

C1 0064 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBERS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 NUMBER A 37587

ST/CO USE ONLY DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 062087 Depth of Well 405 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-98-0753

OWNER JANUARIAN JAMES last name first name TOWN HIGHLAND
 STREET OR RFD 1516 OF MARY WAY SUBDIVISION WINDMILL GARDENS SECTION 1 LOT 9

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	
<u>SAND Stone</u>	<u>0</u>	<u>34</u>	
<u>GRAY MICHA ROCK</u>	<u>34</u>	<u>405</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 752
 GALLONS OF WATER 42
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 33 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE SH Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)
 diameter inch from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 H0 38 15 405
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 2 2 3 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from to

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 3
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 28
 WHEN PUMPING 267
 TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

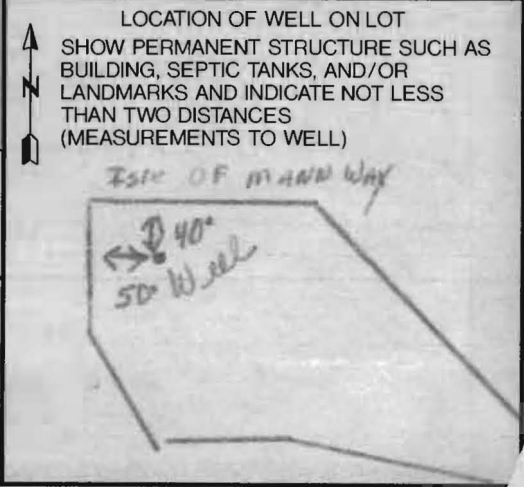
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } 2

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 IDENT. NO. 237
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 []
 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] [] [] [] [] []
 W Q [] [] [] [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



1 **5697** SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-98-0753

please print or type

fill in this form completely

Date Received (APA)

252689

OWNER INFORMATION

SANBORN M. JAMES

4967 TEN OAKS ROAD

DAYTON MD 21036

B 3

LOCATION OF WELL

HOWARD

HOANDA GARDENS EST.

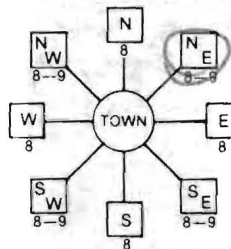
SECTION **9** LOT **9**

HIGHLAND

MILES FROM TOWN (enter 0 if in town) **1 3/4** MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Isle Of Mann way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT OR MI **FT**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A 37597** COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **061589** CO SIGNATURE **Raymond Hodges / 2/15/89** EXP DATE _____

NORTH GRID **491000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

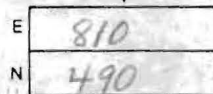
- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

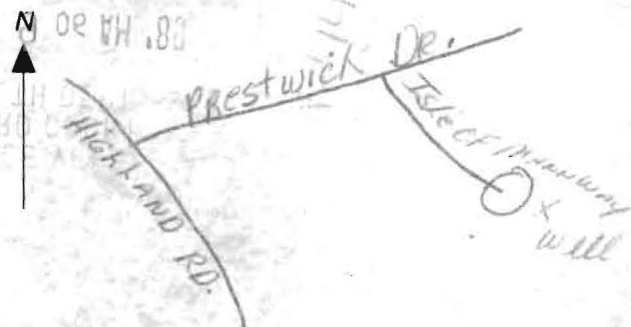


6/20/89 9:30/already per well driller growth
40' - casing
33' - open
8 bags of cement
C.B.S.
(Tagalates)

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
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEMED AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**

FORCE **RH** PERMIT NO. **HO-98-0753**

SPECIAL CONDITIONS

Page 6 of 20
 Date 6/20/89

Review ok 7/3/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88 0753
 Location of property (road) 75LE OF MAN WAY
 Subdivision ROANNAH GARDENS Lot 9 Block Plat Sec.
 Well Driller JOSEPH MAINE Owner JAMES SAND BORN

Depth of well 405'
 Distance of measuring point (M.P.) above ground 2 1/2'
 Static water level (S.W.L.) below M.P. 28'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 20 gpm.
 Total time 45 min. to reach pumping water level 265' below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	165'	3 sec.		20
8:30	267	4		15
8:45	265	23		2.6
9:00	265	23		2.6
9:15	265	23		2.6
9:30	265	23		2.6
9:45	264	23		2.6
10:00	264	23		2.6
10:15	264	23		2.6
10:30	264	23		2.6
10:45	262	23		2.6
11:00	261	20		3
11:15	261	20		3
11:30	261	20		3
11:45	261	20		3
12:00	261	20		3
12:15	261	20		3
12:30	261	20		3
12:45	261	20		3
1:00	261	20		3
1:15	261	20		3
1:30	261	20		3
1:45	261	20		3
2:00	261	20		3
2:15	261	20		3

(OVER)



2:30

261'

20 sec.

3 gal.

HEALTH
 DEPT.
 10 37 AM '89
 HEALTH DEPT.
 HOWARD COUNTY
 MARYLAND

**HOWARD COUNTY HEALTH DEPARTMENT
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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 88-0753
Site Address: 13114 Isle of Mann Way

Submersible Pump Data

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

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

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

House Connection

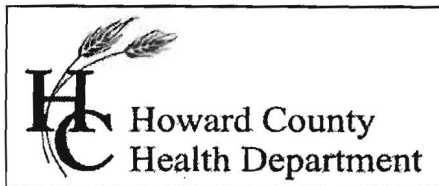
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: (KW) 6/18/12/12/14/2011
Inspection Data: Pitless adapter and 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 installed inside of well 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
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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM
Expiration Date – August 2, 2012

June 19, 2012

Homeowner
13118 Isle of Mann Way
Highland, MD 20777

RE: Koandah Garden Estates, Lot 14
13118 Isle of Mann Way
Building Permit: B11002241
Well Permit: HO-88-0753

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 **Da1/5/2012te**. Final approval of the well line connection to the dwelling was granted on **6/18/2012**. The well construction was completed on **6/20/1989**. Water samples were collected on **6/5/2012 and 6/13/2012**.

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.

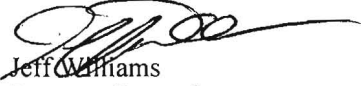
This is a **temporary deviation** to allow additional time for Gross Alpha and Gross Beta testing as well as installation of a radionuclide removal system and submission of water sample results indicating that the treated water meets EPA recommendations, if needed.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for untreated short term gross alpha/beta and, if needed, 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**.

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.**

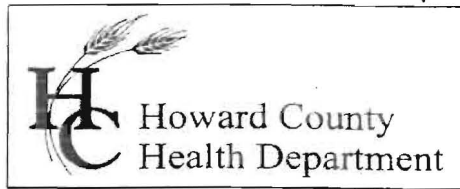
Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Jeff Williams
Program Supervisor
Well & Septic Program

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



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

July 26, 2012

Mr. Gao Donghong
13118 Isle of Mann Way
Highland, Maryland 20777

RE: 13118 Isle of Mann Way
Koandah Gardens Lot 14
Highland, Maryland 20777

Dear Mr. Donghong:

Testing was performed on July 2, 2012 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta 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 the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening (sample collected from the kitchen faucet) revealed a **Gross Alpha** of 31.9 ± 4.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 33.1 ± 3.0 pCi/L. The **Gross Alpha** result was above the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below the targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems per year).

At the time of testing and with respect to these parameters, your well water supply **does not meet** applicable EPA regulatory standards. Given these findings, treatment to reduce /remove these naturally occurring radionuclides should be considered. Typically, a water softener system and / or a reverse osmosis (R/O) unit are effective means of treating these types of contaminants. Further testing is recommended to establish effectiveness of installed treatment - especially with respect to **Radium 226 / 228**.

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 schedule additional testing..

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Barry Glotfelty, MDE, Water Mgmt.

Send Report To:

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

05-408909

E000010 4-2

LOT 14 G. 8
ROANDAH GARDENS

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HC13118 No. B: _____ Field Blank Bottle No. 1: _____ No B: _____

Plant/Site Name: Doung Hong Goo County: Howard

Sample Source: 13112 1/2 of MAHIN WAY Location: _____
Highland MD 20777 (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: Boleslav Shklyov

Telephone No.: 410-313-1777

Date Collected: 7/12/12

Time Collected: 10:11 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: 6.8 pH 0.0 Chlorine

Remarks: sample taken from kitchen, in water softener

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	010	31.9 ± 4.7	7/5/12	7/10/12
✓	Gross Beta	4100	010	33.1 ± 3.0	✓	✓
	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: 7/2/12

Supervisor: [Signature]

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

Send Report To:

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

E000009 #2

LABORATORY ANALYSIS REQUEST

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

Plant/Site Name: Field Blank County: Howard

Sample Source: _____ Location: _____
(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: BOLISIAV SHKIYAR

Telephone No.: 410-313-1787

Date Collected: 7/21/12

Time Collected: _____ a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: _____ pH _____ Chlorine

Remarks: _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	009	<2.0	7/5/12	7/10/12
✓	Gross Beta	4100	009	<4.0	L	L
	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: 7/21/12

Supervisor: [Signature]

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Castle Rock Builders
2159 White Street
Suite 3
York, PA 17404

Reporting Date: 6/14/2012
Report #: K8476

Submitted Sample Address: 13118 Isle Of Mann Way
Highland, MD 20777
Submitted Sample Source: Holding tank
Date / Time Collected: 6/13/2012 8:00 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-88-0753

6/13/12
OK (FW)

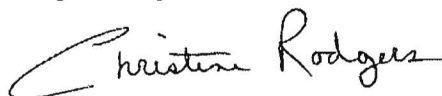
Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Turbidity	9.1 ✓	NTU	0.5	10	SM 2130B

Notes:

1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by:



Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Castle Rock Builders
2159 White Street, Suite 3, #143
York, PA 17404

Reporting Date: 6/11/2012
Report #: K8414

Submitted Sample Address: 13114 Isle Of Mann Way
Highland, MD 20777
Submitted Sample Source: Holding tank
Date / Time Collected: 6/5/2012 8:03 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HIO-88-0753

*Need Report
for Bacteria and
Turbidity.
(Yes)*

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Present	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	11.8	NTU	0.5	10	SM 2130B
pH	6.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B
Iron	0.84	mg/L	0.1	0.3 (SMCL)	SM 3400D

Notes:

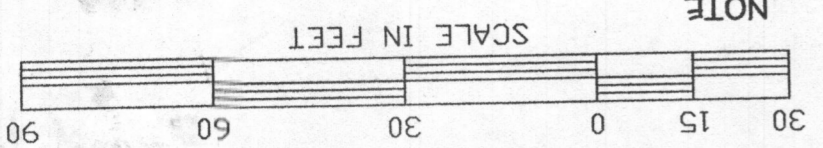
- Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clescerl and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,

Christine Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: *SNB*

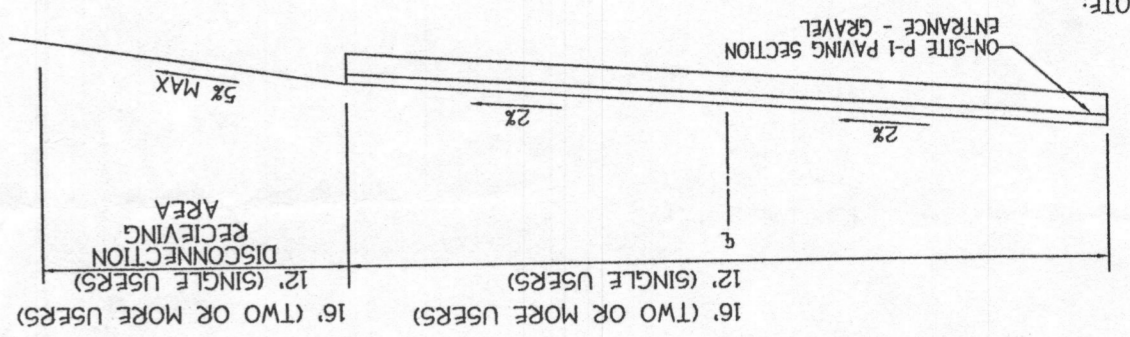


NOTE
 THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO-88-0753 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

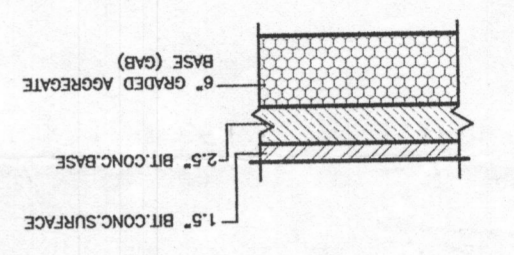
Developer
C/O STEVENS BUILDERS, INC.
 4714 LINTHICUM ROAD
 DAYTON MD, 21036
 FAX 410-531-4900

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461-2855

NOT TO SCALE
TYPICAL PRIVATE DRIVE CROSS SLOPE SECTION

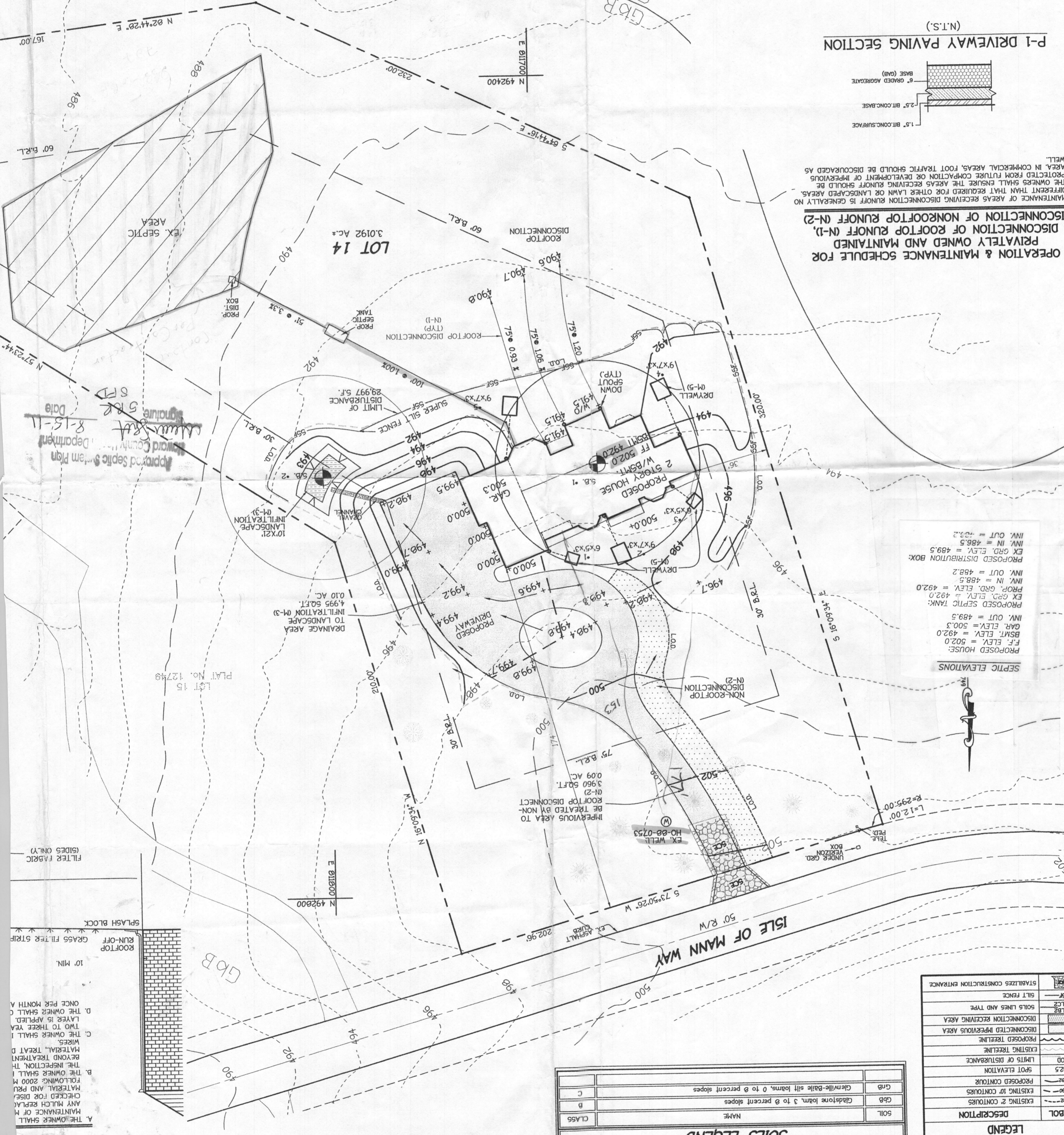


(N.T.S.)
P-1 DRIVEWAY PAVING SECTION



OPERATION & MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED DISCONNECTION OF ROOFTOP RUNOFF (N-1), DISCONNECTION OF NONROOFTOP RUNOFF (N-2)

1. MAINTENANCE OF AREAS RECEIVING DISCONNECTION RUNOFF IS GENERALLY NO DIFFERENT THAN THAT REQUIRED FOR OTHER LAWN OR LANDSCAPED AREAS. THE OWNERS SHALL ENSURE THE AREAS RECEIVING RUNOFF SHOULD BE PROTECTED FROM FUTURE COMPACTION OR DEVELOPMENT OF IMPERVIOUS AREAS. IN COMMERCIAL AREAS, FOOT TRAFFIC SHOULD BE DISCOURAGED AS WELL.



SEPTIC ELEVATIONS

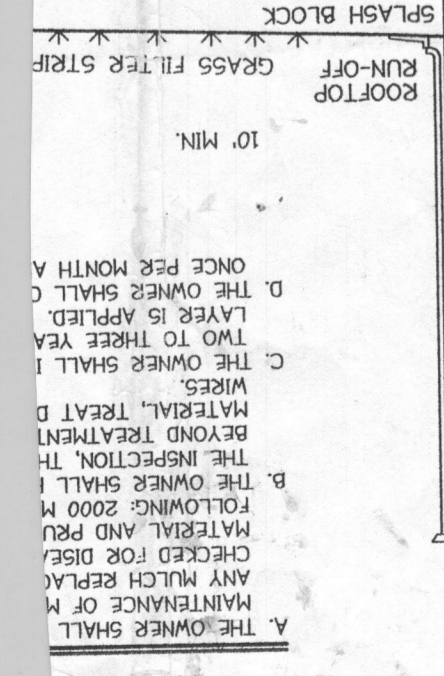
PROPOSED HOUSE:	F.F. ELEV. = 502.0
	BSMT. ELEV. = 492.0
	GAR. ELEV. = 500.3
INV. OUT = 489.5	
PROPOSED SEPTIC TANK:	EX GRD. ELEV. = 492.0
	PROP. GRD. ELEV. = 492.0
INV. IN = 488.5	
INV. OUT = 488.2	
PROPOSED DISTRIBUTION BOX:	EX GRD. ELEV. = 489.5
	INV. IN = 486.5
INV. OUT = 483.2	

LEGEND

SYMBOL	DESCRIPTION
---	EXISTING 2' CONTOURS
- - -	EXISTING 10' CONTOURS
---	PROPOSED CONTOUR
---	SPOT ELEVATION
---	LIMITS OF DISTURBANCE
---	PROPOSED TIELINE
---	DISCONNECTED IMPERVIOUS AREA
---	DISCONNECTION RECEIVING AREA
---	SOILS LINES AND TYPE
---	SILT FENCE
---	STABILIZES CONSTRUCTION ENTRANCE

SOILS LEGEND

SOIL CLASS	NAME
Gnb	Glenville-Baltimore silt loams, 0 to 8 percent slopes
Gbb	Gladstone loam, 3 to 8 percent slopes
C	



A. THE OWNER SHALL MAINTENANCE OF M...
 B. THE OWNER SHALL I...
 C. THE OWNER SHALL I...
 D. THE OWNER SHALL C...
 ONCE PER MONTH A...
 LAYER IS APPLIED...
 TWO TO THREE YEA...
 THE INSPECTION, TH...
 BEYOND TREATMENT...
 MATERIAL, TREAT D...
 WIRES...
 FOLLOWING: 2000 M...
 MATERIAL AND PRU...
 CHECKED FOR DIS...
 ANY WHICH REPAI...