

C106698

SEQUENCE NO.
(MDE-USE ONLY)

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

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

COUNTY
NUMBERA511073E

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
09 13 99

DATE WELL COMPLETED
MM DD YY
9-10-99

Depth of Well
22 100 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2362

OWNER
Howard Est Dev Group

STREET OR RFD
Vixens Path

SUBDIVISION
Benedict Farm

SECTION

LOT
5

TOWN
Clarksville

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	
HARD Brown	0	35	
SANDSTONE			
GRAY GRANITE	35	100	
		65	
		90	
		98	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 940

GALLONS OF WATER 60 gals.

DEPTH OF GROUT SEAL (to nearest foot)

from 48 0 TOP 52 ft. to 54 40 BOTTOM 58 ft.

CASING RECORD

caseing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch) 06

Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE watch bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32' ft.

WHEN PUMPING 35' 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

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. MW D 355

DRILLERS SIGNATURE

LIC. NO. MW D 549

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

C2

DEPTH (nearest ft.)

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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL 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 LAND SURFACE 2 (nearest foot)

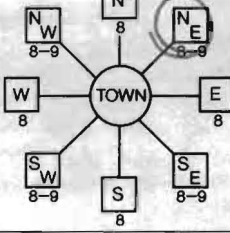
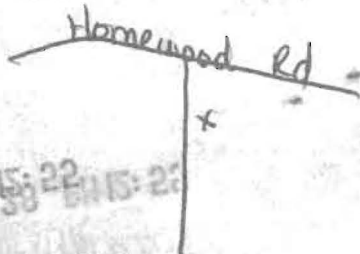
- below

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)

Left Prop. Line

Front Prop. Line

B 1 14176 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-2362 <small>70 fill in this form completely 79</small>
Date Received (APA) 07-28-99 <small>8 MM DD YY 13</small> Howard Estates Development Corp <small>15 Last Name 55</small> 8808 Centre Park Dr. <small>36 Street or RFD 55</small> Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Benedict Farm <small>23 SUBDIVISION 42</small> SECTION 5 LOT 5 <small>44 46 48 50</small> Clarksville <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 8 M I <small>73 76 77 78</small>	
DRILLER INFORMATION MICHAEL BARLOW M W D 355 <small>76 License No. 81</small> MICHAEL BARLOW Well Drilling Inc <small>Firm Name</small> 912 Fawn Ct Joppa MD 21085 <small>Address</small> 7-27-99 <small>Signature Date</small>		B 4 Irrens Path <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <small>34 37</small> DISTANCE FROM ROAD 350 <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A511073E <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <small>41</small> DATE ISSUED 08/29/99 ATM-Mell 08/20/00 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 515 0 0 0 EAST GRID 825 0 0 0 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 825 N 515 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		8-25-99 3.14 km No Insp  DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 AIR-ROTary</small> AIR-PERCussion <small>37 ROTARY (Hydraulic Rotary)</small> CABLE REVERSE-ROTary DRIVE-POINT other _____			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DENV-Permit 97	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No. 40-94-2362 <small>70 71 72 73 74 75 76 77 78 79</small>			

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2352
Location of property (road) Vivens Path
Subdivision Benedict Farm Lot 5 Block Plat Sec.
Well Driller Michael Barlow Owner Howard Estates Dev. Group

Depth of well 100
Distance of measuring point (M.P.) above ground 2.0
Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 1:00 Pumping rate 10 gpm.
Total time 15 min to reach pumping water level 35' 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: Maryland Water Cond Telephone #: 410-792-0327
Address: 10943-E Guilford Rd
Annapolis Sunston, MD 20701

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

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

Name (Print): Ted Geppert License# 64990

*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: Nick Chaffarian Telephone #: 443-542-1260
Subdivision: The Chase Lot #: _____ Well Tag #: HO-94-2362 ✓
Site Address: 11635 Vixens Path
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 15SPE10-220
Pump Capacity 1.5 GPM
Well Yield: 10+ GPM

Pitless Adapter

Make: Martinson
Model#: B-10XLF
Depth: ~40" (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: 100 (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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 36"-40" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 2 under footers
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.

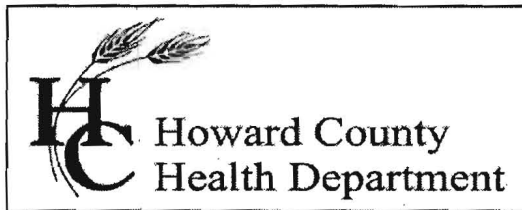
Signature of company representative responsible for installation
Mark R. Appert

8-26-13
date

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

Date Insp. Requested: _____ Date Insp. Approved: 8/27/13 Inspector: RW

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 under footer
Adequate grout observed below pitless adapter ✓



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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 – January 22, 2015

July 22, 2014

Homeowner
11635 Vixens Path
Ellicott City, MD 21042

**RE: The Chase II, Lot 5
11635 Vixens Path
Building Permit: B13001458
Well Permit: HO-94-2362**

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 **5/22/2014**. Final approval of the well line connection to the dwelling was granted on **8/27/2013**. The well construction was completed on **9/10/1999**. Water samples were collected on **5/14/2014**.

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 **6/4/2014**. Results showed a Gross Alpha level of **3.5 ± 1.1 pCi/L** and Gross Beta level of **7.8 ± 1.6 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-94-2362. 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:

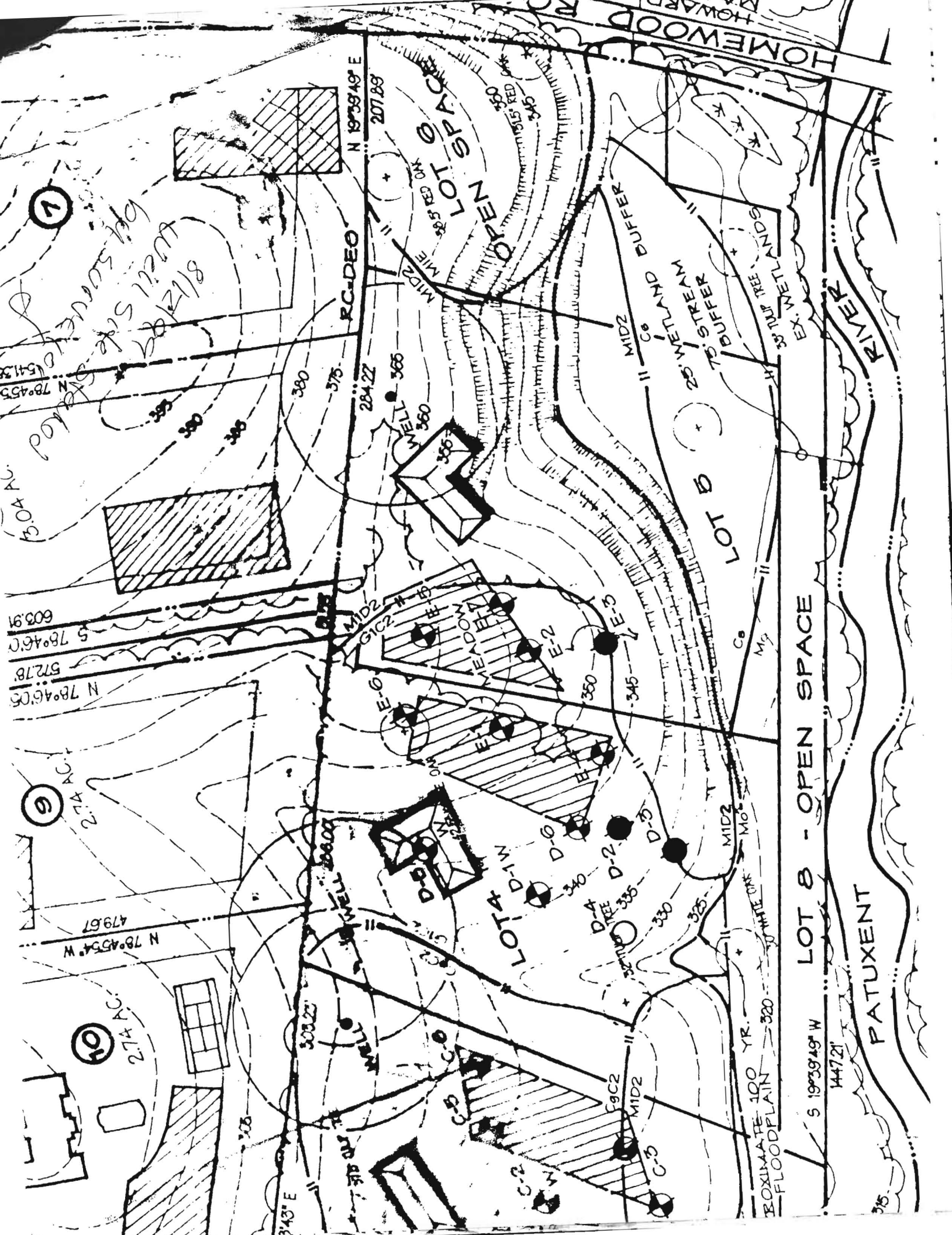
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

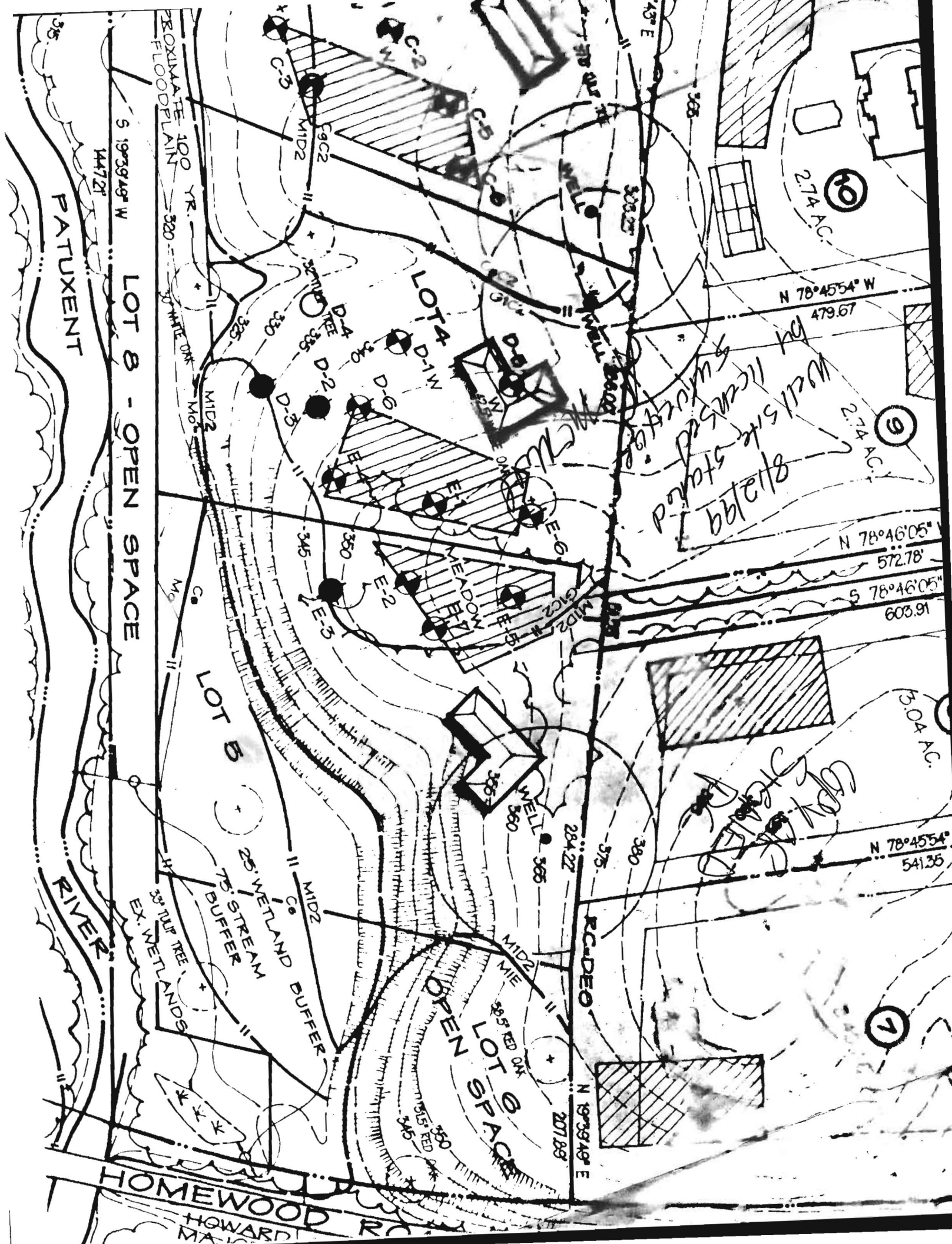
Approving Authority,

A handwritten signature in black ink, appearing to read 'J. Williams', written over a horizontal line.

Jeff Williams
Program Supervisor
Well & Septic Program

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





LOT 8 - OPEN SPACE

144721

S 19°39'49" W

APPROXIMATE 100 YR. FLOODPLAIN

WHITE OAK

MID2

Mo

LOT 5

25' WETLAND BUFFER

75' STREAM BUFFER

3" TUP TREE

EX. WETLANDS

RIVER

HOMESWOOD RD
HOWARD MA

LOT 4

D-1

D-2

D-3

D-4

D-5

D-6

D-7

D-8

D-9

D-10

D-11

D-12

D-13

D-14

D-15

D-16

D-17

D-18

D-19

D-20

D-21

D-22

D-23

LOT 6

OPEN LOT SPACE

5' 5" EED ON

5' 5" EED ON

5' 5" EED ON

MID2

MIE

5' 5" EED ON

5' 5" EED ON

5' 5" EED ON

5' 5" EED ON

5' 5" EED ON

5' 5" EED ON

284.22

375

380

207.83

207.83

RC-DEO

N 19°39'49" E

207.83

Well site stand by licensed surveyor 8/12/09

N 78°45'54" W 479.67

N 78°46'05" 572.78'

S 78°46'05" 603.91

N 78°45'54" 541.35

2.74 AC.

2.74 AC.

13.04 AC.

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Sample Received
Date Reported 5/19/2014
Well Permit No. HO 94 2362

Sample No: 118519-01 Sampled: 5/14/2014 10:22:0 Sampler: TGepper1650TG (Exp. 03-01-17)
Location: 11635 Vixens Path ✓ Preservation: Ice
Ellicott City, MD 21042 Sample Point: Filtered @ Kitchen Tap OK.

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Iron	HACH 8008	0.08		mg/l	0.05	05/19/2014	RM
Turbidity	EPA 180.1	1		NTU	0.5	05/19/2014	RM
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1.1	05/16/2014	DB
pH	Field	7.9		pH Units	1	05/14/2014	Sampler

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

5/22/14
OK
-KMD
Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Sample Received
Date Reported 5/16/2014
Well Permit No. HO 94 2362

Sample No: 118517-01
Location: 11635 Vixens Path
Ellicott City, MD 21042

Sampled: 5/14/2014 9:30:00

Sampler: TGeppert1650TG (Exp. 03-01-17)

Preservation: Ice

Sample Point: Raw Water @ Boiler Drain ✓
@ Water System

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass	✓	Per/100ml	1	05/15/2014	CT
Bacteria-E.coli	Colitag Test	Absent/Pass	✓	Per/100ml	1	05/15/2014	CT

Field Test(s) for chlorine are reported on the attached COC form. "NT" means Not Tested.

5/22/14 DIC
-KRW

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

118519

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 410-224-4307

WALDORF

410-224-4304

FAX 301-932-7347

Company Name, Address Phone & Fax

Testing Address

Water Doctor
10983-E Guilford Road
Annapolis Junction, MD 20701

410-792-0327
Fax 410-792-0762

11635 Vixens Path
STREET

Ellicott City, MD 21042
CITY STATE ZIP

Send Report By: ☐ Fax ☐ Postal Service ☒ Email ☐

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 5/14/14 Time 10:22am Well Tag #: HO 94-2362

Collectors Name: Ted Geppert Certification # 1165DTG Expires 3/17

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 7.9 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: _____ Chemicals: Filtered c. Kitchen Tap Lead: _____

Bacteriological Test _____ Next Day 11:30 _____ Next Day 3:30 _____ 2 Day

FULL Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

BASIC Chemical Analysis _____ Next Day 3:30 _____ 2 Day X 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

_____ Lead _____ Arsenic _____ Next Day 3:30 _____ 2 Day _____ 3 Day

_____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions: _____

Released By: [Signature] Date: 5-15-14 Time 10:52 Received By: _____

Released By: G.T. Date: 5-15-14 Time 11:18 Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: [Signature] Date: 5/15/14 Time 12:00

118517

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 410-224-4307

WALDORE

410-224-4304

FAX 301-932-7347

Company Name, Address Phone & Fax

Testing Address

Water Doctor
10983-E Guilford Road
Annapolis Junction, MD 20701

410-792-0327
Fax 410-792-0762

11635 Vixens Path

STREET

ELICOTT CITY MD 21042

CITY

STATE

ZIP

Send Report By: ☐ Fax ☐ Postal Service ☒ Email ☐

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 5/14/14 Time 9:30am Well Tag #: HD 94-2362Collectors Name: Ted Geppert Certification # 1650TG Expires 3/17Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATERpH: 6.5 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NOSand present? YES NO If "YES" submit one liter of sample to lab for testingSample Tap Bacteria: RAW WATER & boiler Chemicals: drain water system Lead: Bacteriological Test ☐ Next Day 11:30 ☐ Next Day 3:30 ☒ 2 DayFULL Chemical Analysis ☐ Next Day 3:30 ☐ 2 Day ☐ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)BASIC Chemical Analysis ☐ Next Day 3:30 ☐ 2 Day ☐ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)☐ Lead ☐ Arsenic ☐ Next Day 3:30 ☐ 2 Day ☐ 3 Day☐ Cadmium ☐ 2 Day ☐ 4 Day ☐ 6 DayRadium Gross Alpha ☐ One Week ☐ 2 WeekSpecial Instructions: Released By: [Signature] Date: 5-15-14 Time: 10:52 Received By: Released By: G.T. Date: 5-15-14 Time: 11:18 Received By:

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen Received in LAB By: [Signature] Date: 5/15/14 Time: 12:05

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401

State Certified Water Quality
Laboratory # 106



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 6/4/2014
Date Reported 6/13/2014

Sample No: 119003-01		Sampled: 6/3/2014 3:20:00 P		Sampler: TGappert1650TG (Exp. 03-01-17)			
Location: 11635 Vixens Path				Preservation: Ice			
Ellicott City, MD 21042				Sample Point: Pressure Tank Manifold Before Treatment			
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Gross Alpha-Radium	EPA 900.0	3.5		pCi/l	1.1	06/11/2014	Florida Radio Chemistry
Radium Gross Beta	EPA 900.0	7.8		pCi/l	1.6	06/11/2014	Florida Radio Chemistry

If Gross Alpha Radium results are below 5 pCi/L no further action is recommended. If between 5-15 pCi/L further testing for Radium 226 and 228 is recommended. If Gross Alpha Radium result exceeds 15 pCi/L consider a water treatment system.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

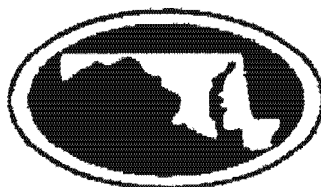
Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Water Doctor-MD Water Cond.
10983-E Gilford Road
Annapolis Junction, MD 20701

Project
Date Received 6/4/2014
Date Reported 6/13/2014

Sample No:	119003-01	Sampled:	6/3/2014 3:20:00 P	Sampler:	TGeppert1650TG (Exp. 03-01-17)
Location:	11635 Vixens Path Ellicott City, MD 21042	Preservation:	Ice	Sample Point:	Pressure Tank Manifold Before Treatmen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Gross Alpha-Radium	EPA 900.0	3.5		pCi/l	1.1	06/11/2014	Florida Radio Chemistry

If Gross Alpha Radium results are below 5 pCi/L no further action is recommended. If between 5-15 pCi/L further testing for Radium 226 and 228 is recommended, If Gross Alpha Radium result exceeds 15 pCi/L consider a water treatment system.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

119003.

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 410-224-4307

WALDORF

410-224-4304

FAX 301-932-7347

Company Name, Address Phone & Fax

Testing Address

Water Doctor
10983-E Guilford Road
Annapolis Junction, MD 20701

410-792-0327
Fax 410-792-0762

11635 Vixens Path
STREET
Ellicott City, MD 21042
CITY STATE ZIP

Send Report By: ☐ Fax ☐ Postal Service ☒ Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 6/3/14 Time 3:20 pm Well Tag #: _____

Collectors Name: Ted Geppert Certification # 1600TG Expires 03/17

Collectors Signature: TL Circle One: PRIVATE WELL or CITY WATER

pH: 7.3 Chlorine, Total mg/L: 0 Results for U & O Permit? YES ☐ NO ☒ Sample Clear when drawn? YES ☒ NO ☐

Sand present? YES ☐ NO ☒ If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: _____ Chemicals: _____ Radium _____ Lead: pressure tank
manifold before
treatment

Bacteriological Test _____ Next Day 11:30 _____ Next Day 3:30 _____ 2 Day

FULL Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)

BASIC Chemical Analysis _____ Next Day 3:30 _____ 2 Day _____ 3 Day
(Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)

_____ Lead _____ Arsenic _____ Next Day 3:30 _____ 2 Day _____ 3 Day

_____ Cadmium _____ 2 Day _____ 4 Day _____ 6 Day

Radium Gross Alpha _____ One Week ☒ 2 Week

Special Instructions: _____

Released By: TJ Date: 6/4/14 Time 9:45 AM Received By: TL

Released By: TL Date: 6-4-14 Time 10:40 AM Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE
DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen _____

Received in LAB By: TL Date: 6/4/14 Time 11:00



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

REQUEST FOR TEMPORARY DEVIATION TO
RADIUM STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: May 30, 2014 WELL PERMIT #: HO - 94 -2362

PROPERTY OWNER: (Print Name) Nick Ghaffarian
SUBDIVISION & LOT #: Desbuild Construction, Inc.
PROPERTY ADDRESS: The Chase II, Lot 5; 11635 Vixens Path, Ellicott City, MD 21042

TESTIMONIAL: Steps that will be taken, or that have already been taken, by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within forty-five (45) days. If post-treatment water samples have been taken, state the specific analyses that will be reported in results, e.g. Gross Alpha and Gross Beta and/or Radium.

Schedule Testing

CONDITIONS:

- 1) Within forty-five (45) days, the well installed under permit # HO-94-2362 will be documented to have Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) at the primary drinking tap as a result of installation of a water softener system, or at the reverse osmosis tap.
- 2) If the radium condition cannot be remediated to a level of Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) via installation of a water softener treatment or reverse osmosis system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Forty-five Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO-94-2362. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the radium removal device.

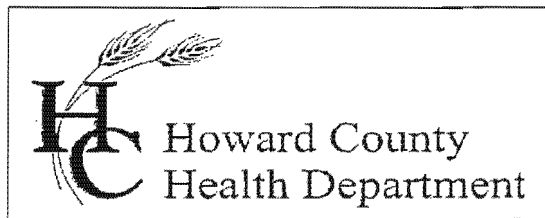
Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Nick Ghaffarian

Prospective Owner's Day Time Phone Number(s)

443-542-1260

we do not have contracts yet.



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | 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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM
Expiration Date – JULY 14, 2014

May 30, 2014

Homeowner
11635 Vixens Path
Ellicott City, MD 21042

RE: The Chase II, Lot 5
11635 Vixens Path
Building Permit: B13001458
Well Permit: HO-94-2362

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 **5/22/2014**. Final approval of the well line connection to the dwelling was granted on **8/27/2013**. The well construction was completed on **9/10/1999**. Water samples were collected on **5/14/2014**.

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.

Samples for analyses of radium or its degradation products have not been collected as of **5/30/2014**. This is a **temporary deviation** to allow additional time for obtaining and analyzing samples, and, if necessary, installation of a radionuclide removal system and additional submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.


2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland 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,


Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

"I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS."