

ST/CO USE ONLYDATE RECEIVEDMM10DO5YY10DATE WELL COMPLETED9910Depth of Well22200264/5/11PERMIT NO. FROM "PERMIT TO DRILL WELL"AD-95-19316131520(TO NEAREST FOOT)Yield O.K.28293031323334353637OWNERJ. A. ChurchJ. A. ChurchSTREET OR RFD147 Old Orchard RoadTOWNMillsboroSUBDIVISIONFulton Manor IISECTIONLOT6

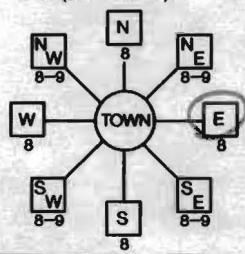
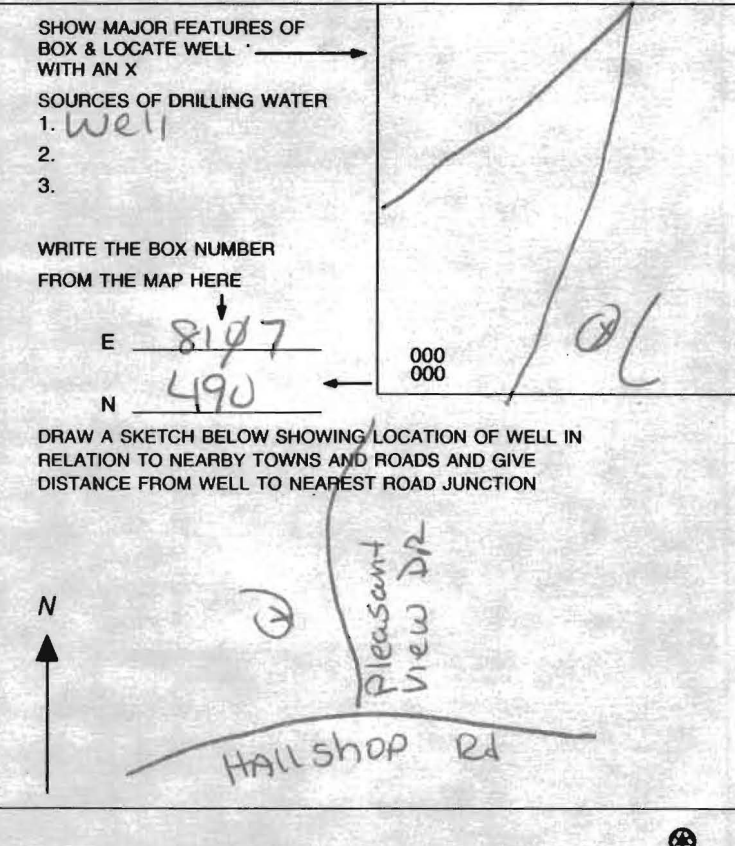
WELL LOGNot required for driven wellsSTATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use additional sheets if needed)FEETFROMTOcheck if water bearingOverburden03'Soft Brant3'35'Gmy Rock35'200'Hit water53'102'

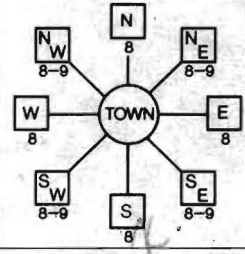
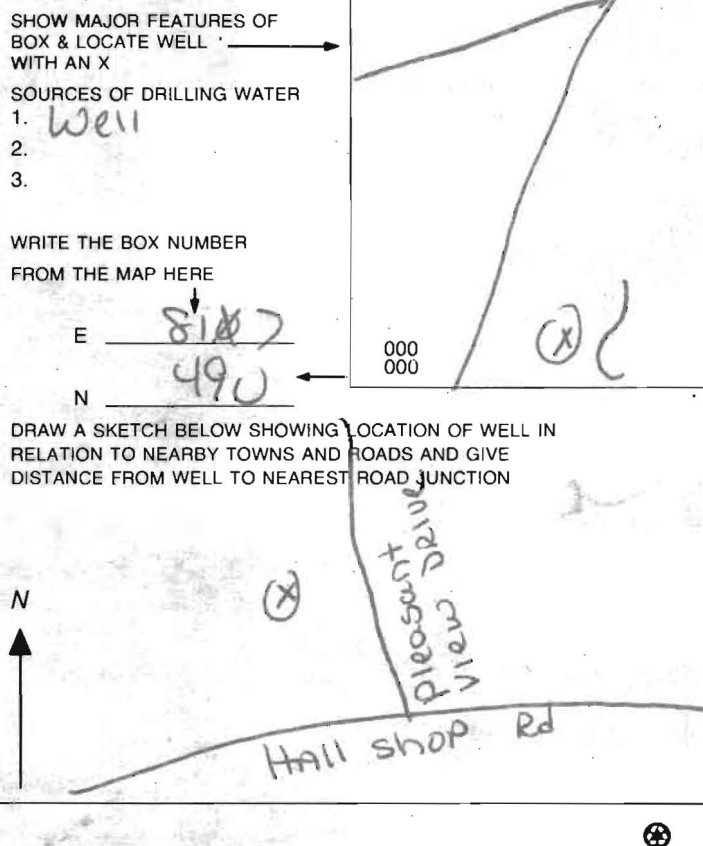
GROUTING RECORDWELL HAS BEEN GROUTED (Circle appropriate box)yesno4444TYPE OF GROUTING MATERIAL (Circle one)CEMENTCMBENTONITE CLAYBCNO. OF BAGS4546NO. OF POUNDS5246GALLONS OF WATER42DEPTH OF GROUT SEAL (to nearest foot)from048ft. to4254ft. (enter 0 if from surface)TOP52BOTTOM58CASING RECORDcasing types insert appropriate code belowMAIN CASING TYPENominal diameter top (main) casing (nearest inch)Total depth of main casing (nearest foot)642606163646670OTHER CASING (if used) diameter inchdepth (feet) from toEACH CASINGSCREEN RECORDscreen type or open holeinsert appropriate code belowSTBRHOSTEELBRASSOPENHOLEPLBRONZEOTHERPLASTICOTHERC2DEPTH (nearest ft.)124042200EACH289111517213232426303236R383941454751E123456789101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100DIA. OF SCREEN (NEAREST INCH)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.)WQ7072747576TELESCOPE CASINGLOG INDICATOROTHER DATA

C3PUMPING TESTHOURS PUMPED (nearest hour)3PUMPING RATE (gal. per min.)17.24METHOD USED TO MEASURE PUMPING RATEWATCH TBUCKETWATER LEVEL (distance from land surface)BEFORE PUMPING24ft. WHEN PUMPING29ft. TYPE OF PUMP USED (for test)AairPpistonTturbineCcentrifugalRrotaryOother (describe below)JjetSsubmersiblePUMP INSTALLEDDRILLER INSTALLED PUMP (CIRCLE) (YES or NO)YESNOIF 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 2929CAPACITY: GALLONS PER MINUTE (to nearest gallon)3135PUMP HORSE POWER3741PUMP COLUMN LENGTH (nearest ft.)4347CASING HEIGHT (circle appropriate box and enter casing height)abovebelowLAND SURFACE (nearest foot)2LOCATION OF WELL ON LOTSHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)N 95 1931W 076 56337

NUMBER OF UNSUCCESSFUL WELLS:0WELL HYDROFRACTUREDyesnoYNYCIRCLE APPROPRIATE LETTERA A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETEDEELECTRIC LOG OBTAINEDPTTEST WELL CONVERTED TO PRODUCTION WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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 MWD120DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. 1 D1SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DENV-CR00

B 1	3802	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533282 please type	STATE PERMIT NUMBER 40-95-1931 70 fill in this form completely 79
Date Received (APA) 6/7/2010 8 MM DD YY 13 Upchurch Don 15 Last Name Owner First Name 34 457 Old Orchard Circle 36 Street or RFD 55 Millersville MD 21108 57 Town 70 State 72 Zip 76			B 3 LOCATION OF WELL Howard 8 COUNTY 21 Fulton Manor II 23 SUBDIVISION 42 SECTION 44 46 LOT 6 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
DRILLER INFORMATION Sandy B. Cochran M W D 120 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address Signature Date 6/2/10			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Pleasant View Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 6 PARCEL 205	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A519061 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 6/21/2010 Brian Baker 6/21/2011 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 490 000 55 EAST GRID 817 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL			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 817 N 490 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH				
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				
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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. 40-95-1931 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 1 1 2 3 4 5 6 6943	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529506 please type	STATE PERMIT NUMBER HO-95-1665 fill in this form completely
Date Received (APA) 8 MM DD YY 13 Upchurch Don 15 Last Name Owner First Name 34 457 Old Orchard Circle 36 Street or RFD 55 Millersville MD 21108 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 Fulton Manor II 23 SUBDIVISION 42 SECTION 44 46 LOT 6 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
OWNER INFORMATION Driller's Name Michael D. Isom M S D 162 License No. 81 Firm Name G. Edgar Harr Sons' Corp. Address 12047 Falls Road, Cockeysville 21030 Signature Date 6/27/08		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Pleasant View Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 6 PARCEL 205	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 750 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME North Howard COUNTY NO. 4520877 STATE SIGNATURE DATE ISSUED 8/15/08 CO SIGNATURE 815 EXP. DATE 9/15/08 NORTH GRID 50 55 EAST GRID 57 63	
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 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 4 NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other	
APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 4 NEAREST INCH		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 8107 N 490 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENEED 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 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-95-1665 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 09-10-10
Address: Pleasant View Drive
Owner: Don Upchurch
Well Depth: 200 Ft

Permit Number: HO-95-1931
Subdivision: Fulton Manor II L#6
Election District:
Static Water Level: 24 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 Gallon bucket	Calculated Flow-Gallons Per Minute
1145	24 ft		15 sec	20.00
1200	29		17	17.64
1215	29		17	17.64
1230	29		17	17.64
1245	29		17	17.64
1300	29		17	17.64
1315	29		17	17.64
1330	29		17	17.64
1345	29		17	17.64
1400	29		17	17.64
1415	29		17	17.64
1430	29		17	17.64
1445	29		17	17.64

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: BEN LEWIS PLUMBING Telephone #: 301-617-3507 x 18
Address: 23407 FREDERICK RD
CLARKSBURG, MD 20871

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

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

Name (Print): Michael Bowersox License# 11202 *

*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: Trinity Quality Homes Inc Telephone #: 410-480-0023
Subdivision: Fulton Manor Lot #: 6 Well Tag #: HO-95-1931
Site Address: 12401 Stella Dr
Highland, MD 20777

Submersible Pump Data

Make: Myers
Model #: 25T52-A plus P4-2
Pump Capacity 12 GPM
Well Yield: 17 GPM

Pitless Adapter

Make: Americanbrandy
Model#: LF200
Depth: yes (36" min)
NSF/WSC 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" B.G.: yes

Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: yes

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 NO

Piping to house

Type: plastic black
PSI: yes (160 psi min)
Depth of supply line: yes (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve(s' minimum from foundation): 10ft
Sleeve 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.

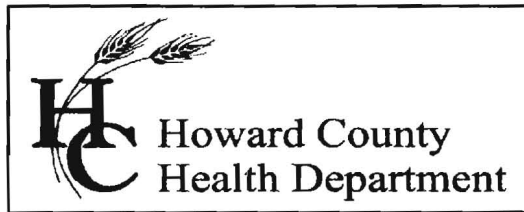
*

Signature of company representative responsible for installation

* 6-10-14
date

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

Date Insp. Requested: _____ Date Insp. Approved: 7-30-14 Inspector: BA
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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 – SEPTEMBER 12, 2015

March 12, 2015

Homeowner
12401 Stella Drive
Fulton, MD 20759

**RE: Fulton Manor II, Lot 6
12401 Stella Drive
Building Permit: B14000878
Well Permit: HO-HO-95-1931**

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 **3/12/2015**. Final approval of the well line connection to the dwelling was granted on **7/30/2014**. The well construction was completed on **9/7/2010**. Water samples were collected on **2/18/2015**.

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.

Gross Alpha and Beta samples were also collected on **8/19/2014**. Results showed a Gross Alpha level of **3.9 ± 1.5 pCi/L** and **Gross Beta** level of **5.0 ± 1.5 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

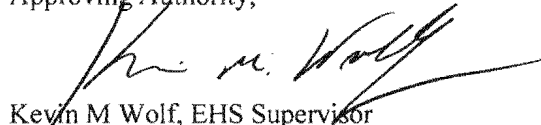
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1931. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 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,



Kevin M Wolf, EHS Supervisor
Environmental Health Specialist
Well & Septic Program

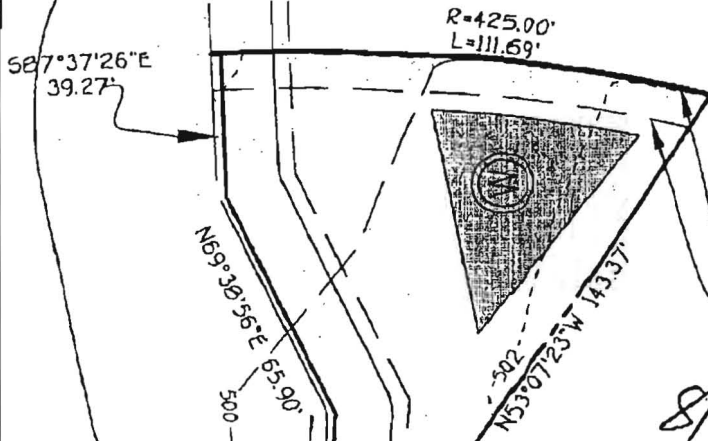
cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

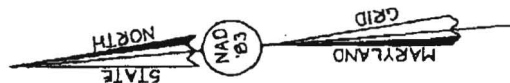
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLKOTT CITY, MARYLAND 21042
(410) 451 - 2855

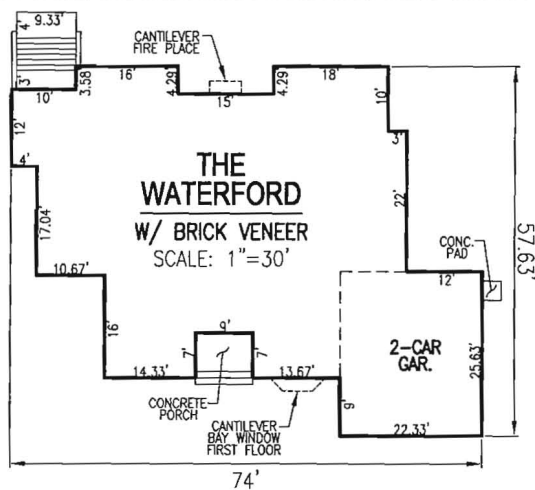
PLEASANT VIEW DRIVE
(50' R/W) (LOCAL ROAD)

Exhibit to Accompany
Well Permit
Lot 6
Fulton Manor II
Lots 2 Thru 7 &
Buildable Preservation Parcel 'B'
Tax Map: 40 Grid: 6 Parcel: 205 & 94
Election District
Howard County, Maryland
Date: June 5, 2008
Scale: 1"=50'

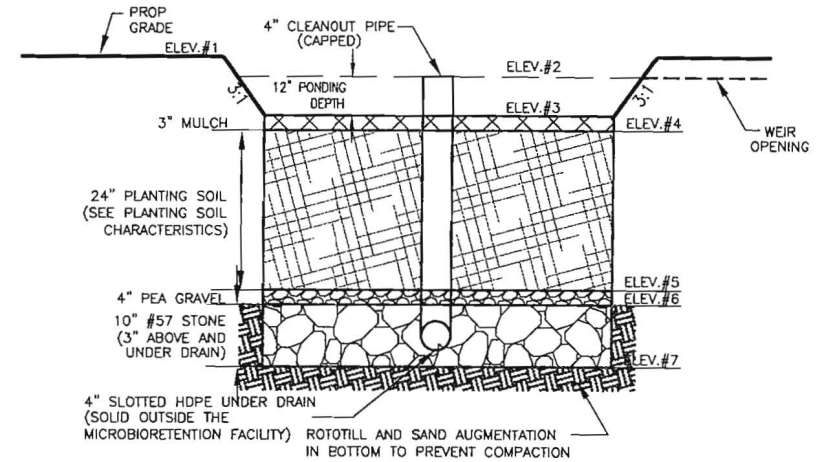


Part Of 24' Private Use-In-Common Access
Easement Across Lot 6 & Buildable Preservation
Parcel 'B'. For The Use And Benefit Of Lot 6 &
Buildable Preservation Parcel 'B'
Maintenance Agreement Recorded Among
The Land Records Of Howard County,
Maryland Simultaneously With The Recording Of This Plat.





MBR-1
 $ROOFTOP = 2,207 \text{ SF}$
 $P_e = 1" \quad R_v = 0.95$
 $ESDV = A(P_e)(R_v)/12 =$
 $ESDV = 2,919 \text{ SF}(1")(0.95)/12 = 175 \text{ CF}$



DETAIL - MICRO-BIORETENTION (M-6)
NOT TO SCALE

MICRO-BIORETENTION FACILITY ELEVATIONS (M-6)

LOT #	FACILITY	1	2	3	4	5	6	7	4" INV.	4" INV. OUTFALL	FACILITY SIZE
LOT 6	MBR-1 (M-6)	489.40	489.00	488.00	487.75	485.75	485.42	484.59	484.84	484.60	175 CF

Appendix B.4. Construction Specifications for Environmental Site Design Practices

Material	Specification	Size	Notes
Plantings	see Appendix A, Table A.4	n/a	plantings are site-specific
Planting soil (2' to 4' deep)	loamy sand (60 - 65%) & compost (35 - 40%) or sandy loam (10%), coarse sand (20%) & compost (40%)	n/a	USDA soil types loamy sand or sandy loam; clay content < 5%
Organic content	Min. 10% by dry weight (ASTM D 2974)		
Mulch	shredded hardwood		aged 6 months, minimum; no pine or wood chips
Pea gravel/diaphragm	pea gravel, ASTM-D-448	NO. 8 OR NO. 9 (1/8" TO 3/8")	
Channel drain	ornamental stone: washed cobbles	stone: 2" to 5"	
Geotextile		n/a	PE Type I nonwoven
Gravel (underdrains and infiltration berms)	AASHTO M-43	NO. 57 OR NO. 6 AGGREGATE (2/8" TO 3/4")	
Underdrain piping	F 758, Type PS 28 or AASHTO M-278	4" to 6" rigid schedule 40 PVC or SDR35	Slotted or perforated pipe, 3/8" per ft. @ 6" on center, 4 holes per row; minimum of 3" of gravel over pipe; not necessary underdrain pipes. Perforated pipe shall be wrapped with 1/2-inch galvanized hardware cloth
Poured in place concrete (if required)	MSHA Mils No. 3; $f'_c = 3500 \text{ psi}$ @ 28 days, normal weight, air-entrained; reinforcing to meet ASTM-A115-60	n/a	on-site testing of poured-in-place concrete required: 28 day strength and slump test; all concrete design (cast-in-place or pre-cast) not using previously approved State or local standards requires design drawings sealed and approved by a professional structural engineer licensed in the State of Maryland - design to include meeting ACI Code 350.8R9; vertical loading (H-10 or H-20); allowable horizontal loading (based on soil permeability) and analysis of potential cracking
Sand	AASHTO-M-6 or ASTM-C-33	0.02" to 0.04"	Sand substitutions such as Diabase and Graystone (AASHTO) #10 are not acceptable. No calcium carbonated or dolomitic sand substitutions are acceptable. No "rock dust" can be used for sand.

OPERATION AND MAINTENANCE SCHEDULE FOR LANDSCAPE INFILTRATION (M-3), MICRO-BIORETENTION (M-6), RAIN GARDENS (M-7), BIORETENTION SWALE (M-8), AND ENHANCED FILTERS (M-9)

1. THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL, VOLUME II, TABLE A.4.1 AND 2.

2. THE OWNER SHALL PERFORM A PLANT IN THE SPRING AND IN THE FALL OF EACH YEAR. DURING THE INSPECTION, THE OWNER SHALL REMOVE DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, REPLACE DEAD PLANT MATERIAL WITH ACCEPTABLE REPLACEMENT PLANT MATERIAL, TREAT DISEASED TREES AND SHRUBS, AND REPLACE ALL DEFICIENT STAKES AND WIRES.

3. THE OWNER SHALL INSPECT THE MULCH EACH SPRING. THE MULCH SHALL BE REPLACED EVERY TWO TO THREE YEARS. THE PREVIOUS MULCH LAYER SHALL BE REMOVED BEFORE THE NEW LAYER IS APPLIED.

4. THE OWNER SHALL CORRECT SOIL EROSION ON AN AS NEEDED BASIS, WITH A MINIMUM OF ONCE PER MONTH AND AFTER EACH HEAVY STORM.

OWNER
TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE
SUITE 301
ELLICOTT CITY, MD 21043
(410) 480-0023

ADDRESS
PLEASANT VIEW DRIVE
FULTON, MD 20759
F-08-102

SCALE: AS SHOWN
DRAWN BY: JMR
CHECKED BY: RHV
DATE: MARCH 2014
PROJECT #: 13-33
SHEET #: 2 OF 2

PLOT PLAN FULTON MANOR II LOT 6

REF: F-13-006
TAX MAP 40 PARCEL 205
BLOCK 6
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL
ENGINEERING, INC.**
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET
ELLICOTT CITY, MD 21043
TEL: 410.461.7666
FAX: 410.461.8961

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, March 11, 2015 12:54 PM
To: 'Jenny Rosewag'; Martin, Sharhonda
Cc: Tim Keane; Samantha Evans
Subject: RE: Message from "SAVINC3002"

Jenny, We have received the information you have submitted for this property to complete the ICOP. In review of the property file, it looks as though we are missing a few things: 1) We need a pump and alarm test inspection for the septic system. Please have your septic contractor coordinate a time with our office to come out and perform this inspection. 2) We need a copy of the recorded Operations and Maintenance agreement for the onsite BAT. If you have any questions regarding any of these issues, please feel free to contact me.

Thanks,

Kevin M. Wolf, EHS Supervisor
Groundwater Mgmt. Sec.
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648

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-----Original Message-----

From: Jenny Rosewag [<mailto:jrosewag@trinityhomes.com>]
Sent: Wednesday, March 11, 2015 10:50 AM
To: Martin, Sharhonda
Cc: Williams, Jeffrey; Wolf, Kevin; Tim Keane; Samantha Evans
Subject: FW: Message from "SAVINC3002"

Hi Sharhonda -

Please see attached plumbers letter and well test results for 12402 Stella Dr., Fulton, MD 20759. Will you please prepare the ICOP for this home.

Thank you, Jenny

Jenny Rosewag
Office Manager
Trinity Homes
P: 410-480-0023
F: 410-480-0013

-----Original Message-----

From: scanner@trinityhomes.com [mailto:scanner@trinityhomes.com]
Sent: Wednesday, March 11, 2015 9:36 AM
To: Jenny Rosewag
Subject: Message from "SAVINC3002"

This E-mail was sent from "SAVINC3002" (MP C3002).

Scan Date: 03.11.2015 09:36:10 (-0400)
Queries to: scanner@trinityhomes.com



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 #016

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 98585

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

Report Date: February 19, 2015

Property Sampled: 12401 Stella Drive, 20759
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B14000878
Sampler ID #: 7483AM
Samples Used: Yes

County: Howard Subdivision: Fulton Manor II Lot #: 6

Date/Time Collected in Field: February 18, 2015 1:46 pm
Date/Time Received in Lab: February 18, 2015 4:15 pm

Well Tag #: HO-95-1931
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

OK
KRW

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	3.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.7 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	5.8 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
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.

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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

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

S/O Number: 94164**Report Date:** September 3, 2014

Property Sampled: 12401 Stella Drive, 20759
Sample Location: Wellhead (After Purging)
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard**Subdivision:** Fulton Manor II**Lot #:** 6**Date/Time Collected in Field:** August 19, 2014 11:10 am**Date/Time Received in Lab:** August 19, 2014 2:10 pm**Well Tag #:** HO-95-1931**Well Condition:** 2-Piece Cap, Removed for Sampling**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	3.9 ± 1.5	Pass
Gross Beta, Short-Term	EPA 900.0	50	5.0 ± 1.5	Pass
Gross Alpha, Long-Term	EPA 900.0	15	3.6 ± 1.4	Pass
Gross Beta, Long-Term	EPA 900.0	50	3.8 ± 1.5	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	1.1 ± 0.3	Pass
Radium 228	EPA Ra-05		<0.9 ± 0.6	

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Katherine C. Higgs

Manager - Drinking Water Testing