

C1 3912

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 COMPLETED1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A37759

ST/CO USE ONLY

DATE RECEIVED

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
8/11/03

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO-94-3704
28 29 30 31 32 33 34 35 36 37

OWNER

FIDRINO MARIO

STREET OR RFD

5280 TEN CALS

first name

TOWN

DAYTON

SUBDIVISION

Newhouse

SECTION

LOT

1

WELL LOG

Not required for driven wells

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 24 NO. OF POUNDS 2100

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 68 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEEL ☒ CONCRETE ☒
PLASTIC ☒ OTHER ☒MAIN CASING TYPE
ST 6 9.5
60 61 63 64 66 70OTHER CASING (if used)
diameter inch depth (feet) from toscreen type or open hole
insert appropriate code below
STEEL ☒ BRASS ☒ OPEN HOLE ☒
BRONZE ☒ PLASTIC ☒ OTHER ☒

C 2 DEPTH (nearest ft.)

1 2 HO 94' 400
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3
S 38 39 41 45 47 51
R
E
E
N
SLOT SIZE 1 2 3DIAMETER OF SCREEN (NEAREST INCH)
56 60
from toGRAVEL 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 LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33 ft.

WHEN PUMPING 142 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 - below

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND JOB

LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Right Lot

Front Lot

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED YES NO
X 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 WELL

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.

DRILLERS LIC. NO. 1 MWLD 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 038

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

TELESCOPE CASING

LOG INDICATOR

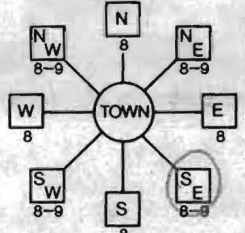

OTHER DATA

313-2448

12-303

CALLED SARA AT
FEASTERDAY, SHE SAID
THE COMPLETION REPORT
WAS SENT - BUT WE DON'T
HAVE IT. SHE WILL MAIL
US ANOTHER COPY.

STEF

B.1 0819 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND KN APPLICATION FOR PERMIT TO DRILL WELL 518984-W please type	STATE PERMIT NUMBER H0-94-3704 70 fill in this form completely 79
Date Received (APA) 05-27-03 8 MM DD YY 13		B.3 9475 LOCATION OF WELL Howard CC# 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
OWNER INFORMATION FIORINO MARIO 15 Last Name Owner First Name 34 5280 TEN OAKS RD 36 Street or RFD 55 CLARKSVILLE, MD 21029 57 Town 70 State 72 Zip 76		DRILLER INFORMATION George F. Easterday M WD 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature Date	
B.2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		B.4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  5280 Ten Oaks Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 100 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 14 PARCEL 65	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 37759 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 6/3/03 Kacie Norman 6/3/04 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 507 000 EAST GRID 807 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8007 5007 N 000 000	
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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 13K4 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		HAND-DUG Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS spoke to Mario. Will ABANDON & SEAL Ex well when new NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Please run a field
test to ensure
adequate
flow

John
8-21-03

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3704
Location of property (road) 5280 TEN OAKS
Subdivision Newhouse Lot 1 Block _____ Plat _____ Sec. _____
Well Driller Easterday Owner FIORINO, MARIO

Depth of well 400 4 gpm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 33 ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 am Pumping rate 15 GPM
Total time 15 min to reach pumping water level 140 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used) <u>Pump SET</u>	CALCULATED FLOW (gallons per minute)
945	140 FT	20 sec	380 FT	3 GPM
1000	140 FT	20 sec		3 GPM
1015	140 FT	20 sec		3 GPM
1030	141 FT	20 sec		3 GPM
1045	141 FT	20 sec		3 GPM
1100	141 FT	20 sec		3 GPM
1115	141 FT	20 sec		3 GPM
1130	141 FT	20 sec		3 GPM
1145	141 FT	20 sec		3 GPM
1200	141 FT	20 sec		3 GPM
1215	142 FT	20 sec		3 GPM
1230	142 FT	20 sec		3 GPM
1245	142 FT	20 sec		3 GPM
1300	142 FT	20 sec		3 GPM
1315	142 FT	20 sec		3 GPM
1330	142 FT	20 sec		3 GPM
1345	142 FT	20 sec		3 GPM
1400	142 FT	20 sec		3 GPM
1415	142 FT	20 sec		3 GPM
1430	142 FT	20 sec		3 GPM
1445	142 FT	20 sec		3 GPM
1500	142 FT	20 sec		3 GPM
1515	142 FT	20 sec		3 GPM
1530	142 FT	20 sec		3 GPM
1545	142 FT	20 sec		3 GPM
1600	142 FT	20 sec		3 GPM
1615	142 FT	20 sec		3 GPM
1630	142 FT	20 sec		3 GPM
1645	142 FT	20 sec		3 GPM
1700	142 FT	20 sec		3 GPM
1715	142 FT	20 sec		3 GPM
1730	142 FT	20 sec		3 GPM
1745	142 FT	20 sec		3 GPM
1800	142 FT	20 sec		3 GPM
1815	142 FT	20 sec		3 GPM
1830	142 FT	20 sec		3 GPM
1845	142 FT	20 sec		3 GPM
1900	142 FT	20 sec		3 GPM
1915	142 FT	20 sec		3 GPM
1930	142 FT	20 sec		3 GPM
1945	142 FT	20 sec		3 GPM
2000	142 FT	20 sec		3 GPM
2015	142 FT	20 sec		3 GPM
2030	142 FT	20 sec		3 GPM
2045	142 FT	20 sec		3 GPM
2100	142 FT	20 sec		3 GPM
2115	142 FT	20 sec		3 GPM
2130	142 FT	20 sec		3 GPM
2145	142 FT	20 sec		3 GPM
2200	142 FT	20 sec		3 GPM
2215	142 FT	20 sec		3 GPM
2230	142 FT	20 sec		3 GPM
2245	142 FT	20 sec		3 GPM
2300	142 FT	20 sec		3 GPM
2315	142 FT	20 sec		3 GPM
2330	142 FT	20 sec		3 GPM
2345	142 FT	20 sec		3 GPM
2400	142 FT	20 sec		3 GPM
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2430	142 FT	20 sec		3 GPM
2445	142 FT	20 sec		3 GPM
2500	142 FT	20 sec		3 GPM
2515	142 FT	20 sec		3 GPM
2530	142 FT	20 sec		3 GPM
2545	142 FT	20 sec		3 GPM
2600	142 FT	20 sec		3 GPM
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2630	142 FT	20 sec		3 GPM
2645	142 FT	20 sec		3 GPM
2700	142 FT	20 sec		3 GPM
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2745	142 FT	20 sec		3 GPM
2800	142 FT	20 sec		3 GPM
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3745	142 FT	20 sec		3 GPM
3800	142 FT	20 sec		3 GPM
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5800	142 FT	20 sec		3 GPM
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7230	142 FT	20 sec		3 GPM
7245	142 FT	20 sec		3 GPM
7300	142 FT	20 sec		3 GPM
7315	142 FT	20 sec		3 GPM
7330	142 FT	20 sec		3 GPM
7345	142 FT	20 sec		3 GPM
7400	142 FT	20 sec		3 GPM
7415	142 FT	20 sec		3 GPM
7430	142 FT	20 sec		

Well Permit No. HO - 94-3704
Location of property (road) 5280 TEN OAKS
Subdivision Newhouse Lot 1 Block Plat Sec.
Well Driller Easterday Owner ELORINO, MARCO

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**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: MARK BREW PLUMBING & HEATING, INC. Telephone #: 301-854-0609
Address: P.O. BOX 88
HIGHLAND, MD 20777-0088

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

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

Name (Print): Mark Brew License# MPL16761

*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: MARIO FIORINO Telephone #: 301-370-4504

Subdivision: NEW HOUSE Lot #: _____ Well Tag #: HO - _____

Site Address: 5280 TEN OAKS RD
CLARKSVILLE, MD 21029

Submersible Pump Data

Make: LOWE
Model #: _____
Pump Capacity 5 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: 36 (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: _____ (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: PE
PSI: 160 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 6
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 of company representative responsible for installation: Mark Brew

date: 7-17-06

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

Date Insp. Requested: _____ Date Insp. Approved: 8/2/05 GAC 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 ☒

Under Footer

07/17/2006 12:46 FAX 3018292887

001

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500-BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- WELL OWNER
- MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/30/04 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Richard P. FiorinoWELL DRILLERS LICENSE NUMBER: WKO 014CIRCLE: MWD/MSD/MGDOWNER'S NAME: MARIO FIORINO

WELL LOCATION:

COUNTY: HarfordNEAREST TOWN: Towson

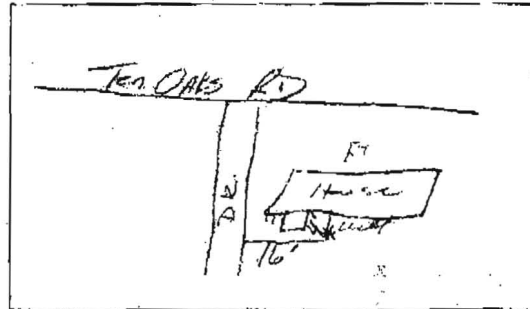
TAX MAP BLOCK PARCEL

SUBDIVISION:

SECTION: LOT:

NEAREST ROAD: 5280 Ten Oaks Rd

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGERED ☐ HAND DUG
- ☐ OTHER (specify)

USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION ☐ GEOTHERMAL

TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify)

SIZE OF CASING: 6 INCHES IN DIAMETERDEPTH OF WELL: 70 FEET DEEPWAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feetWAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite well pit	74	4
	4	0
VOLUME OF MATERIAL USED		
3 Bags Bentonite		

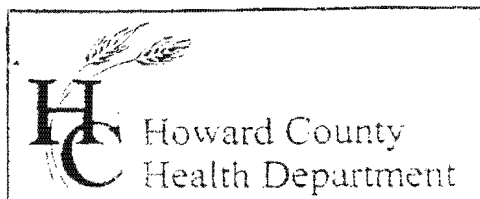
SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

December 17, 2003

Mario Fiorino
5280 Ten Oaks Road
Clarksville, MD 21029

RE: **Replacement Well Issues**
5280 Ten Oaks Road
New Well Permit #: HO-94-3704

Dear Mr. Fiorino:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should have completed this form neatly and submitted it to this office via fax or mail once the pump was placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The water sampling is free of charge.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Page 1 of 2

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing hand dug well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. A licensed well driller, who may perform the work without inspection, must accomplish the well abandonment process; however, the driller must then file an abandonment report with this office.

If you have any other questions, please call our office at the above number. Thank you for your time in this important matter.

Sincerely,

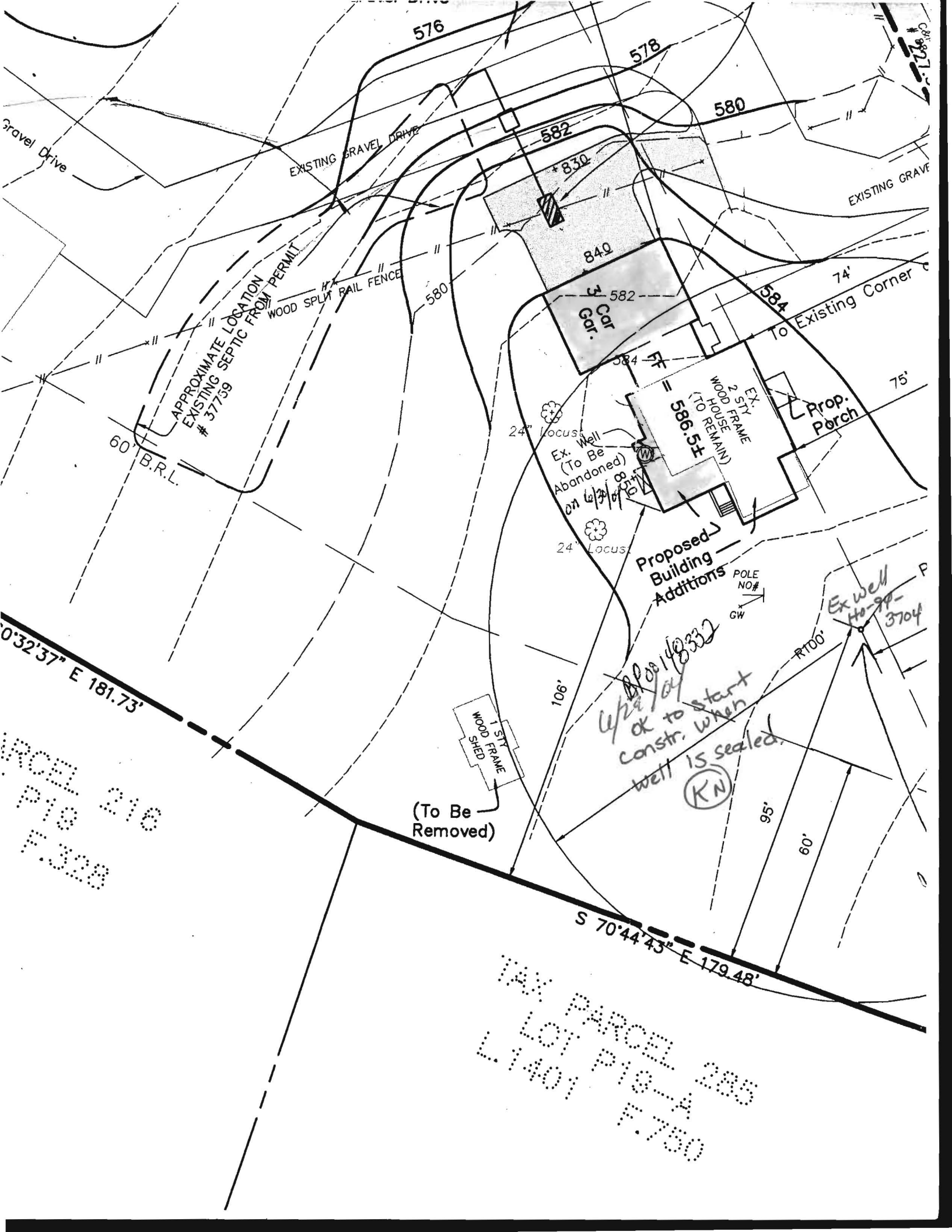
A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, Registered Sanitarian
Well and Septic Program

sjn

Enclosures

cc: Community Services Program
File

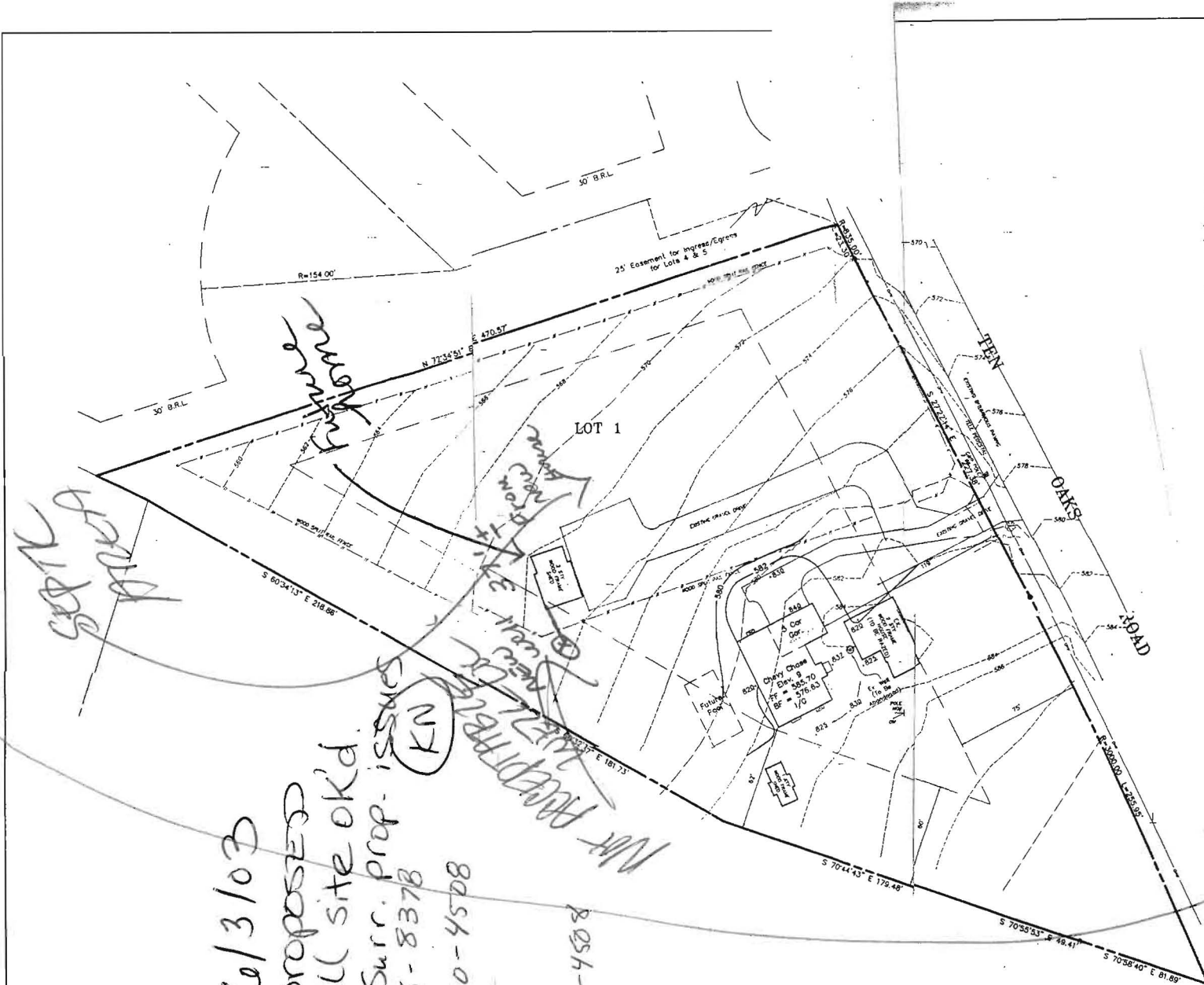


0°32'37" E 181.73'

PARCEL 216
P18
F.328

TAX PARCEL 285
LOT P18-A
L1401
F.780

6/29/04 owner does not want to convert shed to house
 Mario Fiorino 5280 Ten Oaks Rd



6/3/03
 Proposed well site OK'd.
 No Sur. Prop. issues
 443-535-8378
 1-301-370-4508
 MARIO
 301-370-4508

6/13/03 Spoke to Mario, owner. Said converting "shed" into house. Will connect proposed well then abandon hand-dug well after they move in. They are temp. using ex well as Potable water source (KN)



- General Notes**
- Property description - Lot 1, Newhouse Subdivision.
 - Property address - 5280 Ten Oaks Road, Clarksville, Md 21209
 - Zoning - RR - Rural Residential
 - Lot Area = 3.00 Acres
 - Building Setbacks:
- | | Required | Proposed |
|---------------------|----------|----------|
| Front | 75' | |
| Side | 30' | |
| Rear | 60' | |
| Accessory Structure | | |
| Rear | 10' | |

Call "Miss Utility"
 Telephone 1-800-257-7777
 For Utility Locations At
 Least 48 Hours Before
 Beginning Construction

PREPARED FOR:
 MR. MARIO FIORINO
 5280 TEN OAKS ROAD
 CLARKSVILLE, MD 21029
 PHONE: 410-

NO.	DATE	DESCRIPTION	BY

TAX MAP 28

SITE PLAN
LOT 1
NEWHOUSE SUBDIVISION
PLAT 7163
5TH ELECTION DISTRICT - HOWARD COUNTY - MARYLAND

MHG Macris, Hendricks & Glascock, P.A.
 Engineers • Planners
 Landscape Architects • Surveyors

9220 Wightman Road, Suite 120
 Montgomery Village, Maryland
 20886-1270

Phone: 301.670.0640
 Fax: 301.648.0853
 www.mhga.com

Proj. Mgr. JCG
 Designer JCG
 Date 5-12-03
 Scale 1"=30'
 Project No. 03-151-10
 Sheet 1 of 1

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:
Mr. Mario Fiorino
5280 Ten Oaks Road
Clarksville, Maryland 21029

S/O Number: 07-1200
Report Date: July 19, 2006

Property Sampled: 5280 Ten Oaks Road

County: Howard
Subdivision: Newhouse Subdivision **Tax Map #:** 28
Lot #: 1 **Parcel #:** 65

Date/Time Collected: July 18, 2006 at 11:25 am
Date/Time Received: July 18, 2006 at 12:30 pm

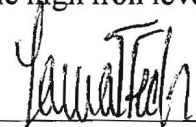
Sample Location: Garage Utility Tub & Pressure Tank Taps
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3704
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity (Raw)	15.4 NTU	EPA 180.1	10 NTU	High
Turbidity (Treated)	1.5 NTU	EPA 180.1	10 NTU	Pass
pH	6.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	
Iron:	1.6 mg/L		*0.3 mg/L	High

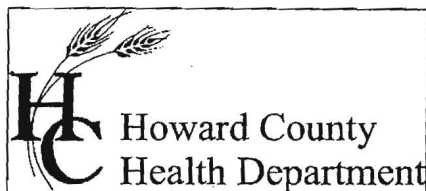
The high turbidity in this sample is most likely caused by the high iron level.


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.



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

July 18, 2006

Mario Fiorino
5280 Ten Oaks Road
Clarksville, MD 21029

SENT VIA FACSIMILE 301-854-2065

RE: 5280 Ten Oaks Road
Clarksville, MD 21029
BP #: B00148332
Well Permit # HO-94-3704

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 7/10/2006. Final approval of the well line connection to the dwelling was approved on 8/2/2005.**

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-94-3704. 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: 7/18/2006
Date of Well Completion: 8/11/2003

Approving Authority,

Michael J. Davis, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

6/24/87

NEWHOUSE
TWO OAKS ROAD

A 37759

SUBDIVISION:

LOT NUMBER:

3

final lot 1
on plat

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

187 sq. ft./bedroom
220 sq ft with
garbage disposal

Trench to be 3 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 5 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

2 feet of stone below distribution pipe.

125

375 TOTAL

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: REPAIR FOR EXISTING SYSTEM

