

C12329

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBERA 59869

ST/CO USE ONLY
DATE Received
MM DD YY
813

DATE WELL COMPLETED
MM DD YY
83026

Depth of Well
22360'26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
Ho 95 0502

OWNERMitchell J. William

STREET OR RFDHess Oaks RdTOWNDayton Md 2036

SUBDIVISIONMitchell PropertySECTIONLOT2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|--|------|-----|------------------------------|
| | FROM | TO | |
| Clay | 0 | 36 | |
| Gray Mica Rock | 36 | 360 | |

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS14NO. OF POUNDS1316

GALLONS OF WATER84

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to37ft.

48TOP5254BOTTOM58

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEELSTCONCRETECO

PLASTICPLOTHEROHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

51640

6061636466670

OTHER CASING (if used)

diameter
inch

depth (feet)
fromto

EACH
CASING

screen type
or open hole

insert
appropriate
code
below

STEELSTBRASSBR

PLASTICPLOTHEROHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)4

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING4ft.

WHEN PUMPING262ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother (describe below)

JjetSsubmersible

NUMBER OF UNSUCCESSFUL WELLS:2

WELL HYDROFRACTUREDYESNO

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. MSD024

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD024

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

C2

DEPTH (nearest ft.)

1238360

8911151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

5860

fromto

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T(E.R.O.S.)WQ

7072747576

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMPYESNO

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)

3135

PUMP HORSE POWER

3741

PUMP COLUMN LENGTH
(nearest ft.)

4347

CASING HEIGHT (circle appropriate box
and enter casing height)

+above

LAND SURFACE

-below

(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)

to TEN OAKS

| | | | | |
|--|------|--------------------------------|--|---|
| B 1 | 1052 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>W525145</u> please type | STATE PERMIT NUMBER <u>HD - 95 - 0502</u> <small>fill in this form completely</small> |
| <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA)</p> <p>8 MM DD YY 13</p> <p><u>Mitchell J. William</u></p> <p>15 Last Name Owner First Name 34</p> <p><u>4451 Len Oaks Rd</u></p> <p>36 Street or RFD 55</p> <p><u>Dayton md 21036</u></p> <p>57 Town 70 State 72 Zip 76</p> <p>OWNER INFORMATION</p> <p>Driller's Name <u>Joseph L Mayne M SD 024</u> 76 License No. 81</p> <p>Firm Name <u>Joseph L Mayne Well Drilling</u></p> <p>Address <u>5512 Ridge Rd Mt. Airy Md 21771</u></p> <p>Signature <u>Joseph L Mayne</u> Date <u>7-5-06</u></p> </div> <div style="width:48%;"> <p>LOCATION OF WELL</p> <p>8 COUNTY 21</p> <p><u>Howard Mitchell Property</u></p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>44</u> 46 LOT <u>2</u> 48 50</p> <p><u>Dayton</u></p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>2</u> M 73 76 77 78</p> </div> </div> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>DRILLER INFORMATION</p> <p>1 2</p> <p><u>WELL INFORMATION</u></p> <p>APPROX. PUMPING RATE <u>5</u></p> <p>(GAL. PER MIN.) 8 500 12</p> <p>AVERAGE DAILY QUANTITY NEEDED</p> <p>(GAL. PER DAY) 14 -20</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> GEO-THERMAL</p> <p>APPROXIMATE DEPTH OF WELL <u>300</u> FEET</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p><input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p><input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT</p> <p>other _____</p> <p>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52</p> <p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER _____ G _____</p> <p>PERMIT No. <u>HD - 95 - 0502</u></p> <p>70 71 72 73 74 75 76 77 78 79</p> </div> <div style="width:48%;"> <p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p><u>Len Oaks Rd</u></p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 1000 37</p> <p>DISTANCE FROM ROAD ENTER FT OR MI 38 39</p> <p>TAX MAP: <u>28</u> BLK: <u>2</u> PARCEL <u>243</u></p> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard</u> <u>AS9869</u></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S →</p> <p>DATE ISSUED <u>8/14/06</u> <u>Stat Dr</u> <u>8/14/07</u></p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <u>515</u> 000 EAST GRID <u>805</u> 000</p> <p>50 55 57 63</p> <p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>well</u></p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>800 5</u></p> <p>N <u>510 5</u></p> <p>000 000</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> </div> </div> | | | | |
| <p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> | | | | |

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0502

Location of property (road) Ten Oaks Rd

Subdivision Mitchell Property

Well Driller Joseph L. Mayne

| | | | | |
|-----|---|-------|------|------|
| Lot | 2 | Block | Plat | Sec. |
|-----|---|-------|------|------|

Owner William J. Mitchell

Depth of well 360'

Distance of measuring point (M.P.) above ground 2.

Static water level (S.W.L.) below M.P. 4'

1. High rate pumping -- reservoir drawdown

Time pump started 7:40 am.

Pumping rate 15 gpm

Total time 30 min. to reach pumping water level 262 ft. below M.P.

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

[illegible]

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: First Class Mechanical Telephone #: 410-876-2434
Address: 935 Baltimore Blvd Suite E
Westminster MD 21157

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

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

Name (Print): John Hommerbocker License# 6452

*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: Chris Esveld Telephone #: 240-426-0472
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0502
Site Address: 4507 Ten Oaks Rd
Dayton MD 21036

Submersible Pump Data

Make: Goulds
Model #: 10SB10
Pump Capacity 8 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Camble
Model #: PA 800 LF
Depth: 42" (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: ✓

Depth of well encountered at time of pump installation: 360 (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 Goulds constant Pressure

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing *Built in Low water cutoff

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 36-42" (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

1/5/15

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

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 _____

*well Drilled
360
*Static water
(4)
*pump set
340'

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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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 0502
Site Address: 4507 Ten Oaks Rd.

Submersible Pump Data

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

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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.: _____

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

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

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (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

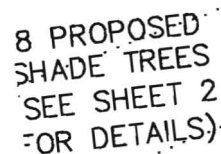
Date Insp. Requested: 1/6/15 Date Insp. Approved: 1/13/15 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ☒ 1/13/15 SC
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 ☒

pitless adaptor covered with ice 1/6/15 SC

pitless still covered 1/8/15 SC

John pumped out at well - pitless good 1/13/15 SC



15'-20' HEIGHT
New well
8/14/06
site OK

PROPOSED
DWELLING
F.F. = 544.7
B.F. = 535.7
GAR. = 542.7

536
-PROPOSED LOT 2
WELL LOCATION

LOT 2
8457 Ac. ±

35' RESIDENTIAL DWELLING
3.8457 AC
ENVIRONMENTAL SETBACK LINE
WB
SB
SB

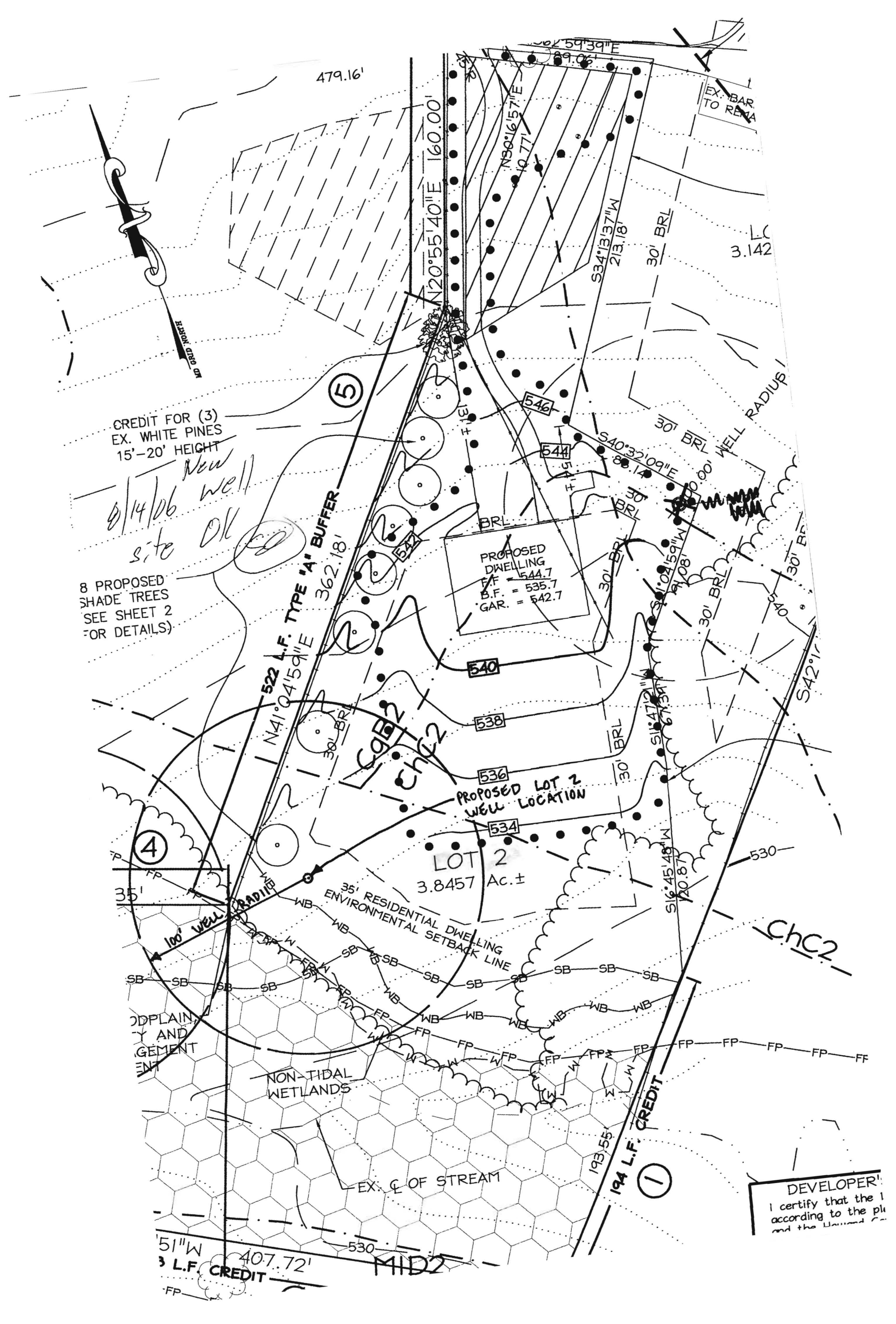
EXPLAIN
TY AND
GEMENT
ENT

NON-TIDAL
WETLANDS

EX: C OF STREAM

51" W 407.72'
3 L.F. CREDIT

DEVELOPER:
certify that the 1
according to the pl
and the Hayward Co





Howard County
Health Department

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

TO ALL INTERESTED PARTIES

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

- ☒ The well site has been staked by LDE,
(professional land surveyor or company employing professional land surveyors)
on June 28-06 (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 6/10/03

William Mitchell
Ten Oaks Rd

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 102473 Account #: 7115
Reference: Christopher Esveld Company: NVP Homes
Location: 4507 Ten Oaks Road Requested By: Duke Nguyen
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 8/13/2015 0945 Site: Bathroom Tap ✓
Date/Time Rec'd: 8/13/2015 1122 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-0502

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | 2.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/14/2015 / 0815 / LLO |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/14/2015 / 0815 / LLO |
| Nitrate | <1.0 | mg/L | 10 | 601 | 8/14/2015 / 1000 / CRS |
| Turbidity | 1.28 | NTU | <10 | SM18 2130B | 8/14/2015 / 1100 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 8/14/2015 / 1100 / CRS |

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B14001789Date Reported: 8/14/2015

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

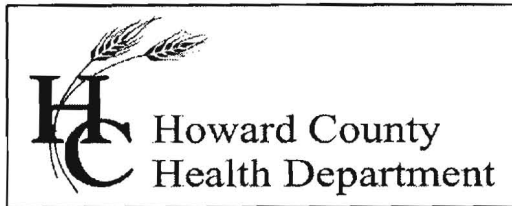
| | | | |
|-----------------------|--------------------|---------------|---------------|
| Laboratory ID #: | 102618 | Account #: | 7115 |
| Reference: | Christopher Esveld | Company: | NVP Homes |
| Location: | 4507 Ten Oaks Road | Requested By: | Duke Nguyen |
| | Dayton, MD 21036 | Source: | Well Water |
| Date/ Time Collected: | 8/19/2015 1155 | Site: | Powder Room — |
| Date/Time Rec'd: | 8/19/2015 1452 | Treatment: | None |
| Chlorine ppm: | Free: ND Total: ND | pH: | 8.2 |
| Collected By: | C. Mooshian 7268CM | Well #: | HO-95-0502 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/20/2015 / 1000 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/20/2015 / 1000 / CCH |

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B14001789Date Reported: 8/20/2015



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | 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 – FEBRUARY 25, 2015

August 25, 2015

Homeowner
4507 Ten Oaks Road
Dayton, MD 21036

**RE: Mitchell Property, Lot 2
4507 Ten Oaks Road
Building Permit: B14001789
Well Permit: HO-95-0502**

Dear Homeowner:

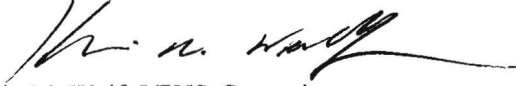
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/25/2015**. Final approval of the well line connection to the dwelling was granted on **1/13/2015**. The well construction was completed on **8/30/2006**. Water samples were collected on **8/13/2015 & 8/19/2015**.

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. 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-95-0502. 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 "K. M. Wolf", with a long horizontal flourish extending to the right.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

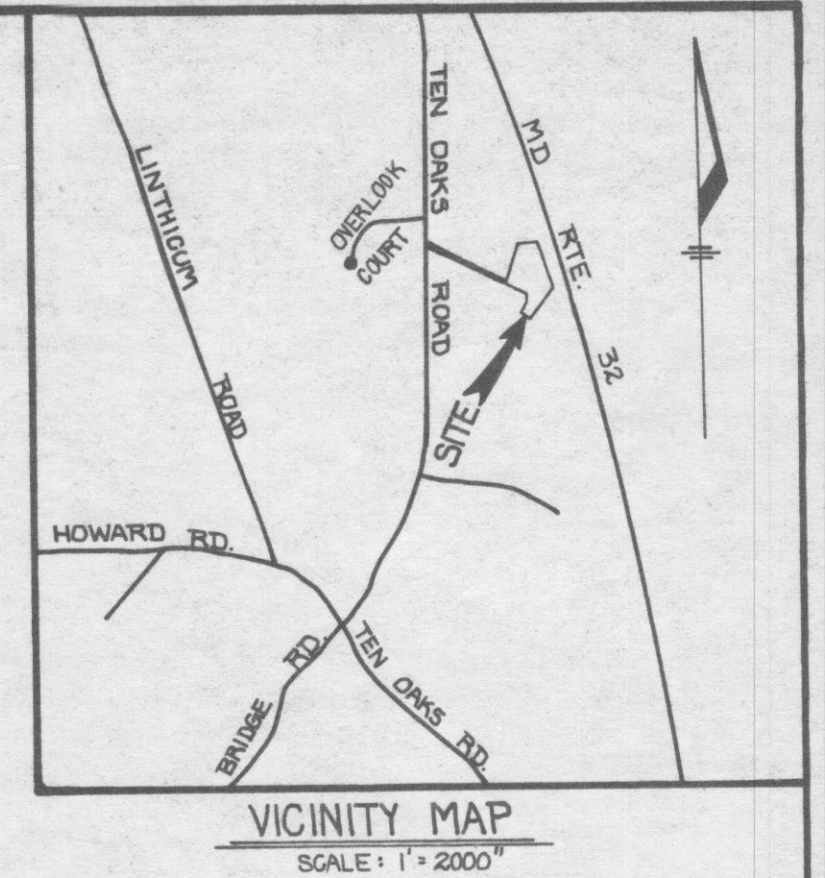
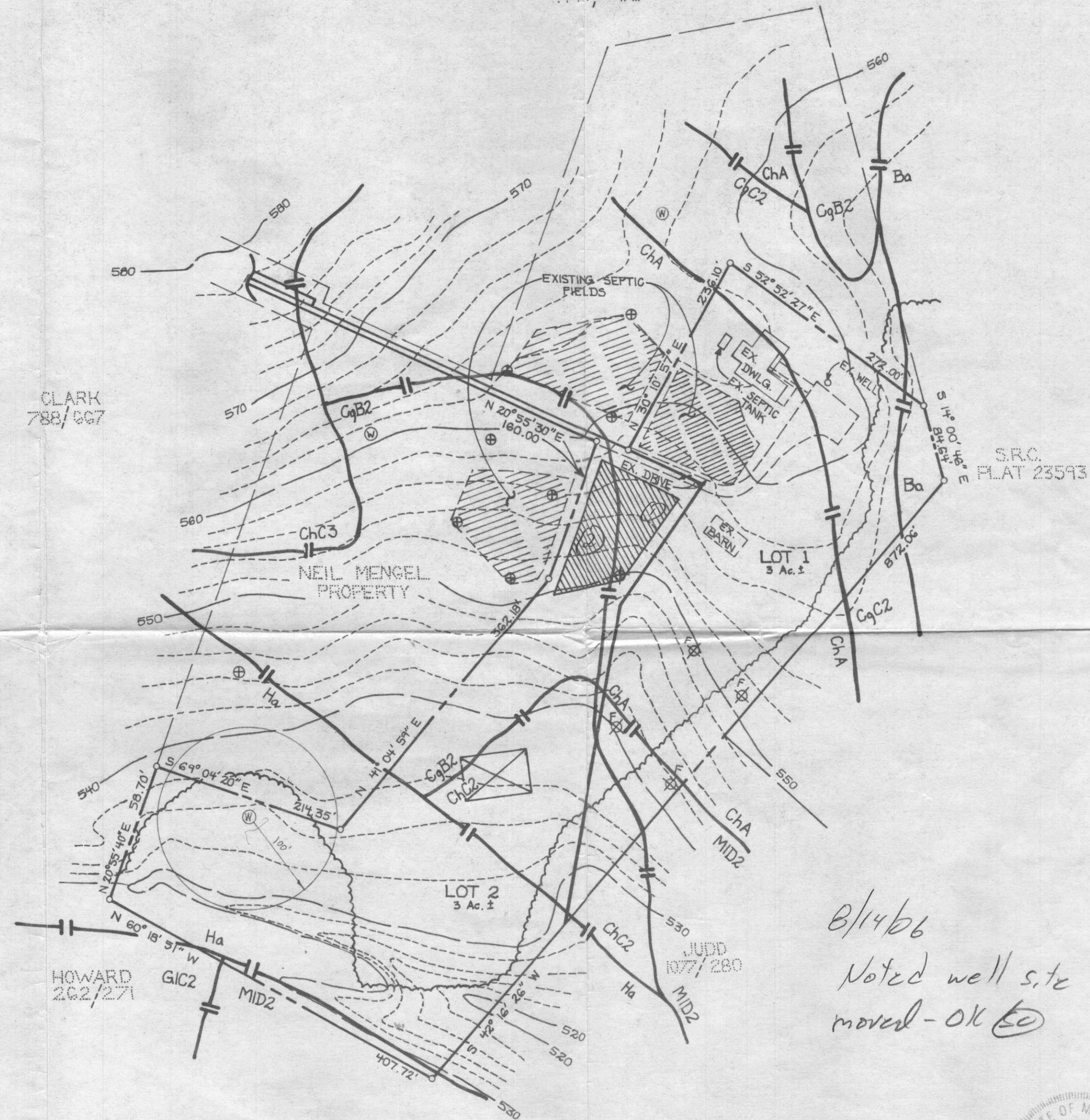


KENNEDY
444/408

CLARK
788/667

GENERAL NOTES

1. TOTAL AREA OF SUBDIVISION: 7.0 AC ±
2. TOTAL AREA OF BUILDABLE LOTS: 7.0 AC ±
3. TOTAL NUMBER BUILDABLE LOTS: 2
4. PRIVATE WATER AND SEWER TO BE UTILIZED.
5. THE LOTS HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA REQUIREMENTS SPECIFIED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
6. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
7. DENOTES LOCATION OF PROPOSED DWELLING.
8. DENOTES LOCATION OF PROPOSED WELL.
9. SEPTICS AND WELLS WITHIN 100 FEET OF THE PROPERTY'S BOUNDARY ARE SHOWN ON THE PLAN.



B/14/66
Noted well s.t.e
moved - OK

