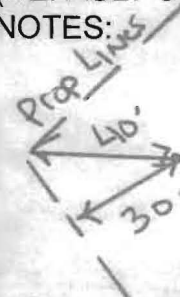


<b>C1</b> <span style="font-size: 24pt; margin-left: 10px;">1262</span>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																							
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER																																							
ST/CO USE ONLY DATE Received MM DD YY 8 12 05 11		DATE WELL COMPLETED MM DD YY 08 30 11		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2098																																							
OWNER <u>CHELSEA RIDGE L.C.</u>		TOWN <u>Mt. AIRY</u>		SECTION <u>3</u>		LOT <u>3</u>																																							
WELL SITE ADDRESS <u>LONG CORNER ROAD</u>																																													
SUBDIVISION <u>CHELSEA KNOLLS</u>																																													
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>																																									
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Soil</td><td>0</td><td>8</td><td></td></tr><tr><td>Clay</td><td>8</td><td>16</td><td></td></tr><tr><td>Brown shale</td><td>16</td><td>50</td><td></td></tr><tr><td>Clay</td><td>50</td><td>60</td><td></td></tr><tr><td>Brown shale</td><td>60</td><td>67</td><td></td></tr><tr><td>Blue slate</td><td>67</td><td>300</td><td>✓</td></tr><tr><td colspan="2"></td><td>85</td><td>✓</td></tr><tr><td colspan="2"></td><td>280</td><td>✓</td></tr></tbody></table> <p style="margin-top: 20px;">13-7.0=2.6 OK</p>				DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soil	0	8		Clay	8	16		Brown shale	16	50		Clay	50	60		Brown shale	60	67		Blue slate	67	300	✓			85	✓			280	✓	WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>			
					DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																					
				FROM		TO																																							
				Soil	0	8																																							
				Clay	8	16																																							
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Brown shale	60	67																																											
Blue slate	67	300	✓																																										
		85	✓																																										
		280	✓																																										
				TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>C</b> BENTONITE CLAY <b>B</b>																																									
				NO. OF BAGS <u>45</u> NO. OF POUNDS <u>1645</u>																																									
				GALLONS OF WATER <u>105</u>																																									
				DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>70</u> ft. (enter 0 if from surface)																																									
				<b>CASING RECORD</b>																																									
				casing types insert appropriate code below																																									
				<b>ST</b> <b>CO</b> STEEL CONCRETE																																									
				<b>PL</b> <b>OT</b> PLASTIC OTHER																																									
				MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>70</u>																																									
				OTHER CASING (if used) diameter inch depth (feet) from to																																									
				EACH CASING																																									
				<b>SCREEN RECORD</b>																																									
				screen type or open hole (insert appropriate code below)																																									
				<b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE																																									
				<b>PL</b> <b>OT</b> PLASTIC OTHER																																									
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>				<b>C2</b> DEPTH (nearest ft.)																																									
WELL HYDROFRACTURED <b>Y</b> <b>N</b>				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																									
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL				SLOT SIZE 1 _____ 2 _____ 3 _____																																									
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.				DIAMETER OF SCREEN (NEAREST INCH) 56 60																																									
DRILLERS LIC. NO. <u>M WD 355</u>				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																																									
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Marty D...</u>				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q																																									
LIC. NO. <u>MSD 066</u>				70 72 74 75 76																																									
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				TELESCOPE CASING LOG INDICATOR OTHER DATA																																									

**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15.0  
METHOD USED TO MEASURE PUMPING RATE TIMER/BUCKET  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 54 ft.  
WHEN PUMPING 119 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 (CIRCLE) (YES or NO) 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. 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)  
LATITUDE 39.31741  
LONGITUDE 77.15678  
(DEFAULT COORD. WGS 84)  
NOTES:  


B 1	2153	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>40-95-2098</u> <small>fill in this form completely</small>
Date Received (APA)		<b>OWNER INFORMATION</b> 8 MM DD YY 13 <u>Elm Street Development</u> 15 Last Name Owner First Name 34 <u>1355 Beverly Rd, Suite 240</u> 36 Street or RFD 55 <u>McClean, VA 22101</u> 57 Town 70 State 72 Zip 76		
<b>DRILLER INFORMATION</b> Driller's Name <u>Michael Barlow</u> M D 355 License No. 76 Firm Name <u>Barlow Well Drilling Service</u> Address <u>522 Underwood Ln, Beldie, Md</u> Signature <u>[Signature]</u> Date <u>3-8-11</u>		<b>LOCATION OF WELL</b> B 3 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Chelsea Knolls</u> 42 SECTION <u>44</u> 46 LOT <u>3</u> 48 50 52 NEAREST TOWN <u>mt Airy</u> 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> 73 76 77 78		
<b>WELL INFORMATION</b> B 2 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		<b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> 11 <u>Long Corner Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>210</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>6</u> BLK: <u>22</u> PARCEL <u>9</u>		
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> (13) <u>4515039</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>4/25/11</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> 4/25/12 NORTH GRID <u>540</u> 000 55 EAST GRID <u>6355</u> 000 63		
APPROXIMATE DEPTH OF WELL <u>250</u> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		<b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b> <b>SOURCES OF DRILLING WATER</b> 1. <u>Well</u> 2. 3. <b>WRITE THE BOX NUMBER FROM THE MAP HERE</b> E <u>7505</u> N <u>540</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		<b>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S 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"/> D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52		
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <u>402007G005 (3)</u> PERMIT No. <u>40-95-2098</u> 70 71 72 73 74 75 76 77 78 79				
<b>SPECIAL CONDITIONS</b> <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
522 Underwood Lane Bel Air, Maryland 21014  
(410) 838-6910 Fax (410) 838-3582

### WELL YIELD REPORT

Date Test Completed: July 27, 2011

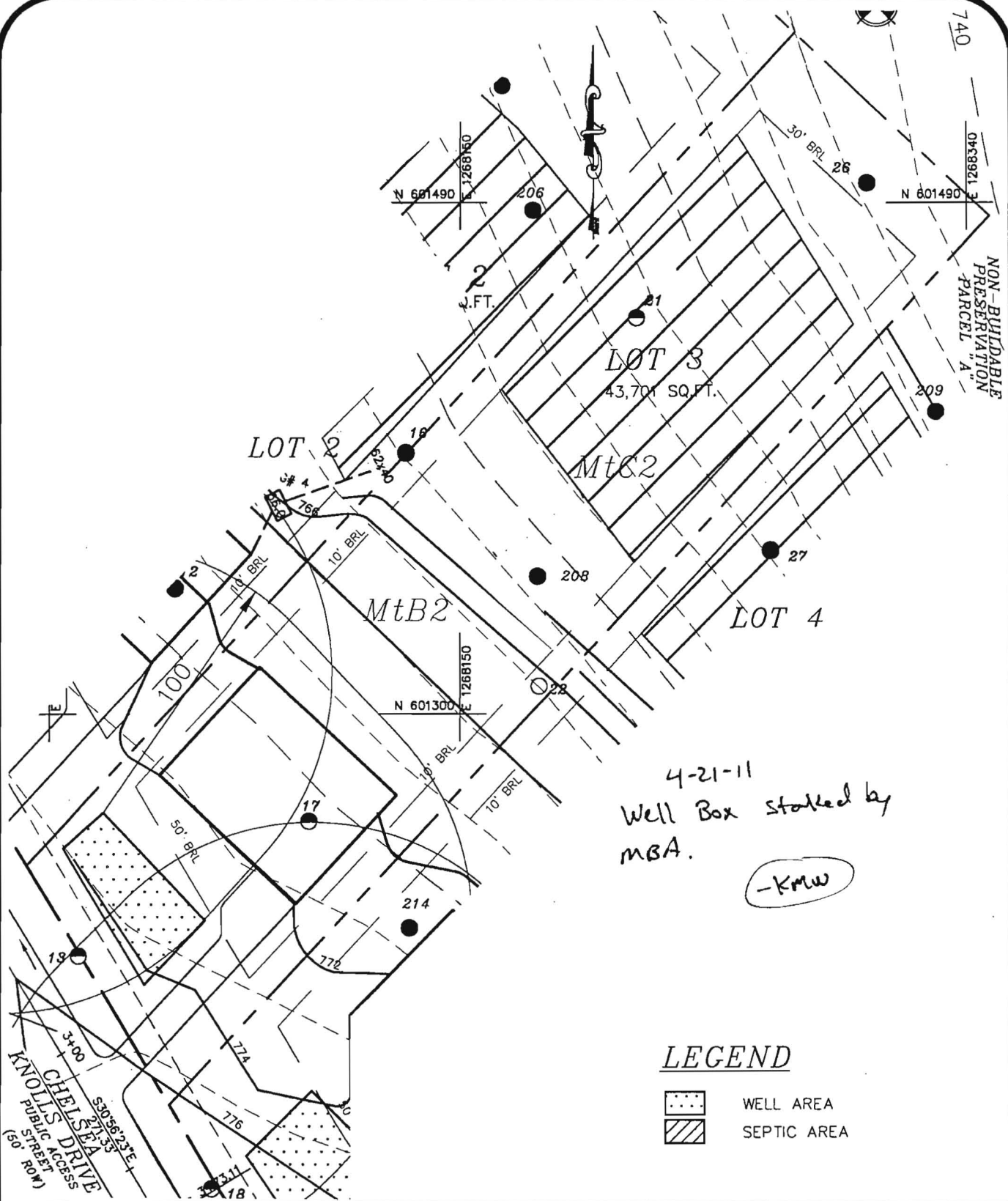
Well Depth: 300 feet

Customer Elm Street Development  
Road Long Corner Road  
City Mt. Airy  
State Maryland

Permit # HO-95-2098  
Subdivision Chelsea Knolls  
Section  
Lot # 3

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
7:45 AM	54	4	15.00
8:00 AM	72	4	15.00
8:15 AM	111	4	15.00
8:30 AM	119	4	15.00
8:45 AM	119	4	15.00
9:00 AM	119	4	15.00
9:15 AM	119	4	15.00
9:30 AM	119	4	15.00
9:45 AM	119	4	15.00
10:00 AM	119	4	15.00
10:15 AM	119	4	15.00
10:30 AM	119	4	15.00
10:45 AM	119	4	15.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

H:\01-009\dwg\Well-Permit\01-009-well.dwg



4-21-11  
Well Box staked by  
MBA.

-Kmw

### LEGEND

- WELL AREA
- SEPTIC AREA

## WELL PERMIT CHELSEA KNOLLS LOT 3

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DRAWN BY: MMM DATE: APRIL 2011 PN: 01-009

**MILDENBERG  
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors  
6800 Deerpath Road, Suite 150, Elkridge, Maryland 21075  
(410) 997-0296 Balt. (410) 997-0298 Fax

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.


G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

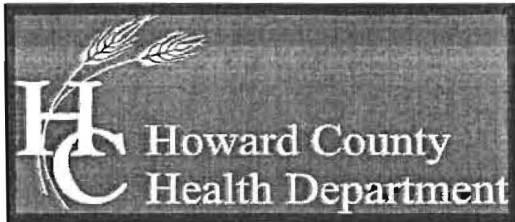
 4/25/14  
\_\_\_\_\_  
Owner Date  
Chelsea Knolls, L.C., Russell Dickens, Manager

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

 5/1/2014  
\_\_\_\_\_  
Howard County Health Department





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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

Lot 3

**OPERATION AND MAINTENANCE AGREEMENT  
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM  
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 15<sup>th</sup> day of May 2014, among Chelsea Knolls, LC, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 18317 Chelsea Knolls Drive, Mt Airy, Maryland 21771, in the 4<sup>th</sup> Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 8717 Folio 579.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
- E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

**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 #:	106386	Account #:	6488
Reference:	Chelsea Knolls Lot 3	Company:	Hatfield's Equipment, Inc.
Location:	18317 Chelsea Knolls Drive	Requested By:	Kenny Hatfield
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	3/30/2016 1252	Site:	Pressure Tank
Date/Time Rec'd:	3/30/2016 1335	Treatment:	Prior to Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	C. Mooshian 7268CM	Well #:	HO-95-2098

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/31/2016 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/31/2016 / 1000 / BCD
Nitrate	4.38	mg/L	10	601	3/30/2016 / 1650 / CRS
Turbidity	0.80	NTU	<10	SM18 2130B	3/30/2016 / 1715 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2016 / 1715 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy**Building Permit # :** B15002688Date Reported: 3/31/2016

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: Robert L. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

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

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

Name (Print): Joshua Henricks License# PI0173

**\*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: Chelsea Knolls LC Telephone #: \_\_\_\_\_  
Subdivision: Chelsea Knolls Lot #: 3 Well Tag #: HO - 95 - 2098 ✓  
Site Address: 18317 Chelsea Knolls Drive  
Mount Airy, MD 21771

**Submersible Pump Data**

Make: Grundfos  
Model #: 15SQE10-250  
Pump Capacity 15 GPM  
Well Yield: 15.00 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (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  
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 300 (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

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

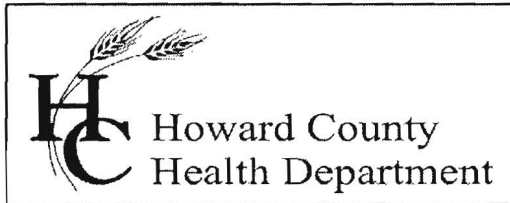
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Joshua Henricks      October 15, 2014  
Signature of company representative responsible for installation      date

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 3/9/16 Date Insp. Approved: 3/9/16 Inspector: SC  
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 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – OCTOBER 8, 2016**

April 8, 2016

Homeowner  
18317 Chelsea Knolls Drive  
Mr. Airy, MD 21771

**RE: Chelsea Knolls, Lot 3  
18317 Chelsea Knolls Drive  
Building Permit: B15002688  
Well Permit: HO-95-2098**

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 **3/29/2016**. Final approval of the well line connection to the dwelling was granted on **3/9/2016**. The well construction was completed on **8/30/2011**. Water samples were collected on **3/30/2016**.

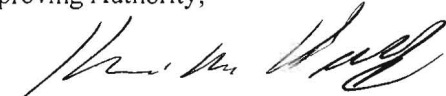
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2098. 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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