

C1 57809

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 08 25 23

DATE WELL COMPLETED

MM 7 3 23

Depth of Well

22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0275

OWNER ARBALLA BASHEER WELL SITE ADDRESS 4196 TEN OAKS RD TOWN DAYTON SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Brown Micah, Grey Micah, etc.

Installed 4" liner pipe + screen

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 34 NO. OF POUNDS 3400 GALLONS OF WATER 204 DEPTH OF GROUT SEAL 99 ft.

CASING RECORD

MAIN CASING TYPE S+ Nominal diameter 6 Total depth 105

OTHER CASING (if used)

Table with columns: diameter, depth. Rows for PL casing.

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O)

C 2

DEPTH (nearest ft.)

Table with columns: casing type, depth. Rows for PL casing.

SLOT SIZE 1 020 2 3 DIAMETER OF SCREEN 4 (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 116 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (49) LAND SURFACE (-) below (2) (nearest foot)

LATITUDE 39.255641 LONGITUDE 77.984216 (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.

B 1	77185	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO - 20 - 0275
		13916 please type 574087		70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) **4/18/23**

8 MM DD YY 13

15 **ABBALLA, BASHEER** 34
Last Name Owner First Name

36 **10904 KATHLEEN CT** 55
Street or RFD

57 **COLUMBIA MD 21044** 76
Town State Zip

B 3 LOCATION OF WELL

8 **HOWARD** 21
COUNTY

23 **DAYTON** 42
SUBDIVISION

SECTION **44** 46 LOT **48** 50

52 **DAYTON** 71
NEAREST TOWN

DRILLER INFORMATION

DARREN E WILSON MWD603 81
Driller's Name License No.

LF EASTERDAY Well DRILLING
Firm Name

9265 BR. CH. RD, MTAIRY MD 21771
Address

Darren E. Wilson 4-14-23
Signature Date

B 4 SOURCES OF DRILLING WATER

1. **Wells**

11 **4196 Ten Oaks Rd** 30
STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
N
WEST WEST EAST
S SOUTH

34 **FT** 175' 37'
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **22** BLK: **20** PARCEL **179**

B 2 WELL INFORMATION

1 APPROX. PUMPING RATE **5** 12
(GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED **500** 20
(GAL. PER DAY)

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **4/28/23** **MA** **4/28/24**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NON: 6/24/2023 DOG: 7/5/2023 DOY: 7/5/2023

APPROXIMATE DEPTH OF WELL **400** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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

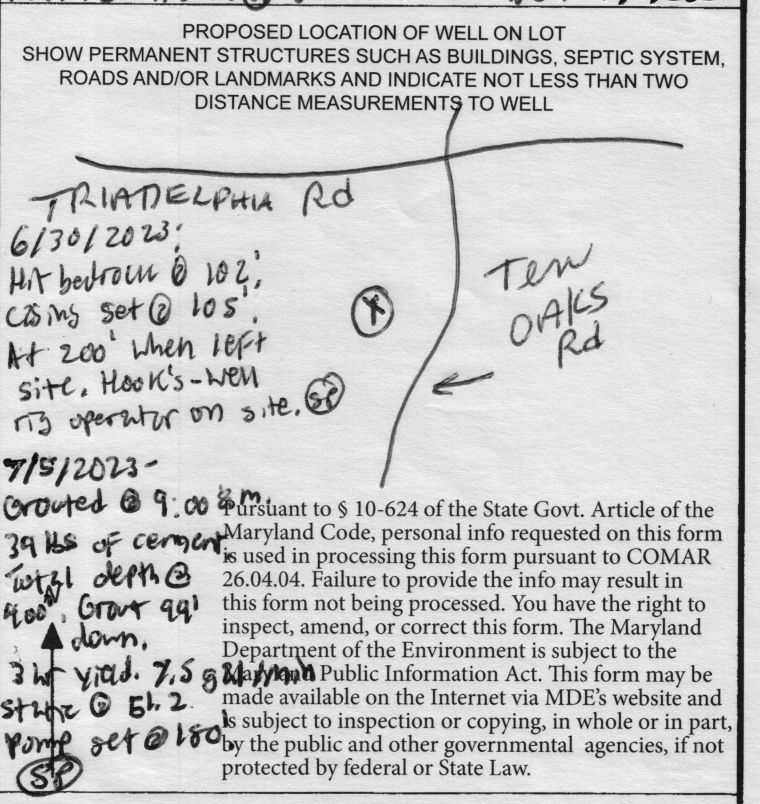
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO - 20 - 0275**
70 71 72 73 74 75 76 77 78 79



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

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: Compass Pointe Pln Telephone #: 443 790 4312
 Address: 8071 Highway rd
Pasadena md 21122

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Douglas Horita License# 4482

***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: INWALBLLAH ESU TRUST Telephone #: 443 992 3989
 Subdivision: Dayton Lot #: _____ Well Tag #: HO - 20 - 0275
 Site Address: 4196 Ten OAKS RD

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____
 Well Yield: _____
 Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____ +
 Model#: _____
 GPM Depth: _____ (36" min)
 GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

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

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

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

Piping to house

Type: 1"
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (36" min)

House Connection

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

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

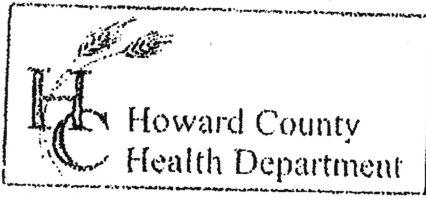
[Signature] Signature of company representative responsible for installation
12-3-24 date

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

Date Insp. Requested: 12/26/24 Date Insp. Approved: 12/26 Inspector: MB
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 22"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 19"
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓

12/26/24
Plumber has a hydrant running on a separate line from the house (MB)

(Revised form 10/24/2018)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- The well site has been staked by Fisher Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 4-13-23 (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.

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

Revised 6/10/03

4196 Ten Oaks Rd
Basheer Abballa

H0-20-02715

ANN
4/28/23

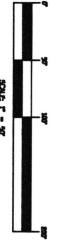
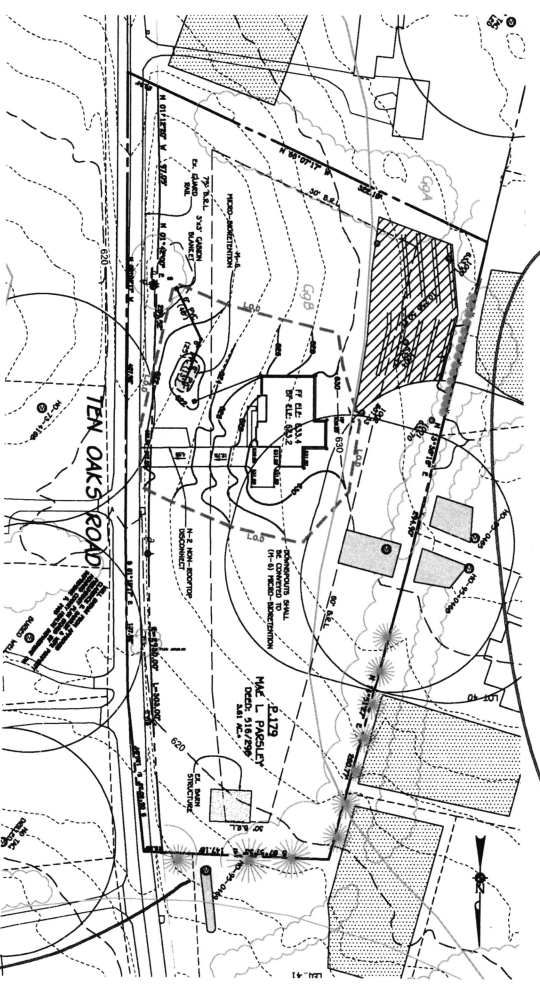
well box of
field verified
ON 4/24/23

SHEET INDEX	
SHEET NO.	DESCRIPTION
1	GENERAL NOTES
2	OPERATION AND MAINTENANCE SCHEDULE
3	PROPOSED CONSTRUCTION

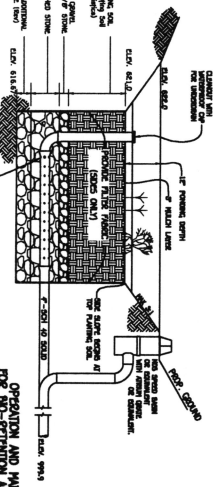
SOILS LEGEND	
SYMBOL	DESCRIPTION
1	CLAY
2	SAND
3	SILT
4	GRAVEL
5	ROCK

SITE ANALYSIS DATA CHART

1. TOTAL AREA OF PROJECT - 157,070 SQ FT ON 3.6 AC.
 2. TOTAL AREA OF EXISTING IMPROVEMENTS - 10,000 SQ FT
 3. TOTAL AREA OF PROPOSED IMPROVEMENTS - 147,070 SQ FT
 4. TOTAL AREA OF EXISTING PAVED SURFACES - 10,000 SQ FT
 5. TOTAL AREA OF PROPOSED PAVED SURFACES - 147,070 SQ FT
 6. TOTAL AREA OF EXISTING GRASSY AREAS - 10,000 SQ FT
 7. TOTAL AREA OF PROPOSED GRASSY AREAS - 147,070 SQ FT
 8. TOTAL AREA OF EXISTING OPEN SPACE - 10,000 SQ FT
 9. TOTAL AREA OF PROPOSED OPEN SPACE - 147,070 SQ FT



TYPICAL DRIVEWAY SECTION FOR NON-ROOFTOP DISCONNECT CREDIT



MICRO-SEDIMENTATION (UNDERDRAIN) (M-6)

OPERATION AND MAINTENANCE SCHEDULE FOR DISCRETIONARY DEVICES (M-6) AND (M-6)

1. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
2. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
3. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
4. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
5. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

PROFESSIONAL CERTIFICATION

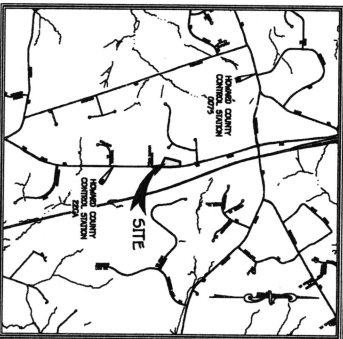
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF MISSISSIPPI.

DATE: 4/28/23

APPROVED: BOARD OF ENGINEERS AND SURVEYORS

DATE: 4/28/23

SYMBOL	LEGEND
(Symbol)	PROPOSED DRIVEWAY
(Symbol)	EXISTING DRIVEWAY
(Symbol)	PROPOSED CONCRETE DRIVEWAY
(Symbol)	EXISTING CONCRETE DRIVEWAY
(Symbol)	PROPOSED ASPHALT DRIVEWAY
(Symbol)	EXISTING ASPHALT DRIVEWAY
(Symbol)	PROPOSED GRASSY AREA
(Symbol)	EXISTING GRASSY AREA
(Symbol)	PROPOSED OPEN SPACE
(Symbol)	EXISTING OPEN SPACE
(Symbol)	PROPOSED PAVED SURFACE
(Symbol)	EXISTING PAVED SURFACE
(Symbol)	PROPOSED GRASSY AREA
(Symbol)	EXISTING GRASSY AREA
(Symbol)	PROPOSED OPEN SPACE
(Symbol)	EXISTING OPEN SPACE



GENERAL NOTES

1. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
2. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
3. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
4. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:
5. THE OPERATOR SHALL MAINTAIN THE SYSTEM IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

well associated
w/ 4244 Ten Oaks Rd.?
H0-95-0469
this can't be right?

OWNERS/CLIENTS

REGENTS IMMEDIATE PROGRAM
LIVING TRUST, ABIGAIL BOEHNER
10904 LANTANA COURT
COLUMBIA, MISSISSIPPI 39104

TITLE SHEET

MAE PARSLEY PROPERTY

DATE: 4/28/23

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 3, 2026

December 3, 2025

Homeowner
4196 Ten Oaks Road
Dayton, MD 21036

RE: Mae Parsley, P. 179
4196 Ten Oaks Road (Main House)
Building Permit: B23003917
Well Permit: HO-20-0225

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 **10/30/2025**. Final approval of the well line connection to the dwelling was granted on **12/26/2024**. The well construction was completed on **7/3/2023**. Water samples were collected on **5/13/2025, 6/3/2025, 10/24/2025, 11/25/2025**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-20-0225. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

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



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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', written in a cursive style.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 173407 Account #: 4424
Reference: Well Water Solutions, Inc. Client: Well Water Solutions, Inc.
Location: 4196 Ten Oaks Road Requested By: John Moseman
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 5/13/2025 1000 Site: Kitchen
Date/Time Rec'd: 5/14/2025 1345 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6
Collected By: J. Moseman Well #: HO-20-0275

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Present	Total Coliform	Absent	SM20 9223B	5/15/2025 / 0900 / KDR
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM20 9223B	5/15/2025 / 0900 / KDR
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	5/14/2025 / 1553 / KDR
Turbidity	12.6	NTU	<10	SM2130B	5/15/2025 / 0830 / KDR

NOTES:

- 1 Report revised 10/29/25: per client water treatment has been corrected to note that there is none, and the well tag number has been added. CH.
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 P/A= Presence or Absence of Coliform Bacteria
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH tested on site; Chlorine level tested in lab

Reason for Test : Client's Information

Date Reported: 10/29/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 173813 Account #: 4424
Reference: Well Water Solutions, Inc. Client: Well Water Solutions, Inc.
Location: 4196 Ten Oaks Road Requested By: John Moseman
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 6/3/2025 1630 Site: Kitchen
Date/Time Rec'd: 6/4/2025 1515 Treatment: None
Chlorine ppm: Free: NT Total: NT pH: NT
Collected By: J. Moseman Well #: HO-20-0275

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Absent	Total Coliform	Absent	SM20 9223B	6/5/2025 / 1000 / KDR
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM20 9223B	6/5/2025 / 1000 / KDR

NOTES:

- 1 Report revised 10/29/25: the well tag number has been added. CH.
- 2 P/A= Presence or Absence of Coliform Bacteria
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 NT = Not Tested; N/A: Not Available
- 6 Sodium Thiosulfate Present
- 7 pH tested on site; Chlorine level tested in lab

Reason for Test : Client's Information

Date Reported: 10/29/2025

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 177182 Account #: 4424
Reference: Well Water Solutions, Inc. Client: Well Water Solutions, Inc.
Location: 4196 Ten Oaks Road Requested By: John Moseman
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 10/24/2025 1100 Site: Faucet
Date/Time Rec'd: 10/24/2025 1255 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5
Collected By: J. Moseman Well #: HO-20-0275

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.91	NTU	<10	SM2130B	10/24/2025 / 1630 / KDR
Iron	1.16	mg/L	0.3*	Hach 8146	10/24/2025 / 1655 / KDR

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 NTU = Nephelometric Turbidity Units
- 3 pH tested on site, chlorine tested in lab
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 Sample collected by client, analyzed as received

Reason for Test : Real Estate

Date Reported: 10/27/2025

Certificate of Analysis
Report Date: 11/28/2025
Order ID: 284791

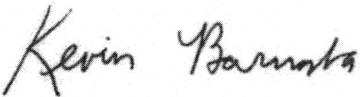
Well Water Solutions, Inc.
PO Box 67
Highland MD 20777

Date/Time Received: 11/25/2025 12:15 PM

This report is the sole property of **Well Water Solutions, Inc.** Any questions about the report MUST be directed to **Well Water Solutions, Inc.** at +14109357185.
Home Land Labs is not at liberty to discuss this report without written consent from **Well Water Solutions, Inc.**

Sample ID: 14838 **Sample Point:** Well/Faucet
Project Name/Number: **Date/Time Sampled:** 11/25/2025 11:15 AM
Sample Address: 4196 Ten Oaks Road
Dayton MD 21036

Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Acceptable/ High	Analyst	Prep Date/Time	Analysis Date/Time
Iron, Total	H 8008	Not Detected	mg/L	0.05	N/A	N/A	0.30	Acceptable	SMP-365	11/26/2025 14:15	11/26/2025 14:15

Approved By:  Kevin Barnaba, President

HOME LAND LABS



Order ID: 284791
Address: 4196 Ten Oaks Road
Due Date: 11/28/2025

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505 108 Old Solomons Island Road, Ste L2 3430 Rockefeller Court 2216 Commerce Road, Ste 2A
Towson, MD 21286 Annapolis, MD 21401 Waldorf, MD 20602 Forest Hill, MD 21050
MD Lab # 365 MD Lab # 106 MD Lab # 139

Please provide completed form with samples. Highlighted fields are required.

Client Name: WWS	Property Address:
Email Address:	4196 TEN OAKS RD
Phone Number: 410 935 7185	DAYTON MD 21056

Field Collection Information

Sampler Name: JOHN MOSEMAN	Field pH: 6
Sampler ID #: 2674JM	Field Chlorine (mg/L): ABSENT
Date Sampled: 11/25	Time Sampled: 11:15
Well Tag Number: HO-20-0275	Sand: ABSENT
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity: CLEAR
If yes, PWS ID #:	

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: 3 FT	Cap Type: steel pipe	Casing: Steel	Conduit: PVC
Sample Point: Well / Faucet		Water Conditioning: SOFTENED	

Requested Testing: (Please check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity) | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By:	Date/Time: 11/25 11:25	Samples received on ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Released By:	Date/Time: 11/25 12:15	
Released By: _____	Date/Time: _____	
Received in lab by:	Date/Time: 11/25/25 12:15 PM	Temperature: 14.1°C

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, October 29, 2025 2:22 PM
To: 'B Abdalla'
Cc: Jemoseman@wellwatersolutions.net
Subject: RE: ICOP Letter 4196 Ten Oaks
Attachments: Analysis Report 177182.pdf; Analysis Report 173813.pdf; Analysis Report.pdf

Basheer,

In review for your property file for completion of the ICOP letter, it seems I am missing a few items.

- ✓ 1. I need the BAT start-up certification letter from the manufacturer.
2. The water analysis report does not include sand. Sand is a required parameter per COMAR in order for me to process your potability letter.
3. I also noticed from the water testing reports that there was an elevated turbidity with elevated iron. Can you tell me how you got the turbidity to come down? The last report taken on 10/24/2025 still shows there is an iron issue with no treatment but the previous testing reports have treatment listed as Softener/Neutralizer. Please explain.
- ✓ 4. The reports also do not mention the well tag. Please revise reports to reflect accurate information.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org



kwolf@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: B Abdalla <usabash007@gmail.com>
Sent: Monday, October 27, 2025 9:12 PM

To: Wolf, Kevin <KWolf@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>
Subject: Re: ICOP Letter 4196 Ten Oaks

WARNING!!!

This email originated from someone outside of Howard County
DO NOT CLICK LINKS OR OPEN ATTACHMENTS
unless you recognize the sender and know for sure that the content is safe

hello,
attached is the updated test results. Please let me know if anything else is needed.
thnks
-Basheer
443-992-3989

On Thu, Oct 23, 2025 at 1:33 PM Wolf, Kevin <KWolf@howardcountymd.gov> wrote:

Hello,

We need to testing for sand. Also the test results for turbidity was shown to be elevated. Need testing for iron to see if this is causing the excess turbidity levels.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS

Groundwater Mgmt. Sec. Supervisor

Well & Septic Program

Howard County Health Department

8930 Stanford Blvd.

Columbia, MD 21045

410-313-2645 (Office)

410-313-2648 (Fax)

www.hchealth.org



kwolf@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: B Abdalla <usabash007@gmail.com>
Sent: Wednesday, October 22, 2025 12:55 PM
To: Martin, Sharhonda <smmartin@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: ICOP Letter 4196 Ten Oaks

WARNING!!!

This email originated from someone outside of Howard County
*****DO NOT CLICK LINKS OR OPEN ATTACHMENTS*****
unless you recognize the sender and know for sure that the content is safe

Good afternoon

Attached is the water test results, please provide the ICOP letter to the county and CC me.

Thanks

-Basheer Abdalla

443-992-3989