

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 843-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	59718	Account #:	8173
Reference:	Mary Esfanaji	Company:	CASH ACCOUNT
Location:	1050 Saint Michaels Road	Requested By:	Mary Esfanaji
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	7/11/2006 1043	Site:	Kitchen Sink Tap
Date/Time Rec'd:	7/11/2006 1300	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.1
Collected By:	J. Yeager 6176JY	Well #:	No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/12/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/12/2006 / 0830 / AMD/BCD
Nitrate	8.51	mg/L	10	601	7/11/2006 / 1345 / BCD
Turbidity	0.99	NTU	<10	SM18 2130B	7/11/2006 / 1410 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	7/11/2006 / 1410 / BCD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B00157080

Date Reported: 7/12/2006

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: Acad Plumbing Telephone #: 410-489-5550
Address: 14029 Monticello Dr.
Cockeysville, Md. 21223

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

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

Name (Print): Richard Jung License# MPL 30040

*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: Masood & Mary Estaraji Telephone #: 410-489-5613
Subdivision: Poplar Heights Lot #: 29 Well Tag #: HO -
Site Address: 1050 St Michaels Rd None
MT Airy Md

Submersible Pump Data

Make: Franklin Electric
CP WATER
Model #: 2345149203
Pump Capacity 10 GPM
Well Yield: 11 GPM

Pitless Adapter

Make: Martinson
Model #: B-10X
Depth: 42" (36" min)
NSF approved: NSC 1560

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: 34 (feet) ✓ B-27.14

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

Torque arrestors of 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
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 2" pipe
Approximate length of sleeve (5 foot minimum): 8 feet

Depth of supply line: 42" (36" min)

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

date

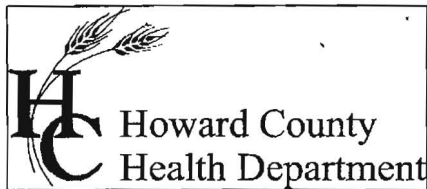
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 5/4/06

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 NO TAG
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter NO GROUT SEEN

PIT WELL CASING
EXTENDED ABOVE GRADE

(B3)



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 17, 2006

Mashhood Esfanaji
1050 St. Michaels Road
Mt. Airy, MD 21771

SENT VIA FACSIMILE 301-459-5921

RE: Poplar Heights, Parcel H
1050 St. Michaels Road
Mt. Airy, MD 21771
BP #: B00157080
Well Permit # No Well Tag

Dear Sir:

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 8/16/2006. Final approval of the well line connection to the dwelling was approved on 05/04/2006.**

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.

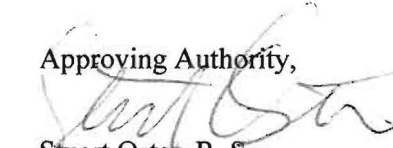
INTERIM CERTIFICATE OF POTABILITY

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 Tag # Unknown. 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: 07/11/2006

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File