

FOR NOTES AND COMMENTS ONLY

TNCWS - See Notice!

11/02/09

MEMORANDUM TO FILE

NAME Kirkwoods / Wilson's Farm Market
ADDRESS 2838 Conowingo Rd.
MAP 26 PARCEL 20
SUBDIVISION _____
LOT # _____

THIS PROPERTY HAS A WELL

AND IS

**A TRANSIENT NON-COMMUNITY WATER
SUPPLY (TNCWS)**

**PLEASE REVIEW THE FILE INFORMATION
FOR TRANSIENT SYSTEMS IN THE WATER
DIVISION PRIOR TO APPROVING ANY
PERMITS FOR THE PROPERTY**

SEE YOU THERE!

GMB-EWQ



HARFORD COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH
www.harfordcountyhealth.com

120 South Hays Street, Suite 200

P.O. Box 797

Bel Air, Maryland 21014-0797

(443) 643-0325 / (410) 879-2684

April 3, 2008

Mr. Gregory Wilson
2838 Forge Hill Road
Bel Air, MD 21015

Re: Water Sampling Monitoring
Requirements
Wilson's Farm Market
PWSID# 112-1157:
Tax Map 26, Parcel 20

Dear Mr. Wilson:

During the water supply sanitary survey conducted on March 13, 2008, at the above referenced facility, there was a discussion about reducing the monitoring frequency for bacteriological analysis. The current frequency requirement is once a quarter which amounts to four (4) times a year. State regulations allow for the reduction in frequency if certain criteria are in place. An evaluation of the water supply system and file records reveal that the criteria have been met and therefore, the monitoring frequency can be reduced.

Consequently, this office will allow the monitoring frequency to be reduced from four (4) times a year to once a year for bacteriological analysis. Nitrate monitoring will continue to be required once a year.

Please keep in mind that your facility is a public water system, and should be maintained in a condition that will supply a safe water source for your consumers. Whenever any work is performed on the plumbing distribution system, including changing fixtures, the system should be disinfected by adequate chlorination.

It is recommended that you perform the annual testing prior to the peak season of your operation. You should contact the laboratory you are using for the testing to inform them of the reduction in monitoring frequency.

Should you have any questions, please give me a call.

Sincerely,

Rich Gordon, Registered Sanitarian
Environmental Water Quality

RG/dmd

cc: Mike McMahan, MDE, Water Supply Program
Gary Browning, R.S., Environmental Water Quality

Wilson, Sharon

26
20
45

Commercial

Fee
 New, 15.00
 Correct 5.00
Receipt Number

HARFORD COUNTY HEALTH DEPARTMENT
119 Hays Street • Bel Air, Maryland 21014
838-6000, Ext. 217 • 879-2000

Type of Request
 New System
 Correction/
Addition/
Replacement

2500
fruit stand
3057030

ON-SITE SEWAGE DISPOSAL

APPLICATION:

Owner Roberts Buck T 118 Archer St 838 3424
Last Name First Name Address Phone No.

Builder or General Contractor Jame
Address

Septic System Installer undecided S+S Landscaping
Phone No.

The septic system must be installed by a licensed plumber or bonded drainlayer. If the owner intends to install the septic system he must contact the Health Dept. prior to the installation.

Plumber Bonded Drainlayer Owner

Exact Location of Building Site 2210 allibone Rd (at Cowen Road)
Bel Air Md

Size of Lot _____ ft. X _____ ft. acreage 20 Existing Septic System Yes No

Building Use: 1. Residential No. of Bedrooms _____
 A. Individual B. Multifamily C. Mobile Home
2. Commercial (Give exact use) Farm outlet Fruit Stand 1 bathroom
3. Other (Give exact use) for employees
X Sharon Wilson

PERMIT - Office Use Only

Building Permit Number 8813030030

1. Type of System: Septic Tank and Deep Trenches Septic Tank and Tile Field
 Septic Tank and Seepage Pit Other _____

2. Tank: A. Capacity 750 Gallons B. Tank Material Concrete Metal Other

3. Disposal Requirements: Length 95' Seepage Pits: 1. Number _____
Width 2' 2. Diameter _____
Depth 7' 3. Depth _____
(Below Inlet)

Distances: Maintain a minimum of ¹⁰⁰75 feet between Disposal Area and any drilled well. Maintain a minimum of 100 feet between Disposal Area and any shallow well, spring or stream.

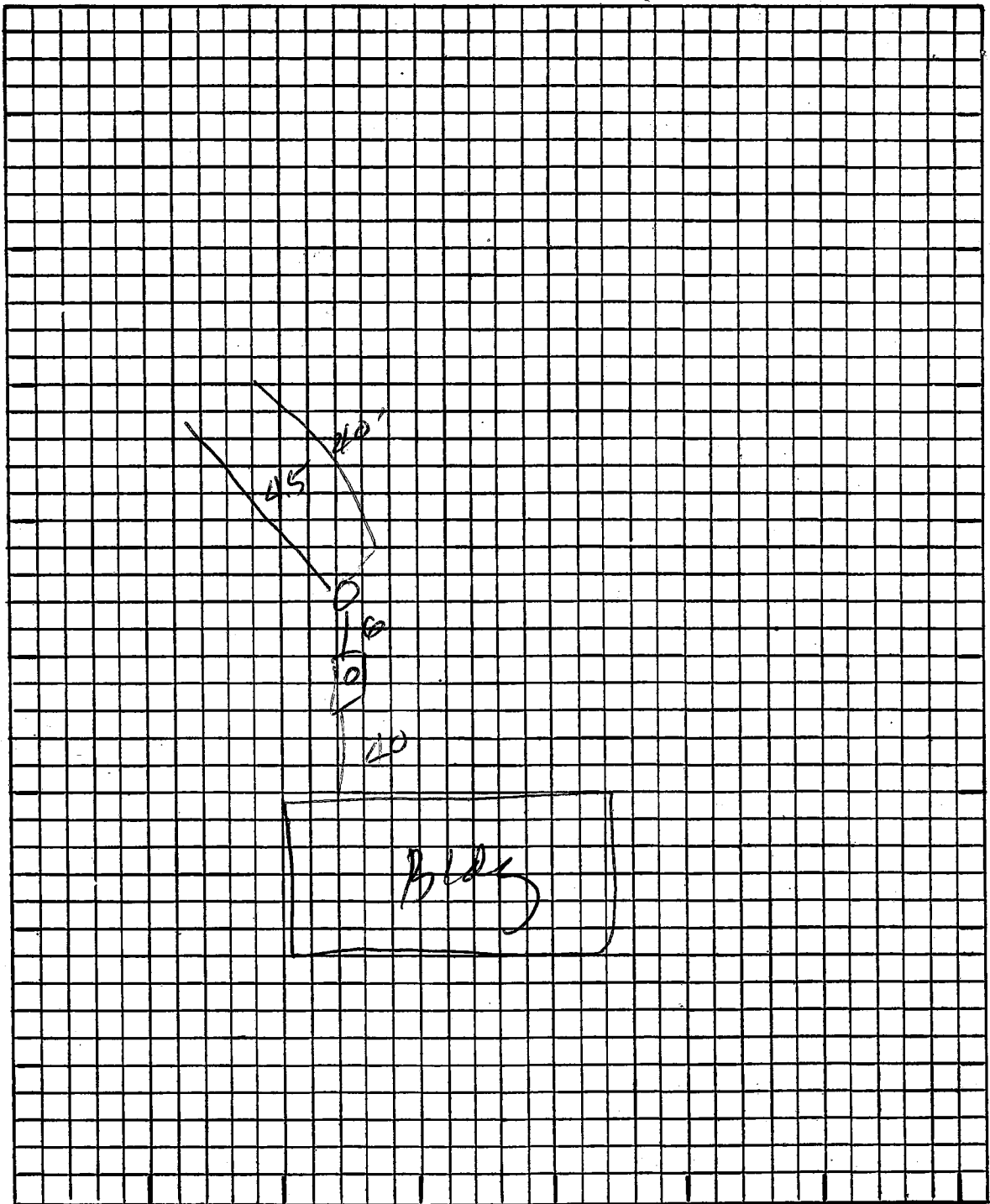
Percolation Test: Date 6/13/88 Results lmmaw Soil Type Wet Anytime
Time/E.S.S.A./Max Depth

Special Requirements or Conditions:

Install trenches to the left rear of house site, in area of acceptable perc.

Permit Number 88 13030030
Date Issued 6/14/88 SK
Date Completed 6/15/88
Inspected By [Signature]

Applicant must return both copies to the Harford County Health Department for issuance of permit. Expires one (1) year from date of issuance. All work must be inspected prior to covering. Call 24 hours prior to completion. Scale drawing on other side (For use by inspector only).



Scale: each block - 5' on a side

ROAD

RECEIVED

MAY 09 1988

HARFORD COUNTY
HEALTH DEPT.

INTERIM PERMIT

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this individual system and connect to the public system when the public system becomes available.

In accordance with Title VI of The Civil Rights Act of 1964 and Regulation 504 of the Rehabilitation Act of 1973, The Harford County Health Department prohibits discrimination against anyone because of race, color, national origin or because of physical or mental handicap. This prohibition includes the provision of Departmental Services and Benefits, the operation of its facilities and Departmental Employment Practices. This policy applies to all programs conducted by The Harford County Health Department, including all state and/or federal grant programs. Any complaints may be directed to The Compliance Division, Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD. 21201, or The Office of Civil Rights, Washington, D.C. 20201.



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191
Telephone 879-8322/838-1500 Ext. 244, 245

Bel Air, Maryland 21014-0191

1773

Thomas M. Thomas
Beverly Stump, M.D., MPH
Deputy Health Officer

PERCOLATION TEST APPLICATION FORM

Fee: _____ Test Application No.: SPT-80-88 Date: _____

This is an application for a percolation test, and is not a permit of any type. Percolation tests must be conducted for installation of underground disposal of drainage, sewage, and waste in accordance with the Harford County Code, Section 453, and Maryland Regulations 10.17.02. Fill in all appropriate items. Return the application with the necessary fee and plat.

Type of Building: New () Old () agricultural
Use of Building: Residential () Commercial () Industrial ()
If Residential: Single Family () Multi-Family ()

HARFORD COUNTY
REVENUE COLLECTIONS
JUN 7 '88
PAID

Size of Lot 20.0 ac
Owners Name Buck T Roberts
Address 118 Archer St Bel Air md
Phone Number 838-3424

Location of Property (give directions) 8 mi N Bel Air Rt 1 - just before Deer Creek on Left, Stone Building

Subdivision (if applicable) _____ Lot _____ Section _____

A fee of twenty (20) dollars is required for testing each lot or parcel. Make checks payable to Harford County, Maryland.

A plat of the property to be tested must be submitted with this application.

The following information may be obtained from the owner's tax bill or assessment notice. It must be provided before the tests can be conducted.

Tax Map # 26 Liber # 1350
Block # _____ Folio # 6
Parcel # 20

Sharm Wilson Signature of owner or agent 2838 Forge Hill Rd Bel Air Address

OFFICE USE ONLY

Soil Map _____ Type MSC2
Sanitarian _____

Scheduled
June 13th 2:00 PM



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191

Bel Air, Maryland 21014-0191

Telephone 879-8322/838-1500

Thomas M. Thomas
Health Officer

Beverly Stump, M.D., MPH
Deputy Health Officer

RESULTS OF SOIL TESTING

FROM: **Division of Community Health Protection**

File: MISC.NAME: _____ Subdivision: _____ # _____

APPLICANT: Sharon Wilson Address 2858 Forge Hill Rd Phone _____
Bel Air

OWNER: Buck Roberts Address 118 Archer St Phone _____
Bel Air Md 21014

LOCATION: West side of Rt 1 south of Deer Creek

TAX MAP: 26 GRID: _____ PARCEL: 20 LIBER: _____ FOLIO _____ SECTION _____

SIZE: _____ ACRES: 20 SOILS: MscA

HOLE	DEPTH	SOIL DESCRIPTION	START		END	DROP	TIME
A	7	0-3 loamy clay 3-7 loam	235	238	242	2"	4min
B		0-3 clay 3-11 loam + rocks					
C	5	0-3 clay 3-5 loam	250	256	304	2"	8min

REMARKS: Perc results satisfactory

* Existing well serving the house will also be used for the fruit stand bathroom. It is 500' from the fruit stand. It is drilled, however, Mrs Wilson does not know the age of the well - ok to approve S.C.P. per NW 6/11/88

TEST LOC: _____ ESMA: 851 TRENCH DEPTH: 7 WELL LOC: _____

BACKHOE: Joe Murray PERSONS PRESENT: _____

SANITARIAN: Larry Outten TIME: 2:30-3:30 DATE: June 13, 1988

LAND OF
M.D. HADLER
G.R.G. 728-61

REG. PARCEL 1
STONE

FLINT
STONE
ALLIBONE

726' 2

1241'
ROAD

2 STORY FRAME
42.4 X 18.6 DWLG.

Some
well

PARCEL 1

20.185 AC ±
TITLE DEEDS
S.W.C. 227-334 & G.R.G. 626-489

AL 2-1-15
1 1/2 STOREY
40' X 34' BUILDING

20' Cont. Building

LAND OF
R. L. HANEY
W.D.C. 933-809

PARCEL 2

7.762 AC ±
TITLE DEEDS
227-334 & 171-365

ALL 49-122

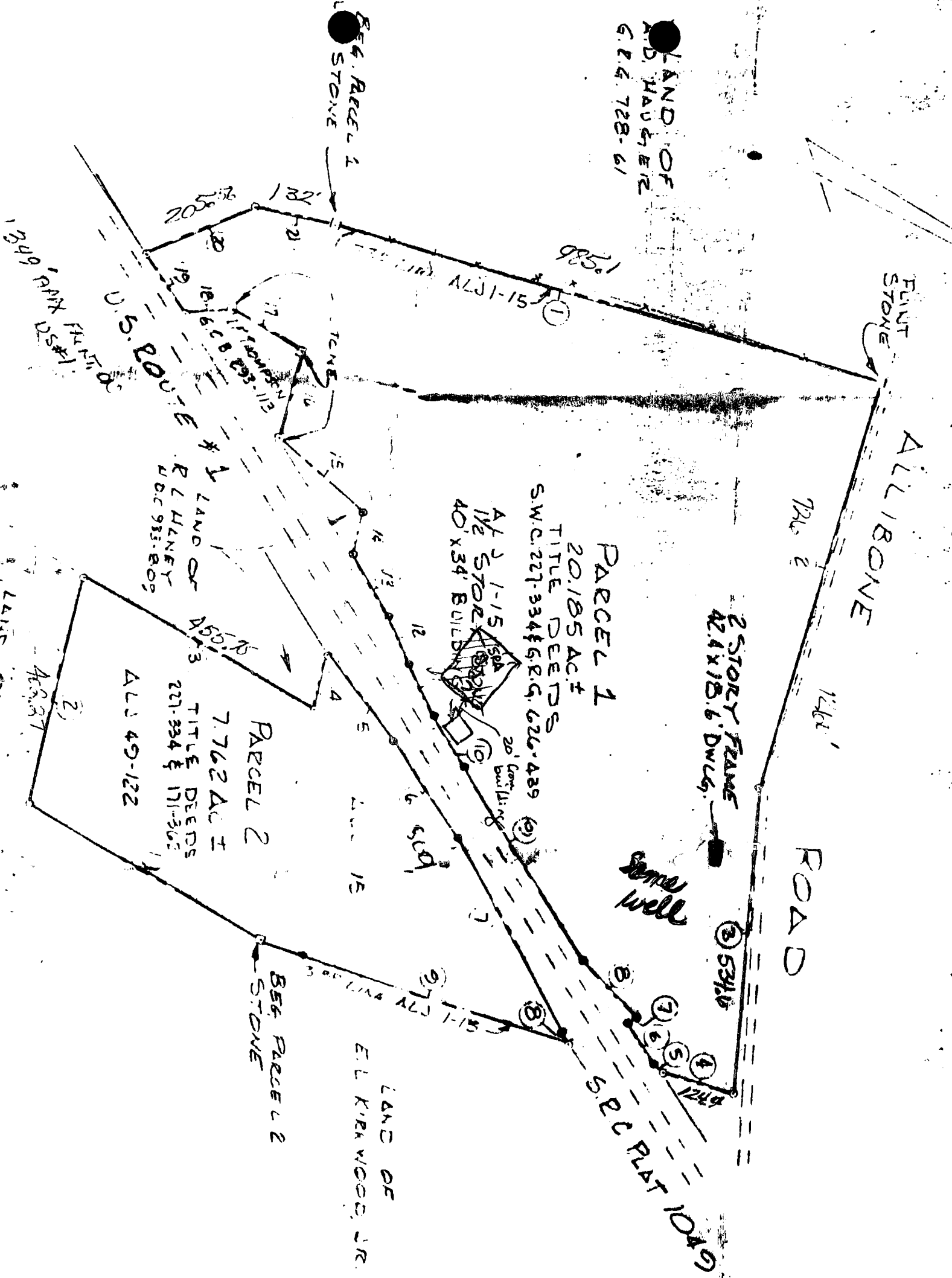
REG. PARCEL 2
STONE

LAND OF
E. L. KIRKWOOD, JR.

S.B.C. PLAT 1049

1800' BANK
FILLING

400' 37



B 1 8

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

AA-81-3291

Date Received

10-27-86

OWNER INFORMATION

ROBERTS BUCK

2210 ALLEBONE RD

DELAIR MD

B 3

LOCATION OF WELL

HARFORD

8 COUNTY

SECTION 44 46 LOT 48 50

HARFORD

3 MI

DRILLER INFORMATION

CHARLES H. HAMILTON

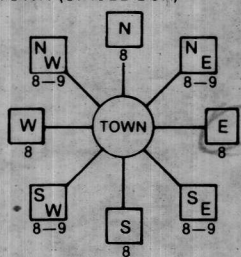
JONES & HAMILTON

115 W. PARADISE RD. MDG-

Charles H. Hamilton 10/13/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ALLEBONE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

32

34 37

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 100

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Harford COUNTY NO.
OEP SIGNATURE DATE ISSUED 102780
CO SIGNATURE EXP. DATE
NORTH GRID 498000 EAST GRID 0997000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

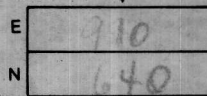
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

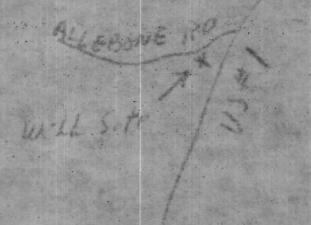


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

Spring see note on site 2/3/87 N



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE PERMIT No. AA-81-3291

SPECIAL CONDITIONS

C1 5305

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 5 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER

DATE Received 1/10/86

DATE WELL COMPLETED 1/10/86

Depth of Well 149 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HA-81-3291

OWNER: ROBERT S BUCK last name first name TOWN: BAL AIR MD

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: BROWN CLAY (0-23), GREEN + BLACK FRACTURED ROCK (23-52), HARD GREEN + BLACK ROCK (52-149).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410

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) 2 Total depth of main casing (nearest foot) 57

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

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

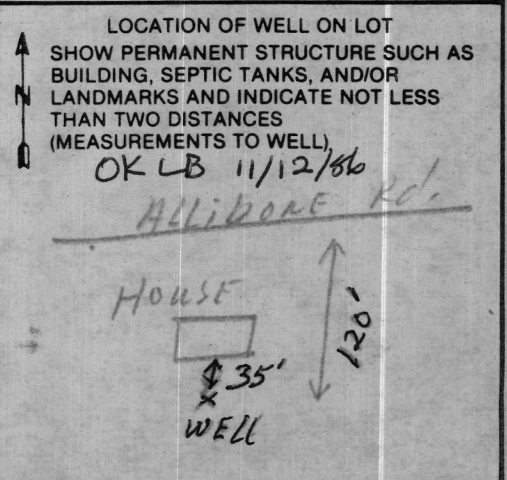
DEPTH (nearest ft.) 149. EACH SCREEN 1 40 57 149. SLOT SIZE 1 2 3. DIAMETER OF SCREEN 56 60

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST OK LB 11/12/86 HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket + water WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 149 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 (CIRCLE) (YES or 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 () below LAND SURFACE (nearest foot)



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

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

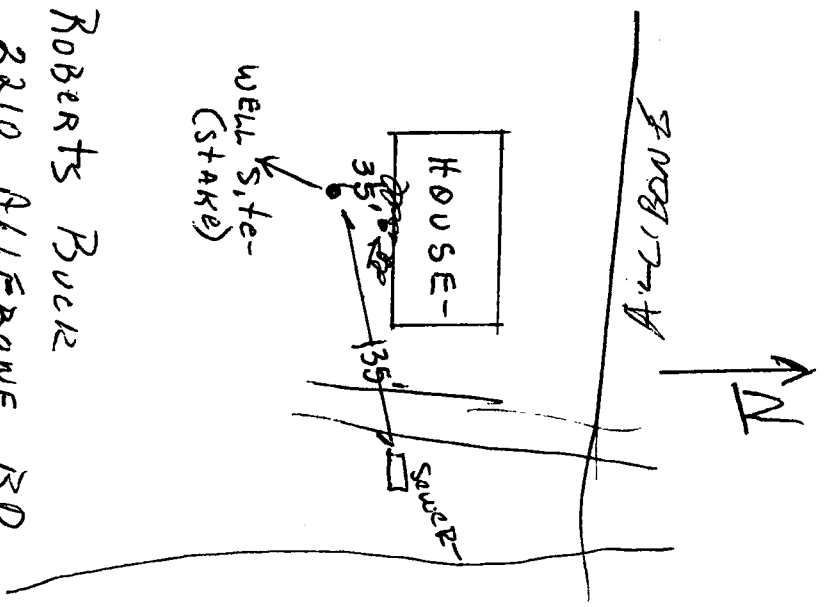
DRILLERS IDENT. NO. 112

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

ROBERTS BUICK
2210 ALLENBONE RD
DEL AIR, W.D.

836-8363
838-3424





HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191

Bel Air, Maryland 21014-0191

Telephone 879-8322/838-1500 Ext. 243

Thomas M. Thomas
Health Officer
Beverly Stump, M.D., MPH
Deputy Health Officer

Date February 3, 1987

Buck Roberts
2210 Allebone Rd
Bel Air, MD 21014

Dear Mr Roberts :

This Department issued Well Permit HA-81-3291 with the stipulation that the old well on the property be abandoned. This Department has not yet received an Abandonment Report for the old well.

Failure on the part of the homeowner to have the well abandoned and sealed can set in motion a possible health hazard and/or contamination of the groundwater. Therefore, directives from the State Department of Health and Mental Hygiene require that the well be abandoned within 30 days of installation of the replacement well. The Abandonment Report must be filed with this Department within 30 days of the abandonment.

Please notify this Department as to the status of the well to be abandoned.

For your convenience a copy of the abandonment regulations and an Abandonment Report are enclosed.

If you have any questions, please contact me at 838-1500 ext. 243.

Thank you in advance for your cooperation.

Sincerely,

Lisa Baker

LISA BAKER
Sanitarian
Community Health Protection

LB/mi

RECEIVED

FEB 6 1987

HARFORD COUNTY
HEALTH DEPT

There was no orig well.

Buck Roberts

See notes on back.

2/17/87

When I did the on site I thought there was a well behind the house. Because there was a hand pump set up behind the house. Mr Roberts informed me that this pump was for show only. The water being used at the house was from a spring that feeds the pond

LB

RECEIVED

FEB 06 1987

HARFORD COUNTY
HEALTH DEPT.

PLEASE PRINT CLEARLY

Permit Number: 881300030

Application Date: 5/9/88

Job Address: 2310. Clifton Rd. Bel Air Md (Commercial)

Subdivision: Census Tract Number: 3031

Map 26 Grid 4E Parcel 20 Lot No. Section No. Plat No.

Building Use: Fruit Stand Agri (A) Type Work: Agri Tax ID: 13 03 059030

Description of Work: enclosed deck for Fruit Stand display area Field Card: 00667

Name: Sharon Wilson Phone: 836-7371

Address: 2838 Forge Hill Rd

City: Bel Air State: Md Zip: 21014

Owner Authorization Letter [checked]

Name: Buck T Roberts Phone: 836-8363

Address: 2837 Conowingo Rd 118 Archer St Bel Air Md

City: Bel Air Md State: Md Zip: 21014

Name: owner Phone: 836-8363

Address:

City: State: Zip:

Maryland Home Improvement License # Verified [checked]

Acreage/Lot Size: 20.20, 85 AC Height: 25 ft No. of Stories: 1.5

Electricity [checked] Plumbing [checked] Type Heat: Fireplace PUBLIC Sewer Water [] PRIVATE Septic Well [checked]

Plans Submit: [checked] Model: Const. Cost: \$20,000 Number Bedrooms: No. Fireplaces:

Number of Full Bathrooms	Number of Half Bathrooms	Width	X	Length	X	Floors	=	Square Feet	X	Rate	=	Fee
		16ft	X	45	X	1	=	928	X	.05	=	
		12	X	24	X	1	=		X		=	
			X		X		=		X		=	

Zoning District: AG Board of Appeals Reference:

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION.

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Signature: Sharon Wilson

Date: 5-6-88

CAUTION: A PERMIT WILL EXPIRE (1) YEAR FROM DATE OF ISSUE, UNLESS WORK IS STARTED AND DILIGENTLY PURSUED.

Health Copy 5-9-88

COMMUNICATION INFORMATION FOR PROPERTY INFORMATION FOR CONSTRUCTION

Mrs Wilson intends to install a bathroom in the old house portion of the bldg. A plumbing permit will be applied for after the perc of 6/13/88, scheduled with Larry Outten.

APPROVED
PROJECT NO. 6/6/88
Sck
HARFORD CO. HEALTH DEPT.

RECEIVED

MAY 09 1988

HARFORD COUNTY HEALTH DEPT.

Currently, fruit + vegetables are sold from this old bldg. There are no other uses here. J. Flusher said she has no problem with the addition of future bathroom. A food permit would not be necessary.

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

022793

Lab. No _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

11/6/7
RBC

CUMBERLAND

SAMPLE TYPE:	Source <u>Majorville Sherman</u>
Community <input type="checkbox"/>	Location: <u>2210 Alibon Rd Bel Air</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>11:00</u> <input type="checkbox"/> am. <input checked="" type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector # <u>880037A</u> Bottle No. <u>55-63</u>
Special <input type="checkbox"/>	Collector Name <u>D. K. Kato</u> County <u>Harford</u>

26/20

County <u>18</u>	Plant No. <u> </u>	Sampling Station <u> </u>	Date Collected <u>6 9 88</u>
pH <u> </u>	Res. Cl: Free <u> </u>	Total <u> </u>	Card No. <u> </u>

81-3291
03059030

LABORATORY RECORD

Threaten: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample		10ml.	ml. of Sample		10ml.	No. of Pos.
Gas, 24 hours	---	---	Coliforms †	---	---	0
Gas, 48 hours	---	---	Fecal Coliforms ‡	---	---	

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard Plate Count $\$/ml.$

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

Date & Hour:

Laboratory

- | | |
|------------------------------------|-------------------------------------|
| Annapolis <input type="checkbox"/> | Cumberland <input type="checkbox"/> |
| Cambridge <input type="checkbox"/> | Frederick <input type="checkbox"/> |
| Central <input type="checkbox"/> | Salisbury <input type="checkbox"/> |
| Cheverly <input type="checkbox"/> | |

Recd.
Exam
Rept.

Remarks #16 6/20/88

Bacteriologist

11/7/7
RBC

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

26/20
C0157521628
03059030

G. M. ...

WATER ANALYSIS

Bottle Number: HA 858 Name: Maryoro Sherman County: Harford
Source of Sample: 2210 Allison Rd B.F 21014 Collector: D. Kral
Street: _____ Town or City: _____
Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine
Remarks: W.P. 81-3291

County: 12 Plant No. _____ Sampling Station: _____ Date Collected: 06 09 88 Time: 11:00 AM Acid Iced
Field Data: pH* _____ Chlorine Residual: _____ Free _____ Total _____ Specific Conductance: _____

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	00403	6.8	Arsenic	01002	
Alkalinity (Total)	00410	12	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
Hardness	00900		Lead	01051	
Ammonia-N	00608		Mercury	71900	
Nitrate-Nitrate N	00630	40	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
Chloride	00940		Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
Turbidity*	00076		Iron	01045	
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01002	

RECEIVED

#16 6/20/88 JUN 20 1988

HARFORD COUNTY HEALTH DEPT.

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

Date Received JUN 10 1988 Date Reported JUN 14 1988 Chemist DAVID A. SEVDALIAN



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

638-8434

October 11, 2000

Thomas M. Thomas
Health Officer
Beverly Stump, M.D., MPH
Deputy Health Officer

Mr. Buck Roberts
2837 Conowingo Road
Bel Air, MD 21015

Re: **Transient Water Supply**
Kirkwood's/Wilson's Farm Market
(2826 Conowingo Road - p 226)
Tax Map # 26, Parcel # 226 20 - 2210 Allegheny Rd.
PWSID # 1121157

Dear Mr. Roberts:

I am writing to inform you of the status of the well water supply servicing your Wilson's Farm Market located at 2826 Conowingo Road. The microbiological samples secured by Water Testing Lab of Maryland in July and August from the water supply have indicated that the total coliform bacteria concentration exceeded the maximum contaminant level (MCL) as set forth in State and Federal regulations. The problem has been chronic and still remains a public health issue. Miss Kim Burns of our Consumer Protection Division is working with you to alleviate that threat.

Routinely, four repeat samples are required as soon as possible after being notified of the original positive result. However, since you apparently have initiated the inspection and disinfection procedures, I will allow you to proceed and collect two more, good, successive follow up samples within a month after the chlorination is complete. Please follow the (Chlorination and Disinfection) procedures for the chlorination and sampling protocol.

As the owner of a transient water supply in violation, you must also take corrective action to prevent a reoccurrence. In addition, pursuant to State and Federal regulations, you are required to notify all consumers of this violation by posting a notice containing specific health effects language in a location where all consumers have the opportunity to read it. The notice is required to be posted within 14 days of the violation and must continue to be posted as long as the violation exists but for not less than 14 days. A sample notice is enclosed. Please submit to me a copy of the notice as soon as it is posted.

I understand that your are working with Mr. Paul Jung of this office in attempting to upgrade the water supply. Apparently, the well servicing the market is located far behind the market near a house that it also services. Mr. Jung noted a number of deficiencies with the well that need to be addressed as follows:



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October 11, 2000

Re: **Wilson's Farm Market**
2826 Conowingo Road
Tax Map # 26, Parcel # 226
PWSID # 1121157

- *Replace the old cap with a two-piece, screen-vented cap.*
- *Replace the broken conduit pipe and caulk the opening inside the cap once the wiring is installed.*
- *Tie off the safety rope inside the casing, not outside the casing as it currently exists.*
- *Chlorinate and resample the well as described.*

Under State regulations, suppliers of water that exceeds the MCL for coliform are required to take five samples the next month (in your case, November, 2000). You may apply for a waiver of this requirement if you can document in writing to our office before October 31, 2000, the cause of the bacteriological contamination, and that the problem is corrected. If you qualify for a waiver, only one sample will need to be taken in November.

If you have any questions concerning this matter, please call me at (410) 638-8434.

Sincerely,



Woody Williams
Environmental Water Quality
Harford County Health Department

WW/br

Enclosure

cc: *Susan Kelly*
Lyn Poorman
Kim Burns
Pat Sacco
Debbie Riale
Water Testing Lab



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

410-638-8434

October 2, 2000

Thomas M. Thomas
Health Officer
Beverly Stump, M.D., MPH
Deputy Health Officer

Mr. Buck T. Roberts
2837 Conowingo Road
Bel Air, MD 21015

Re: Transient Water System
Wilson's Farm Market
Tax Map 26, Grid 4F, Parcel ~~226~~ ²⁰
PWSID #1121157

Dear Mr. Roberts:

I am writing to apprise you of the position of this department regarding the operation of your non-community transient water supply servicing the facility known as Wilson's Farm Market, formerly known as Kirkwood's Farm Market at 2826 Conowingo Road. It has come to the attention of the Harford County Health Department that you have failed to respond to our recent inquiry concerning your transient water supply. The last samples on record indicate non-potable water and a public health threat. The Harford County Health Department and the Maryland Department of the Environment (MDE) now consider you non-compliant and in violation of State Regulations, which may impact your food license. I am working with Ms. Kim Burns of this office on that issue. I am writing this letter to you because you apparently own the property and well servicing the market.

It is extremely important that you make every effort to contact me as soon as possible so that we can discuss bringing you and your facility into the program to try and meet EPA and MDE deadlines. Would you please call me upon receipt of this letter so that we can discuss this issue?

Thanking you in advance for your cooperation, I am.

Sincerely,

Handwritten signature of Woody Williams in cursive.

WOODY WILLIAMS, R.S.
SECTION CHIEF
ENVIRONMENTAL WATER QUALITY

WW/br

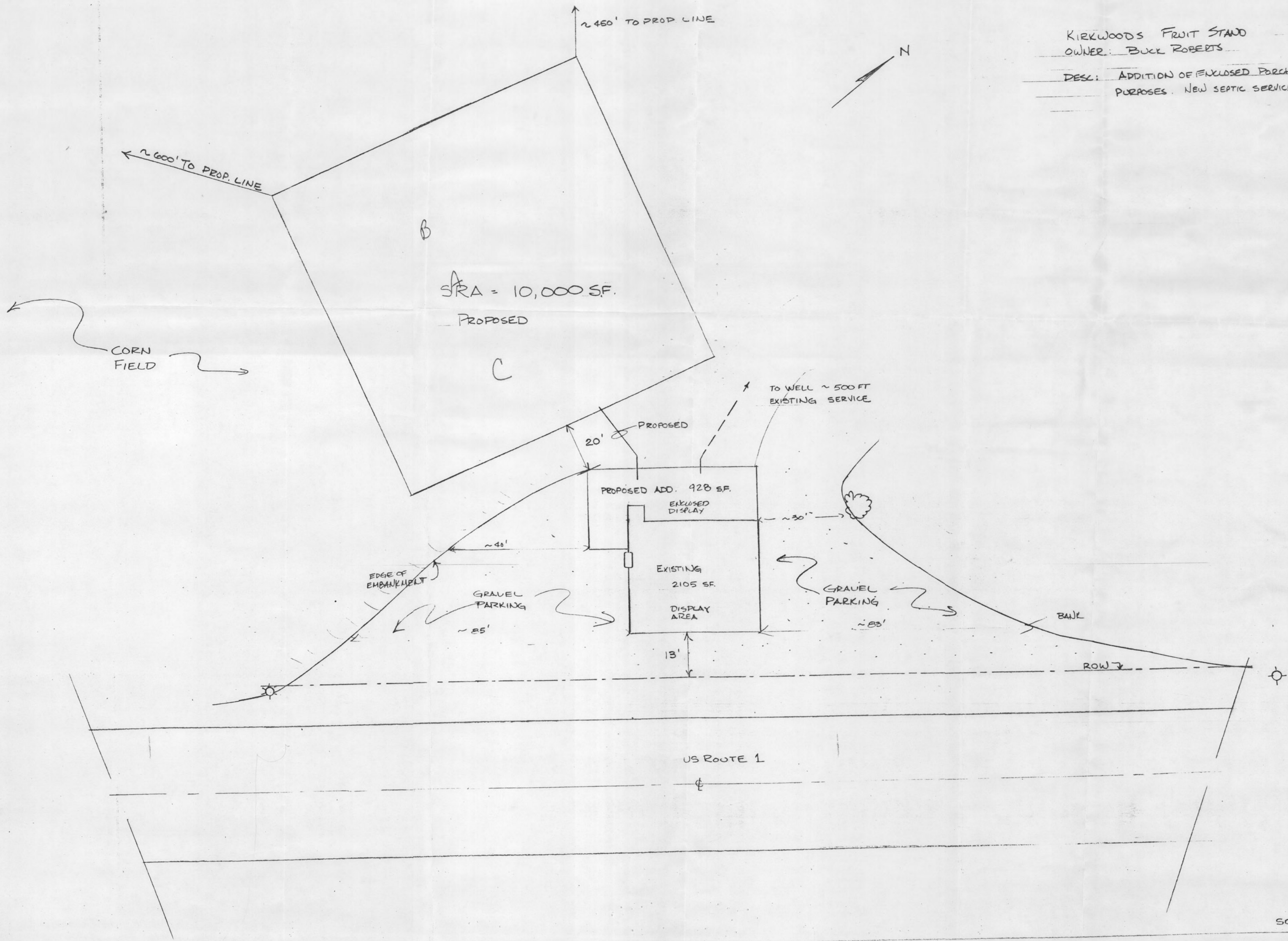
cc: Susan C. Kelly
Kim Burns
Pat Sacco
Gregory Wilson



PROPERTY DESCRIPTION: PARCEL 1 SWC 227-334 & GRG 626-439
ZONING: AGRICULTURAL; RETAIL USE AREA: 20.185 AC

1 1/2 STORY, 30' x 40' STONE STRUCTURE, BUILT ~ 1930'S
ADDITIONAL DISPLAY AREA - ENCLOSED - IS PROPOSED

ADDITION SHALL BE BLOCK FOUNDATION, FRAME STRUCTURE, TRUSS ROOF, SINGLE STORY



KIRKWOODS FRUIT STAND
OWNER: BUCK ROBERTS

DESC: ADDITION OF ENCLOSED PORCH FOR DISPLAY
PURPOSES. NEW SEPTIC SERVICE PROPOSED.