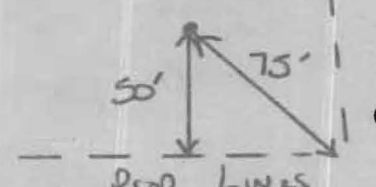
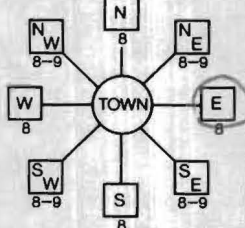
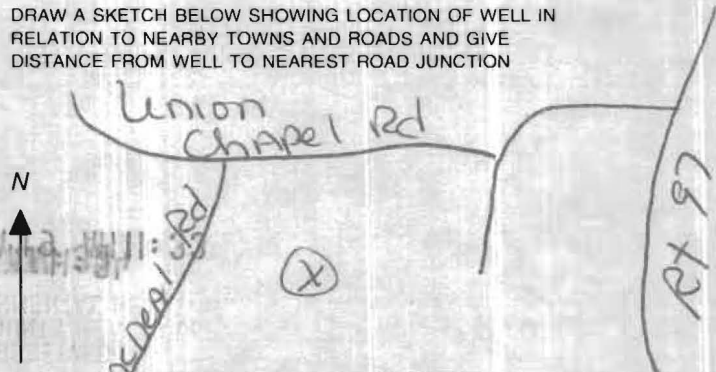


C 1 8603		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>A 516057</u>	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 03 01 2007		Depth of Well 22 200 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-950657</u> 28 29 30 31 32 33 34 35 36 37	
OWNER <u>Bentley</u>		STREET OR RFD <u>Sweetbay St.</u>		TOWN <u>Woodbine</u>		LOT <u>3</u>	
SUBDIVISION <u>Belle Haven Est.</u>		SECTION		LOT			
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>450</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>8</u> ft. to <u>57</u> ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15.00</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>37</u> ft. WHEN PUMPING <u>138</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>57</u> 60 61 63 64 66 70		PUMP INSTALLED DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above <input type="checkbox"/> below <u>1</u> (nearest foot) LAND SURFACE			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Overburden 0 50 Gray Rock 50 200 water at 74'		OTHER CASING (if used) EACH CASING diameter (inch) depth (feet) from to		SCREEN RECORD screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 1 2 DEPTH (nearest ft.) <u>57</u> <u>200</u> 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 36 39 41 45 47 51 E S L O T S I Z E 1 2 3 N D I A M E T E R OF SCREEN (NEAREST INCH) 56 60 from to		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) <u>Well was drilled in the center of the Area</u> 			
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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 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			
DRILLERS LIC. NO. <u>M 5 D 162</u>		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Daniel Hal</u>		LIC. NO. <u>AW D 766</u>			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1 1 2 3 4 5 6 9153	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER Ho - 95 - 0657 fill in this form completely
Date Received (APA) 11/19/07 8 MM DD YY 13 OWNER INFORMATION Grayson Homes 15 Last Name Owner First Name 34 9025 Chevrolet Drive 36 Street or RFD 55 Ellicott Ctry MD 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL Howard 8 COUNTY 21 Belle Haven Est 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Woodbine 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION Michael D. Isom M S D 162 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 210303 Address Signature 12/26/06 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Union Chapel Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 20 PARCEL 66	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 306 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A 516057 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 2/21/07 43 MM DD YY 48 CO SIGNATURE NORTH GRID 530 000 EAST GRID 0785 000 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7805 N 530 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02007 G002 PERMIT No. H0-95-0657 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS Drill wells per P Plan P-06-03 signed 8/21/06 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 3-02-07
Address: Union Chapel Rd
Owner Name: Grayson Homes
Well Depth: 200 Ft

Permit Number: HO - 95-0657
Subdivision: Belle Haven Est L#3
Election District:
Static Water Level: 37 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 gallon bucket	Calculated Flow-Gallons Per Minute
1130	37 ft		17 sec	17.64
1145	92		20	15.00
1200	92		20	15.00
1215	138		20	15.00
1230	138		20	15.00
1245	138		20	15.00
1300	138		20	15.00
1315	138		20	15.00
1330	138		20	15.00
1345	138		20	15.00
1400	138		20	15.00
1415	138		20	15.00
1430	138		20	15.00

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

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

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

Company Name: Bluestream Services Inc Telephone #: 410 795 0068
Address: 2298 Tim Kohler Rd
Elkridge MD 21784

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

Name (Print): GARY SKOVRON License# 5563

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Goodie Builders Telephone #: 410 997 7501
Subdivision: Bell Haven Lot #: 3 Well Tag #: HO - 95-0657 ✓
Site Address: 15328 Sweet Bay Street

Submersible Pump Data

Make: Franklin Electric
Model #: 7J505542W
Pump Capacity 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
Model#: PA80055
Depth: 40 (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 200 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: 1"
PSI: 160 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 2 ft
Sleeve caulked and sealed properly: ✓

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

[Signature]
Signature of company representative responsible for installation

2/2/12
date

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

Date Insp. Requested: 2/3/12

Date Insp. Approved: (KJ)

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

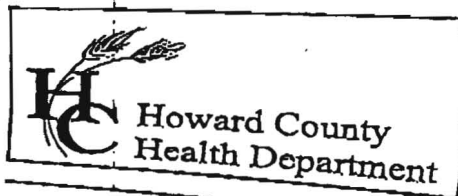
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-2640
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:	Lots	
Subdivision/Property Name	Lot#	Road Name
Belle Haven Estates	1-46	Union Chapel Road

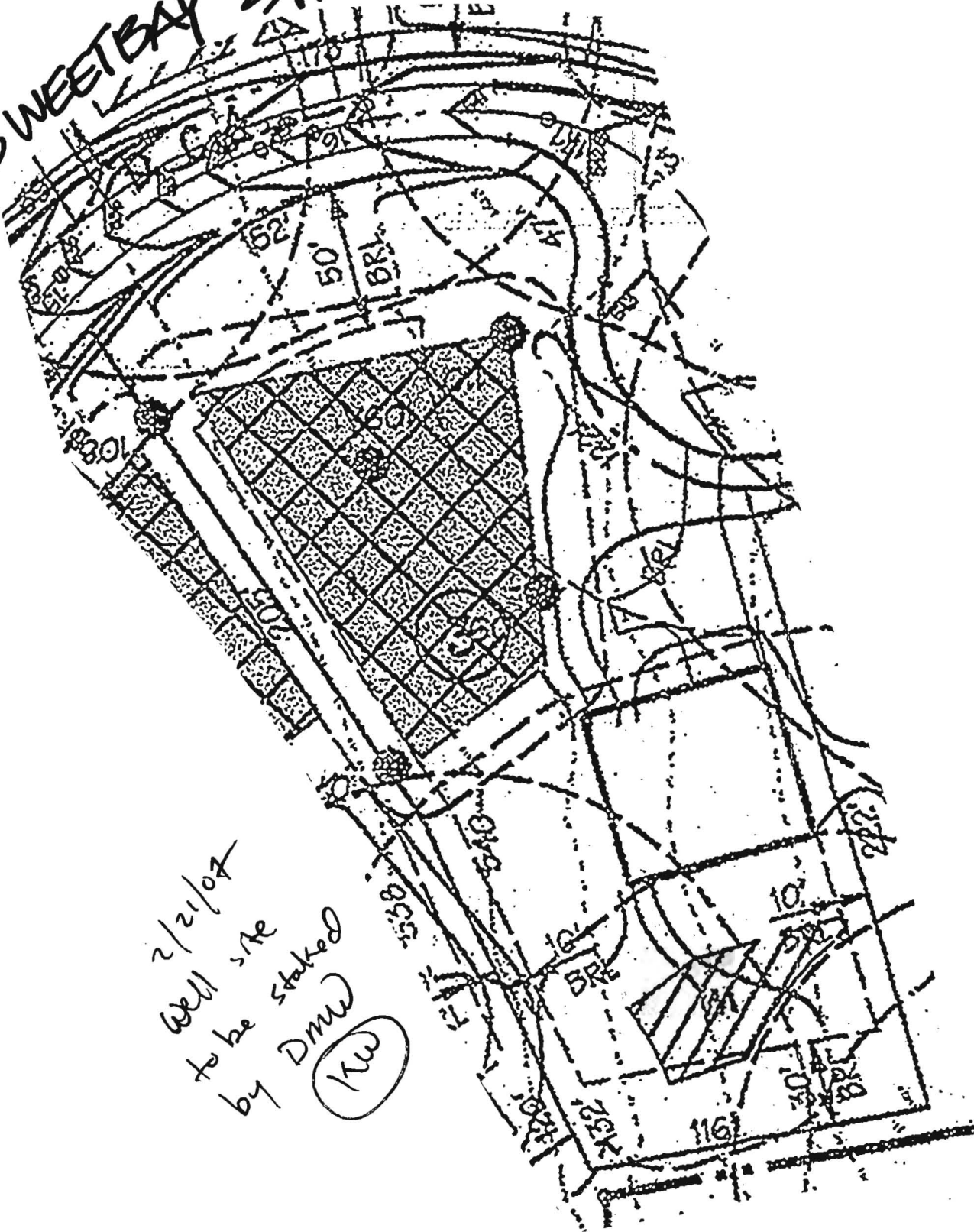
☒ The well site has been staked by DMW, Inc 410-296-3333
(professional land surveyor or company employing professional land surveyors)
on 12/29/06 (date) and does not require a site inspection.

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

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

Revised 3/11/05

SWEETBAY ST.



2/21/07
Well site
to be staked
by DMW
(KW)

BELLE HAVEN ESTATES

LOT 3

DMW

Daft-McCune-Walker, Inc.

200 East Pennsylvania Avenue
Towson, Maryland 21286
(410) 296-3333
Fax 296-4705

A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals

Job No. 01067 Scale: 1"=50' Date: 12/26/06 Drawn By: MDT

N:\01067\01067F\Lot Wells\FINAL\Lot03.dgn

Tue Feb 13 10:23:46 2007



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – October 18th, 2012

April 18th, 2012

Homeowner
15328 Sweetbay Street
Woodbine, MD 21797

RE: Belle Haven Estates, Lot 3
15328 Sweetbay Street
Building Permit: B10002989
Well Permit: HO-95-0657

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/25/2012**. Final approval of the well line connection to the dwelling was granted on **2/3/2012**. The well construction was completed on **3/1/2007**. Water samples were collected on **3/19/2012 & 4/16/2012**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The untreated water sample collected on **3/19/2012** indicated a nitrate level of **10.5 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **4/16/2012** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:


1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0657. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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

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

Approving Authority,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 84614

Report Date: March 20, 2012

Property Sampled: 15328 Sweetbay Street, 21797
Sample Location: Powder Room Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002989
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 14

Subdivision: Belle Haven Estates
Parcel: 66

Lot #: 3

Date/Time Collected in Field: March 19, 2012 @ 10:35 am

Date/Time Received in Lab: March 19, 2012 @ 1:20 pm

Well Tag #: HO-95-0657

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	10.5 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 Units	***
Sand		Absent	Absent	Pass

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

Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Goodier Builders
10705 Charter Drive, Suite 350
Columbia, Maryland 21044

S/O Number: 84937

Report Date: April 17, 2012

Retest #1

Property Sampled: 15328 Sweetbay Street, 21797
Sample Location: R/O Tap & Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002989
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 14

Subdivision: Belle Haven Estates
Parcel: 66

Lot #: 3

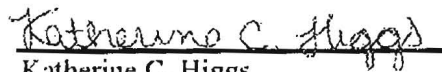
Date/Time Collected in Field: April 16, 2012 @ 10:30 am - R/O (Nitrate)
April 16, 2012 @ 10:40 am - Pressure Tank (Bacteria)
Date/Time Received in Lab: April 16, 2012 @ 1:40 pm

Well Tag #: HO-95-0657
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Carbon Filter, Sediment Filter, Reverse Osmosis (R/O)

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

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


Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, March 21, 2012 10:12 AM
To: 'Irons, Mike'
Subject: 15328 SweetBay Street_Lot 3

Mike,

Analysis for nitrates in a water sample obtained at the subject property on March 19 indicate that the nitrate level (10.3 mg/L) exceeds the Maximum Contaminant Level (MCL) of 10 mg/L. An Interim Certificate of Potability (ICOP) with Temporary Deviation for Nitrates may be issued provided that we receive a 'Request for Temporary Deviation for Nitrates' signed by the homeowner. Be advised that the temporary deviation has a 15-day time limit, and during that period a treatment device must be installed and a water sample must be submitted from a (the) treated tap that has nitrate content less than 10 mg/L. At that time an ICOP with Permanent Deviation for Nitrate may be issued. An alternative is to forego the request for temporary deviation, install the treatment device and obtain passing sample.

ALSO, please be advised, the same water sample had pH 6.4 which is slightly below the recommended range of 6.5 to 8.5.

If you have any questions concerning these contents you may contact me by 'Reply' or by phone (see below).

Robert Bricker

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL SANITARIAN SUPERVISOR
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

410-313-2691; fax, 410-313-2648
rbricker@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

15328 Sweetbay St. (Bell-Haven, lot 3)

FILE INQUIRY NOTES

[illegible]