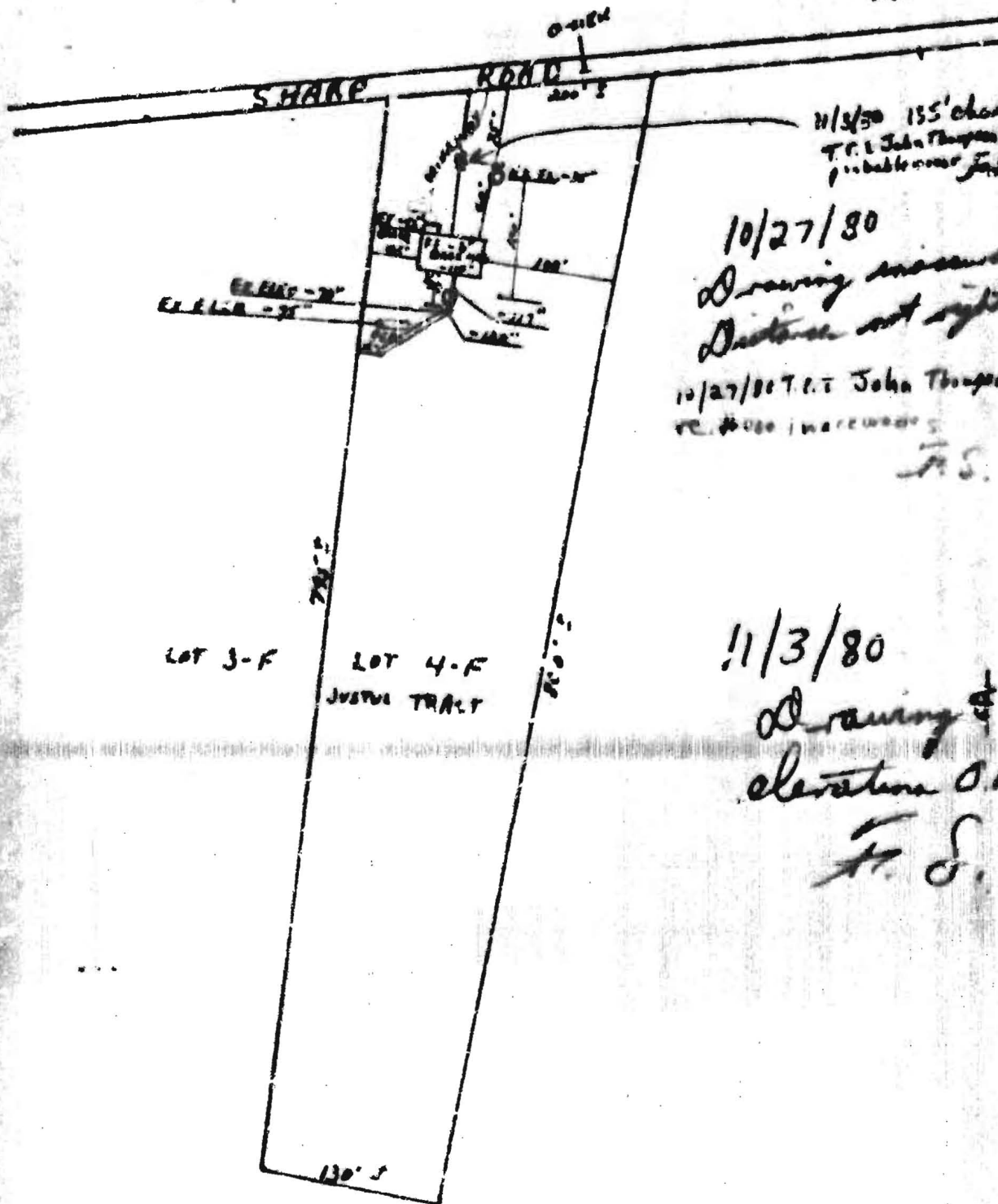


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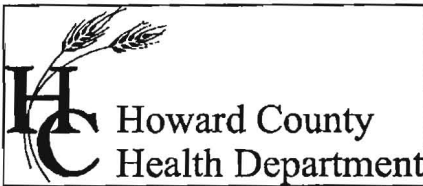
A20107



10/27/80
Drawing inaccurate
Distance not right F.S.
10/27/80 T.C. & John Thompson to F.S.
re. #000 in record
F.S.

11/3/80
Drawing &
elevation O.K.
F.S.

SCALE 1" = 100'



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

August 10, 2006

Trinity Quality Homes, Inc.
3675 Park Avenue #301
Ellicott City, MD 21043

SENT VIA FACSIMILE 410-313-8731

RE: 3650 Sharp Road
Glenwood, MD 21738
BP #: B00155249
Well Permit # HO-73-3692

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 6/15/2006. Final approval of the well line connection to the dwelling was approved on 8/10/2006.**

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 water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-73-3692. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 7/19/2006, 7/25/2006 & 8/1/2006
Date of Well Completion: 9/30/1980

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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: Do-It Plumbing Heating Telephone #: 410-531-2330
Address: 11350 Frederick Rd
Ellicott City, MD

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

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

Name (Print): James C. Boert License# 21222

*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: Frederick Telephone #: 410-8291390
Subdivision: _____ Lot #: 4 Well Tag #: HO-73-3692
Site Address: 3650 Shore Rd.
Glenwood, MD

Submersible Pump Data

Make: _____
Model #: EXISTING
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: American Granby
Model #: P45-97
Depth: 425 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

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 or Cable guards are required - Must circle one

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

Piping to house

Type: Poly Pipe (Black well pipe)
PSI: 160 (160 psi min)
Depth of supply line: 26 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 ft
Sleeve caulked and sealed properly: yes

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

8-1-06
date

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

Date Insp. Requested: _____

Date Insp. Approved: 8/10/06 BB

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

CERTIFICATE OF ANALYSIS



Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 07-1221
Report Date: July 20, 2006

Property Sampled: 3650 Sharp Road

County: Howard
Subdivision: N/A
Lot #: 4 F
Building Permit #: B00155249

Tax Map #: 21
Parcel #: 167


Date/Time Collected: July 19, 2006 at 11:20 am
Date/Time Received: July 19, 2006 at 12:55 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-3692
Well Condition: 2-Piece Cap
Cap Loose
4 Bolts Loose

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	7.9 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	



Laura T. Fedor
Drinking Water Testing

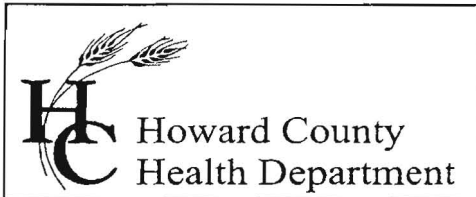
MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318




7178 Columbia Gateway Drive, Columbia, MD 21046
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website: www.hchealth.org

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

May 17, 2005

MEMORANDUM

TO: Mr. Anthony Farnella
3650 Sharp Road
Glenwood, Maryland 21738

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

RE: 3650 Sharp Road
Justice Tract
Map 21, Grid 11, Parcel 167, Lot 4F

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well and septic trench will be utilized for the replacement house. Mr. Farnella has agreed to the following conditions set forth by the Health Department.

Before demolition, the well and septic system that served the current house must be properly disconnected and sealed off. Also, protective devices placed around them to prevent any damage. These precautions should remain in place during the demolition and construction phases. The well (HO-73-3692) can be reconnected to the new house.

Because of its age, the septic system condition and size will have to be evaluated by our Development Coordination Section and possibly a 10,000 Sq. Ft. septic reserve area be established before a building permit is approved.

A new septic permit covering proper sizing of the system, possible new tank installation, hook up to the existing trenches and house connection will need to be obtained. A well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: File

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connex.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 07-1439
Report Date: August 2, 2006

Property Sampled: 3650 Sharp Road, Retest #2

County: Howard
Subdivision: N/A
Lot #: 4 F
Building Permit #: B00155249

Tax Map #: 21
Parcel #: 167


Date/Time Collected: August 1, 2006 at 10:05 am
Date/Time Received: August 1, 2006 at 1:25 pm

Sample Location: Powder Room Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-3692
Well Condition: 2-Piece Cap
Cap Loose
4 Bolts Loose

Water Conditioning/Treatment: NONE

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


Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 07-1330
Report Date: July 26, 2006

Property Sampled: 3650 Sharp Road, Retest #1

County: Howard
Subdivision: N/A
Lot #: 4 F
Building Permit #: B00155249

Tax Map #: 21
Parcel #: 167

Date/Time Collected: July 25, 2006 at 12:30 pm
Date/Time Received: July 25, 2006 at 2:40 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-3692
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

A handwritten signature in cursive script that reads "Heather R. Beam".
Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
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Maryland State Certified
Water Quality Laboratory
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