

C1 7066 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS 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 9518625
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
110-95-1089
28 29 30 31 32 33 34 35 36 37

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
05 16 07

Depth of Well

22 100 26
(TO NEAREST FOOT)OWNER 184 Prof
last name first name
STREET OR RFD
SUBDIVISION Henry Prop SECTION 215/106 TOWN Glenwood LOT 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Top Soil

0 2

Sandy

2 50

Sand Stone

50 55

MICA

55 90

Sand Stone

90 100

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 160

GALLONS OF WATER 56

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)!Total depth
of main casing
(nearest foot)

60 61

63 64

66 67

70

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

E
A
C
H
C
A
S
I
N
G

54

6"

45

60

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST
STEELBR
BRASSHO
OPENPL
BRONZEOT
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

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
WELLI 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. M S D 117

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

15

METHOD USED TO
MEASURE PUMPING RATE11 15
Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 8 ft.

WHEN PUMPING 17 ft.

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 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.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)

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)

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">0576</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526627 please type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-95-1089</div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 MM DD YY 13</div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">Howard</div>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 MM DD YY 13</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8 COUNTY 21</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">15 Last Name Owner First Name 34</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">23 SUBDIVISION 42</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">36 Street or RFD 55</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 44 46 LOT 48 50</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">57 Town 70 State 72 Zip 76</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">52 NEAREST TOWN 71</div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">8 MM DD YY 13</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">MILES FROM TOWN (enter 0 if in town) 2 M 1</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Driller's Name 76 License No. 81</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Firm Name</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Address</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Signature Date</div>	
B 2 WELL INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2</div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">APPROX. PUMPING RATE (GAL. PER MIN.) 8 12</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">DISTANCE FROM ROAD ENTER FT OR MI 38 39</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">TAX MAP: 21 BLK: 5 PARCEL 106</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">APPROXIMATE DEPTH OF WELL 150 FEET</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">COUNTY NAME COUNTY NO.</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">METHOD OF DRILLING (circle one)</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">STATE SIGNATURE INSERT S</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">DATE ISSUED 4/23/07</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">CO SIGNATURE EXP. DATE 4/23/08</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">APPROX. PERMIT NUMBER</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SOURCES OF DRILLING WATER</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">PERMIT No. 40-95-1089</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPECIAL CONDITIONS</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Sketch area with handwritten notes: Burntwoods rd, Road A, 1185', Queen</div>	

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

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

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

Company Name: Bluestream Services Telephone #: 410 795 0068
Address: 2298 Jim Kohlen Rd
Chesburg MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation: C

Name (Print): GARY SKORON License# 5563

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

Name of Property Owner: Envision Builders Telephone #: 410 428 1308
Subdivision: Maple Woods Farm Lot #: 1 Well Tag #: HO - 95 - 1089
Site Address: 3305 Secretariat Way
Glenwood MD 21738

Submersible Pump Data

Make: Franklin Electric

Model #: 96230735

Pump Capacity 7 GPM

Well Yield: 15 GPM

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

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: Campbell

Model#: PA 800SS

Depth: 40" (36" min)

NSF/WSC 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: _____

Piping to house

Type: Polyethylene

PSI: 160 (160 psi min)

Depth of supply line: 40" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____

Length of sleeve (5' minimum from foundation): _____

Sleeve 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 of company representative responsible for installation

date

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

Date Insp. Requested: 4/15/13 Date Insp. Approved: 4/15/13 Inspector: RR

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



Howard County
Health Department

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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

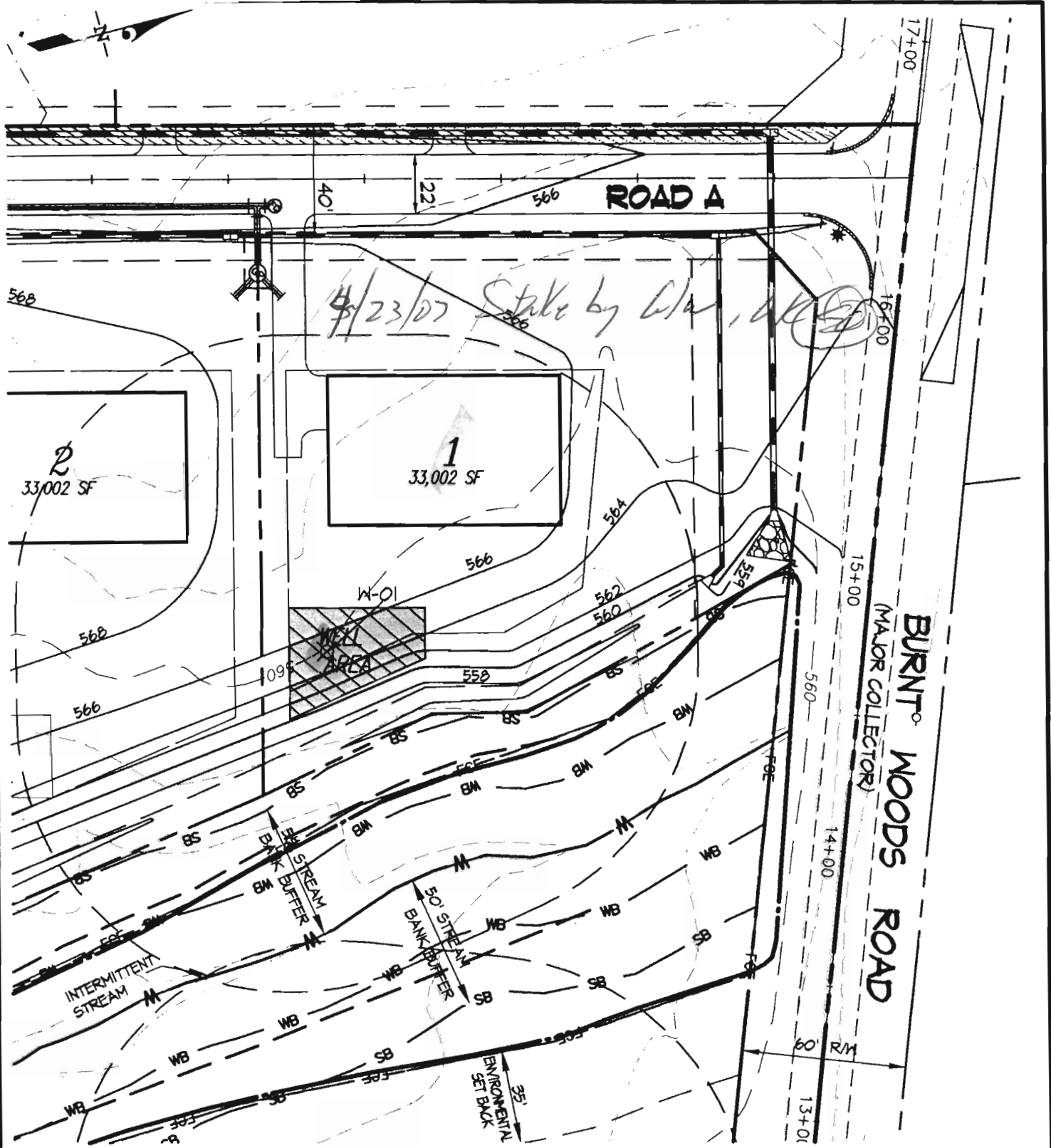
Henry Property	Lot 1	Burnt Woods Road
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

☒ The well site has been staked by Gutschick, Little & Weber,
(professional land surveyor or company employing professional land surveyors)
on 4-2-07 (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



LEGEND

- PROPOSED LPSS
- PROPOSED STORM DRAIN

HOUSE
BOX



WELL BOX

W-05

WELL
SURVEY
POINT

WELL LOCATION EXHIBIT - LOT 1

Henry Property
Lots 1 thru 6, Buildable Preservation Parcel "A",
Non-Buildable Preservation Parcels "B" & "C"

GLWGUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866
TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

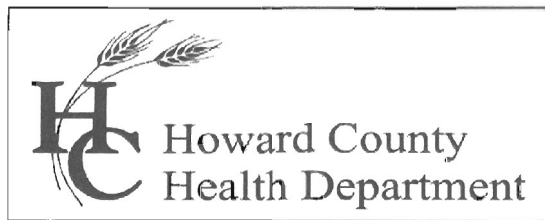
ZONING: RC/RR-DEO

TAX MAP/GRID: 21 - 5

GLW JOB NO: 02118

March, 2007

1 OF 1



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 18, 2014

JULY 18, 2013

Homeowner
3305 Secretariat Way
Glenwood, MD 21738

**RE: Maplewood Farms, Lot 1
3305 Secretariat Way
Building Permit: B13000300
Well Permit: HO-95-1089**

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 **6/21/2013**. Final approval of the well line connection to the dwelling was granted on **4/15/2013**. The well construction was completed on **5/16/2007**. Water samples were collected on **6/27/2013, 7/9/2013, and 7/16/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1089. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive, flowing style with a large initial "R".

Robert Bricker, REHS/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:**

Envision Builders
Attn: Al Guerieri
7939 Honeygo Boulevard, Suite 112
Nottingham, Maryland 21236

S/O Number: 89795**Report Date:** July 17, 2013**Bacteria Retest #2****Property Sampled:** 3305 Secretariat Way, 21738**Sample Location:** Pressure Tank Tap**Residual Chlorine:** <0.1 mg/L**Building Permit #:** B13000300**Sampler ID #:** 7483AM**Samples Iced:** Yes**County:** Howard**Map:** 21**Subdivision:**

Maplewood Farms

Parcel:

106

Lot #: 1**Date/Time Collected in Field:** July 16, 2013 @ 3:04 pm**Date/Time Received in Lab:** July 16, 2013 @ 3:57 pm**Well Tag #:**

HO-95-1089

Well Condition:

2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	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.

Bacteria Pass
7/18/13

Katherine C. Higgs

Manager - Drinking Water Testing



TRACE LABORATORIES, INC

5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Envision Builders
Attn: Al Guerieri
7939 Honeygo Boulevard, Suite 112
Nottingham, Maryland 21236

S/O Number: 89714

Report Date: July 10, 2013

Bacteria Retest #1

Property Sampled: 3305 Secretariat Way, 21738
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13000300
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 21

Subdivision: Maplewood Farms
Parcel: 106

Lot #: 1

Date/Time Collected in Field: July 9, 2013 @ 2:37 pm

Date/Time Received in Lab: July 9, 2013 @ 4:40 pm

Well Tag #:

HO-95-1089

Well Condition:

2-Piece Cap, All Bolts Missing, Cap Removable

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	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.

Bacteria Fail
reb 7/8/13

Katherine C. Higgs

Katherine C. Higgs
Manager – Drinking Water Testing



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:

Envision Builders
Attn: Al Guerieri
7939 Honeygo Boulevard, Suite 112
Nottingham, Maryland 21236

S/O Number: 89618

Report Date: June 28, 2013

Property Sampled: 3305 Secretariat Way, 21738
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13000300
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 21

Subdivision: Maplewood Farms
Parcel: 106

Lot #: 1

Date/Time Collected in Field: June 27, 2013 @ 11:25 am
Date/Time Received in Lab: June 27, 2013 @ 3:05 pm

Well Tag #: HO-95-1089
Well Condition: 2-Piece Cap, Satisfactory ✓

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	PRESENT	FAIL
Nitrate	SM 4500D	10 mg/L as N	5.7 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	5.5 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.6 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.

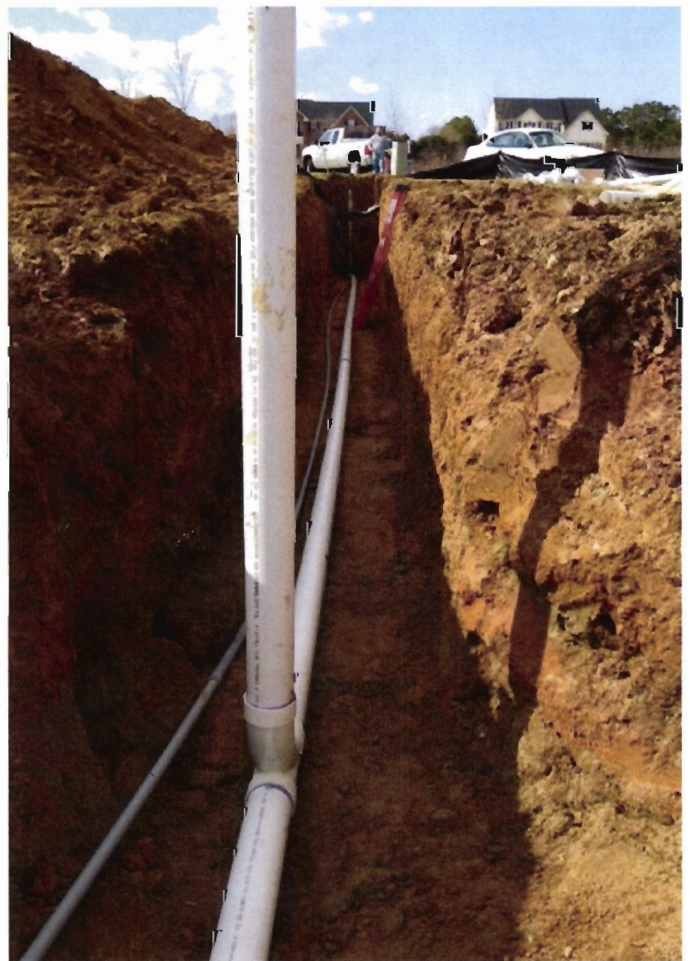
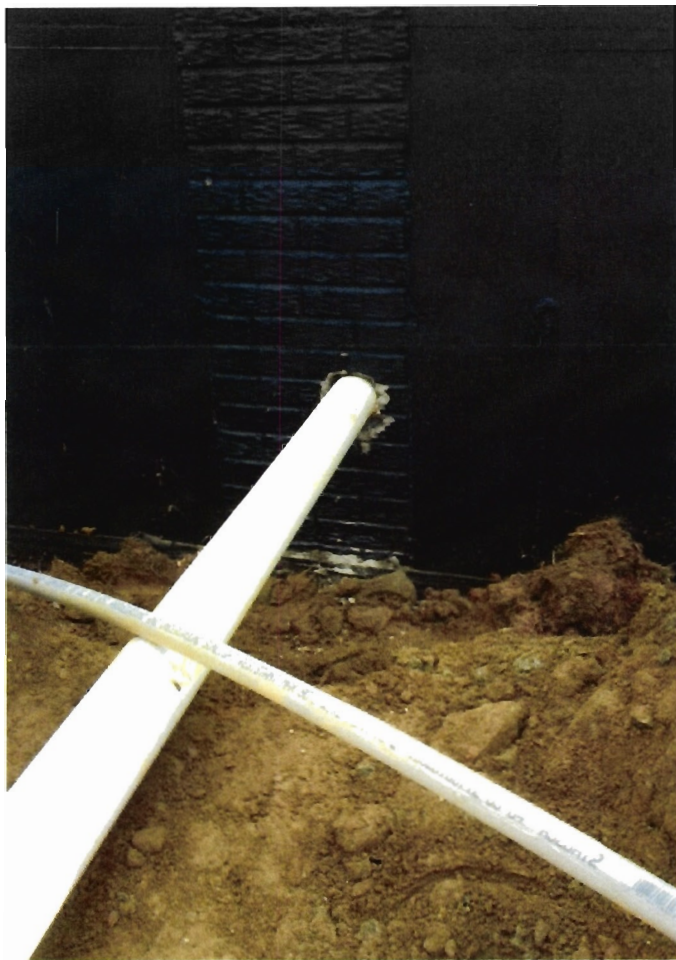
Bacterial Fail

Katherine C. Higgs
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.



Martin, Sharhonda

From: Tudor, Matt
Sent: Friday, June 21, 2013 1:54 PM
To: Martin, Sharhonda; Day, Lori
Cc: Tudor, Matt; Hart, Amy; Wolf, Kevin; Baker, Brian; Pickett, Tom; Vanderveer, Shaun
Subject: U&O Release 3305 Secretariat Way

This morning I observed the start-up of a Sewage Grinder Pump at the Maplewood Farms Shared Septic System:

Maplewood arms, Contract 50-4458-D
Envision Homes
3305 Secretariat Way, Lot #1
Glenwood, MD 21738

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U & O.

This is the 5th lot on the shared septic system at this location.

Matt
410-313-4934 office
410-978-1320 mobile