal. per min. No. of hours pump operated at this rate during test 2 hours _____ minutes.

(8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

J. F. Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

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

Sampling Appointment Setup

Property Address 3987 Farm Lane
 Property Owner Dennis Gooding
 Date owner called to set appointment 11/8/12
 Name of person calling to set appointment Dennis Gooding
 Date and time of sampling appointment 11/9/12 2:00pm
 Phone number to call in case of changes 240-367-4055 (cell) 301-831-6635 (home)

At Sampling Appointment

Date 11-9-12
 Arrival time 1:58 pm
 Departure Time _____
 FCHD Staff Lindsay Lanthier
 CGS Staff Matt Emery
 Property Owner Dennis Gooding
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3987 Farm - First Draw</u>	<u>Kitchen Sink</u>	<u>2:00pm</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>7.32</u>	<u>19.8°</u>	<u>188.2</u>
Flushed*	<u>3987 Farm - Flushed</u>	<u>pressure tank</u>	<u>2:35pm</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>6.45</u>	<u>16.0</u>	<u>191.2</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? NO
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 2:13 pm Additional gallon purged from selected sample collection spigot? I
 Purge time end 2:30 pm

Dissolved Analysis Samples

Samples filtered?
 First Draw Yes
 Flushed Yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Lindsay Lanthier Signature [Signature] Date 11-9-12

CGS Name Matt Emery Signature [Signature] Date 11/9/12

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 Dennis Gooding Signature [Signature] Date 11/9/12

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

Sampling Appointment Setup

Property Address 3987 Farm Lane
 Property Owner Dennis Gooding
 Date owner called to set appointment 11/8/12
 Name of person calling to set appointment Dennis Gooding
 Date and time of sampling appointment 11/9/12 2:00pm

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? 1
 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 (attached)
 When was your well pump last replaced? Summer 2012

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 - don't use

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? american standard

What material is the faucet made of? 2 years

Do you know how old the faucet is? plastic

Do you have a pressure tank? yes no

If yes, where is it located? direct feed - expansion 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 no

Do you have any other treatment devices on your water system? yes no

If yes, what kind? softener / new - kinetic

Where are the treatment devices located?

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

Do you have a spigot or tap to take a water sample near your pressure tank?	yes	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> yes	no
Do you have a bathtub we can take a water sample from?	yes	no
Do you have your water regularly sampled?	<input checked="" type="radio"/> yes	no
If yes, when was the last sample collection? <u>VOC</u>		
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 Lindsay Lenthicum Signature [Signature] Date 11-9-12

Property Owner

Name CAROLYN GOODING Signature [Signature] Date 11/9/12

May we take pictures of your plumbing and faucets? initial _____ yes no

Account Identifier: District - 09 Account Number - 234829

Owner Information

Owner Name: GOODING DENNIS P & CAROL A **Use:** RESIDENTIAL
Mailing Address: 3987 FARM LN **Principal Residence:** YES
 MONROVIA MD 21770-8904 **Deed Reference:** 1)/00953/ 00840
 2)

Location & Structure Information

Premises Address **Legal Description**
 3987 FARM LN L 7 B G S 4.46 AC
 MONROVIA 21770-0000 FARM RD.
 GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	Plat Ref:
0097	0012	0121		0000	4	G	7	1	6 166	

Special Tax Areas **Town** NONE
Ad Valorem 251
Tax Class

Primary Structure Built **Enclosed Area** **Property Land Area** **County Use**
 1976 2,562 SF 20,038 SF

Stories **Basement** **Type** **Exterior**
 2.000000 YES STANDARD UNIT FRAME

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of	As Of	As Of	As Of
Land	157,860	01/01/2010	118,400	07/01/2011	07/01/2012
Improvements:	277,430		195,700		
Total:	435,290		314,100	314,100	314,100
Preferential Land:	0				0

Transfer Information

Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2011	07/01/2012
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 01/12/2011

THE FREDERICK 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

Owner of property Green Valley Blvd. Driller L. F. Easterday

Address Spittersburg, Md. Address not. dir.

Approximate location of property where well was drilled South side rt. 80 1/2 mile

west of rt. 75

Subdivision: Name Green Valley Block No. 8 Lot No. 7

Permit No. FR-73-2897 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

Diameter of largest bit 10 in.

Ground water encountered at _____ ft.

At what depth was first vein of water encountered 50 ft. 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 1/4 in. 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 2 ft. above ground level ___ ft. below ground level.

Well cement grouted: Yes No ___ To what depth 19 ft.
(if answer to No. 6 is NO an acceptable explanation in detail is necessary _____)

Yield of well: 6 gal. per min. No. of hours pump operated at this rate during test 1 hours _____ minutes.

Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

L. F. Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

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

Sampling Appointment Setup

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

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? 1
 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 - attached
 When was your well pump last replaced? prior to her buying house almost 9 years ago

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? about 1976
 Has the plumbing ever been remodeled/replaced? yes no *not since she has lived there*
 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 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? Goulds V80 EX

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? conditioner
 Where are the treatment devices located? basement

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

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

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?

about late 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 no

Other comments.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name _____ Signature _____ Date _____

Property Owner

Name Sherrill Perkowski Signature _____ Date 10/19/12

May we take pictures of your plumbing and faucets?

initial

Sp

yes no

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

Sampling Appointment Setup

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 Purkable
 Date and time of sampling appointment 10/19/12 - 6:00 am
 Phone number to call in case of changes 301-922-9698

At Sampling Appointment

Date 10/19/12
 Arrival time 6:00 am
 Departure Time 7:10 am
 FCHD Staff Bryan Crompton
 CGS Staff Matt Emery
 Property Owner Sherri Purkable
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	3989 Farm-First Draw	Kitchen Sink	6:10	✓	✓	✓	✓	6.43	20.5°C	198.6
Flushed*	3989 Farm-Flushed	Wash Sink	6:40	✓	✓	✓	✓	6.42	19.8°C	139.4
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 6:20 am Additional gallon purged from selected sample collection spigot? yes
 Purge time end 6:35 am

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 10/19/12

CGS Name Matt Emery Signature Matt Emery Date 10/19/12

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 Sherri Purkable Signature Sherri Purkable Date 10/19/12

Account Identifier: District - 09 Account Number - 245847

Owner Information

Owner Name: PURKABLE SHERRIL L **Use:** RESIDENTIAL
Mailing Address: 3989 FARM LN **Principal Residence:** YES
 MONROVIA MD 21770-8904 **Deed Reference:** 1) /04355/ 00001
 2)

Location & Structure Information

Premises Address: 3989 FARM LN
 MONROVIA 21770-0000
Legal Description: L 6 B G S 4 .47 AC
 S/S FARM RD
 GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	6 166
0097	0012	0121		0000	4	G	6	1	Plat Ref:	

Special Tax Areas: **Town:** NONE
Ad Valorem: 251
Tax Class:

Primary Structure Built: 1975 **Enclosed Area:** 1,248 SF **Property Land Area:** 20,473 SF **County Use:**

Stories: 1.000000 **Basement:** YES **Type:** STANDARD UNIT FRAME **Exterior:**

Value Information

	Base Value	Value	Phase-in Assessments	
			As Of	As Of
Land	119,000	119,000	01/01/2010	07/01/2013
Improvements:	119,300	119,300		
Total:	238,300	238,300	238,300	
Preferential Land:	0			

Transfer Information

Seller: MUNDAY, LAWRENCE J & KATHARENE A **Date:** 01/16/2004 **Price:** \$284,900
Type: ARMS LENGTH IMPROVED **Deed1:** /04355/ 00001 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 01/12/2011

B 1 0738 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
FR-73-2664
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
3-13

OWNER: Green Valley Builders
COL 15 LAST NAME COL 34 FIRST NAME COL 34
STREET OR RFD: 7 W Summit Ave
COL 36 COL 55
POST OFFICE: Kithersburg Md
COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 5-99-75 LICENSE NUMBER: 42
77 80
FIRST NAME: L. T. EASTERDAF DRILLER LAST NAME
SIGNATURE: L. T. Easterdaf

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Frederick 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: Green Valley 23 42
SECTION: B 44 46 LOT: 6 48 50
NEAREST TOWN: Kemptown 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: Kemptown Rd 11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1000 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
P PRIVATE WATER COMPANY }
T TEST

APPROXIMATE DEPTH OF WELL: 130 24 25 FEET

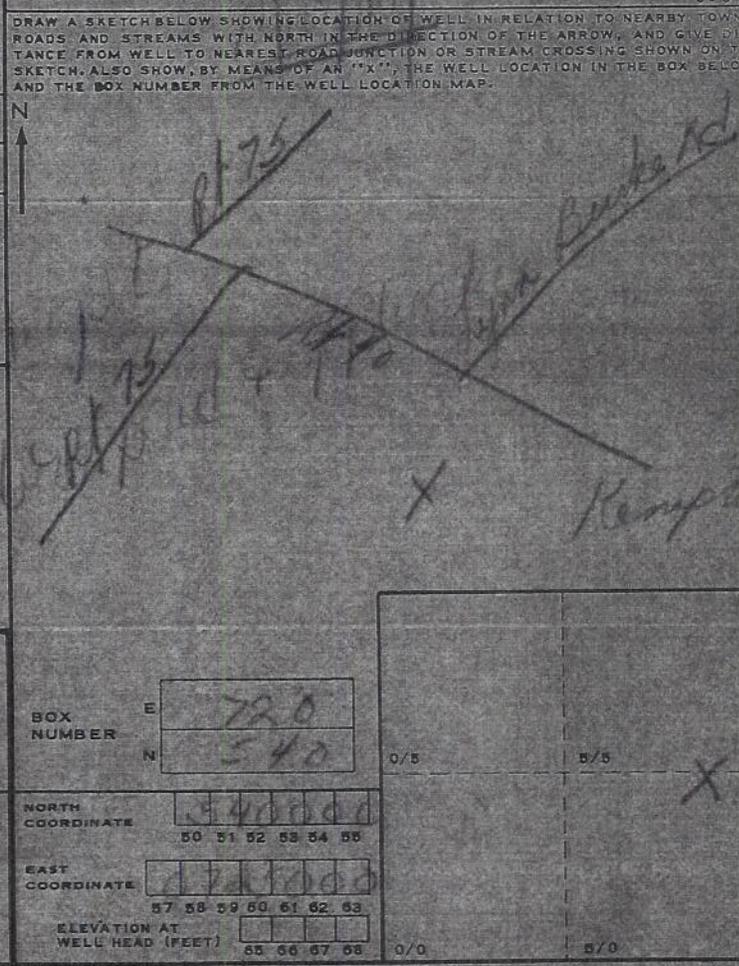
APPROXIMATE DIAMETER OF WELL: 6" (NEAREST INCH)

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 DEEPEINED 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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54 59 65
ENGINEER REVIEW DISTRICT NO.:
FORCE: WRITE INITIALS IN BOX CONDITIONS: A E N S G W Q C L U
67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 5 STATE HEALTH (CIRCLE BOX) COUNTY NAME: COUNTY NO.:
DATE: MO. DAY YR. APPROVED BY:



B 5 SPECIAL CONDITIONS 9-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

NORTH COORDINATE: 540000 50 51 52 53 54 55
EAST COORDINATE: 1720000 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): 0/0 55 56 57 58 0/0 5/0

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

Owner of property Green Valley Rd. Driller L F Easterday

Address Southview Md Address mt. air

Exact location of property where well was drilled South side mt. 80 1/2 mile east of Mt 75

If Subdivision: Name Green Valley Block No. 6 Lot No. 6

Permit No. FR-73-2664 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

(1) Diameter of largest bit 10 in

(2) Ground water encountered at _____ ft.

(3) At what depth was first vein of water encountered 80 ft. Cased off: Yes ___ No X

(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 4 1/2 in Length of metal casing 21
Are casing joints water tight? Yes X No ___ How were these joints sealed by welding _____
by treaded sleeve _____
Finished casing terminates 2 ft. above ground level ___ ft. below ground level.

(6) Well cement grouted: Yes X 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 1 hours _____ minutes.

(8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

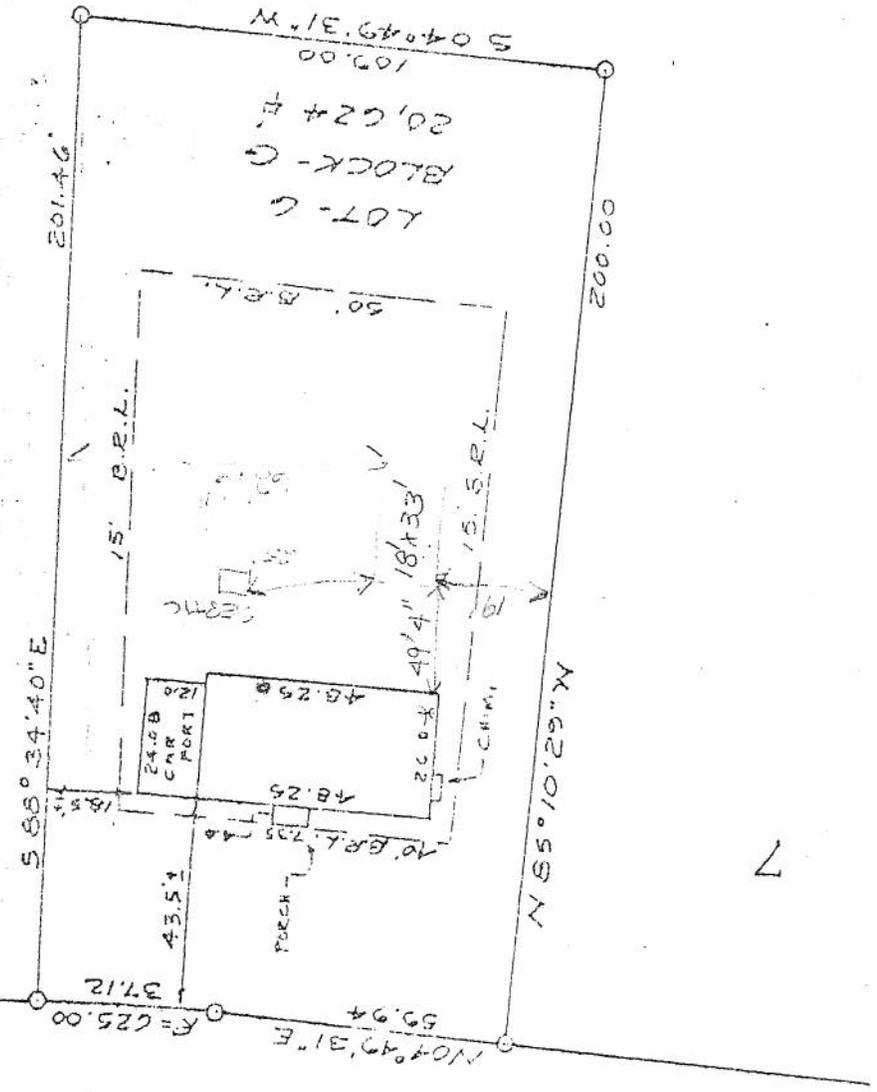
L F Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 72

TO ROSEWOOD RD -

ROAD

FARM?

7



RECEIVED MAY 19 1986

HOUSE LOCATION
LOT-G
SECTION 4
BLOCK-G

GREEN VALLEY
NEW MARKET ELECTION DISTRICT
FRANCIS COUNTY, MARYLAND
RECORDED IN PLAT BOOK 7, PLAT 106, SCALE 1"=40'



**3989 Farm Lane
October 19, 2012
Water System**



**3989 Farm Lane
October 19, 2012
Copper Piping**

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

Sampling Appointment Setup

Property Address 3990 Farm Lane
 Property Owner Kitty Bradley
 Date owner called to set appointment 10-9-12
 Name of person calling to set appointment Kitty
 Date and time of sampling appointment ~~10-31-12~~ 11-7-12 8:00 Wednesday
 Phone number to call in case of changes 301-831-6692

At Sampling Appointment

Date 11-7-12
 Arrival time 8:00
 Departure Time 9:00
 FCHD Staff Lindsay Linthicum
 CGS Staff Lara Bennett
 Property Owner Kitty Bradley
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	3990 Farm-First Draw	Kitchen Sink	8:07	X	X	X	X	6.71	19.9°	161.2
Flushed*	3990 Farm-Flushed		8:42	X	X	X	X	6.25	16.6°	177.6
Duplicate										

First Draw Sample

Any water use in last 6 hours? NO
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 8:21 Additional gallon purged from selected sample collection spigot? 1
 Purge time end 8:36

Dissolved Analysis Samples

Samples filtered?
 First Draw Yes
 Flushed Yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Lindsay Linthicum Signature [Signature] Date 11-7-12
 CGS Name Lara Bennett Signature [Signature] Date 11/7/12
 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 Kitty Bradley Signature [Signature] Date 11/7/12

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

Sampling Appointment Setup

Property Address 3990 Farm Lane
 Property Owner Kitty Bradley
 Date owner called to set appointment 10/9/12
 Name of person calling to set appointment Kitty
 Date and time of sampling appointment ~~10/31/12~~ 800 Wednesday 11/7/12

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-73-2895
 Age of the well 05-04-1976
 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 certificate - 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? yes no
 If yes, what kind? Neutralizer

Where are the treatment devices located? _____

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

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?	<u>yes</u>	no
Do you have a bathtub we can take a water sample from?	yes	<u>no</u>
Do you have your water regularly sampled?	yes	no
If yes, when was the last sample collection? _____		
	yes	no
If yes, will you provide copies of the sample results? _____		
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

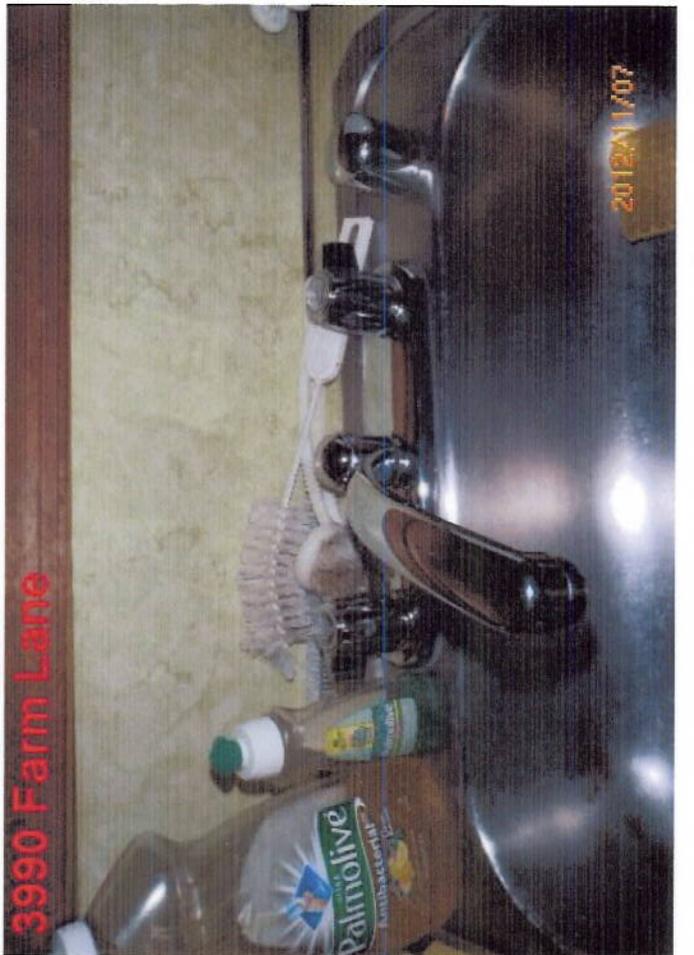
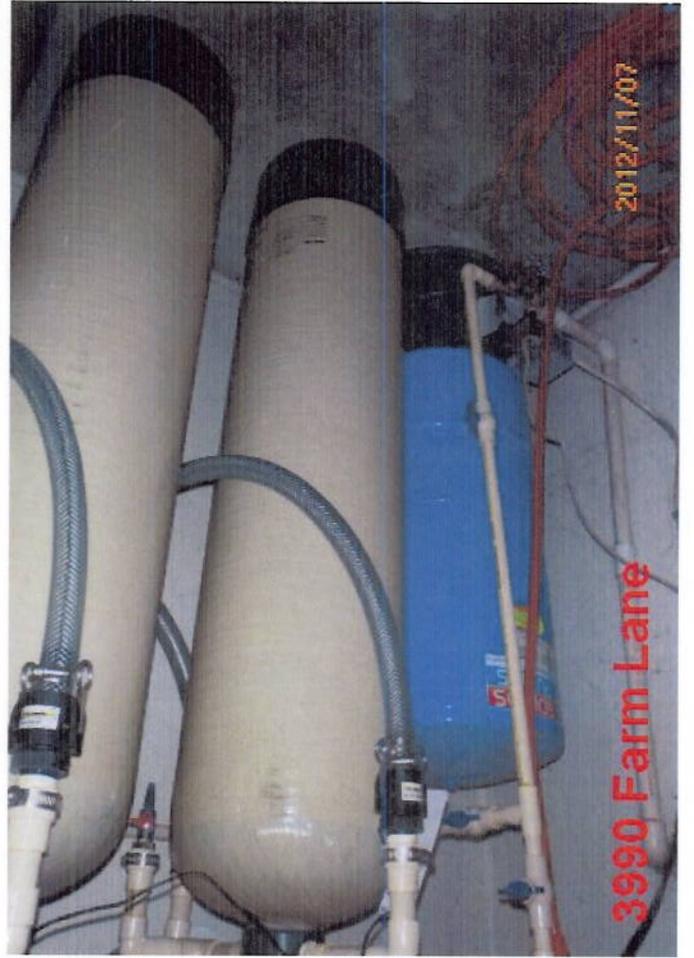
Name Lindsay Linthicum Signature *Lindsay Linthicum* Date 11-7-12

Property Owner

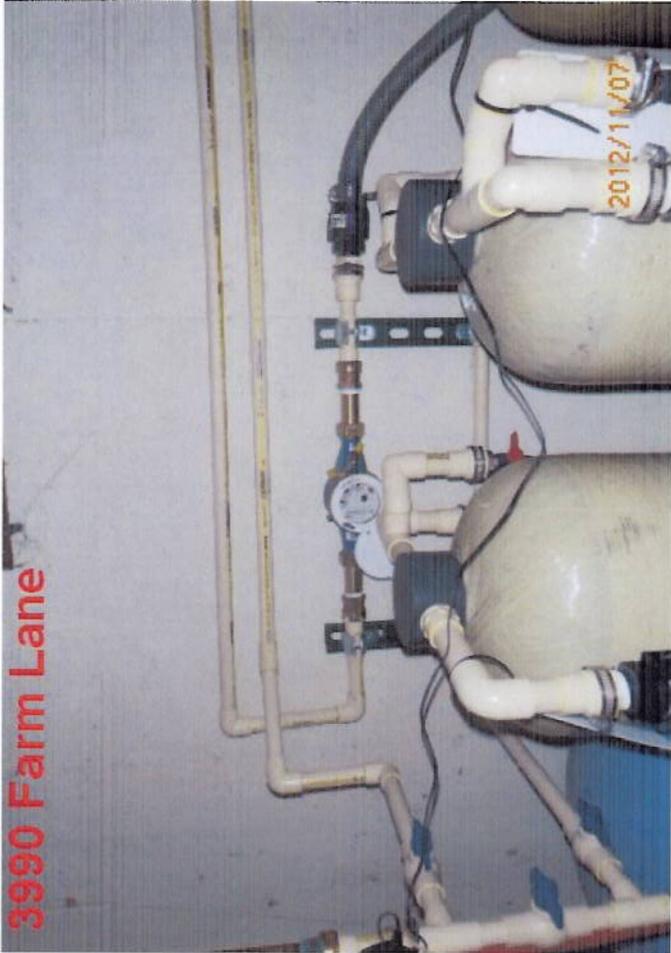
Name Kitty Bradley Signature *Kitty Bradley* Date 11/7/12

May we take pictures of your plumbing and faucets? initial KLB yes no

3990 Farm Lane



3990 Farm Lane



3990 Farm Lane



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 May 4, 76
Owner of property Green Valley Blvd Driller L. F. Esterday
Address Pathtersburg Md Address Mt. Airy Md.
Exact location of property where well was drilled rt. 80 1/2 mile east of 75

If Subdivision: Name Green Valley Block No. F Lot No. 45
Permit No. FR-73-2895 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10 in
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 65 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 4 1/2 ID Length of metal casing 21
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 _____ 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: 5 gal. per min. No. of hours pump operated at this rate during test 2 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

L. F. Esterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

FREDERICK COUNTY HEALTH DEPARTMENT

Permit No. 75-137

Frederick County Approval Certificate For Well Installation

Owner of Property Green Valley Builders Driller L. F. Easterday
 Street or R.F.D. 9 North Summit Avenue Street or R.F.D. _____
 Post Office Gaithersburg, Maryland Post Office _____
 Location of property W. side of Farm Road

If Subdivision: Name Green Valley Block or Section F Lot No. 45

Well to furnish water to: House new Commercial establishment _____ Other _____

Lot Size: Width (front) 234.00 Depth (l. side) 180.00 Area of lot _____ sq.ft.
 (rear) 269.00 (r. side) 229.00 _____ 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 approval certificate.

Date 3/27/75

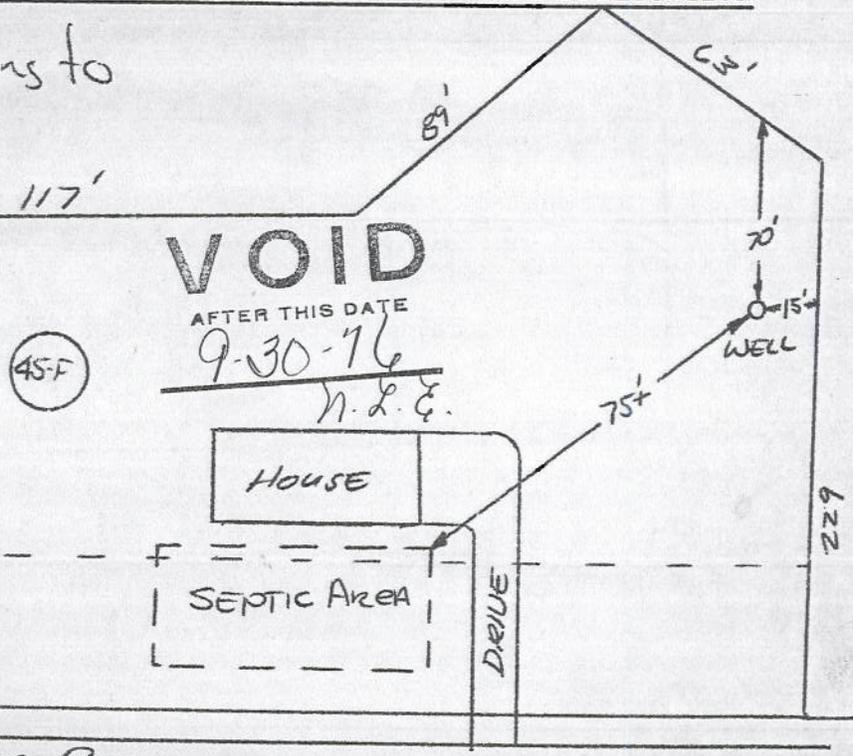
Robert J. Miller
 Signature of Applicant _____
 Owner _____ Contractor Well Driller _____ Agent _____

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION

Well located according to
 Final Plat Location
 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.

~~VOID~~
 AFTER THIS DATE
2/29/76



FARM ROAD

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

Date of approval 8-1-75

Sanitarian Thomas S. Mohler

Maryland Department of Assessments and Taxation
Real Property Data Search (vw4.2A)
FREDERICK COUNTY

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent Redemption](#)
[GroundRent Registration](#)

Account Identifier: District - 09 Account Number - 255508

Owner Information

Owner Name: BRADLEY KITTY LEA CO-TRUSTEE &
JACOBSEN INGRID A CO-TRUSTEE Use: RESIDENTIAL
Principal Residence: YES
Mailing Address: 3990 FARM LANE Deed Reference: 1) /08904/ 00051
MONROVIA MD 21770 2)

Location & Structure Information

Premises Address
3990 FARM LN
MONROVIA 21770-0000

Legal Description
L 45 E E S 4 1.10 AC
FARM RD.
GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	6 166
0097	0012	0121		0000	4	F	45	1		
<u>Plat Ref:</u>										

Special Tax Areas

Town	Ad Valorem	Tax Class
NONE	251	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1976	1,274 SF	1.1000 AC	

Stories	Basement	Type	Exterior
1.000000	YES	STANDARD UNIT FRAME	

Value Information

	Base Value	Value	Phase-in Assessments	
		As Of	As Of	As Of
		01/01/2010	07/01/2012	07/01/2013
<u>Land</u>	151,200	151,200		
<u>Improvements:</u>	146,800	146,800		
<u>Total:</u>	298,000	298,000	298,000	
<u>Preferential Land:</u>	0			

Transfer Information

<u>Seller:</u> BRADLEY KITTY LEA	<u>Date:</u> 05/25/2012	<u>Price:</u> \$0
<u>Type:</u> NON-ARMS LENGTH OTHER	<u>Deed1:</u> /08904/ 00051	<u>Deed2:</u>
<u>Seller:</u> BRADLEY, RUSSELL GLENN & KITTY LEA	<u>Date:</u> 10/26/1992	<u>Price:</u> \$0
<u>Type:</u>	<u>Deed1:</u> /01833/ 00221	<u>Deed2:</u>
<u>Seller:</u> SMITH, CYNTHIA H & KITTY BRADLEY	<u>Date:</u> 10/03/1989	<u>Price:</u> \$35,000
<u>Type:</u> NON-ARMS LENGTH OTHER	<u>Deed1:</u> /01596/ 00852	<u>Deed2:</u>

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
<u>County</u>	000	0.00	
<u>State</u>	000	0.00	
<u>Municipal</u>	000	0.00	

Tax Exempt: Special Tax Recapture:
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 02/29/2012

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

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

Sampling Appointment Setup

Property Address 3991 Farm Lane
 Property Owner Shelly Ploski
 Date owner called to set appointment 11/8/12
 Name of person calling to set appointment Shelly Ploski
 Date and time of sampling appointment 11/14/12 @ 5:00pm
 Phone number to call in case of changes 301-631-3881

At Sampling Appointment

Date 11/14/12
 Arrival time 4:50 pm
 Departure Time 6:00pm
 FCHD Staff Bryan Crampton
 CGS Staff Matt Emery
 Property Owner Shelly Ploski
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3991 Farm-First Draw</u>	<u>Kitchen Sink</u>	<u>17:20</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7.45</u>	<u>17°C</u>	<u>173.9</u>
Flushed*	<u>3991 Farm-Flushed</u>	<u>Pressure Tank tip</u>	<u>17:50</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.87</u>	<u>15.5°C</u>	<u>202</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 17:30 Additional gallon purged from selected sample collection spigot? yes
 Purge time end 17:45

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crampton Signature Bryan Crampton Date 11/14/12
 CGS Name Matt Emery Signature Matt Emery Date 11/14/12

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 _____ Signature _____ Date _____

3 of 3 * Property owner refused to sign *

Account Identifier: District - 09 Account Number - 222502

Owner Information			
Owner Name:	PLOSKI TODD J SR & PLOSKI SHELLY	Use:	RESIDENTIAL
Mailing Address:	3991 FARM LN MONROVIA MD 21770-8904	Principal Residence:	YES
		Deed Reference:	1) /07926/ 00456 2)

Location & Structure Information	
Premises Address 3991 FARM LN MONROVIA 21770-0000	Legal Description L 5 B G S 4.51 AC S/S FARM RD GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	6 166
0097	0012	0121		0000	4	G	5	1	Plat Ref:	

Special Tax Areas	Town	Ad Valorem	Tax Class
	NONE	251	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1975	1,600 SF	22,216 SF	

Stories	Basement	Type	Exterior
2.000000	YES	STANDARD UNIT FRAME	

Value Information				
	Base Value	Value	Phase-in Assessments	
		As Of	As Of	As Of
		01/01/2010	07/01/2011	07/01/2012
Land	161,740	87,300		
Improvements:	185,800	100,800		
Total:	347,540	188,100	188,100	188,100
Preferential Land:	0			0

Transfer Information					
Seller:	PLOSKI, TODD J. SR.	Date:	07/28/2010	Price:	\$0
Type:	NON-ARMS LENGTH OTHER	Deed1:	/07926/ 00456	Deed2:	
Seller:	PLOSKI, TODD J. SR. & THERESA L.	Date:	06/30/2004	Price:	\$0
Type:	NON-ARMS LENGTH OTHER	Deed1:	/04708/ 00160	Deed2:	
Seller:	BARKLEY, JOHN F., JR.	Date:	03/01/1995	Price:	\$159,000
Type:	ARMS LENGTH IMPROVED	Deed1:	/02079/ 01071	Deed2:	

Exemption Information			
Partial Exempt Assessments	Class	07/01/2011	07/01/2012
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt:	Special Tax Recapture:
Exempt Class:	NONE

Homestead Application Information	
Homestead Application Status:	Approved 02/09/2011

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, 1975
Owner of Property Green Valley Sub. Driller J F Easterday
Address Southview Address Mt. Airy
Exact location of property where well was drilled West Side Farm Rd.

If Subdivision: Name Green Valley Block No. 2 Lot No. 5
Permit No. FR-73-2663 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10 in
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 40ft. Cased off: Yes ___ No X
- (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 1/2 ID Length of metal casing 21
Are casing joints water tight? Yes X No ___ How were these joints sealed
by welding _____
by treaded sleeve _____
Finished casing terminates 2 ft. above ground level ___ ft. below ground level.
- (6) Well cement grouted: Yes X 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 2 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

J F Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

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

Sampling Appointment Setup

Property Address 3992 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 am Friday

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? 1
 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 365'
 Well driller Easterday
 Well completion report available? (attach copy if yes) yes (attached)
 When was your well pump last replaced? 2010

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
after change tanks rusty/smell/taste
 How old is your house? 1975-1976, lived there all along
 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 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 RO at sink

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? A.O. Smith Model TDU32 (Trident Ultra)

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? RO under sink
neutralizer basement

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

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 no

Do you have a mop sink we can take a water sample from?

yes no

basement

Do you have a bathtub we can take a water sample from?

yes no

Do you have your water regularly sampled?

If yes, when was the last sample collection?

October 2012

If yes, will you provide copies of the sample results?

yes no

GES

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
1 week ago

Meter Reading before GAC Filters: 301,295.3 gallons

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Bryan Crompton Signature Bryan Crompton Date 11/9/12

Property Owner

Name RICHARD PODLISKA Signature Richard Podliska Date 11/9/12

May we take pictures of your plumbing and faucets?

initial RP 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
Owner of property Shoen Valley Subd. Driller J F Eastledge
Address Waltham Rd. Address not av.
Exact location of property where well was drilled South side of Rt. 80 1/2 mile East of 75
If Subdivision: Name Shoen Valley Block No. 5 Lot No. 44
Permit No. FR-73-2626 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10 in
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 55 ft. Cased off: Yes ___ No 2
- (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 6 1/2 ID Length of metal casing 21
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 ___ 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: 1 gal. per min. No. of hours pump operated at this rate during test 1 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

J F Eastledge
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

FREDERICK COUNTY HEALTH DEPARTMENT

Permit No. 75-140

Frederick County Approval Certificate For Well Installation

Owner of Property Green Valley Builders, Inc. Driller L. F. Easterday

Street or R.F.D. 9 North Summit Ave. Street or R.F.D. _____

Post Office Gaithersburg, Maryland Post Office _____

Location of property W. side Farm Road

If Subdivision: Name Green Valley Sub. Block or Section _____ Lot No. 44

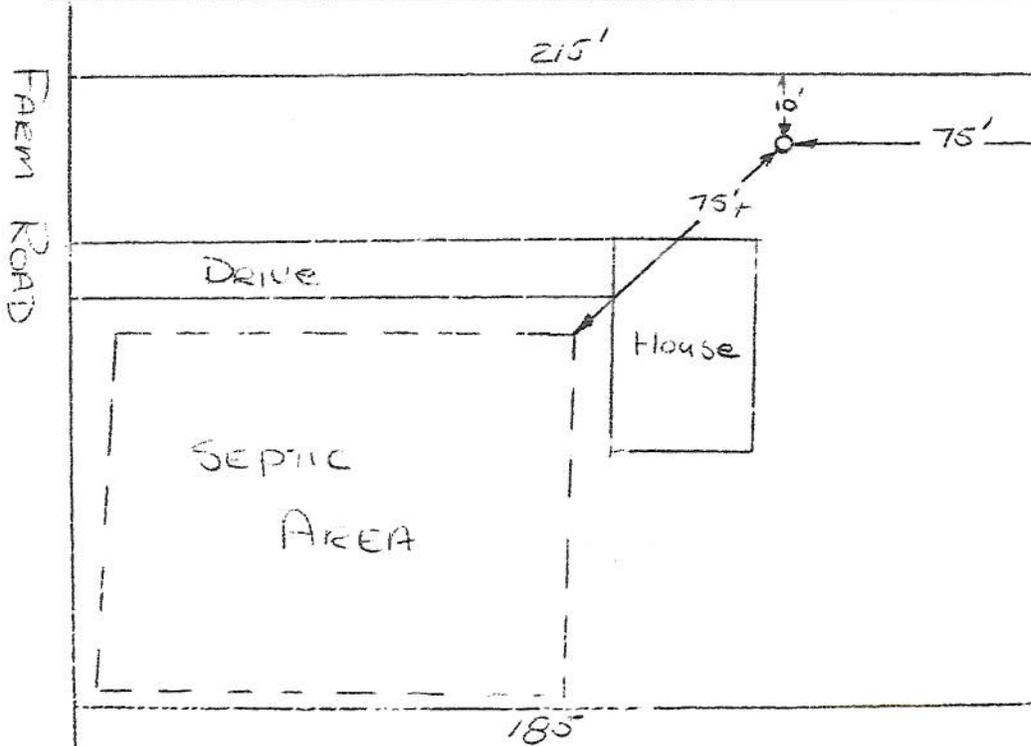
Well to furnish water to: House new Commercial establishment _____ Other _____

Lot Size: Width (front) 140.00 Depth (l. side) 215.00 Area of lot _____ sq.ft.
 (rear) 125.97 (r. side) 185.00 _____ 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 approval certificate.

Date 3/27/75 Signature of Applicant [Signature]
 Owner _____ Contractor _____ Well Driller _____ Agent _____

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION



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.

VOID

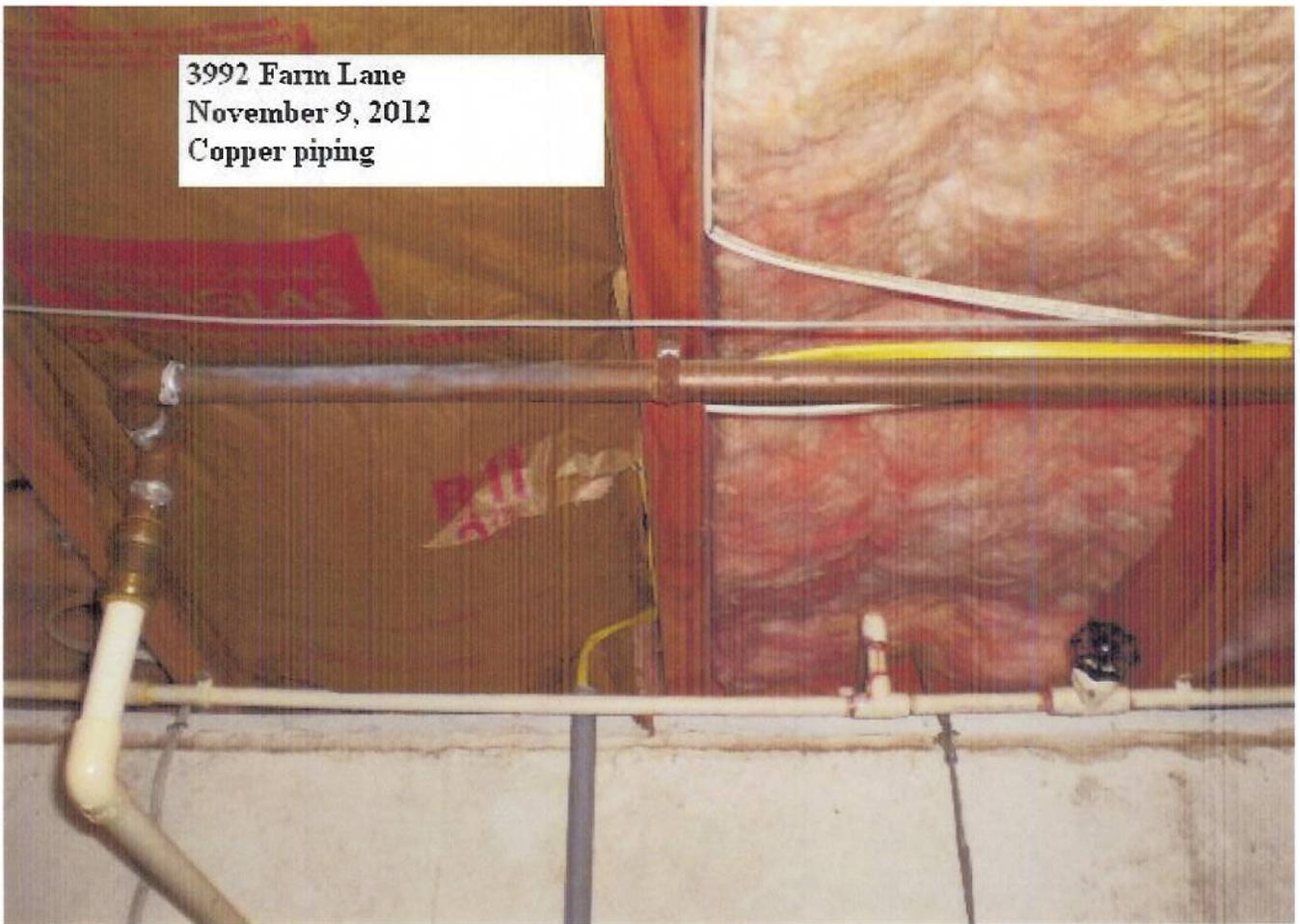
AFTER THIS DATE

10-31-75

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

Date of approval 4-25-75 Sanitarian Thomas D. Mohler Jr.

3992 Farm Lane
November 9, 2012
Copper piping

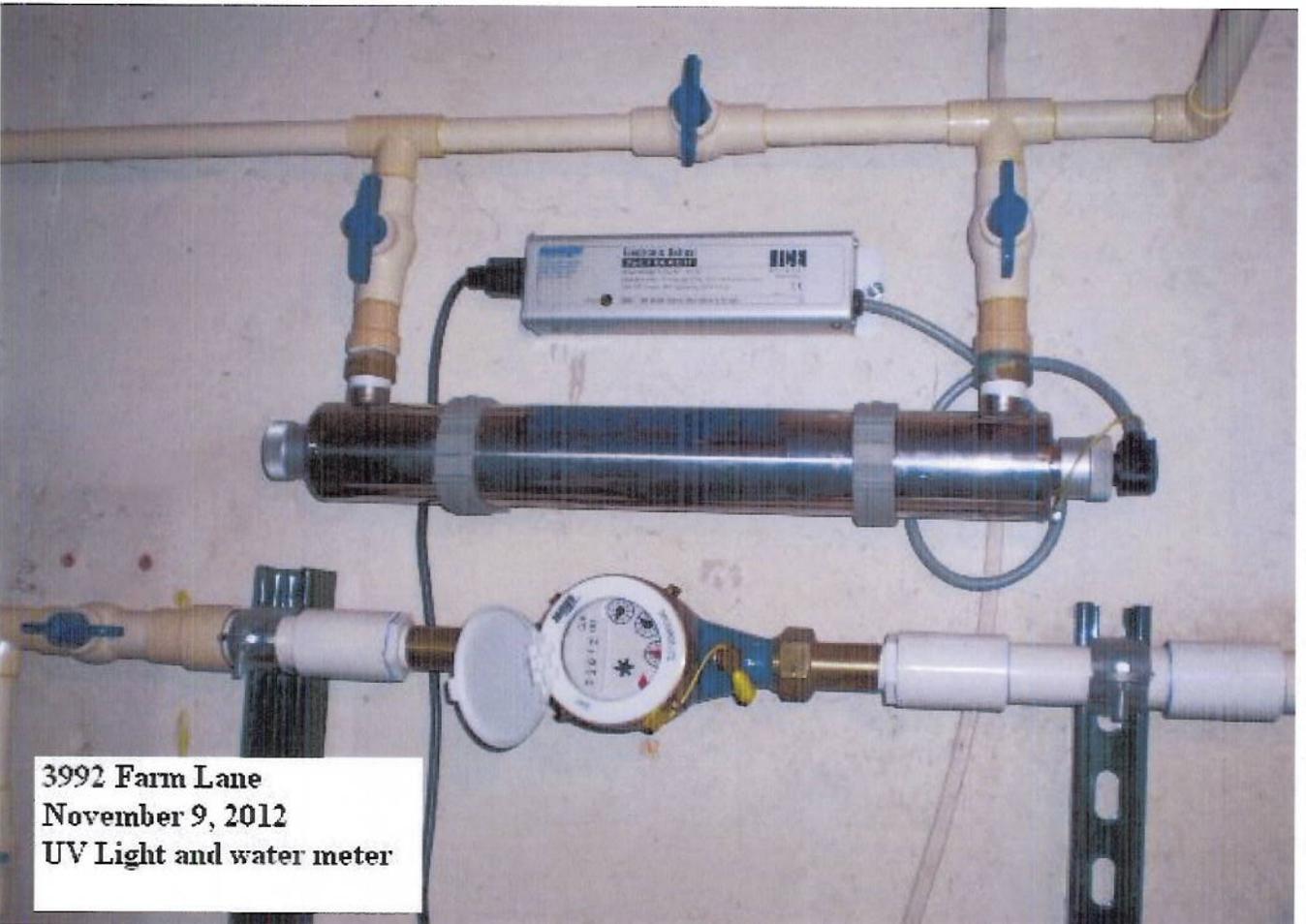


3992 Farm Lane
November 9, 2012
Kitchen Faucet and
Reverse Osmosis





3992 Farm Lane
November 9, 2012
Water system with
GAC filters.



3992 Farm Lane
November 9, 2012
UV Light and water meter

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

Sampling Appointment Setup

Property Address

3993 Farm Ln. Monrovia Md, 21770

Property Owner

Michael & Diane Hughes

Date owner called to set appointment

10/17/12

Name of person calling to set appointment

Diane Hughes

Date and time of sampling appointment

10/23/12 2:00 AM

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?

1

What is the well tag number(s)?

FR 03 2424

Age of the well

34 Years (Plus)

Casing depth of the well

Unknown

Total depth of the well

"

Well driller

"

Well completion report available? (attach copy if yes)

No

When was your well pump last replaced?

10-15 Years

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 odor no Have Not Drank water for 5 Years

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 pvc other PVC to Press. tank

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?

3-5 Year

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?

Well / Trol

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?

Filter + Water Soft + Neutralizer

Where are the treatment devices located?

Basement

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

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

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?

10/17/12

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

no

Other comments

Drink & Cook with

Use Bottle Water To

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Diane Hughes Signature Diane Hughes Date 10/17/12

Property Owner

Name Mike & Diane Hughes Signature Mike Hughes Date 10/17/12

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 Appointment Setup

Property Address 3993 Farm Lane
 Property Owner Michael + Diane Hughes
 Date owner called to set appointment 10/17/12
 Name of person calling to set appointment Diane Hughes
 Date and time of sampling appointment 10/25/12 7:00 am
 Phone number to call in case of changes _____

At Sampling Appointment

Date 10/25/12
 Arrival time 7:00am
 Departure Time 8:00am
 FCHD Staff Bryan Crompton
 CGS Staff Matt Emery
 Property Owner Michael + Diane Hughes
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3993 Farm-First Draw</u>	<u>Kitchen Sink</u>	<u>7:05</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7.09</u>	<u>21.1°C</u>	<u>191.4</u>
Flushed*	<u>3993 Farm-Flushed</u>	<u>1</u>	<u>7:40</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.03</u>	<u>16.7°C</u>	<u>185.3</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 7:18am Additional gallon purged from selected sample collection spigot? yes
 Purge time end 7:34am

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 10/25/12

CGS Name Matt Emery Signature Matt Emery Date 10/25/12

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 Diane Hughes Signature Diane Hughes Date 10/25/12

OWNERS DEDICATION

We, Irving Gus and Rodney M. Thompson, joint tenants, owners of the property shown and described hereon, hereby adopt the plan of subdivision, establish the minimum building restriction lines, and dedicate the streets and walks to public use.

There are no suits of action, leases, liens or trusts on the property included in this plan of subdivision except a certain deed of trust and all parties in interest thereto have indicated their assent.

Date: July 1, 1974
 Notary Public: Robert M. Thompson
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Irving Gus and Rodney M. Thompson and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

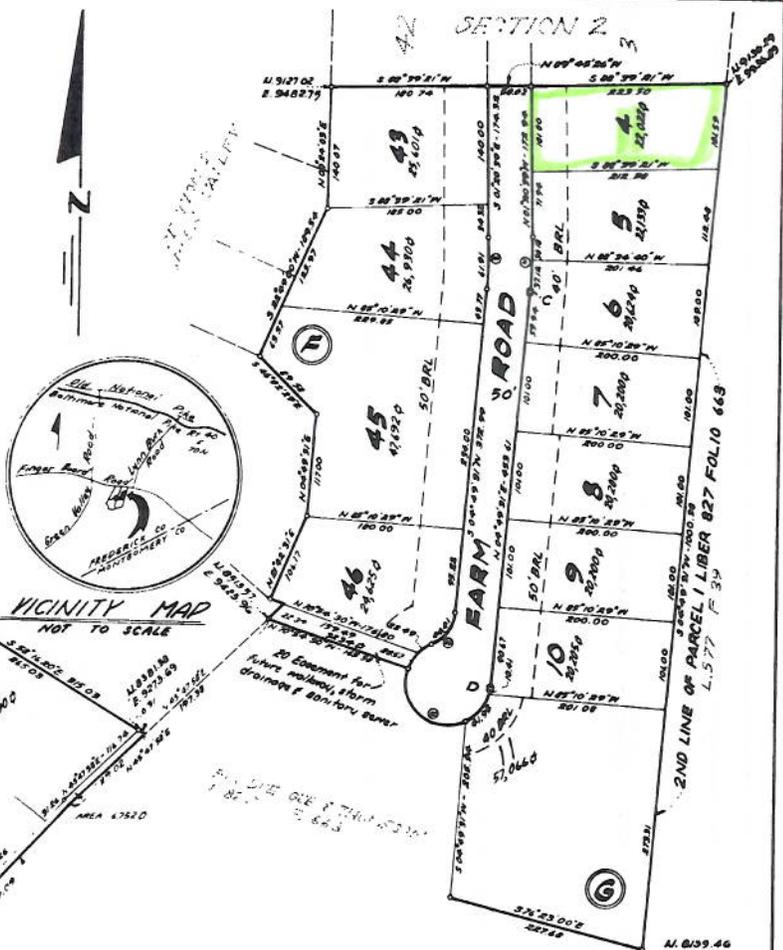
State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.

Date: July 1, 1974
 Notary Public: Walter M. Brown
 My Commission Expires: July 1, 1974

State of Maryland
 County of Frederick
 I hereby certify that on this 1st day of July, 1974, before the subscriber a notary public in and for the state and county aforesaid, personally appeared Herbert Huatt and Walter M. Brown and acknowledged the foregoing deed to be their act.



COORDINATES OF MONUMENTS

	NORTH	EAST
A	8170.25	8696.82
B	8520.76	9048.26
C	8890.92	9715.47
D	8438.92	9677.31

Note: Three foot wide side and utility easements are reserved along all side and rear lot lines.

CURVE DATA

NO.	RADIUS	DELTA	ARC	TANGENT	CHORD	CHD BEARING
1	1023.00	26° 41' 44"	472.52	249.20	472.27	S 45° 04' 39" W
2	1075.00	26° 41' 44"	500.87	255.07	476.35	N 65° 04' 39" E
3	1023.00	26° 41' 44"	472.52	249.20	472.27	S 45° 04' 39" W
4	1075.00	26° 41' 44"	500.87	255.07	476.35	N 65° 04' 39" E
5	1023.00	26° 41' 44"	472.52	249.20	472.27	S 45° 04' 39" W
6	1075.00	26° 41' 44"	500.87	255.07	476.35	N 65° 04' 39" E

AREA TABULATION

LOT (B)	ACRES
1	144,740.00 OR 3.2776 ACRES
2	75,028.00 OR 1.7236 ACRES
TOTAL AREA	219,768.00 OR 5.0012 ACRES

SURVEYOR'S CERTIFICATE

I hereby certify that the plan of subdivision shown hereon is correct, that it is a subdivision of part of the lands conveyed by Edith H. Widmayer, widow, to Irving Gus and Rodney M. Thompson, as joint tenants by deed dated June 26, 1970 and recorded among the land records of Frederick County, Maryland in Liber 827 of Folio 663, that the requirements of section 72-A and 72-E of Article 7 of the annotated Code of Maryland, 1959 edition, and as amended or amended by the acts of 1965 and 1967 and subsequent acts if any, amendatory thereto so far as they may concern the drafting of this plot and setting of the concrete monuments shown thereon, and iron pipes shown thereon, have been complied with.

Date: July 27, 1974
 J.P. Worthington, Jr.
 Reg. Prof. Land Surveyor
 Md. # 3155

Note: The Frederick County Health Department reserves the right to require that water wells be drilled on a lot and a well completion certificate submitted to the County Health Department which notes a water yield suitable for domestic purposes, prior to approval of sewage disposal and building permits.

SECTION 4
GREEN VALLEY
 NEWMARKET ELECTION DISTRICT
 FREDERICK COUNTY, MARYLAND
 SCALE: 1" = 100'
 JULY 1974

DENBERRY, NEALON & DAVIS
 ENGINEERS • PLANNERS • SURVEYORS
 19201 MONTGOMERY VILLAGE AVENUE
 GAITHERSBURG, MARYLAND 20760

APPROVED
 FREDERICK COUNTY
 HEALTH DEPARTMENT

APPROVED
 FREDERICK COUNTY
 PLANNING & ZONING
 COMMISSION

Edward F. Neale
 July 1, 1974

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 Shen Valley Bld. Driller L. F. Easterday
Address South Laurel Md. Address Net. Ave. Md.
Exact location of property where well was drilled at 80' west of Lynn's Run

If Subdivision: Name Shen Valley Block No. 8 Lot No. 4
Permit No. FR-73-2444 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10 in
- (2) Ground water encountered at _____ ft.
- (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 6 7/8 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 2 ft. above ground level ___ ft. below ground level.
- (6) Well cement grouted: Yes No ___ To what depth 21 ft.
(if answer to No. 6 is NO an acceptable explanation in detail is necessary _____)
- (7) Yield of well: 12 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.

L. F. Easterday
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 North Summit Ave. Street or R.F.D. _____

Post Office Gaithersburg, Md. Post Office Mt. Airy

Location of property S. side Rt. 80 - 1/2 mile past Rt. 75

If Subdivision: Name Greenvalley Block or G Section _____ Lot No. 4

Well to furnish water to: House Commercial establishment _____ Other _____

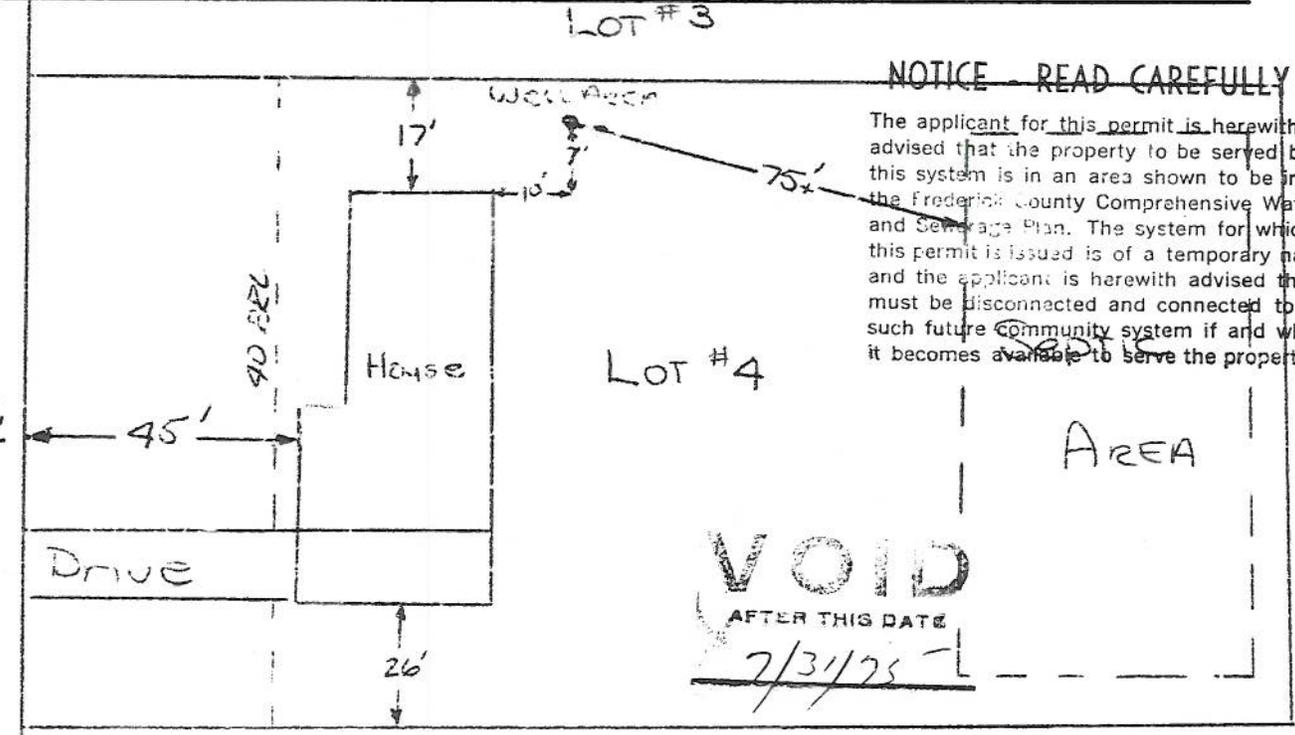
Lot Size: Width (front) 101.00 Depth (l. side) 225.00 Area of lot _____ sq.ft.
(rear) 101.00 (r. side) 211.00 _____ acres

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 approval certificate.

Date 1-3-75

[Signature]
Signature of Applicant
Owner _____ Contractor Well Driller _____ Agent _____

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION



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

Date of approval 1-7-75

Sanitarian Thomas D. Mollen Jr.

FIELD SAMPLING FORM
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
 Date and time of sampling appointment 11/9/12 6:00am
 Phone number to call in case of changes 301-528-6708

At Sampling Appointment

Date 11/9/12
 Arrival time 5:55am
 Departure Time _____
 FCHD Staff Bryan Crompton
 CGS Staff Lara Bennett
 Property Owner Ken Jackson
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	3994 Farm - First Draw	Kitchen Sink	6:05	✓	✓	✓	✓	6.87	20.6°C	195.4
Flushed*	3994 Farm - Flushed	Influent	6:43	✓	✓	✓	✓	6.5	17.1°C	217
Duplicate	3994 Farm - Flushed DB	"	-	✓	✓	✓	✓	"	"	"

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 6:19 Additional gallon purged from selected sample collection spigot? yes

Purge time end 6:35

Dissolved Analysis Samples

Samples filtered?

First Draw yes

Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH _____

ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 11/9/12

CGS Name Lara Bennett Signature Lara Bennett Date 11/9/12

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 Ken Jackson Signature Ken Jackson Date 11/9/12

PROPERTY OWNER QUESTIONNAIRE
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 600am Friday

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? 1
 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?

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 don't drink

How old is your house? 1975
 Has the plumbing ever been remodeled/replaced? yes no
 If yes, when? hot water tank, pressure tank - 2wks

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? Flex2 Pro H2P35, 33.4 gal

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? neutralizer softner
 Where are the treatment devices located? laundry room

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

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. _____

Meter Reading before GAC Filters: 140,520 gallons

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Bryan Crampton Signature Bryan Crampton Date 11/9/12

Property Owner

Name Ken Jackson Signature Ken Jackson Date 11-9-12

May we take pictures of your plumbing and faucets? initial KJ 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, 1975
Owner of Property Green Valley Builders Driller J F Easterday
Address Southsburg Address W. Cary Mt.
Exact location of property where well was drilled West side Farm Rd.

If Subdivision: Name Green Valley Block No. F Lot No. 43
Permit No. FA-73-2625 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10cm
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 65 ft. 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 6 1/4" Length of metal casing 21
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 ___ 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: 5 gal. per min. No. of hours pump operated at this rate during test 2 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.
J F Easterday
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 R.F.D. _____

Post Office Gaithersburg, Maryland Post Office _____

Location of property W. side Farm Road

If Subdivision: Name Green Valley Sub. Block or F Section _____ Lot No. 43

Well to furnish water to: House new _____ Commercial establishment _____ Other _____

Lot Size: Width (front) 140.00 Depth (l. side) 185.00 Area of lot _____ sq.ft.
 (rear) 140.00 (r. side) 180.00 _____ 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 approval certificate.

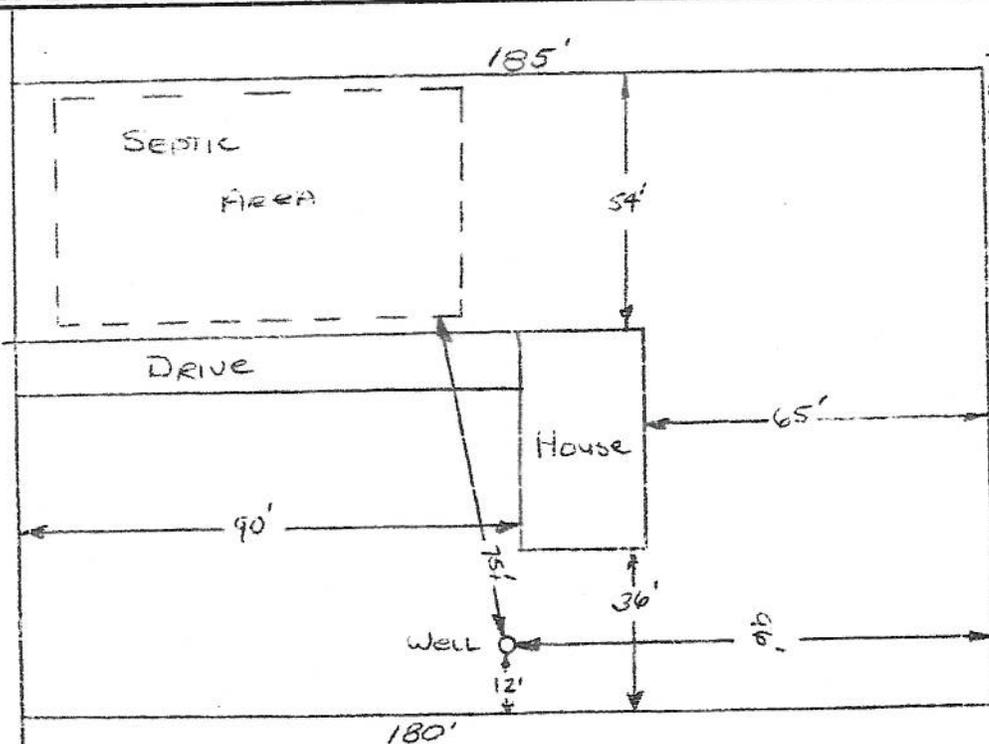
Date 3/27/75

[Signature]
 Signature of Applicant, _____
 Owner _____ Contractor _____ Well Driller _____ Agent _____

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION

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.



VOID
 AFTER THIS DATE
10-31-75

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

Date of approval 4-25-75

Sanitarian Thomas S. Moller

3994 Farm Lane
November 9, 2012
Kitchen Faucet



3994 Farm Lane
November 9, 2012
Pressure tank, softener and
neutralizer



3994 Farm Lane
November 9, 2012
GAC filters in room next
to rest of system.



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

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 301 865 5352
 Date and time of sampling appointment 10/24/12 800 Wednesday AM

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? 1
 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 ft
 Well driller Easterday
 Well completion report available? (attach copy if yes) yes- attached
 When was your well pump last replaced? last year

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 *don't drink water*

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? think delta

What material is the faucet made of? stainless

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? Well X-Trol, WX-203

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? softner neutralizer

Where are the treatment devices located? basement

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

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 no

basement

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 no

Other comments.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name Bryan Crampton Signature Bryan Crampton Date 10/24/12

Property Owner

Name HELENA JAMITS Signature Helena Jamits Date 10-24-12

May we take pictures of your plumbing and faucets?

initial HJ yes no

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

Sampling Appointment Setup

Property Address 3995 Farm Lane
 Property Owner Jim + Helen Jamitis
 Date owner called to set appointment 10/16/12
 Name of person calling to set appointment Jim Jamitis
 Date and time of sampling appointment 10/24/12 8:00 am
 Phone number to call in case of changes 301-865-5352

At Sampling Appointment

Date 10/24/12
 Arrival time 8:15 am
 Departure Time 9:15 am
 FCHD Staff Bryan Crompton
 CGS Staff Lara Bennett
 Property Owner Helen Jamitis
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3995 Farm-First Draw</u>	<u>Kitchen Sink</u>	<u>8:20</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7.10</u>	<u>22.3°C</u>	<u>170.6</u>
Flushed*	<u>3995 Farm-Flushed</u>		<u>8:55</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.00</u>	<u>17.5°C</u>	<u>197.7</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? yes
 If yes, describe use (e.g. how long, from which tap/toilet) about 20 seconds from upstairs bathroom sink

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 8:32 am Additional gallon purged from selected sample collection spigot? yes
 Purge time end 8:53 am

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration

pH _____
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crompton Signature Bryan Crompton Date 10/24/12

CGS Name Lara Bennett Signature Lara Bennett Date 10/24/12

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 HELEN M JAMITIS Signature Helen M Jamitis Date 10-24-12

Maryland Department of Assessments and Taxation
Real Property Data Search (v2.2A)
FREDERICK COUNTY

[Go Back](#)
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[Registration](#)

FREDERICK COUNTY HEALTH DEPARTMENT

Permit No. 74-822

Frederick County Approval Certificate For Well Installation

Owner of Property Green Valley Builders, Inc. Driller Franklin Easterday

Street or R.F.D. 9 N. Summit Ave. Street or R.F.D. _____

Post Office Gaithersburg, Maryland Post Office Mt. Airy, Md.

Location of property new dwelling - Greenridge Drive off Rt. 80 left on Blueberry Rd., on Farm Road, lot 2 block G Green Valley Subdivision

If Subdivision: Name Green Valley Subdivision Block or Section G Lot No. 35

Well to furnish water to: House new Commercial establishment _____ Other _____

Lot Size: Width (front) 101 Depth (l. side) 245 Area of lot _____ sq.ft.
(rear) 101 (r. side) 245 _____ 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 approval certificate.

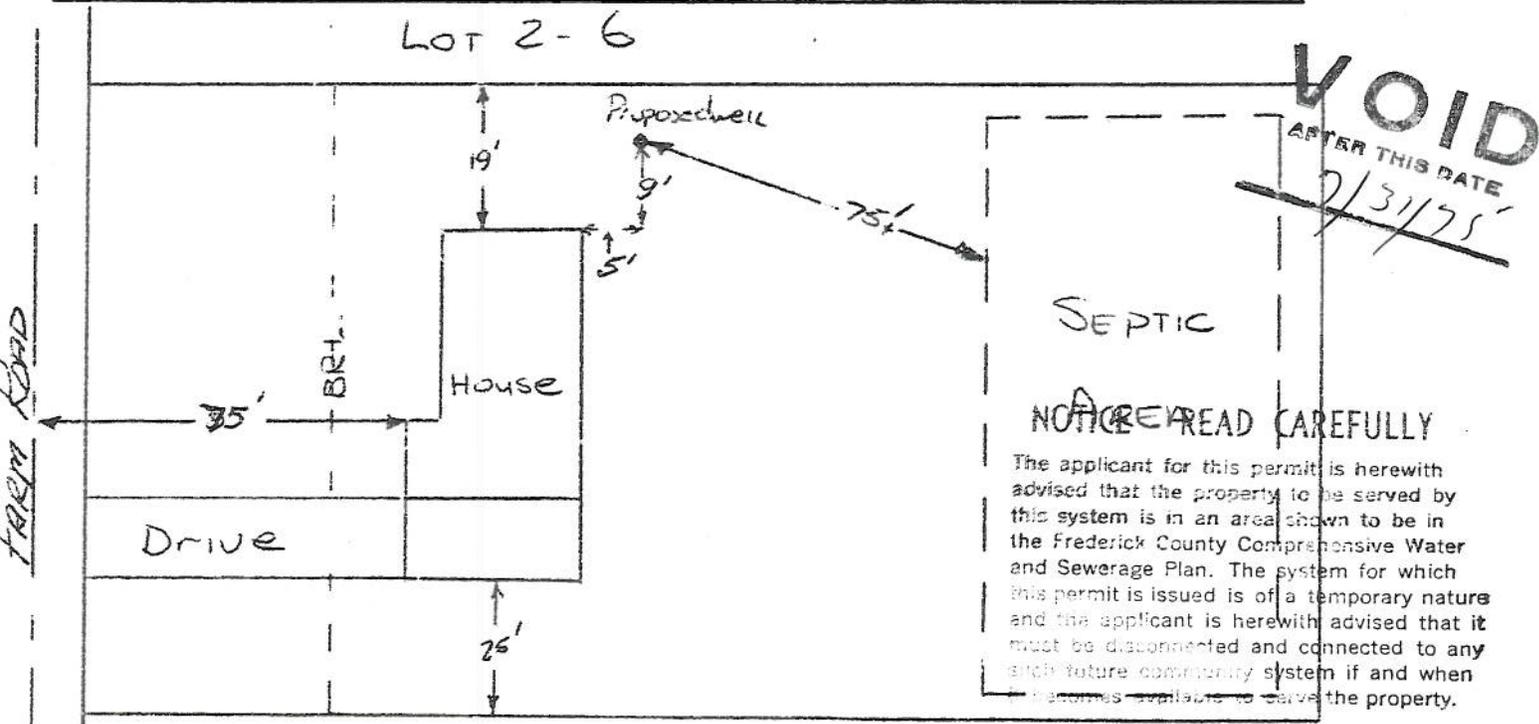
Date November 25 1974

Robert J. Wilton

Signature of Applicant

Owner _____ Contractor _____ Well Driller _____ Agent

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION



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

Date of approval 1-7-75

Sanitarian Thomas S. Moller

SEQUENCE NO. (WRA USE ONLY)
2842

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
FR-73-2475
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
8-13

OWNER: Green Valley Business Assoc
COL 15 LAST NAME: FIRST NAME: COL. 34
STREET OR RFD: 7 W Summit Ave
COL 36: COL. 55
POST OFFICE: Annapolis Md.
COL 57: COL. 76

DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 7-13-75
LICENSE NUMBER: 42
77 80
FIRST NAME: L. F. Easterday
DRILLER: LAST NAME:
SIGNATURE: L. F. Easterday

LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Frederick (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: Green Valley 23 42
SECTION: 6 44 46 48 50
LOT: 3
NEAREST TOWN: Kemptown 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 73 76 77 78

WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 14 20

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: RT 80
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1000 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT,
M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
P PRIVATE WATER COMPANY
T TEST

APPROXIMATE DEPTH OF WELL: 150 24 28 FEET

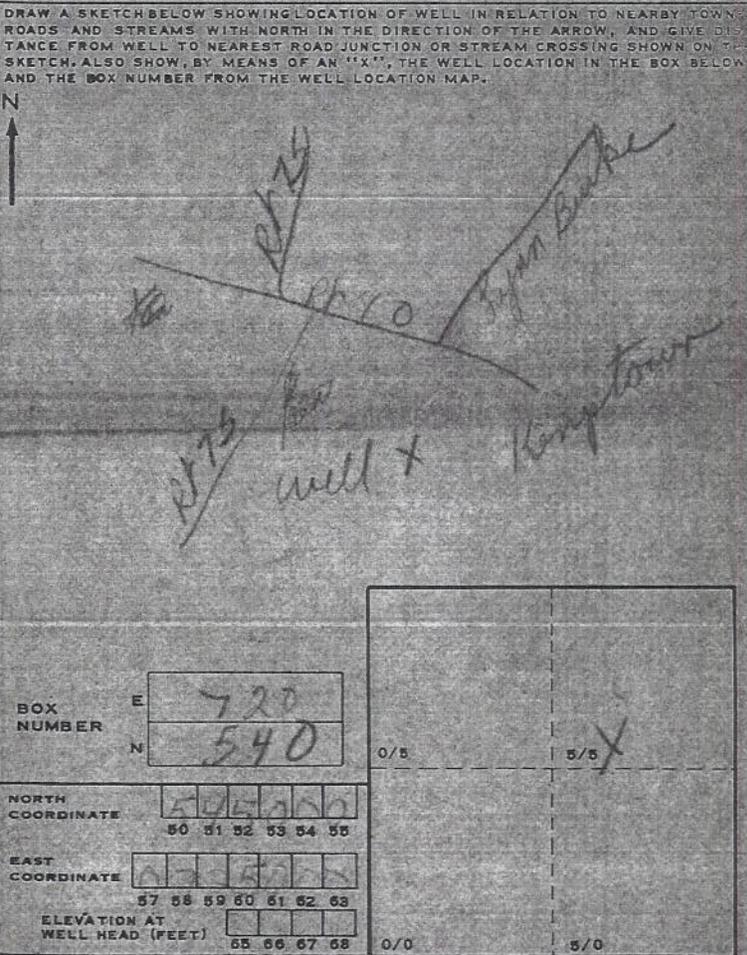
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

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 DEEPEMED 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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54
ENGINEER REVIEW DISTRICT NO.: 65
FORCE: 67 68
WRITE INITIALS IN BOX
CONDITIONS: 70 71 72 73 74 75 76 77 78 79

HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX): 74-500
COUNTY NAME: COUNTY NO.:
DATE: MO. DAY YR. APPROVED BY:



SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

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

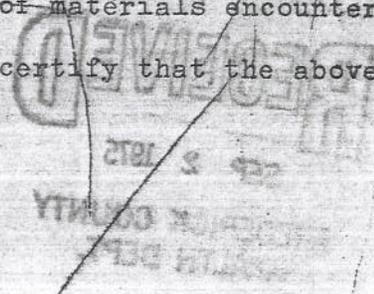
Owner of Property Green Valley Rd. Driller L F Easterday
Address Gaithersburg Md. Address not given
Exact location of property where well was drilled St. 80 west of Lynn Burke Rd.

If Subdivision: Name Green Valley Block No. 4 Lot No. 3
Permit No. FR-73-2475 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10 in.
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 60 ft. Cased off: Yes ___ No
- (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 6 1/2 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 2 ft. above ground level ___ ft. below ground level.
- (6) Well cement grouted: Yes No ___ To what depth 21 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.



L F Easterday
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

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

April 1, 1999

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.



B9900660

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.

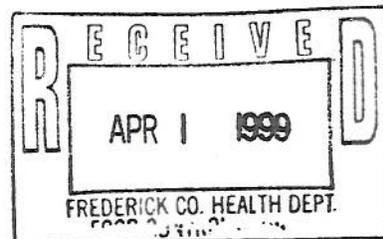
Thank You

James J. Jamitis
(Signature of Owner)

3/30/99
(Date)

William D. Hayes
(Signature of Contractor)

3/31/99
(Date)



RE: NOEL STONER

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

Dr. James Bowes
350 Montevue Lane
Frederick, MD 21701

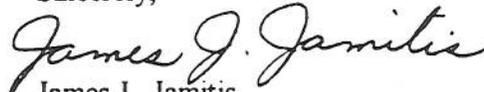
This is a letter requesting a variance associated with a building permit to add an attached garage to my home. The current separation between the exposed water well casing and the rear corner of my home is 15 feet. Due to the positioning of the well relative to the house, after the addition is added 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. Jamitis

copy to Dr. Bowes

89900660

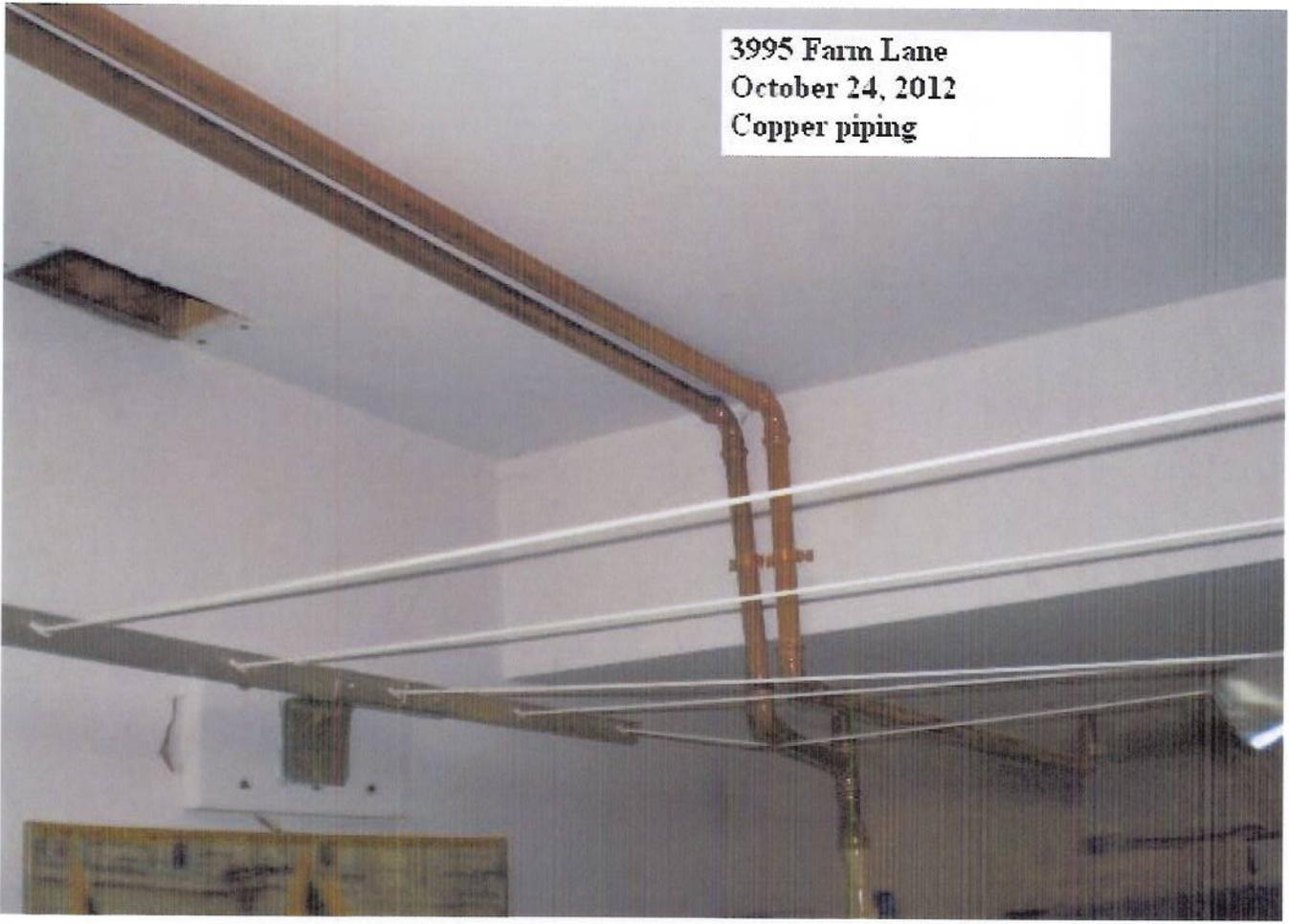


3995 Farm Lane
October 24, 2012
Kitchen Faucet



3995 Farm Lane
October 24, 2012
Water Treatment System

3995 Farm Lane
October 24, 2012
Copper piping



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

Sampling Appointment Setup

Property Address 3996 Farm Lane, Monrovia 21776
 Property Owner Santiago and Melissa Ayala
 Date owner called to set appointment October 16, 2012
 Name of person calling to set appointment Melissa 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 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? 1

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 no

Has your well ever run dry? yes no

Do you have any taste and/or odor problems with your water? yes odor no

How old is your house? 37 years

Has the plumbing ever been remodeled/replaced? yes no

 If yes, when? n/a

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? _____

Do you know how old the faucet is? 6 years

Do you have a pressure tank? yes no

 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 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? n/a

Where are the treatment devices located? n/a

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

Do you have a spigot or tap to take a water sample near your pressure tank?

If yes, where is it located?

yes no
Below 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 no

Do you have your water regularly sampled?

If yes, when was the last sample collection?

yes no
October 4, 2012

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 _____ Signature _____ Date _____

Property Owner

Name Melissa Ayala Signature Melissa Ayala Date 10/24/12

May we take pictures of your plumbing and faucets?

initial MA yes no

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

Sampling Appointment Setup

Property Address 3996 Farm Lane
 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 Wednesday 4:00 pm
 Phone number to call in case of changes 301-975-5771

At Sampling Appointment

Date 10-24-12
 Arrival time 4:05
 Departure Time 4:52
 FCHD Staff Lindsey Linthicum
 CGS Staff Matt Emery
 Property Owner Melissa Ayala
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	3996 Farm - First Draw	Kitchen Sink	16:15pm	X	X	X	X	5.84	23.6°C	207
Flushed*	3996 Farm - Flushed		16:40pm	X	X	X	X	6.30	18.1°C	187.2
Duplicate										

INF After pressure tank but before treatment

First Draw Sample

Any water use in last 6 hours? NO
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 4:20 Additional gallon purged from selected sample collection spigot? _____
 Purge time end 4:40

Dissolved Analysis Samples

Samples filtered?
 First Draw Yes
 Flushed _____

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

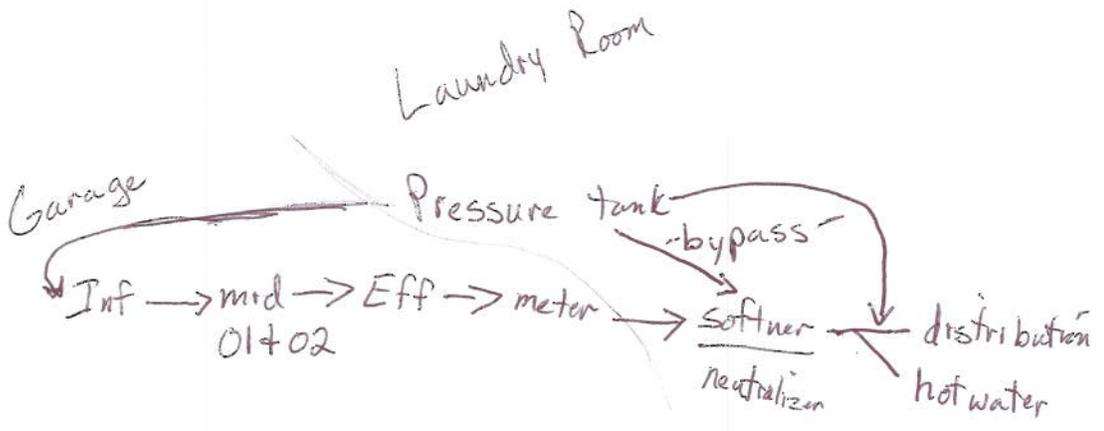
Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Lindsey Linthicum Signature [Signature] Date 10-24-12

CGS Name Matt Emery Signature [Signature] Date 10/24/12

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 Melissa Ayala Signature [Signature] Date 10/24/12



Account Identifier: District - 09 Account Number - 231730

Owner Information

Owner Name: AYALA SANTIAGO & MELISSA **Use:** RESIDENTIAL
Mailing Address: 3996 FARM LN **Principal Residence:** YES
 MONROVIA MD 21770-8914 **Deed Reference:** 1) /04581/ 00460
 2)

Location & Structure Information

Premises Address: 3996 FARM LN
 MONROVIA 21770-0000
Legal Description: L 42 B F S 2.57 AC
 W/S FARM RD
 GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	6 155
0098	0001	0208		0000	2	F	42	1	Plat Ref:	

Special Tax Areas: **Town:** NONE
Ad Valorem: 251
Tax Class:

Primary Structure Built: 1975 **Enclosed Area:** 1,536 SF **Property Land Area:** 24,829 SF **County Use:**

Stories: 1.000000 **Basement:** YES **Type:** SPLIT FOYER **Exterior:** FRAME

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of 01/01/2010	As Of 07/01/2012	As Of 07/01/2013	
Land	124,800	124,800			
Improvements:	141,600	141,600			
Total:	266,400	266,400	266,400		
Preferential Land:	0				

Transfer Information

Seller: ATKINS, BOWMAN S., III & STEPHANIE **Date:** 05/05/2004 **Price:** \$304,900
Type: ARMS LENGTH IMPROVED **Deed1:** /04581/ 00460 **Deed2:**
Seller: EYRE, LEWIS G & MARION S **Date:** 09/30/1987 **Price:** \$109,000
Type: ARMS LENGTH IMPROVED **Deed1:** /01448/ 00489 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 03/14/2011

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, 1976
Owner of Property Green Valley Builders Driller J F Easterday
Address Southersburg Address Mt. Airy
Exact location of property where well was drilled West side Farm Rd.
If Subdivision: Name Green Valley Block No. F Lot No. 42
Permit No. FR-73-2624 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

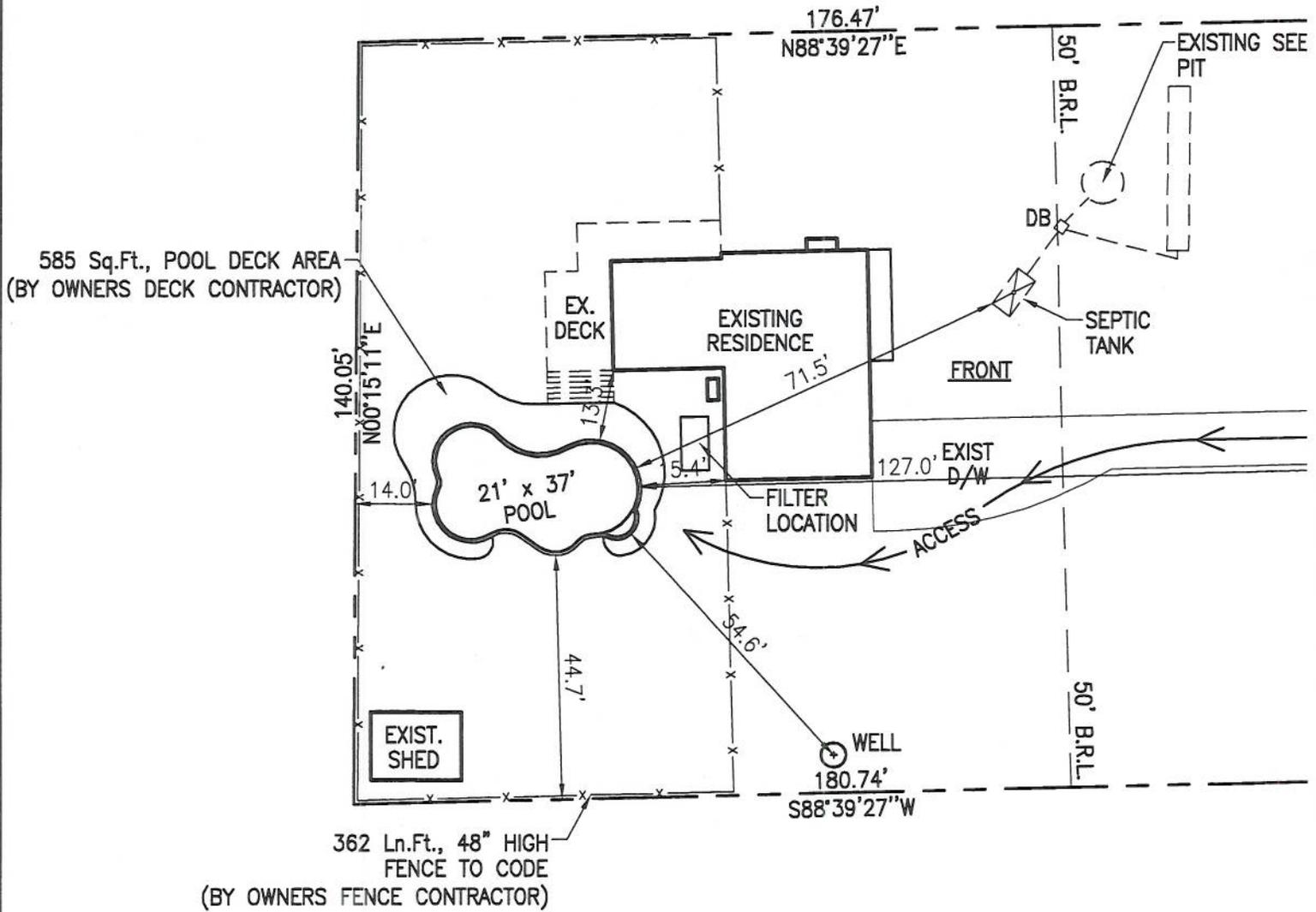
- (1) Diameter of largest bit 10 in
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 60 ft. Cased off: Yes ___ No ___
- (4) Total depth of well 180 ft. Standing water level in well below ground surface when not pumping 50 ft.
- (5) Casing: Diameter of casing 6 1/2 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 2 ft. above ground level ___ ft. below ground level.
- (6) Well cement grouted: Yes No ___ To what depth 20 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 2 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

J F Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

SETBACKS:

REAR PL.	6'
SIDE PL.	6'
HOUSE	0'
SEPTIC	10'
WELL	30'



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

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 but inaccessible

Is there a drain for the flushed water to run to and is that drain operational?

yes

no under carpet

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 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.

Signatures

To the best of my knowledge, the above information is accurate.

FCHD

Name

Bryan Crompton

Signature

Bryan Crompton

Date

10/23/12

Property Owner

Name

Len Szelenja

Signature

Date

10/23/12

May we take pictures of your plumbing and faucets?

initial

LSJ

yes

no

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

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
 Date and time of sampling appointment 10/18/12 8:00 Thursday 10/23/12 8:00am
 Phone number to call in case of changes 301-831-9687

At Sampling Appointment

Date 10/23/12
 Arrival time 7:55am
 Departure Time 9:00am
 FCHD Staff Bryan Crampton
 CGS Staff Lara Bennett
 Property Owner Leonard Szeliga
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>3997 Farm-First Draw</u>	Kitchen Sink	<u>8:00</u>	✓	✓	✓	✓	<u>6.10</u>	<u>20.3°C</u>	<u>241</u>
Flushed*	<u>3997 Farm-Flushed</u>		<u>8:40</u>	✓	✓	✓	✓	<u>5.97</u>	<u>18.2°C</u>	<u>218</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

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 gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry room) after the pressure tank and any water treatment.

If 1 or 2, has the property owner confirmed that the spigot is operational? yes

Purge time begin 8:20am Additional gallon purged from selected sample collection spigot? yes
 Purge time end 8:35am

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH Calibrated using 4.0, 7.0 or 10.0, reading ok
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crampton Signature Bryan Crampton Date 10/23/12

CGS Name Lara Bennett Signature Lara Bennett Date 10/23/12

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 Len Szeliga Signature _____ Date 10/23/12

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

Account Identifier: District - 09 Account Number - 257276

Owner Information

Owner Name:	SZELIGA LEONARD G & GERALDINE F	Use:	RESIDENTIAL
Mailing Address:	3997 FARM LANE MONROVIA MD 21770	Principal Residence:	YES
		Deed Reference:	1) /00965/ 00776 2)

Location & Structure Information

Premises Address	Legal Description
3997 FARM LN MONROVIA 21770-0000	L 2 B G S 2.56 AC FARM RD. GREEN VALLEY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0098	0001	0208		0000	2	G	2	1	Plat Ref:

Special Tax Areas	Town	NONE
	Ad Valorem	251
	Tax Class	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1975	2,400 SF	24,394 SF	

Stories	Basement	Type	Exterior
2.000000	YES	STANDARD UNIT FRAME	

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of	As Of	As Of	As Of
Land	62,100	01/01/2010	62,100	07/01/2012	07/01/2013
Improvements:	93,900		93,900		
Total:	156,000		156,000	156,000	
Preferential Land:	0				

Transfer Information

Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt:	Special Tax Recapture:
Exempt Class:	NONE

Homestead Application Information

Homestead Application Status: Approved 01/12/2011

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 July 23 '75
Owner of Property Shore Valley Bldg Driller L. T. Eastaday
Address Smithsburg MD Address MT Airy MD
Exact location of property where well was drilled _____

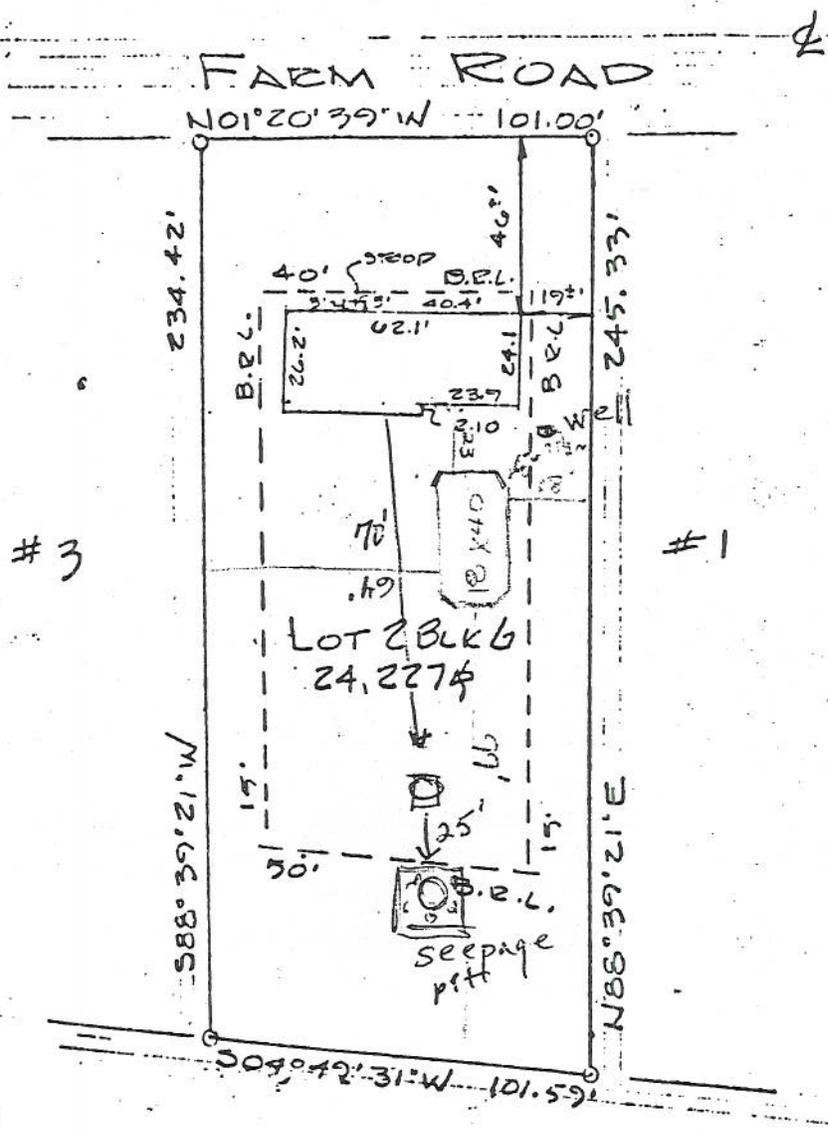
If Subdivision: Name Shore Valley Block No. 6 Lot No. 2
Permit No. FR-73-2472 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10"
- (2) Ground water encountered at _____ ft.
- (3) At what depth was first vein of water encountered 50 ft. Cased off: Yes ___ No
- (4) Total depth of well 140 ft. Standing water level in well below ground surface when not pumping 40 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 _____
by treaded sleeve
Finished casing terminates 2 ft. above ground level ___ ft. below ground level.
- (6) Well cement grouted: Yes No ___ To what depth 21 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 1 hours _____ minutes.
- (8) Log of materials encountered during drilling _____

I hereby certify that the above information concerning this well is true and correct.

L. T. Eastaday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42



43560
556

RECEIVED MAY 31 1984

FINAL

HOUSE LOCATION
 LOT 2 SEC 2 BLOCK 6
 GREEN VALLEY
 NEW MARKET DISTRICT
 FREDERICK COUNTY, MARYLAND
 RECORDED IN PLAT BOOK 6 PLAT 155 SCALE 1" = 50'

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

I hereby certify that the position of all the existing improvements on the above described property has been established by a transit tape measurement and that unless otherwise shown there are no encroachments.

Date: MAY 22, 1975

By Elwood L. Renn
 ELWOOD L. RENN
 Registered Land Surveyor
 Maryland No. 3383

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 Ave. Street or R.F.D. _____

Post Office Gaithersburg, Md. Post Office Mt. Airy

Location of property S. Side Rt. 80 - 1/2 mile past Rt. 75

If Subdivision: Name Greenvalley Block or Section 6 Lot No. 2

Well to furnish water to: House Commercial establishment _____ Other _____

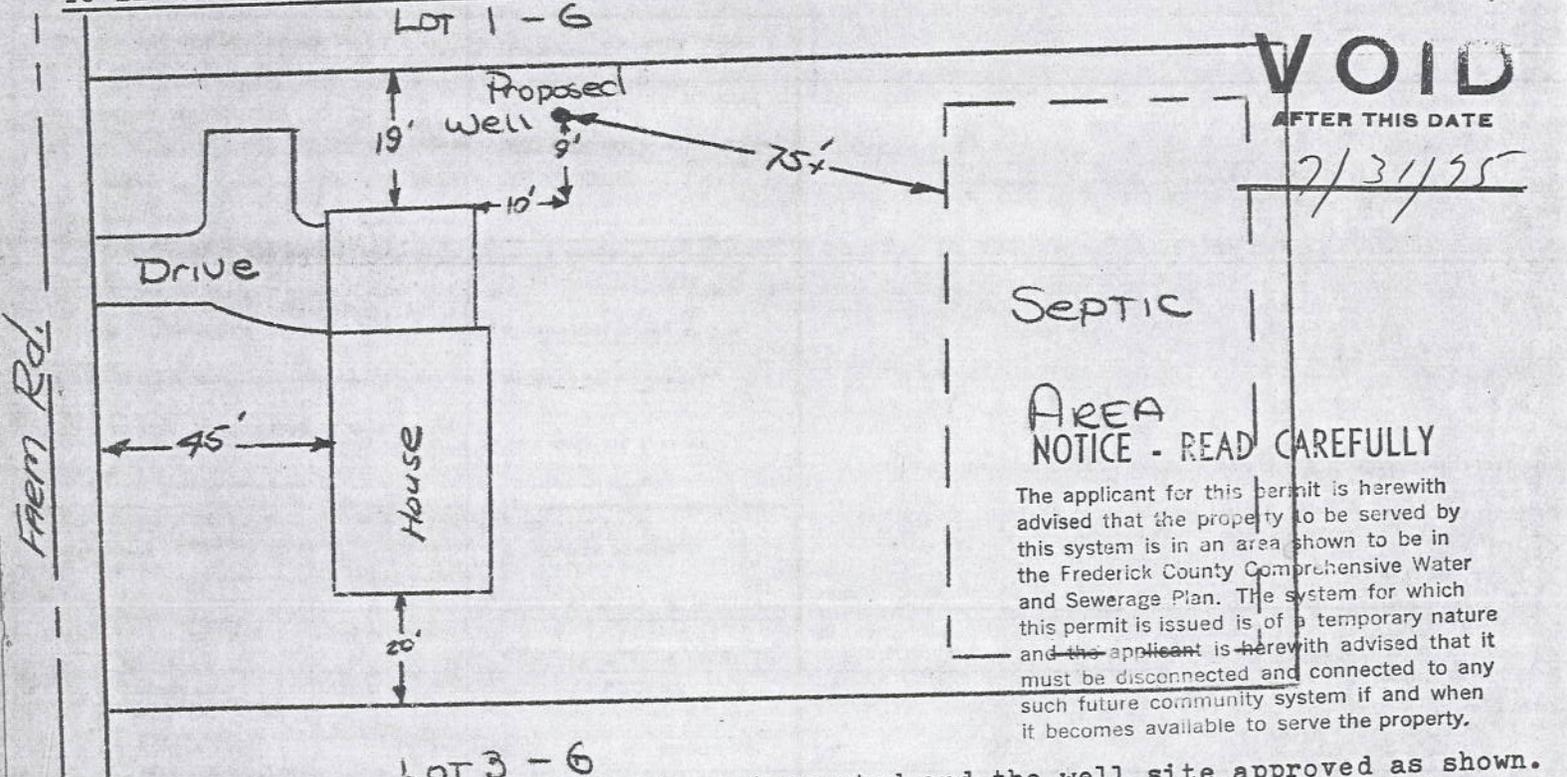
Lot Size: Width (front) 101.00 Depth (l. side) 145.00 Area of lot _____ sq.ft.
(rear) 101.00 (r. side) 234.00 _____ acres

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 approval certificate.

Date 1-3-75

Robert P. Helter
Signature of Applicant
Owner _____ Contractor Well Driller _____ Agent _____

TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE A PART OF THIS APPLICATION



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

Date of approval 1-7-75

Sanitarian Thomas S. Mohler Jr

FARM RD

630'

101'

4.5'

PRIVATE DRIVE

75'

40' BR

20'
192'

2-STOREY DWELLING
1976
988 HIKR

5760 GARAGE

24'

19'

LOT #1

LOT #3

4" CI LINE
100'

WELL RADIUM
100'

245'

75'

RECEIVED JAN - 3 1975
234'

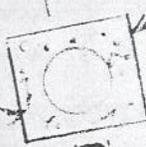
162'

1200 GAL SEPTIC TANK

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.

#2 GRAVEL



SEWERAGE

21" LIQ DEPTH

VOID

AFTER THIS DATE

7/31/75

620'

LOT (2)

101'

3997 Farm Lane
October 23, 2012
Kitchen Faucet



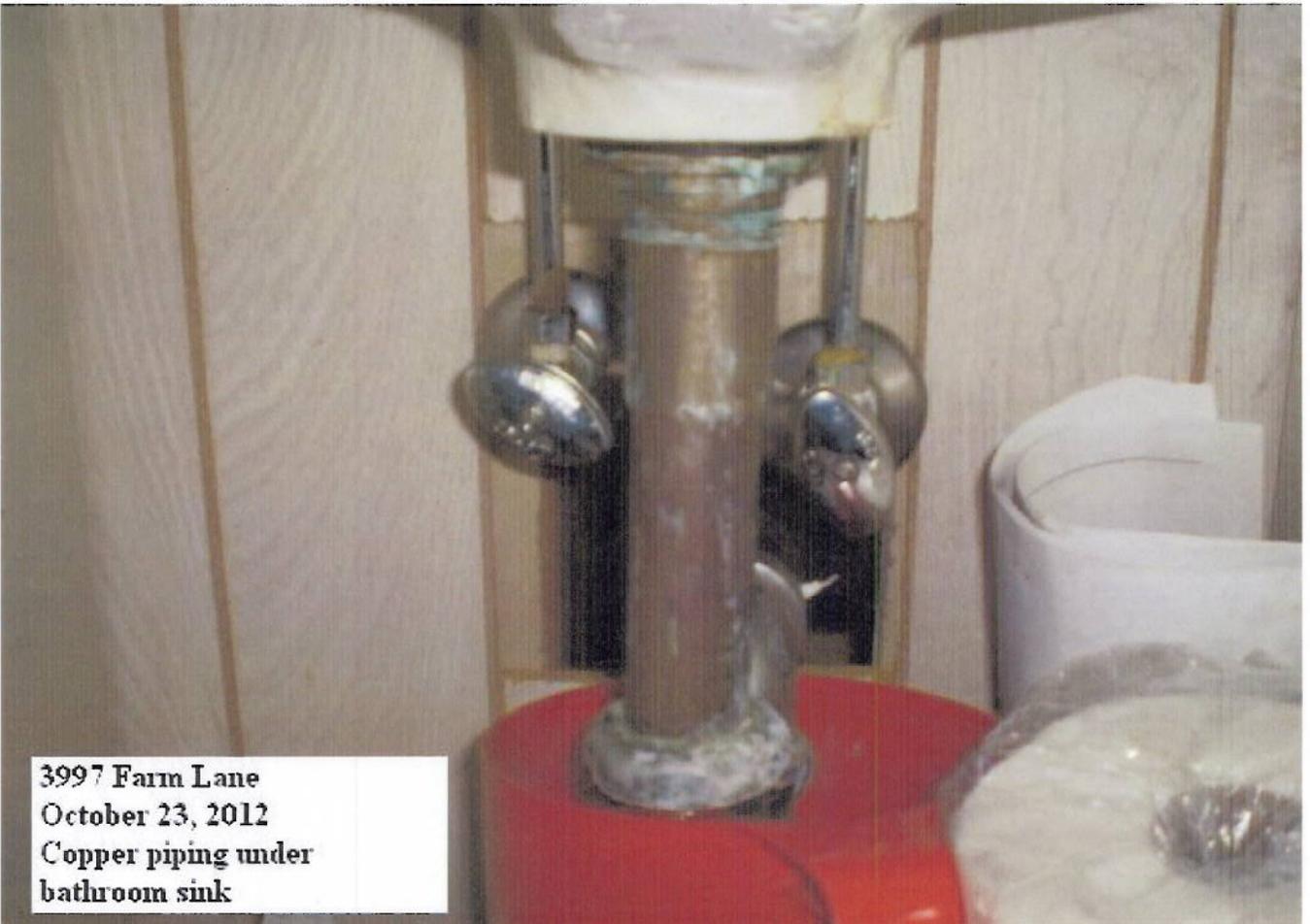
3997 Farm Lane
October 23, 2012
Piping under kitchen sink



3997 Farm Lane
October 23, 2012
Close-up of piping under
kitchen sink



3997 Farm Lane
October 23, 2012
Copper piping under
bathroom sink





3997 Farm Lane
October 23, 2012
Carbon Filters and influent tap



3997 Farm Lane
October 23, 2012
Pressure tank and pH
neutralizer



3997 Farm Lane
October 23, 2012
Copper Piping from pH
neutralizer

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

Sampling Appointment Setup

Property Address 3998 Rye Lane
 Property Owner Grossman & Wolff
 Date owner called to set appointment 10/22/12
 Name of person calling to set appointment Jennifer 301 351 1380
 Date and time of sampling appointment 10/25/12 3:00 Thursday

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? 1
 What is the well tag number(s)? FR-73-3496
 Age of the well 07-09-1976
 Casing depth of the well 21
 Total depth of the well 200
 Well driller Easter day
 Well completion report available? (attach copy if yes) completion certificate - attached
 When was your well pump last replaced? new wiring recently - not sure about pump
 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 don't drink
 How old is your house? Jennifer has been there 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?
 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 + neu
 Where are the treatment devices located?

Jennifer is not sure about questions/answers and will complete survey if testing shows issues

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

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. _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD
Name Lindsey Lonthorn Signature *L. L.* Date 10-25-12

Property Owner
Name Jennifer Grossman Signature _____ Date _____

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 Appointment Setup

Property Address 3998 Ryn Lane
 Property Owner Grossman + Wolff
 Date owner called to set appointment 10/22/12
 Name of person calling to set appointment Jennifer
 Date and time of sampling appointment 10/25/12 3:00 Thursday
 Phone number to call in case of changes 301-351-1380

At Sampling Appointment

Date 10/25/12
 Arrival time 3:00
 Departure Time 3:45
 FCHD Staff Lindsey Linticum
 CGS Staff Matt Emery
 Property Owner Jennifer Grossman
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	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		15:35	X	X	X	X	6.42	19.6°C	152.3
Duplicate	3998 Ryn - Duplicate		15:35	X	X	X	X	6.42	19.6°C	152.3

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

First Draw Sample DB
 Any water use in last 6 hours? no
 If yes, describe use (e.g. how long, from which tap/toilet) Bathroom sink next to pressure tank

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 3:14 Additional gallon purged from selected sample collection spigot? _____
 Purge time end 3:30

Dissolved Analysis Samples

Samples filtered?
 First Draw Yes
 Flushed Yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH _____
 ORP _____

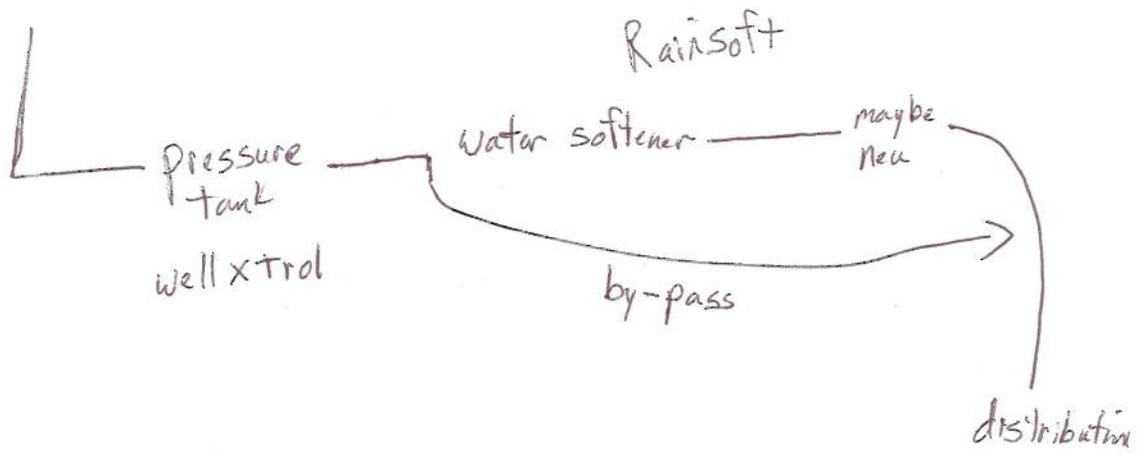
Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Lindsey Linticum Signature [Signature] Date 10-25-12

CGS Name Matt Emery Signature [Signature] Date 10/25/12

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 Jennifer Grossman Signature [Signature] Date 10/25/12



Account Identifier: District - 09 Account Number - 262555

Owner Information

Owner Name: GROSSMAN JENNIFER & AMY WOLFF
Mailing Address: 3998 RYE LN
 MONROVIA MD 21770-8922
Use: RESIDENTIAL
Principal Residence: YES
Deed Reference: 1)/06053/ 00299
 2)

Location & Structure Information

Premises Address: 3998 RYE LN
 MONROVIA 21770-0000
Legal Description: L 9 B K S 5 PL 2
 .94 AC RYE LA RSEWD RD
 RYE LANE & ROSEWOOD RD

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	Plat Ref:
0098	0001	0201		0000	5	K	9	1	12 155	

Special Tax Areas: **Town Ad Valorem Tax Class:** NONE
 251

Primary Structure Built: 1977
Enclosed Area: 2,112 SF
Property Land Area: 40,946 SF
County Use:

Stories: 2.000000
Basement: YES
Type: STANDARD UNIT FRAME
Exterior:

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of	As Of	As Of	As Of
Land	195,080	01/01/2010	146,400	07/01/2011	07/01/2012
Improvements:	167,890		185,600		
Total:	362,970		332,000	332,000	332,000
Preferential Land:	0			0	0

Transfer Information

Seller: PROVIN, PHILIP E & BARBARA L
Type: ARMS LENGTH IMPROVED
Date: 06/06/2006
Deed1: /06053/ 00299
Price: \$474,900
Deed2:
Seller:
Type:
Date:
Deed1:
Price:
Deed2:
Seller:
Type:
Date:
Deed1:
Price:
Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2011	07/01/2012
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

Tax Exempt:
Exempt Class: **Special Tax Recapture:** NONE

Homestead Application Information

Homestead Application Status: Approved 06/05/2012

3998 Rye Lane

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

Owner of property Drum Concr Co. Driller L. J. Easterday Date 7-9-76
Address 9 N. Summitt Ave Address RT 3 Mt. Airy
Exact location of property where well was drilled Green Valley
Lot 9 sec K off RT 80
If Subdivision: Name Green Valley Block No. K Lot No. 9
Permit No. FR-73-3496 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 10"
- (2) Ground water encountered at 80 ft.
- (3) At what depth was first vein of water encountered 80 ft. Cased off: Yes No
- (4) Total depth of well 200 ft. Standing water level in well below ground surface when not pumping 50 ft.
- (5) Casing: Diameter of casing 6 1/4 1.0 Length of metal casing 21
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 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: 2 gal. per min. No. of hours pump operated at this rate during test 2 hours 0 minutes.

8) Log of materials encountered during drilling _____

hereby certify that the above information concerning this well is true and correct.

L. J. Easterday
Well Driller
Dept. of Geology, Mines and Water Resources
License No. 42

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

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 no

sink

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?

September

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 Bryan Crampton Date 10/18/12

Property Owner

Name Bryan Minton Signature Bryan Minton Date 10-18-12

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 Appointment Setup

Property Address 4016 Middleton Dr.
 Property Owner William Mitmore
 Date owner called to set appointment 10/12/12
 Name of person calling to set appointment Bryan
 Date and time of sampling appointment 10/18/12 4:00 Thursday
 Phone number to call in case of changes 301 370 2859

At Sampling Appointment

Date 10/18/12
 Arrival time 3:55pm
 Departure Time 5:02 pm
 FCHD Staff Bryan Crampton
 CGS Staff Lara Bennett
 Property Owner Bryan Mitmore
 Other (affiliation) _____

Sample Locations and IDs

Sample Type	Sample ID	Location	Sample Time	Check to indicate sample collection				Enter reading		
				Total Lead / Chromium	Dissolved Lead / Chromium	Hexavalent Chromium	VOCs	pH	Temperature	ORP
First Draw	<u>4016 Middleton - First Draw</u>	<u>Kitchen Sink</u>	<u>16:05</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.51</u>	<u>22.6°C</u>	<u>256</u>
Flushed*	<u>4016 Middleton - Flushed</u>	<u>Basement Wash Sink</u>	<u>16:45</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6.42</u>	<u>19.7°C</u>	<u>201</u>
Duplicate										

First Draw Sample

Any water use in last 6 hours? No
 If yes, describe use (e.g. how long, from which tap/toilet) _____

Flushed Sample - Circle One

Prior to sample collection, purge plumbing system for 15 minutes from a wide-open spigot into functioning drain in the residence. Purge an additional gallon 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 prior to the pressure tank and any water treatment.
2. A spigot after the pressure tank, but prior to any water treatment.
3. A bathtub faucet or other higher velocity spigot (e.g. a wash sink in basement/laundry 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 16:16 Additional galbn purged from selected sample collection spigot? yes
 Purge time end 16:33

Dissolved Analysis Samples

Samples filtered?
 First Draw yes
 Flushed yes

Equipment Calibration

Provide notes on calibration including standards used and results of calibration
 pH Calibrated with 4.0, 7.0, and 10.0, reading correctly
 ORP _____

Signatures

To the best of my knowledge, the above information is accurate.

FCHD Name Bryan Crampton Signature Bryan Crampton Date 10/18/12

CGS Name Lara Bennett Signature Lara Bennett Date 10/18/12

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 Bryan Mitmore Signature Bryan Mitmore Date 10-18-12

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

Sampling Appointment Setup

Property Address 4016 Middleton Dr.
Property Owner William Mitimore
Date owner called to set appointment 10/12/12
Name of person calling to set appointment Brian Mitimore 301 370 2859
Date and time of sampling appointment 10/18/12 4:00

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? 1
What is the well tag number(s)? ?
Age of the well 20 YRS
Casing depth of the well ?
Total depth of the well 550'
Well driller ?
Well completion report available? (attach copy if yes) N/A
When was your well pump last replaced? 5 YRS Ago

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? 20 YRS
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? METAL
Do you know how old the faucet is? 7 YRS

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? ?

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? INLINE Between PRESSURE TANK & WATER HEATER

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

Do you have a spigot or tap to take a water sample near your pressure tank?
If yes, where is it located?

yes no
INLINE

Is there a drain for the flushed water to run to and is that drain operational?

yes no
SINK

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?

SEPT

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 _____ Signature _____ Date _____

Property Owner

Name BRYAN MILSIMORE Signature Bryan Milsimore Date 10-12-12

May we take pictures of your plumbing and faucets?

initial BM yes 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](#)

Account Identifier: District - 09 Account Number - 279938

Owner Information

Owner Name: MILTIMORE WILLIAM B **Use:** RESIDENTIAL
Principal Residence: YES
Mailing Address: 4016 MIDDLETON DRIVE **Deed Reference:** 1) /01819/ 00367
MONROVIA MD 21770 2)

Location & Structure Information

Premises Address **Legal Description**
4016 MIDDLETON DR LT 8 PLAT 2 SEC 1
0-0000 1.385 ACRES
TURNERS CHANCE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	45 67
0098	0001	0256		0000	1		8	1	Plat Ref:	

Special Tax Areas

Town	Ad Valorem	Tax Class
NONE	251	

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1992	1,608 SF	1.3800 AC	

Stories	Basement	Type	Exterior
2.000000	NO	SPLIT LEVEL	FRAME

Value Information

	Base Value	Value		Phase-in Assessments	
		As Of	As Of	As Of	As Of
Land	154,500	01/01/2010	07/01/2012	07/01/2013	
Improvements:	121,100	154,500			
Total:	275,600	121,100	275,600		
Preferential Land:	0				

Transfer Information

Seller: ENGLANDTOWNE PARTNERSHIP INC.	Date: 09/08/1992	Price: \$164,780
Type: NON-ARMS LENGTH OTHER	Deed1: /01819/ 00367	Deed2:
Seller: TURNER'S CHANCE JOINT VENTURE	Date: 01/14/1992	Price: \$770,000
Type: NON-ARMS LENGTH OTHER	Deed1: /01756/ 01378	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 01/26/2012

C1 3432 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER 89-511

ST/CO USE ONLY
 DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED 042490

Depth of Well 22 300 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 FR-88-1006

OWNER Turners Chance JV
 STREET OR RFD 30 W Patrick St
 SUBDIVISION Turners Chance SECTION 1 TOWN Frederick LOT 8

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown shale	0	45	
Green slate	45	47	
Brown shale	47	60	
Green slate	60	63	
Brown shale	63	65	
Green slate	65	68	
Brown shale	68	70	
Green slate	70	80	
White slate	80	85	
Green slate	85	110	
Blue slate	110	115	
Green slate	115	160	
Blue slate	160	175	
Green slate	175	190	
White slate	190	200	
Green slate	200	210	
White slate	210	230	
Green slate	230	500	X

WATER @ 230

DRY HOLES #1 500

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 6 NO. OF POUNDS 504
 GALLONS OF WATER 36
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 47 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST 14 49

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

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

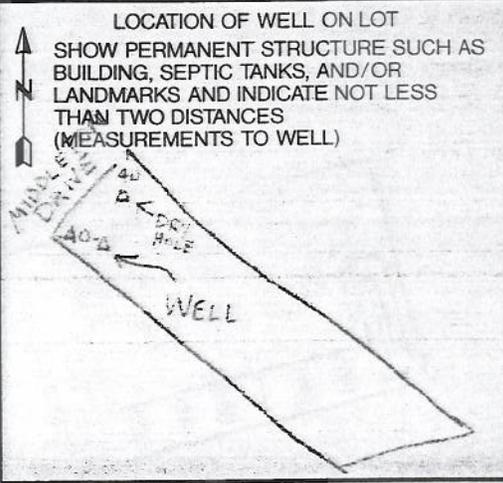
DEPTH (nearest ft.)
 HO 47 500
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN 1/2 (NEAREST INCH)
 from to

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

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

C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 4
 PUMPING RATE (gal. per min. to nearest gal.) 1
 METHOD USED TO MEASURE PUMPING RATE submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 39
 WHEN PUMPING 215
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

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



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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 303
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

COMPLETION DATE 4-24-90

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 1 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 500 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 1 Depths 500
(4) Amount of casing used 49 ft. Size 6 5/8 (diameter/inches) Type steel
(metal/plastic) What type of joints welded (threaded, welded, glued, etc.) Amount of casing above ground 18 inches.
(5) Type of grout cement Amount of grout used 6 (bags, gallons). Bit size through overburden 9 inches Other 6 inches.

PERFORMANCE CHARACTERISTICS

(1) Yield of well .9836 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 Quynn | Cromwell
License Number 303 W.B. Quynn
Drillers signature

DATE 4-24

WELL YIELD TEST DATA SHEET - FREDERICK COUNTY

REVIEWED BY OKRMaryland Well Permit No. FR-88-1006Owner or Applicant TURNERS CHANCE JVLocation of Property (road) RT 80Subdivision TURNERS CHANCE Lot 8 Block _____ Plat _____ Sec. 1Depth of Well 500' Height of Measuring Point Above Ground 2'Static Water Level Below Measuring Point 39'

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

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>5</u> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
7:30am	39'	19 SEC		15
7:45	133.6'	.21		15
8:00	224.5'	.47 @ 1 GAL		1.27
8:15	224.4'	.47 @ 1 GAL		
8:30	224.2'	.47 @ 1 GAL		
8:45	224'	.49 @ 1 GAL		
9:00	223.8'	.51 @ 1 GAL		
9:15	223.4'	.49 @ 1 GAL		
9:30	222.9'	.52 @ 1 GAL		1.15
9:45	222.5'	.52 @ 1 GAL		
10:00	222.3'	.52 @ 1 GAL		
10:15	221.9'	.52 @ 1 GAL		
10:30	221.4'	.56 @ 1 GAL		
10:45	220.3'	1.00 @ 1 GAL		
11:00	219.5'	1.00 @ 1 GAL		
11:15	219.5'	1:01 @ 1 GAL		.9836
11:30	218.6'	1:01 @ 1 GAL		
11:45	218.4'	1:03 @ 1 GAL		
12:00	218'	1:01 @ 1 GAL		
12:15	217.8'	1:01 @ 1 GAL		
12:30	217.6'	1:01 @ 1 GAL		
12:45	217.4'	1:01 @ 1 GAL		
1:00	217.4'	1:01 @ 1 GAL		
1:15	217.4	1:01 @ 1 GAL		
1:30	217.4	1:01 @ 1 GAL		
1:45	217.4	1:01 @ 1 GAL		
2:00	215.7	1:01 @ 1 GAL		.9836

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

W32
Signature of Well Driller

Oakton pH/ORP Calibration Log

Project Name: Former Green Valley Citgo

Project Number : CG-12-0788.03

Model: Oakton 35618-Series pH 300 and 310 Portable Waterproof pH/mV/°C Meter

Calibration Solutions:	ORP -	YSI 3682 Zobell Zolution - Expires 08/2014
	pH -	Field Environmental Instruments, Inc. Buffer Solutions pH 4.00, pH 7.00 & pH 10.00

Date & Time Checked	Recorded By	Calibration 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