



# HOWARD COUNTY HEALTH DEPARTMENT

64822

413119

Received  
From

PHONE #

For



CASH



CHECK

NO.

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Dollars

Received By



**Maryland**  
Department of  
the Environment

Larry Hogan, Governor  
Boyd K. Rutherford, Lt. Governor

Ben Grumbles, Secretary  
Horacio Tablada, Deputy Secretary

July 23, 2019

Ms. Karen Ruano  
912 East Watersville Road  
Mt. Airy, Maryland 21771

**RE: REQUEST FOR DRINKING WATER SAMPLING**  
**Case No. 2019-0762-HO**  
**Ruano Residence**  
**449 Twin Arch Road, Mt. Airy**  
**Howard County, Maryland**

Dear Ms. Ruano:

The Maryland Department of the Environment's (MDE) Oil Control Program (OCP) completed a review of the case file for the above-referenced property, including the *MDE UST Closure Report*, DATED June 14, 2019, prepared by Floyd E. Cline and Sons, Inc. This case was opened as a result of the discovery of petroleum-impacted soils encountered during the removal of 2 bare steel above-ground storage tanks (ASTs) from underneath the front porch. On May 17, 2019, following removal of the ASTs, a Maryland-certified underground storage tank (UST) technician excavated a total of 1.46 tons of petroleum-impacted soil for proper off-site disposal. OCP personnel were not present during either the AST or soil removal activities. Groundwater was not encountered and liquid phase hydrocarbons were not reported to be observed in the area of excavation.

Following the excavation of petroleum-impacted soils, a soil sample was collected at a depth of approximately 12 inches below the ground surface to evaluate the presence/absence of residual petroleum impact. The soil sample was analyzed for full-suite volatile organic compounds (VOCs), including fuel oxygenates and naphthalene, using EPA Method 8260 and total petroleum hydrocarbons - diesel and gasoline range organics (TPH-DRO and TPH-GRO) using EPA Method 8015. On June 9, 2019, a groundwater sample was collected from the newly installed on-site drinking water supply well (Tag No. HO-18-0023) and analyzed for full-suite VOCs using EPA Method 524.2.

All soil sampling results were either non-detect or below MDE's residential soil cleanup standards with the following exception. TPH-DRO were reported at concentration of 501 parts per million (ppm), which exceeds the 230 ppm standard. The analytical results for the groundwater sample collected from the supply well reported toluene at a concentration of 51 parts per billion (ppb), bromodichloromethane at 1.3 ppb, and chloroform at 12.3 ppb. Toluene is a constituent of heating oil and has an established safe drinking water standard of 1,000 ppb. The analytical results for bromodichloromethane and chloroform are below the safe drinking water standard of 80 ppb; both are likely residual products relating to chlorination of the drinking water supply well.

RECEIVED

SEP 26 2019

HOWARD COUNTY HEALTH DEPT.  
FOOD PROTECTION PROGRAM



# Maryland

## Department of the Environment

Larry Hogan, Governor  
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Case No. 2019-0762-HO  
Page 2

While the groundwater analytical results are below established safe drinking water standards, the OCP requires that you collect another sample from your supply well and provide the analytical results for our review **no later than Sept. 2, 2019**. The sample must be collected prior to any treatment system (water softener, etc.) that may exist and be analyzed for full-suite VOCs, including fuel oxygenates and naphthalene, using EPA Method 524.2. A list of qualified laboratories is enclosed for your reference.

If you have any questions, please contact Mr. Jim Richmond at 410-537-3337 or [jim.richmond@maryland.gov](mailto:jim.richmond@maryland.gov).

Sincerely,



Andrew B. Miller, Chief  
Remediation and State-Lead Division  
Oil Control Program

Enclosure: List of Laboratories

cc: Mr. Bert Nixon, Director, Bureau of Environmental Health, Howard County Health Department  
Mr. Jim Richmond, Case Manager, Remediation and State-Lead Division, Oil Control Program  
Mr. Christopher H. Ralston, Program Manager, Oil Control Program  
Ms. Kaley Laleker, Director, Land and Materials Administration

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**Maura J. Rossman, M.D., Health Officer****MEMORANDUM**June 27<sup>th</sup>, 2018

Ruano, Karen

**RE: Replacement Well Sampling**  
449 Twin Arch Road  
Mount Airy, MD 21794  
Well Permit # HO-18-0023

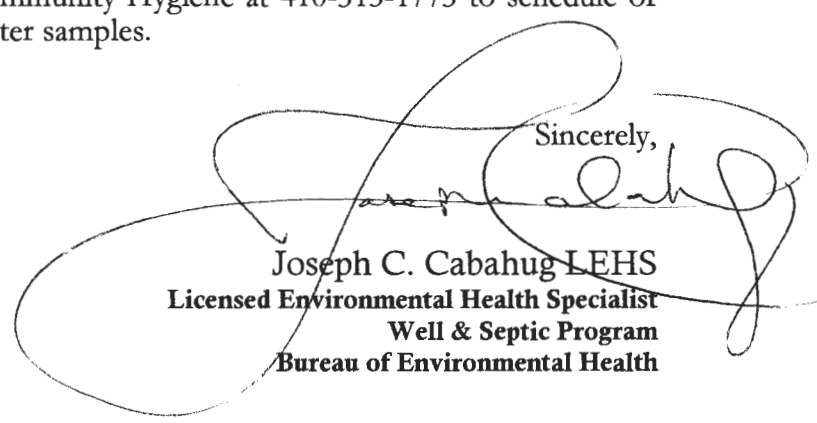
Dear Homeowner:

According to our records, your replacement well is proposed to be connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested. The existing well must either be tied in for use or abandoned and sealed.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by **forwarding the results of the samples to our office**. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



**Joseph C. Cabahug LEHS**  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

Cc: Community Hygiene Program  
File

<b>C 1</b> <b>56583</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM <u>06</u> DD <u>18</u> YY <u>19</u>		DATE WELL COMPLETED MM <u>05</u> DD <u>14</u> YY <u>19</u>		COUNTY NUMBER <u>21</u>	
ST/CO USE ONLY		DATE RECEIVED		DEPTH OF WELL <u>900'</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-18-0023</u>	
OWNER <u>Ruano</u>		WELL SITE ADDRESS <u>449 Twin Arch Rd</u>		TOWN <u>Mt. Airy</u>		LOT	
SUBDIVISION		SECTION		LOT			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		<b>C 3</b>		<b>PUMPING TEST</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u>		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>		HOURS PUMPED (nearest hour) <u>6</u>	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		NO. OF BAGS <u>18</u> NO. OF POUNDS <u>1692</u>		PUMPING RATE (gal. per min.) <u>11</u>	
Brown Shale 0 35				GALLONS OF WATER <u>108</u>		METHOD USED TO MEASURE PUMPING RATE <u>load</u>	
Gray schist 35 85				DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>51</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)	
Broken 85 95				Casing types insert appropriate code below		BEFORE PUMPING <u>19</u> ft.	
Gray schist 95 900				Casing RECORD <u>ST</u> <u>CO</u> STEEL CONCRETE <u>PL</u> <u>OT</u> PLASTIC OTHER		WHEN PUMPING <u>286</u> ft.	
				MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>54</u>		TYPE OF PUMP USED (for test)	
				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		<u>A</u> air <u>P</u> piston <u>T</u> turbine	
				<u>ST</u> <u>5"</u> <u>25</u> <u>140</u>		<u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below)	
				screen type or open hole insert appropriate code below		<u>J</u> jet <u>S</u> submersible	
				<u>ST</u> <u>BR</u> <u>HO</u> STEEL BRASS OPEN HOLE <u>PL</u> <u>OT</u> PLASTIC OTHER		PUMP INSTALLED	
				<b>C 2</b> DEPTH (nearest ft.)		DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) <u>YES</u>	
				<u>HO</u> <u>140</u> <u>900</u>		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
				SLOT SIZE 1 2 3		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
				Diameter OF SCREEN (NEAREST INCH) from to		CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>5</u>	
				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		PUMP HORSE POWER <u>1.5</u>	
				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		PUMP COLUMN LENGTH (nearest ft.) <u>800'</u>	
				T (E.R.O.S.) W Q		CASING HEIGHT (circle appropriate box and enter casing height)	
				70 72 74 75 76		<u>+</u> above <u>3</u> (nearest foot)	
				TELESCOPE CASING LOG INDICATOR OTHER DATA		LAND SURFACE	
						LATITUDE <u>39.358439</u>	
						LONGITUDE <u>72.136229</u>	
						(DEFAULT COORD. WGS 84)	
						Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.	
DRILLERS LIC. NO. <u>M 5 D 224</u>		DRILLERS SIGNATURE <u>[Signature]</u>		LIC. NO. <u>D</u>			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							



<b>B 1</b> <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">59830</div>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <div style="font-size: 1.2em; font-weight: bold;">H0-18-0023</div>
Date Received (APA) <div style="font-size: 1.2em;">04/03/19</div> <div style="display: flex; justify-content: space-between;"> <div>8 MM DD YY 13</div> <div><b>OWNER INFORMATION</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div>15 Last Name</div> <div>Owner</div> <div>First Name</div> <div>34</div> </div> <div style="display: flex; justify-content: space-between;"> <div>36</div> <div>Street or RFD</div> <div>55</div> </div> <div style="display: flex; justify-content: space-between;"> <div>57 Town</div> <div>70 State</div> <div>72</div> <div>Zip</div> <div>76</div> </div>		<b>B 3</b> <b>LOCATION OF WELL</b> <div style="display: flex; justify-content: space-between;"> <div>8 COUNTY</div> <div>21</div> </div> <div style="display: flex; justify-content: space-between;"> <div>23 SUBDIVISION</div> <div>42</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECTION 44 48</div> <div>LOT 48 50</div> </div> <div style="display: flex; justify-content: space-between;"> <div>52 NEAREST TOWN</div> <div>71</div> </div>	
<b>DRILLER INFORMATION</b> <div style="display: flex; justify-content: space-between;"> <div>Driller's Name</div> <div>M S D 009</div> <div>76 License No.</div> <div>81</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Firm Name</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Address</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Date</div> </div>		<b>B 4</b> <b>SOURCES OF DRILLING WATER</b> 1. Well Water 2. 3.	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="display: flex; justify-content: space-between;"> <div>8</div> <div>12</div> </div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="display: flex; justify-content: space-between;"> <div>14</div> <div>20</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>11 STREET ADDRESS</div> <div>30</div> </div> <div style="display: flex; justify-content: space-between;"> <div>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</div> <div> <div style="display: flex; flex-direction: column; align-items: center;"> <div>NORTH</div> <div>W E</div> <div>S EAST</div> </div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>34 30 37</div> <div>38 39</div> </div> <div style="display: flex; justify-content: space-between;"> <div>TAX MAP: 0001</div> <div>BLK: 0018</div> <div>PARCEL 0014</div> </div>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> OPEN LOOP GEOTHERMAL</div> <div><input type="radio"/> CLOSED LOOP GEOTHERMAL</div> </div>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <div style="display: flex; justify-content: space-between;"> <div>Howard</div> <div>XLT</div> </div> <div style="display: flex; justify-content: space-between;"> <div>COUNTY NAME</div> <div>COUNTY NO.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>STATE SIGNATURE</div> <div>INSERT S →</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DATE ISSUED</div> <div>EXP. DATE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>43 MM DD YY 48</div> <div>CO SIGNATURE</div> <div>EXP. DATE</div> </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <div style="display: flex; justify-content: space-between;"> <div>24</div> <div>28</div> </div>		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="font-size: 1.2em; font-weight: bold;">TWIN Arch rd</div>	
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <div style="display: flex; justify-content: space-between;"> <div>24</div> <div>28</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>5/21/2019</div> <div>amp @ 650</div> </div> <div style="display: flex; justify-content: space-between;"> <div>900' Deep</div> <div>8 gpm</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Septic</div> <div></div> </div>	
<b>METHOD OF DRILLING (circle one)</b> <div style="display: flex; justify-content: space-between;"> <div>BORED (or Augered)</div> <div>JETTED</div> <div>Jettied &amp; DRIVEN</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="radio"/> AIR-ROTARY</div> <div>AIR-PERCussion</div> <div>ROTARY (Hydraulic Rotary)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CABLE</div> <div>REVerse-ROTary</div> <div>DRive-POINT</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>Septic Tank</div> <div>House</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4/23/19</div> <div>Driveway</div> </div>	
<b>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</b> <div style="display: flex; flex-direction: column;"> <div><input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><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</div> <div><input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)</div> <div>41</div> <div>52</div> </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>H0-18-0023</u>		<div style="display: flex; justify-content: space-between;"> <div>PERMIT No.</div> <div>70 71 72 73 74 75 76 77 78 79</div> </div>	
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

**FOGLE'S WELL DRILLING, LLC**  
**P.O. Box 202**  
**Woodbine, Md 21797**  
**443-609-4195**  
**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-18-0023Location of Property: 449 Twin Arch Rd Mt Airy, Md 21771Well Driller/Tech: Fogles Andrew Houseman MSD 224 Owner: Karen RuanoDistance of measuring point (M.P.) above ground: 3'Static water level (S.W.L.) below M.P.: 19'

High rate pumping –reservoir Drawdown

Time pump started: 8:15 Pumping rate: 6.6Total time 120 Mins to reach pumping water level 286 ft. below M.P.

Pump @ 650

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	19'	9 Seconds		6.6 gpm
8:30	77'	9 Seconds		6.6 gpm
8:45	132'	9 Seconds		6.6 gpm
9:00	177'	9 Seconds		6.6 gpm
9:15	222'	10 Seconds		6 gpm
9:30	245'	15 Seconds		4 gpm
9:45	278'	18 Seconds		3.3 gpm
10:00	291'	85 Seconds		.7 gpm
10:15	286'	75 Seconds		.8 gpm
10:30	281'	75 Seconds		.8 gpm
10:45	276'	75 Seconds		.8 gpm
11:00	271'	75 Seconds		.8 gpm
11:15	265'	75 Seconds		.8 gpm
11:30	260'	75 Seconds		.8 gpm
11:45	255'	75 Seconds		.8 gpm
12:00	253'	75 Seconds		.8 gpm
12:15	252'	75 Seconds		.8 gpm
12:30	250'	75 Seconds		.8 gpm
12:45	248'	75 Seconds		.8 gpm
1:00	246'	75 Seconds		.8 gpm
1:15	245'	75 Seconds		.8 gpm
1:30	245'	75 Seconds		.8 gpm
1:45	245'	75 Seconds		.8 gpm
2:00	245'	75 Seconds		.8 gpm
2:15	245'	75 Seconds		.8 gpm
2:30	245'	75 Seconds		.8 gpm
2:45	245'	75 Seconds		.8 gpm
3:00	245'	75 Seconds		.8 gpm
3:15	245'	75 Seconds		.8 gpm
3:30	245'	75 Seconds		.8 gpm
3:45	245'	75 Seconds		.8 gpm
4:00	245'	75 Seconds		.8 gpm



**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, Pileless 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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 9670  
Address: 3580 Obrecht Rd.  
Sykesville, MD 21784

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

Name (Print): David C. Foale License #: MSD226

\*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: Karen Rumo Telephone #: \_\_\_\_\_

Subdivisor: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-18-0023

Site Address: 449 Twin Arch Rd.  
Mt. Airy, MD 21771

✓ 05/07/2019

Submersible Pump Data

Make: Grundfos

Model #: 38515422C

Pump Capacity: 5 GPM

Well Yield: 7 gpm GPM

Depth of well encountered at time of pump installation: 900 (feet)

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

Tongue 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: NA

Pileless Adapter

Make: Campbell

Model #: NA

Depth: 36 (36" min)

NSE/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 1" E.G.: YES

Conduit secured to well cap: YES

Piping in house

Type: 1" poly pipe

PSI: 250 (150 psi min)

Depth of supply line: 36 (36" min)

House Connection / existing line

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5" minimum from foundation): \_\_\_\_\_

Sleeve sealed properly: YES

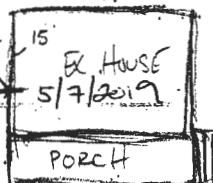
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 5.7.19

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

Date Insp Requested: 05/07/19 Date Insp. Approved: 05/07/2019 Inspector: [Signature]

Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade ✓ 39" 05/07/2019  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 30" 05/07/2019  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 24" 2019/05/07  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pileless adapter ✓



5/07/2019  
\*WELL IS ~60' FROM BAT TANK  
AND 22' FROM BACK OF HOUSE.

TIE IN  
TO EX 4"  
WL @  
24" TO  
GRADE



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

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

Twitter: HowardCoHealthDep

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

## TO ALL INTERESTED PARTIES

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

Well Site Location:

_____	_____	<u>449 Twin Arch Rd</u>
Subdivision/Property Name	Lot #	Road Name

☐ The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

☒ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

*4-3-19 Sara + Allen met on site - Cust. out of water*

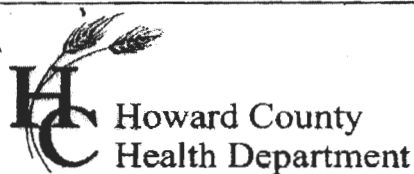
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/3/19	Met with Allen Compton and homeowner on site. Allen pumped the well earlier - water @ 17', set pump at 41' and was pumping air after 5 mins running. Estimated well is 50-60'. Pulled 100' off lower trench - location is in front yard close to ex. well. Access issues for location b/c of steep slopes, would need to cut out part of yard just off driveway. Looked into drilling off driveway on E side - 82' from trenches, 82' from tank. Mostly a straight line between trenches well tank meaning if well is placed 100' from trenches it will be 60-70' from septic tank. Gave Allen OK to drill at location <sup>front yard ONLY.</sup>
4/4/19	Spoke w/ owner Karen Brown in office. Explained to her that since no one is living in house we not in Emergency Rep. If site to drill well near driveway, must be $\geq 100'$ to ex. trench. Also to be $\geq 100'$ to RAT unit but we would need the following: <ol style="list-style-type: none"> <li>① Water tight test at the RAT unit (Puzzling)</li> <li>② Writing stating they understood rep well will be <math>\geq 100'</math> setback distance to ex. tank</li> </ol> <p>My in COMAR and we have passed the test.</p>
4/8/19	Met on site w/ owner and Allen Compton (driller). <sup>(KRM)</sup> Explained situation of both rep. well sites would still require PC and development of SOR if plans to do an addition including finishing basement. <sup>(KRM)</sup>

## FILE INQUIRY NOTES

[illegible]



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

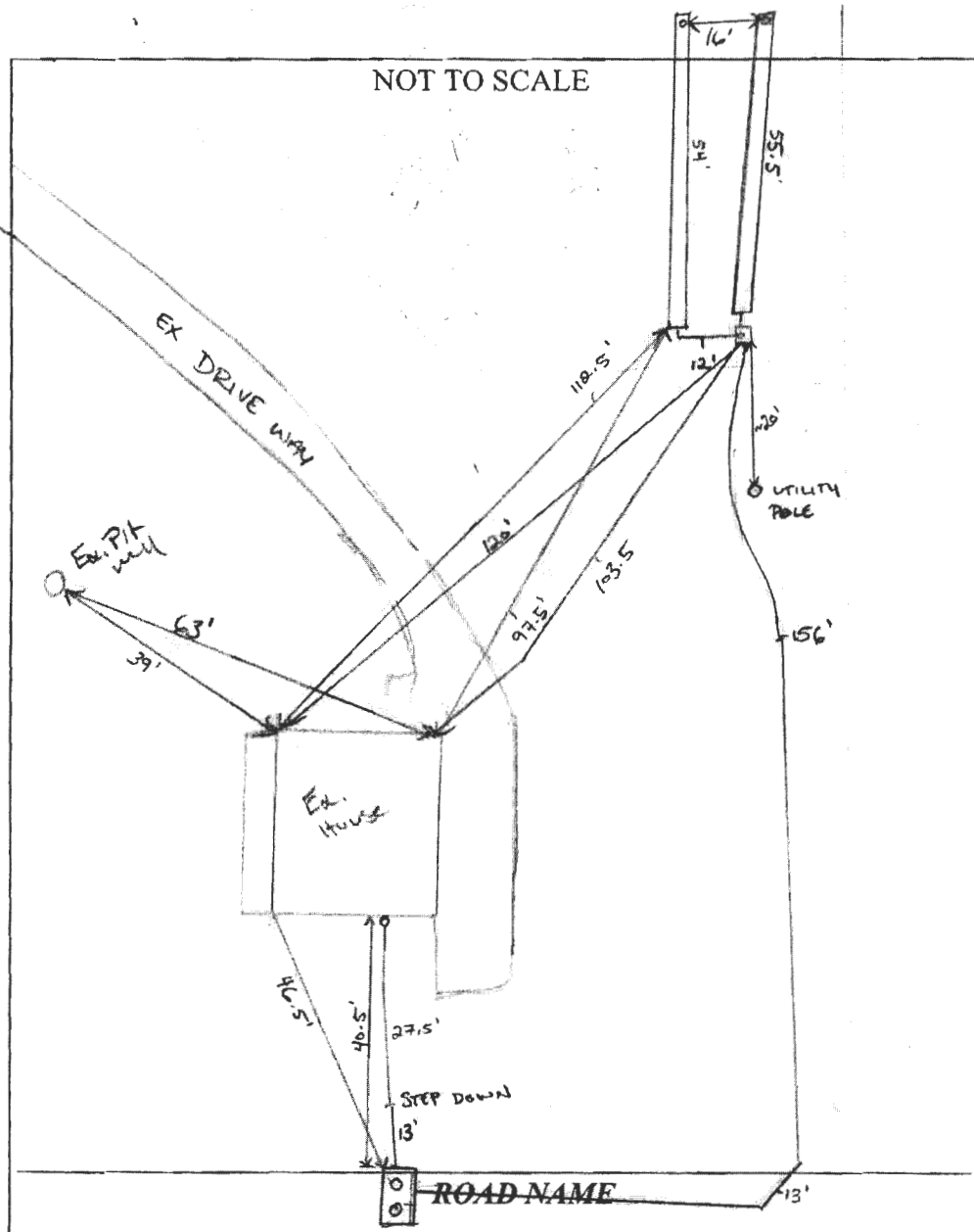
Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: <u>10/22/18</u>	<b>ONSITE SEWAGE DISPOSAL SYSTEM</b>	P <u>564039</u>
APPROVAL DATE: <u>10/25/18</u>	<b>PERMIT: BRF REPAIR</b>	A <u>563047</u>
PROPERTY ADDRESS: <u>449 Twin Arch Road</u>		
SUBDIVISION: <u>n/a</u>	Parcel: <u>014</u>	TAX ID: <u>321413</u>
CONTRACTOR: <u>Fogle's Septic</u>	EMAIL: <u>kurt@fogles.inc</u>	
CONTRACTOR ADDRESS: <u>580 Obrecht Road, Sykesville, MD 21784</u>	PHONE: <u>410-795-5670</u>	
CONTRACTOR CERTIFIED FOR BAT INSTALLATION: <input checked="" type="checkbox"/> MDE <input checked="" type="checkbox"/> MANUFACTURER: <u>Hoot</u>		
PROPERTY OWNER: <u>Karen Ruano</u>	EMAIL: <u>Gancedo08@yahoo.com</u>	
OWNER ADDRESS: <u>912 E. Watersville Road, Mt. Airy, MD 21771</u>	PHONE: <u>240-882-6229</u>	
BAT UNIT MODEL: <u>HOOT BNR 600</u>	PUMP SIZE: <u>20AE</u>	PUMP TANK CAPACITY: <u>750g</u>
OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: <u>8/15/2018</u> DATE RECORDED: <u>8/16/2018</u>		
DISTRIBUTION SYSTEM: <input checked="" type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE DOSED BEDROOMS: <u>3</u> APPLICATION RATE: <u>0.8</u>		
TRENCHES:	LINEAR FEET REQUIRED: <u>104</u>	INLET DEPTH: <u>2</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>                    </u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5</u>
LOCATION:	<b>TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	System designed for 3 bedrooms. Site limited due to excessive rock and steep slopes. Area for repair system to be installed in the upper NE part of property in area of clearing, near perc test B. Hoot system to be installed per manufacturers specifications. Must have startup certification of Hoot system as well as a pump and alarm test of the system itself.	

ISSUED BY: Kevin M. Wolf ISSUE DATE: 8/16/2018 EXPIRATION DATE: 8/16/2018

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM  
☒ ELECTRICAL PERMIT ISSUED E 18004923
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM.  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.  
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.



#### TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	2'	6'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	109.5 ft	
ABSORPTION AREA	328.5 ft <sup>2</sup>	
DISTRIBUTION BOX LEVEL	N/A	
DISTRIBUTION BOX BAFFLE	INLET TURN DOWN	
DISTRIBUTION BOX PORT	YES	

#### SEPTIC TANK DATA

##### SEPTIC TANK 1 LEVEL

MANUFACTURER MAYER CROS  
 CAPACITY 600 GNR GAL  
 SEAM LOC TOP  
 TANK LID DEPTH ~1.5'-2'  
 BAFFLES N/A  
 BAFFLE FILTER N/A  
 MANHOLE LOC FRONT/BACK/M/D  
 6" PORT LOC N/A  
 WATERTIGHT TEST NONE  
 SLOTTED HOOT  
 DATE ON LID NONE

##### PUMP/SEPTIC TANK LEVEL

MANUFACTURER \_\_\_\_\_  
 CAPACITY \_\_\_\_\_ GAL  
 SEAM LOC \_\_\_\_\_  
 TANK LID DEPTH \_\_\_\_\_  
 BAFFLES \_\_\_\_\_  
 BAFFLE FILTER \_\_\_\_\_  
 MANHOLE LOC \_\_\_\_\_  
 6" PORT LOC \_\_\_\_\_  
 WATERTIGHT TEST \_\_\_\_\_  
 SLOTTED \_\_\_\_\_  
 DATE ON LID \_\_\_\_\_

#### PRE-CONSTRUCTION:

10/11/18 initial installation onsite level out markers for 2x34' trenches above perc B (upper most part of property). TEST unit to be set outside 100' ball on. F.M. to run uphill along back side of property. Did not verify w/ float on pump dyer. Did not install elevated permit marks to be pulled. (found)

INSTALLATION: 10/12/2018 UPPER TRENCH UNDER CONSTRUCTION. (PM) UPPER TRENCH COMPLETE, CONSTRUCTING LOWER TRENCH. D BOX SET. 10/16/2018 INSPECTED O BOX AND FORCE MAIN THAT WAS INSTALLED (10/15/2018). OK TO BACKFILL. HOOT TANK SET AND SHC INSTALLED. REINSPECT P/A. 10/19/2018 PUMP AND ALARM OK. C/O BY HOUSE MUST BE COVERED & CAPPED BEFORE FINAL. 10/22/2018 C/O WAS CAPPED BY HOUSE 10/25/18 start-up confirmation rec'd by BAT manufacturer. (found)

FINAL INSPECTOR

*K. Vally*

DATE OF APPROVAL

10/25/18





# HOWARD COUNTY HEALTH DEPARTMENT

64039

DATE 10/22/10

Received From

Yufes Sepulveda

PHONE #

25 410 155 3070

For

Sept. Permit 441 Transfered Fund

☐ CASH

☒ CHECK

NO.

6030

\$

231

Received By

[Signature]

Dollars



**MAYER BROS., INC.**

*Precast Concrete Products*  
6264 Race Rd. Elkridge, MD 21075

## Letter of Satisfaction Hoot System Installation

Address of Property: 449 Twin Arch Rd.  
Mount Airy, MD. 21771

Date of Final Inspection: 10/19/18

Installer: Fogles Septic Clean

Hoot Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

N. Michael Dwyer  
Name of Inspector  
Mayer Bros., Inc.

System not backfilled at This Time

PH: 410-796-1434

**WBE**

FX: 410-796-1438

[www.mayerbrosprecast.com](http://www.mayerbrosprecast.com)

Grease Interceptors, Grease Solutions, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors,  
Bench Barrier, Water Meter Vaults, Sectional Valve Vaults, Top Slabs, Curb Heads, Curb Bumpers,  
Custom Precast Products

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

Name: Ruano  
Ref: 77

LR - Agreement Surcharge		
	1x	40.00 40.00

=====

SubTotal:		60.00
Total:		60.00

=====

CRD-Credit		60.00
------------	--	-------

Credit Card Confirmation : 044539  
Other : 044539

02/16/2018 15:46 CC13-DS  
#15843134/1246/109  
Thank you for visiting us today~

449 Twin Arch Rd

Mount Airy MD 21771



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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 15 day of August 18, among Karen Rwano, 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 449 Twin Arch Rd Mt Airy MD 21771 in the 04 Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0001, Block #       , Parcel # 0014, Deed Reference #        and Tax Account # 321413 ("the Property").  
17889 - 00058

WHEREAS, The Property 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 November 24, 2016. The pre-treatment device being installed is Norweco.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice 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.
- 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 Property 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 Property that the system shall require maintenance or other attention. Upon taking title to the Property, 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 this agreement on the date indicated above.

Bert Nyeon 8/15/18  
Howard County Health Department

[Signature] 8/15/18  
Owner #1 Signature                      Date

Karen Ruano  
Owner #1 Print Name

\_\_\_\_\_  
Owner#2 Signature                      Date

\_\_\_\_\_  
Owner #2 Print Name

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

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

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

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





# CANAAN VALLEY INSTITUTE

August 13, 2018

Karen Ruano  
449 Twin Arch Road  
Mount Airy, MD 21771

RE: FY 2019 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Ms. Ruano:

Thank you for your application to participate in the Howard County Bay Restoration Fund OSDS Upgrade Program. The Howard County Health Department has verified that your existing septic system is failing and in need of repair. Based on your 2017 income tax return form, you are eligible to receive funding to cover **100%** of the cost to upgrade your system to one of the MDE approved BAT units listed below. The approved price includes the cost of the unit, installation of the unit, and 5 years of operation and maintenance. The price does not include the cost of permits.

<u>System</u>	<u>Vendor</u>	<u>Contact</u>	<u>Phone</u>
Norweco Singulair TNT	Back River Precast	Matt Geckle	410-833-3394
Biomicrobics	Dwayne C. Jones	Dwayne C. Jones	410-692-6900
HOOT	Mayer Bros, Inc.	Nancy Mayer	410-796-1434
Hydroaction	Sample Excavating	Mike Sample	443-807-8639
Orenco	Atlantic Solutions	Bob Johnson	877-814-8426
Septitech	Dwayne C. Jones	Dwayne C. Jones	410-692-6900
Aquaklear	BayStar Precast	Dave Care	410-977-3453

In order to receive your OSDS upgrade, **you MUST follow these steps:**

1. **Sign this letter** on the bottom of page 2 **and return it** in the envelope provided within **2 weeks of the date of this letter**.
2. File a septic repair permit application with the Howard County Health Department **within 2 weeks of the date of this letter**. The permit application fee is \$396.00 (\$165 for tank approval only).
3. Obtain the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds from the Howard County Health Department, have it signed by a Howard County Health Department Bureau Director or Designee. Then take it to the Circuit Court and have it recorded in Land Records **within 2 weeks of the date of this letter**.
4. Prepare your property and schedule installation of the system. The system must be installed **within 6 weeks of the date the Agreement and Easement is recorded**.

If assistance is needed in completing any of the steps listed above, you may contact me at 304-940-3443 or [kristin.mielcarek@canaanvi.org](mailto:kristin.mielcarek@canaanvi.org).

10624 Appalachian Highway | Davis, WV 26260  
Phone: (304) 259.4739  
[www.canaanvi.org](http://www.canaanvi.org)

The system vendor may provide a contractor to install your BAT unit. CVI will provide payment directly to the vendor. The vendor may also require proof of insurance from your contractor.

**If your system is not installed within the 8 week timeframe listed in the steps on page 1, the funds may be released and used elsewhere. If you cannot complete installation in within this timeframe, please contact me to request an extension. Please note that failure to request an extension may result in termination of your grant and your system must be installed no later than June 27, 2019 in order to retain your funding.**

For more information on septic repair permitting, contact:

Jeff Williams  
Program Supervisor, Well and Septic  
410-313-1771

Please sign and return this original letter and keep a copy for your records. If you have any questions, please contact me at 304-940-3443 or by email at [kristin.mielcarek@canaanvi.org](mailto:kristin.mielcarek@canaanvi.org).

Sincerely,

Kristin Mielcarek, Executive Director

I have read and agree to the conditions of this Agreement Letter.

Accepted by: Karen Ruano, Property Owner

---

Signature

Date

10624 Appalachian Highway | Davis, WV 26260  
Phone: (304) 259.4739  
[www.canaanvi.org](http://www.canaanvi.org)

## Real Property Data Search (w1)

## Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Account Identifier:		District - 04 Account Number - 321413			
Owner Information					
Owner Name:		RUANO KAREN		Use: RESIDENTIAL	
Mailing Address:		912 E WATERSVILLE RD MOUNT AIRY MD 21771-		Principal Residence: NO	
				Deed Reference: /17889/ 00058	
Location & Structure Information					
Premises Address:		449 TWIN ARCH RD MOUNT AIRY 21771-0000		Legal Description: .93 ACRE 449 TWIN ARCH RD OFF RT 40	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:
0001	0018	0014		0000	
					Block:
					Lot:
					Assessment Year:
					2017
					Plat No:
					Plat Ref:
Special Tax Areas:		Town:		NONE	
		Ad Valorem:		100	
		Tax Class:			
Primary Structure Built		Above Grade Living Area		Finished Basement Area	
1947		699 SF		40,510 SF	
Stories	Basement	Type	Exterior	Full/Half Bath	Garage
1	YES	STANDARD UNIT	FRAME	1 full	
Last Major Renovation					
Value Information					
Base Value		Value		Phase-in Assessments	
		As of		As of	
		01/01/2017		07/01/2017	
				As of	
				07/01/2018	
Land:		191,100		165,500	
Improvements		52,700		63,500	
Total:		243,800		229,000	
Preferential Land:		0		229,000	
				229,000	
				0	
Transaction Information					
Seller: BECHTEL MATTHEW J		Date: 10/27/2017		Price: \$90,000	
Type: ARMS LENGTH IMPROVED		Deed1: /17889/ 00058		Deed2:	
Seller: BECHTEL MATTHEW J		Date: 12/28/2000		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /05298/ 00476		Deed2:	
Seller: BECHTEL HOLLY C		Date: 08/04/1998		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /04382/ 00564		Deed2:	
Exemption Information					
Partial Exempt Assessments:		Class		07/01/2017	
County:		000		0.00	
State:		000		0.00	
Municipal:		000		0.00 0.00	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Homestead Application Information					
Homestead Application Status: No Application					
Precedent of Exemption Application Information					

Karen Ruano  
449 Twin Arch Rd  
Mount Airy, MD 21771  
April 5, 2019

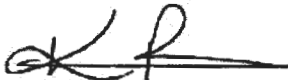
Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045

Dear Kevin M. Wolf:

Please accept this as confirmation that I'm aware of the new replacement well will be less than the required 100 ft setback to all septic components.

If you have any questions, please contact me at 301.256.4071.

Sincerely,

A handwritten signature in black ink, appearing to be 'KR' followed by a horizontal line.

Karen Ruano