

C1 1143

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A520415

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 12 2010

Depth of Well 300' 3/4/2011

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2003

OWNER Greenfield Homes Inc STREET OR RFD Prospect Dr - Access Dr TOWN Clarksville SUBDIVISION Willow Pond SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-39) and Gray Mica Rock (39-300).

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT) and DEPTH (nearest ft.).

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 D

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

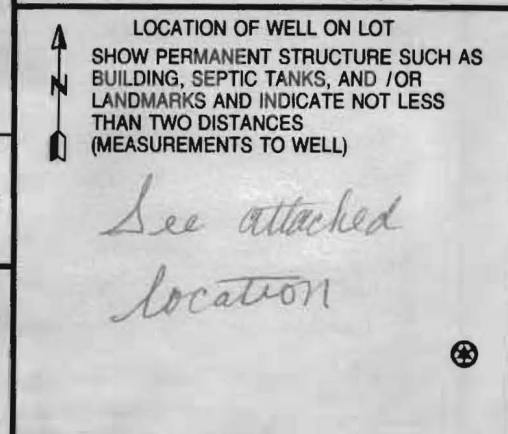
DEPTH (nearest ft.) table with columns 1-27 and rows A-N.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1	3490	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 534010 please type	STATE PERMIT NUMBER HO-95-2003 70 fill in this form completely 79
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**OWNER INFORMATION**

Date Received (APA) 08-30-10

8 MM DD YY 13

15 Last Name Owner First Name 34  
Greenfield Homes Inc

36 Street or RFD 55  
6656 Luster Drive

57 Town 70 State 72 Zip 76  
Highland Md 20777

**LOCATION OF WELL**

B 3 Howard

8 COUNTY 21  
Willows Pond

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50  
Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 MI  
73 76 77 78

**DRILLER INFORMATION**

Driller's Name 76 License No. 81  
Joseph L Mayne M S D 024

Firm Name  
Joseph L Mayne Well Driller 9

Address  
5512 Ridge Rd Mt Airy Md 21771

Signature Date  
Joseph L Mayne 8-24-2010

**WELL INFORMATION**

B 2

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30  
Prestwick Dr Access Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 DISTANCE FROM ROAD FT  
1100

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 17 PARCEL 382

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) 4520415

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 9/24/2010 Brian Baker 9/24/2011

43 MM DD YY 48 CO SIGNATURE EAST EXP. DATE  
496 000 B14 000

NORTH GRID 50 EAST GRID 57

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 10/12/10

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8144

N 496

000  
000

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

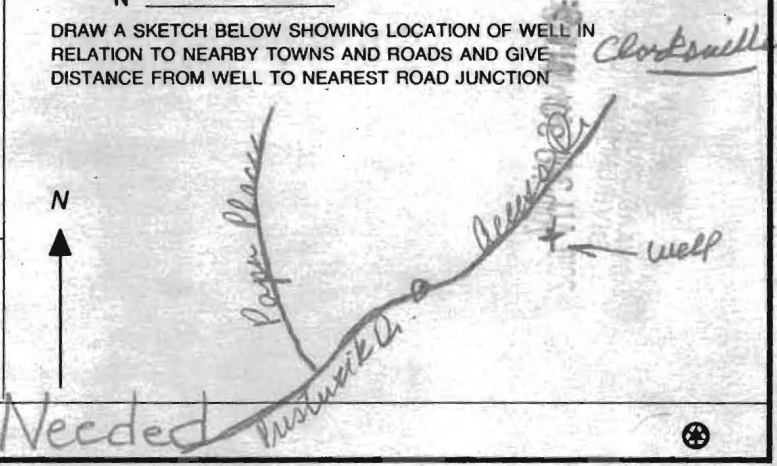
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (2 Wells)

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-95-3351 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Needed



**BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: Gartland Plumbing Inc Telephone #: 410-825-5303  
Address: 1620 W. Old Liberty Rd  
Sylkesville, MD 21289

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Joe Gartland License# 6352

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Hasan Askaci Telephone #: 410-365-3702  
Subdivision: Willow Pond Lot #: 5 Well Tag #: HO 95-2003V  
Site Address: 6490 Heather Glen Way  
Clarksville, MD 21029

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Amer. Grundy</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>106S10422C</u>	Model#: <u>30455</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt Yes

**Piping to house**

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

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

} Sleeve under footer 50'

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] 5-12-15  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/13/15 Date Insp. Approved: 5/13/15 SC

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

sleeve under footer

**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: Gartland Plumbing Inc Telephone #: 410-875-5303  
 Address: 1620 W. Old Liberty Rd  
Sykesville, MD 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Joe Gartland License# 6352

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Make: <u>Goulds</u>	Make: <u>Amer. Granby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>106510422C</u>	Model#: <u>30455</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt Yes

**Piping to house**  
 Type: Poly  
 PSI: 160 (160 psi min)  
 Depth of supply line: 42 (36" min)

**House Connection**  
 PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
 Approximate length of sleeve: \_\_\_\_\_  
 Sleeve caulked and sealed properly: \_\_\_\_\_

} Sleeve under footer 50'

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: 5-12-15

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

Date Insp. Requested: 5/13/15 Date Insp. Approved: 5/13/15 SC

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
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Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/> sleeve under footer
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

3/4/2011

O.K. (BB)

DATE WELL ABANDONED: 10-18-2010 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

76 - 73 - 3551

\* PERMIT NUMBER OF REPLACEMENT WELL

76 - 95 - 2003

\* PERSON ABANDONING WELL: Joseph L. Mayne

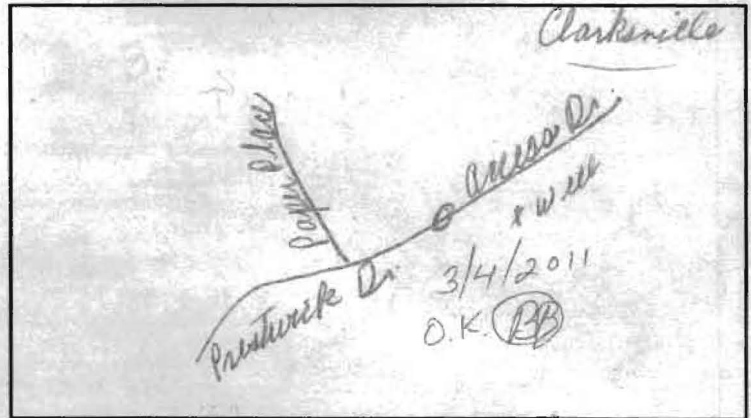
WELL DRILLERS LICENSE NUMBER: MSD 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Greenfield Homes Inc

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville  
 TAX MAP 34 BLOCK 17 PARCEL 382  
 SUBDIVISION: Willow Pond  
 SECTION: \_\_\_\_\_ LOT: 5  
 NEAREST ROAD: Prestwick Dr.



\* TYPE OF WELL BEING ABANDONED:

- DRILLED \_\_\_\_\_ JETTED
- \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC
- \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL
- \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:

- STEEL \_\_\_\_\_ PLASTIC
- \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 185 FEET DEEP

\* WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 if yes, length removed, in feet: 25

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

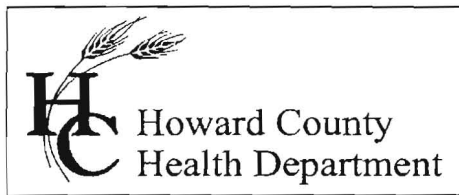
MATERIAL	FEET	
	FROM	TO
Cement/gravel mixed	0	185
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
Joseph L. Mayne

LICENSE # MSD 024

CIRCLE ONE

DATE 10-19-2010



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 17, 2010

**Greenfield Homes, Inc.**  
**6656 Luster Drive**  
**Highland, Maryland 20777**

**RE: Willow Pond Lot 5**  
**Prestwick Drive**  
**Well Tag: HO - 95 - 2003**

To Whom It May Concern:

A sample was collected during a yield test on October 12, 2010 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

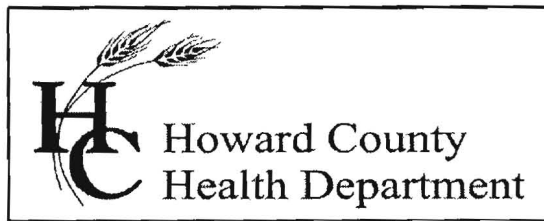
Results from this screening revealed a **Gross Alpha** of  $3.9 \pm 1.6$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $4.1 \pm 1.9$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **does** appear safe for all uses. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. However, please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions or to discuss additional testing requirements.

Sincerely,  
  
Bert Nixon, Director  
Bureau of Environmental Health

Enclosure  
cc: Barry Glotfelty, MDE Water Mgmt.  
Well & Septic property file



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 14, 2016

December 14, 2015

Homeowner  
6490 Heather Glen Way  
Clarksville, MD 21029

**RE: Willow Pond, Lot 5**  
**6490 Heather Glen Way**  
**Building Permit: B14003522**  
**Well Permit: HO-95-2003**

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 **3/4/2015**. Final approval of the well line connection to the dwelling was granted on **5/13/2015**. The well construction was completed on **10/12/2010**. Water samples were collected on **11/30/2015 & 12/8/2015**.

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 **10/12/2010**. Results showed a Gross Alpha level of **3.9 pCi/L** and **Gross Beta** level of **4.1 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-95-2003. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

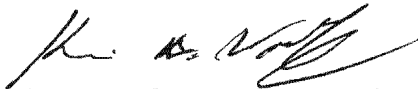
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

Approving Authority,



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

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

Send Report To:

E000627 813 8

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: HOMJ2003 No. B:      Field Blank Bottle No. 1:      No B:     

Plant/Site Name: Willow Pond - Lot 5 County: Howard

Sample Source: Prestwick Dr Lot 5 Location: MS W-11 HO-95-2003  
(well no, lab sink, sample tap, etc.)

County:  1  3 Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: Michael Johnson (MS9883) Telephone No.: 410-313-1771

Date Collected: 10/12/10 cont Time Collected: 12:30 a.m. 12:30 p.m.

Nitric Acid Preserved: Yes  No  Iced: Yes  No

Submitters Code:  Federal Project:  Field Data:      pH      Chlorine     

Remarks: preserved w/ HNO<sub>3</sub> to pH less than 3.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0627	3.7 ± 1.6	10/18/10	10/20/10
✓	Gross Beta	4100	0627	4.1 ± 1.9		
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 10/13/10

Supervisor:     

Tel. No.: (410) 767-5537 Fax No.: (410) 333-5373

Send Report To:

E000628 113 8

WILLOW POND

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P. H., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A:      No. B:      Field Blank Bottle No. 1: FBMS2001 No B:     

Plant/Site Name: Field Blank County: Howard

Sample Source: Distilled water Location:       
(well no, lab sink, sample tap, etc.)

County:   Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: Michael Johnson

Telephone No.: 410-313-1771

Date Collected: 10/12/10 cent

Time Collected:      a.m.      p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:  Federal Project:

Field Data:      pH      Chlorine

Remarks: preserved w/ HNO<sub>3</sub> to pH less than 7.0

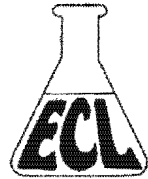
✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	0628	< 2.0	10/18/10	10/20/10
✓	Gross Beta	4100	0628	< 4.0	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 10/13/10

Supervisor: [Signature]

•Tel. No.: (410) 767 - 5537 •Fax No.: (410) 333- 5373

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Meadow Brook Water Treatment  
7410 Rossville Boulevard  
Rosedale, MD 21237

Report Date: 12/08/2015  
Report Number: 151208101926  
Use and Occupancy  
PERMIT #: B14003522

LAB#- E042563-01      SAMPLE ID- 6490 Heather Glen Way      WELL #      HO 95-2003  
LOCATION- Pressure Tank      SAMPLER- A Salins  
DATE SAMPLED- 11/30/2015      TIME SAMPLED- 08:45      CHLORINE- Non detect  
DATE RECEIVED- 11/30/2015      TIME RECEIVED- 17:45  
DELIVERED BY- Anselm Salins      RECEIVED BY- Ginny Shelley  
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
# Total Coliform	SM 9223B	11/30/15 18:00	VPS	Present	FAIL
# E. Coli	SM 9223B	11/30/15 18:00	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **NOT SAFE** for drinking water purposes.

### Wet Chemistry by Enviro-Chem

# Nitrate (as N)	EPA 300.0	11/30/15 19:35	SEN	< 0.2	mg/L	PASS
\$ pH	SM4500-H+B	12/01/15 15:45	SEN	8.1	SU	
\$ Sand	EPA 160.5	12/01/15 09:30	VPS	< 0.5	ml/L/Hr	
\$ Turbidity	EPA 180.1	12/01/15 15:54	SEN	0.5	NTU	

Stephen Shelley  
Laboratory Director

### Certifications

# - State of Maryland Certification      #192  
\* - NELAP Certification      68-04873  
! - VELAP Certification      460255  
\$ - Not a certified Analyte

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

**FINAL REPORT OF ANALYSIS**

Meadow Brook Water Treatment  
7410 Rossville Boulevard  
Rosedale, MD 21237

Report Date: 12/10/2015  
Report Number: 151210220026  
Use and Occupancy  
PERMIT #: B14003522

LAB#- E042696-01      SAMPLE ID- 6490 Heather Glen Way      WELL #      HO 95-2003  
LOCATION-      Rose Bib      SAMPLER-      8622AS  
DATE SAMPLED- 12/08/2015      TIME SAMPLED- 15:40      CHLORINE-      Non detect  
DATE RECEIVED- 12/09/2015      TIME RECEIVED- 13:25  
DELIVERED BY- Anselm Salins      RECEIVED BY-      Ginny Sholley  
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
# Total Coliform	SM 9223B	12/09/15 13:40	VPS	Absent	PASS
# E. Coli	SM 9223B	12/09/15 13:40	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Stephen Shelley  
Laboratory Director

Certifications

- # - State of Maryland Certification      #192
- \* - NELAP Certification      68-04873
- ! - VELAP Certification      460255
- @ - Not a certified Analyte

CAAO HEATHER GLEN WAY

Clerk of the Circuit Court for  
Howard County  
Land Records/Licensing

The Thomas Dorsey Building  
9250 Bendix Road  
Columbia, MD 21045  
410-313-5850

=====  
LR - Agreement Recording Fee  
1x 20.00 20.00

Grantor/Grantee Name: Askari  
Reference/Control #: 124

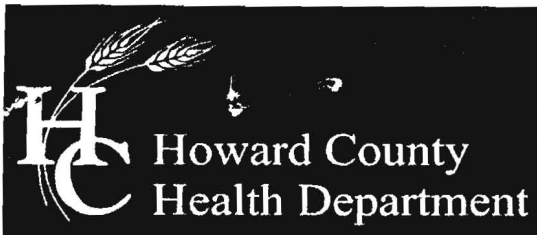
LR - Agreement Surcharge  
1x 40.00 40.00

=====  
SubTotal: 60.00  
Total: 60.00

=====  
REV-Check-BOA 60.00  
Number : 8354

10/28/2014 13:13 CC13-VB  
#3465789 /496/109

~ Thank you for visiting us today ~



## Bureau of Environmental Health

8930 Stanford Boulevard, 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

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

THIS AGREEMENT is made this 28 day of OCT, among HASAN AND Seema ASAKARI, 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 690 HEATHERGLEN WAY, in the 5 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 Lib 00968 Folio 00104

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. The pre-treatment device being installed is Nerweko.

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 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.

Beet Ouyfan 10/28/14  
Howard County Health Department

[Signature] 10-27-14  
Owner #1 Signature Date

HASANA ASKARI  
Owner #1 Print Name

[Signature] 10-27-14  
Owner#2 Signature Date

SEEMA N. ASKARI  
Owner #2 Print Name

\_\_\_\_\_  
Buyer #1 Signature Date

\_\_\_\_\_  
Buyer #2 Signature Date

\_\_\_\_\_  
Buyer #1 Print Name

\_\_\_\_\_  
Buyer #2 Print Name

WATER WELL ABANDONMENT SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 6-4-2013 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL: HO-95-2003

\* PERSON ABANDONING WELL: Joyce L. Mayne

WELL DRILLER'S LICENSE NUMBER: M51024

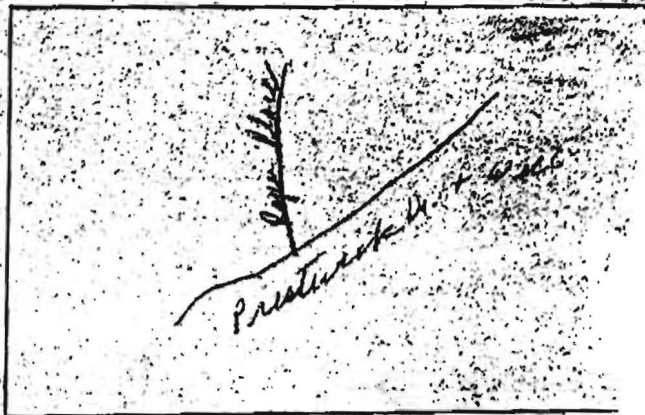
\* OWNER'S NAME: Maccenfield Home Inc

CIRCLE: MWD / MSD / MGS

\* WELL LOCATION:

SITE LOCATION MAP

COUNTY: Howard  
 NEAREST TOWN: Chesapeake  
 TAX MAP 34 BLOCK 17 PARCEL 582  
 SUBDIVISION: Willow Pond  
 SECTION: \_\_\_\_\_ LOT: 5  
 STREET ADDRESS: 6400 Praterwick Dr



LATITUDE 3 9.19541

LONGITUDE 7 6.95005

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

\* USE CODE:

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

MATERIAL	FEET	
	FROM	TO
Cement + gravel	0	100

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANTARIAN: Joyce L. Mayne LICENSE#

M51024 MWD / MSD / MGS 6-5-2013 DATE

CIRCLE ONE



\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK  
 1/5/16 SC

DATE WELL ABANDONED: 6-4-2013 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none — —

\* PERMIT NUMBER OF REPLACEMENT WELL: NO — 95 — 2003

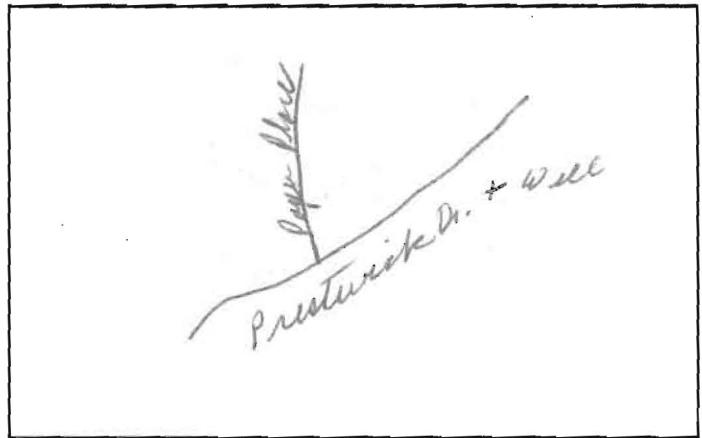
\* PERSON ABANDONING WELL: Joseph & Mayra WELL DRILLER'S LICENSE NUMBER: MSD024

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Greenfield Homes Inc

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville  
 TAX MAP 34 BLOCK 17 PARCEL 382  
 SUBDIVISION: Willow Pond  
 SECTION: \_\_\_\_\_ LOT: 5  
 STREET ADDRESS: 6490 Prestwick Dr

SITE LOCATION MAP



LATITUDE 3 9.19541

LONGITUDE 7 6.95005

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

MATERIAL	FEET	
	FROM	TO
<u>Cement &amp; gravel</u>	<u>0</u>	<u>100</u>

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_ PLASTIC  
 \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

VAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 If yes, length removed, in feet: 2

VAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

VOLUME OF MATERIAL USED

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#  
Joseph & Mayra

MSD024 MWD / MSD / MGS 6-5-2013 ⊕  
 CIRCLE ONE DATE

COUNTY