

B 1 **4701** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-88-0999**
70 fill in this form completely 79

Date Received (APA) **08/01/89** OWNER INFORMATION
 8 13
 15 Last Name **WINTER** Owner **WINTER** First Name **WINTER** 34
 36 Street or RFD **1300 WOODBURN** 55
 57 Town **CLARKESVILLE** 70 State 72 Zip **21614** 76

B 3 LOCATION OF WELL **12-44810**
 8 COUNTY **WASHINGTON** 21
 23 SUBDIVISION **WOODBURN** 42
 SECTION **44** 46 LOT **2** 48 50
 52 NEAREST TOWN **CLARKESVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M I** 76 77 78

DRILLER INFORMATION
 Driller's Name **George F. Easterday** 77 License No. **80**
 Firm Name **L. Franklin Easterday, Inc.**
 Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**
 Signature **George F. Easterday** Date **7/31/89**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Chapel Walk St** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **550** 37 DISTANCE FROM ROAD ENTER FT or MI **5** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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)

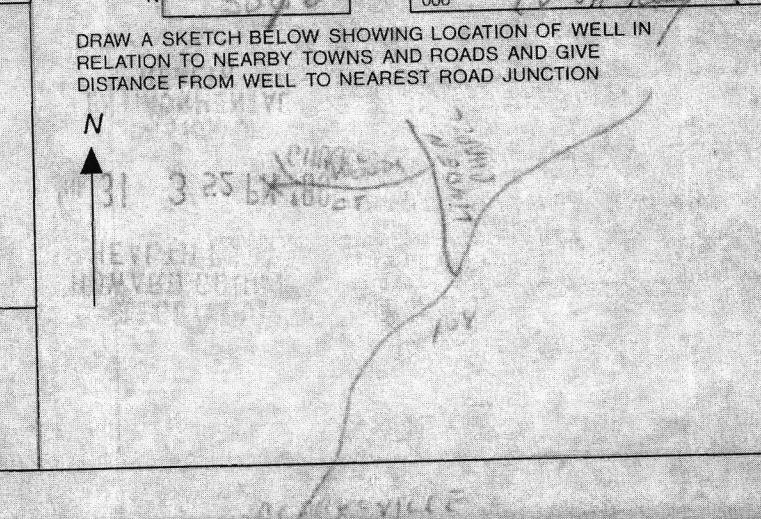
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A-73537**
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **08/14/89** CO SIGNATURE **Sgt. ABE** EXP. DATE **02-13-90**
 43 NORTH GRID **508000** 48 CO SIGNATURE EAST GRID **0819000** 57 63
 50 55

APPROXIMATE DEPTH OF WELL **40** 24 26 FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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
 E **8149**
 N **5048**
 000 000
 9/28/89 2 PM **wood/water well**
16 bags of cement
47' casing
44' open gravel
2' casing above ground
(V on tag-12)

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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-88-0999** 70 71 72 73 74 75 76 77 78 79
 SPECIAL CONDITIONS

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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

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

Company Name: white hall plumbing Telephone #: 410.557.9648
Address: 4532 norrisville road
whitehall md 21161

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): harry newcomer License# 20020007585

***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: Al Chande Telephone #: 410-530-2130
Subdivision: Chapel Woods Court Lot #: 11813 Well Tag #: HO-88-0999
Site Address: 11813 chapel woods court
clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>sqe07-230</u>	Model#: <u>PT00-SS</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

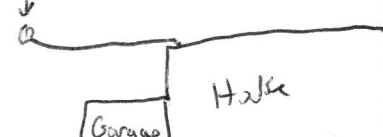
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>yes</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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.
Chip Newcomer 11.19.24

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 11/21/24 Date Insp. Approved: 11/21/24 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 ✓ 30"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓ 5'
Adequate grout observed below pitless adapter ✓ well



B 1 **4701** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
70-88-0999
 fill in this form completely

Date Received (APA) **08/01/89**

OWNER INFORMATION

15 Last Name **COVENTRY** Owner **MONST** First Name

36 Street or RFD **9821 KROKELAND PKWY**

57 Town **CLARKSVILLE** 70 State 72 **MD** Zip 76 **21046**

B 3 LOCATION OF WELL **12-44810**

8 COUNTY **HOWARD** 21 **40.00**
08/01/89

23 SUBDIVISION **CHapel Woods** 42

SECTION 44 **46** LOT 48 **2** 50

52 NEAREST TOWN **CLARKSVILLE** 71

MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday 40
 Driller's Name 77 License No. 80

L. Franklin Easterday, Inc.
 Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21777
 Address

Signature **George F. Easterday** Date **7/31/89**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Chapel Woods Ct** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **550** 37 DISTANCE FROM ROAD
 ENTER FT or MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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 A-43537
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **08/14/89** CO SIGNATURE **SUB. CARR** EXP. DATE **02-13-90**

43 NORTH GRID **508000** EAST GRID **0819000** 55 57 63

APPROXIMATE DEPTH OF WELL **60** FEET 24 28

APPROXIMATE DIAMETER OF WELL _____ 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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D 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 (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____ 54 e3

FORCE **54** WRITE INITIALS IN BOX PERMIT No. **70-88-0999** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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

E **849**

N **508**

000
000

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

N

31 3256x100ft

CLARKSVILLE

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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

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

Company Name: white hall plumbing Telephone #: 410.557.9648
Address: 4532 norrisville road
whitehall md 21161

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): harry newcomer License# 20020007585

***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: Al Chande Telephone #: 410-530-2130
Subdivision: Chapel Woods Court Lot #: 11813 Well Tag #: HO-88-6999
Site Address: 11813 Chapel Woods Court
Clarksville, MD 21029

Submersible Pump Data

Make: grundfos
Model #: sqe07-230
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Boshart
Model#: PI00-SS
Depth: 42" (36" min)
NSF/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 18" B.G.: yes

Depth of well encountered at time of pump installation: 250 (feet) Conduit secured to well cap: yes

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

Type: poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): yes
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.

Chip Newcomer

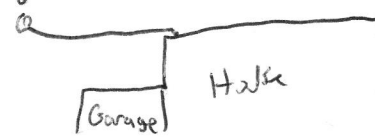
11.19.24

Signature of company representative responsible for installation

date

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

Date Insp. Requested: 11/21/24 Date Insp. Approved: 11/21/24 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 ✓ 30"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓ 5'
Adequate grout observed below pitless adapter ✓ well



A 43537

SUBDIVISION: Mallon Rea Property
Mallon Prop.

LOT NUMBER: 2

Chapel Woods DRY WELL OR DRY WELL AND TRENCH
Ct.

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 165 FE FROM THE FRONT
RIGHT CORNER AND 85 FE FROM THE LEFT (627) LOT LINE
AS SEEN WHEN FACING THE LOT FROM N.O.W. SIDE.
RUN TRENCHES ON CONTOUR TOWARD THE LEFT LOT LINE.
FIRST TRENCHES NOT TO EXCEED 75 FE.

EMERGENCY/TEMP NO (IF ANY)

B 1	2922	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-73-4376 fill in this form completely
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Date Received JAN 27 1983
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 36 ON ALL CARDS)

OWNER INFORMATION
FOLSTER LTD PARTNERSHIP
 Last Name 15 FOLSTER Owner 34 Name
 36 121021 RA 1018 Street or RFD 55
 Town 57 Clarksville State 76 MD ZIP 77-79 2110219

B 3 LOCATION OF WELL

COUNTY Howard

SUBDIVISION "Foster Property"

SECTION 23 LOT 1

NEAREST TOWN Clarksville

MILES FROM TOWN 0.5

B 1 Continued DRILLER INFORMATION

Ronald L. Kyker 2966
 Driller's Name 77 License No 80
Westminster Rotary Well Drilling, Inc
 Firm Name
Box #861 Westminster, Md. 21157
 Address
 Signature Ronald L. Kyker 1/20/83 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

300'
 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 550

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. City

WRITE THE BOX NUMBER FROM THE MAP HERE

810 7
500 2

USE FOR WATER (CIRCLE APPROPRIATE BOX)

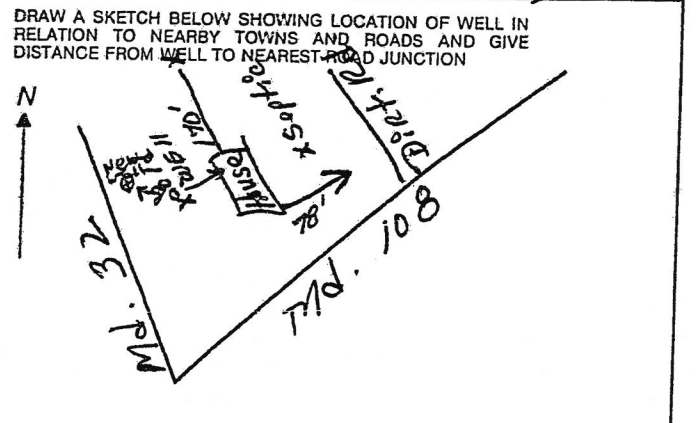
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

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)



APPROXIMATE DEPTH OF WELL 300' 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

other AIR-R

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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL

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

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME P14321 COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX 41

DATE ISSUED 012083 CO SIGNATURE Frank Skinner

NORTH GRID 502 EAST GRID 0817 EXPIRES 072083

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

APPROX. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT NO. H0-73-4376

B 5 SPECIAL CONDITIONS 8-63

ORIGINAL

6218

SEQUENCE NO. (DEP 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 ON COILS 38 ON ALL CARDS

Date Received (DEP use only)

JAN 31 1983

DATE WELL COMPLETED

01 26 83

Depth of Well

190

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-73-4376

COUNTY NUMBER

P14321

OWNER Foster Limited Partnership

STREET OR RFD 12202 Md Rte 108

first name

TOWN Clarksville

SUBDIVISION Foster Property

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	
Dirt	0	10	
Soft Brown Sandstone	10	30	
Black Sandstone	30	40	
Brown Sandstone	40	41	
Black Sandstone	41	116	
Brown Sandstone	116	117	X
Black Sandstone	117	130	
Opening	130	131	X
Black Sandstone	131	184	
Brown Sandstone	184	185	X
Black Sandstone	185	190	

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY

NO. OF BAGS 12 NO. OF POUNDS 1125

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 34' 6" BOTTOM 38 ft.

CASING RECORD

Normal diameter of man casing (nearest inch) 6" Total depth of man casing (nearest foot) 36'

MAIN CASING TYPE: S T

OTHER CASING (if used) diameter mch depth (feet) from to

SCREEN RECORD

DEPTH (nearest ft.) 36' 190'

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH) from 10

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 30

METHOD USED TO MEASURE PUMPING RATE Flowmeter

WATER LEVEL (distance from land surface) BEFORE PUMPING 55 WHEN PUMPING 185

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 (CIRCLE APPROPRIATE BOX) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

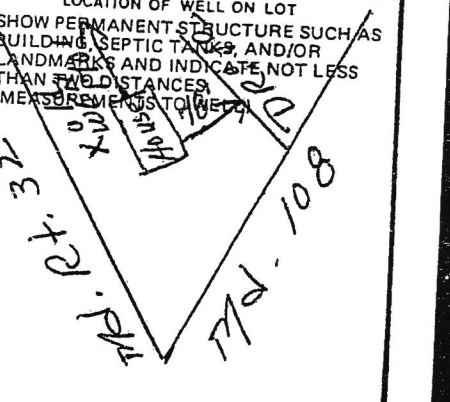
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below 2 (nearest foot)

LAND SURFACE



- CIRCLE APPROPRIATE BOX
- 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 10.17.13 "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 296

Ronald L. Kyker

DRILLERS SIGNATURE

SITE SUPERVISOR: sign of journeyman responsible for site work if different from permittee

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 19, 2025

November 19, 2025

Homeowner
11813 Chapel Woods Court
Clarksville, MD 21029

RE: Chande Property, Lot 2
11813 Chapel Woods Ct.
Building Permit: B24000366
Well Permit: HO-88-0999

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/20/2025**. Final approval of the well line connection to the dwelling was granted on **11/21/2024**. The well construction was completed on **9/28/1989**. Water samples were collected on **9/24/2025, 9/26/2025, 9/29/2025, 11/3/2025**.

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.

Gross Alpha and Beta samples were also collected on **9/29/2025**. Results showed a Gross Alpha level of **7.4 ± 0.9 pCi/L** and **Gross Beta** level of **7.6 ± 1.4 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-88-0999. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

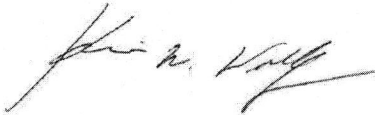
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

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

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

Approving Authority,



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

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

1220 E Joppa Rd, Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Rd St L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Ct
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Rd St 2A
Forest Hill, MD 21050
MD Lab # 370

Certificate of Analysis

Report Date: 09/29/2025
Order ID: 281238

Home Land Environmental
1220 E Joppa Rd #C505
Towson MD 21286

Date/Time Received: 09/23/2025 02:07 PM

This report is the sole property of **Home Land Environmental**. Any questions about the report **MUST** be directed to **Home Land Environmental** at +14439955385. Home Land Labs is not at liberty to discuss this report without written consent from **Home Land Environmental**.

Sample ID:	Project Name/Number:	Sample Address:	Sample Point:	Date/Time Sampled:	Sample Point:	Pressure Tank					
9515	11813 Chapel Woods Court Clarksville Maryland 21029			09/23/2025 01:30 PM							
Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Acceptable/High	Analyst	Prep Date/Time	Analysis Date/Time
Total Coliform P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	LS-365	09/23/2025 15:40	09/24/2025 11:00
(Panel) E. Coli P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	LS-365	09/23/2025 15:40	09/24/2025 11:00
Gross Alpha	EPA 900.0	7.4	pCi/L	0.9	15	Recommend Further Testing	N/A	N/A	FRC-278	09/24/2025	09/25/2025
Gross Beta	EPA 900.0	7.6	pCi/L	1.4	50.0	Pass	N/A	Pass	FRC-278	09/24/2025	09/25/2025

Kevin Barnaba

Kevin Barnaba, Lab Director

Approved By:

Certificate of Analysis

Report Date: 09/24/2025
Order ID: 281238

Home Land Environmental
1220 E Joppa Rd #C505
Towson MD 21286

Date/Time Received: 09/23/2025 02:07 PM

This report is the sole property of Home Land Environmental. Any questions about the report MUST be directed to Home Land Environmental at +14439955385. Home Land Labs is not at liberty to discuss this report without written consent from Home Land Environmental.

Sample ID:	9515	Sample Point:	Pressure Tank							
Project Name/Number:	11813 Chapel Woods Court Clarksville Maryland 21029	Date/Time Sampled:	09/23/2025 01:30 PM							
Sample Address:		Analyst	Analysis Date/Time							
Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Acceptable/High	Prep Date/Time	Analysis Date/Time
Total Coliform P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	09/23/2025 15:40	09/24/2025 11:00
(Panel) E. Coli P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	09/23/2025 15:40	09/24/2025 11:00
Gross Alpha	EPA 900.0	PENDING	pCi/L		15	N/A	N/A	N/A	-	-
Gross Beta	EPA 900.0	PENDING	pCi/L		50.0	N/A	N/A	N/A	-	-

Kevin Barnaba

Approved By: Kevin Barnaba, Lab Director

Certificate of Analysis

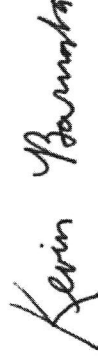
Report Date: 09/26/2025
Order ID: 281407

Home Land Environmental
1220 E Joppa Rd #C505
Towson MD 21286

Date/Time Received: 09/25/2025 03:35 PM

This report is the sole property of **Home Land Environmental**. Any questions about the report **MUST** be directed to **Home Land Environmental** at +14439955385. Home Land Labs is not at liberty to discuss this report without written consent from **Home Land Environmental**.

Sample ID:	Project Name/Number:	Sample Address:	Sample Point:	Date/Time Sampled:	Prep Date/Time	Analysis Date/Time					
9795	11813 Chapel Woods Court Clarksville Maryland 21029		Pressure Tank	09/25/2025 12:50 PM							
Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Acceptable/High	Analyst	Prep Date/Time	Analysis Date/Time
Total Coliform P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	LS-365	09/25/2025 16:28	09/26/2025 10:45
(Panel) E. Coli P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	N/A	LS-365	09/25/2025 16:28	09/26/2025 10:45



Approved By: Kevin Barnaba, Lab Director

Certificate of Analysis

Report Date: 11/09/2025
Order ID: 283830


Home Land Environmental
1220 E Joppa Rd #C505
Towson MD 21286

Date/Time Received: 11/07/2025 02:05 PM

This report is the sole property of **Home Land Environmental**. Any questions about the report **MUST** be directed to **Home Land Environmental** at +14439955385. Home Land Labs is not at liberty to discuss this report without written consent from **Home Land Environmental**.

Sample ID:	13419	Sample Point:	Pressure Tank						
Project Name/Number:	11813 Chapel Woods Court Clarksville Maryland 21029	Date/Time Sampled:	11/07/2025 12:00 PM						
Sample Address:		Acceptable/ High	Analyst						
Parameter	Method	Result	Units	RL	MCL	Pass/Fail	SMCL	Prep Date/Time	Analysis Date/Time
Total Coliform P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	11/07/2025 15:00	11/08/2025 10:00
(Panel) E. Coli P/A	SM9223B	Absent	Per/100mL	1	Present	Pass	N/A	11/07/2025 15:00	11/08/2025 10:00
Nitrate + Nitrite as N	EPA 353.2	0.9	mg/L	0.5	10	Pass	N/A	11/07/2025 15:04	11/07/2025 15:04
Turbidity	EPA 180.1	0.7	NTU	0.5	10.0	Pass	N/A	11/07/2025 14:55	11/07/2025 14:55
Sand	SM 2540F	Not Detected	mL/L/hr	0.5	N/A	N/A	N/A	11/07/2025 3:05PM	11/07/2025 3:05PM

Approved By:



Kevin Barnaba, President



5/16/2025- Well w/out cap. sent email to builder stating well is in violation & cap needs to be secured @ earliest convenience (SP)

C1 1122 SEQUENCE NO. (DENV 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 A 4337

ST/CO USE ONLY DATE Received

01 32 90

DATE WELL COMPLETED

09 28 89

Depth of Well

22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

10-88-0999

OWNER last name first name TOWN STREET OR RFD 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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Br shale, Br mica, Gray mica, Br mica, Gray mica, Sand stone, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing of (nearest inch) Total depth of main casing (nearest foot) ST 6 47

OTHER CASING (if used) diameter inch depth (feet) from to

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

DEPTH (nearest ft.) 1 10 49 200 21 2 23 24 26 30 32 38 3 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 44 WHEN PUMPING 106 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: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) F above LAND SURFACE below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, October 30, 2025 11:57 AM
To: 'kkbton@gmail.com'
Cc: Wolf, Kevin
Subject: 11813 Chapel Woods Ct | ICOP testing requirements

Kyle,
In order to move forward to process your ICOP (Interim Certificate of potability) letter, I need passing Bacteria (which we have), turbidity, nitrates and sand. Since the property and well resides within the Baltimore Gneiss geologic formation, it also requires testing for radium (gross alpha/beta).

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

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HOME LAND LABS

Order ID: 281407
Address: 11813 Chapel Wood...
Due Date: 09/26/2025

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

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

Client Name: Home Land Environmental	Property Address:
Email Address: info@homelandhealthyhomes.com	11813 Chapel Woods Court
Phone Number: 443-995-5385	Clarksville, MD 21029

Field Collection Information

Sampler Name: D. Vincent	Field pH: 6.3
Sampler ID #: 2222N	Field Chlorine (mg/L): 0.0
Date Sampled: 9-25-25	Time Sampled: 12:50
Well Tag Number: HO-558-0999	Sand none
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Clarity: yes
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: 20"	Cap Type: 2R	Casing: 6" metal	Conduit: Secure
Sample Point: Pressure Tank		Water Conditioning: CSF UV Light AN WS RO Link Filter	

Requested Testing: (Please check all that apply)

- UPO**
- | | | |
|--|--------------------------------------|---|
| <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 checked="" 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 type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

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

Release Signatures

Released By: D. Vincent	Date/Time: 9/25 15:25	Samples received on ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Temperature: 3.4°C
Released By: _____	Date/Time: _____	
Released By: _____	Date/Time: _____	
Received in lab by: Devin Jr	Date/Time: 9/25/25 15:35	

HOME LAND LABS



Order ID: 281238
Address: 11813 Chapel Wood...
Due Date: 09/24/2025

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

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

Client Name: Home Land Environmental	Property Address:
Email Address: info@homelandhealthyhomes.com	11813 Chapel Woods Ct Clarksville, MD 21029
Phone Number: 443-995-5385	

Field Collection Information

Sampler Name: R. Henderson	Field pH: 8.26
Sampler ID #: 2273RH	Field Chlorine (mg/L): 0.0
Date Sampled: 9-23-25 Time Sampled: 13:30	Sand: NO
Well Tag Number: HO-88-0999	Clarity: Clear
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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: 20"	Cap Type: 2pc metal	Casing: 6" metal	Conduit: Secure
Sample Point: Pressure Tank		Water Conditioning: S/F, UV, Light, A/N, W/S P.O.U. R.O.	

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 checked="" type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input checked="" type="checkbox"/> Other: Gross Beta |
| <input type="checkbox"/> Nitrate + Nitrite | <input checked="" type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

List rush samples below

Refer to table for rush turnaround times and fees

Release Signatures

Released By: <u>Drew H</u>	Date/Time: <u>9-23-25 14:07</u>	Samples received on ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Released By: _____	Date/Time: _____	
Released By: _____	Date/Time: _____	Temperature: <u>4.0°C</u>
Received in lab by: <u>Deeey ju</u>	Date/Time: <u>9-23-25 14:07</u>	

HOME LAND LABS



Order ID: 283830
Address: 11813 Chapel Wood...
Due Date: 11/11/2025

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

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

Client Name: Home Land Environmental	Property Address:
Email Address: info@homelandhealthyhomes.com	11813 CHAPEL WOODS CURT
Phone Number: 443-995-5385	CLARKSVILLE, MD 21029

Field Collection Information

Sampler Name: JASON JAMISON	Field pH: 6.20
Sampler ID #: 17755	Field Chlorine (mg/L): 0.0
Date Sampled: 11/7/25	Time Sampled: 12:00pm
Well Tag Number: HO-88-0999	Sand: CLEAR
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: 19"	Cap Type: 2 piece METAL	Casing: 6" metal	Conduit: 3" metal PVC
Sample Point: PRESSURE TANK	Water Conditioning: W/S, A/N(3), S/F(2), U/V * ALL POST PRESSURE TANK*		

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- Bacteria
- Lead
- Nitrate + Nitrite
- Iron
- Turbidity
- Chlorides
- Hardness
- Arsenic
- Cadmium
- Gross Alpha
- Total Dissolved Solids
- Copper
- VOCs
- Other: + SAND
- Other: _____

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

Release Signatures

Released By: Date/Time: 11/7/25 14:05

Released By: Date/Time: _____

Released By: Date/Time: _____

Received in lab by: Date/Time: 11/7/25 14:05

Samples received on ice?
 Yes No
Temperature: 3.5°

HOMELAND LABS


 Order ID: 281238
 Address: 11813 Chapel Wood...
 Due Date: 09/24/2025

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

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

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

Client Name: Home Land Environmental	Property Address:
Email Address: info@homelandhealthyhomes.com	11813 Chapel Woods Ct
Phone Number: 443-995-5385	Clarksville, MD 21029

Field Collection Information

Sampler Name: R. Henderson	Field pH: 8.26
Sampler ID #: 2273RH	Field Chlorine (mg/L): 0.0
Date Sampled: 9-23-25 Time Sampled: 13:30	Sand: W
Well Tag Number: HO-88-0999	Clarity: Clear
Compliance sample for public water system? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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: 20"	Cap Type: 2pc metal	Casing: 6" metal	Conduit: Secure
Sample Point: Pressure Tank	Water Conditioning: S/F, U.V. Light, A/N, W/S P.O.U. P.O.		

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 checked="" type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input checked="" type="checkbox"/> Other: Gross Beta |
| <input type="checkbox"/> Nitrate + Nitrite | <input checked="" type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

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

Release Signatures

Released By: *Drew H* Date/Time: 9-23-25 14:07 Samples received on ice? Yes No

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: *Deeey gw* Date/Time: 9-23-25 14:07 Temperature: 4.0°C

Eshenbaugh, Melanie

From: Eshenbaugh, Melanie
Sent: Tuesday, April 22, 2025 2:55 PM
To: 'John Lemmerman'
Cc: Silvast, Zackary
Subject: RE: OSDS revision comments

Good afternoon John,

It appears that not all comments were addressed based on the comments stated below. A couple are minor and should be addressed but the more critical ones are concerning the top trench orientation showing bends without the degree fittings called out. Additionally, see the specific revision comments below that are based on the latest plan received on 4/14/25:

- The curvature in IT-1 at the beginning of the trench is unnecessary and unusual. We recommend that it would be better for the system to have the tanks a little more upgrade so that the position is straight off the dbox without any bend/s in the upper 20' of trench.
- There is still a 90-degree bend showing before the tank. There should be at least a few feet of run prior to another 45-degree bend.
 - If it cannot be deciphered on plot plan, we will require that you add a detail showing that connection.
 - The septic profile appears to show 3' of spacing between the 45' bends and would need to be confirmed based on how it's currently shown on the plot plan septic line detail
- A typo was made on the elevation on Trench R2-1 invert which should be 389.2 as opposed to **398.2**.
- The septic profile shows a bottom elevation of **495.7** (Trench I-1) & is another typo as this elevation should reflect 395.7.
- Please remove or cross out the septic trench cross section since there are only 2 trenches on the initial system.

Please let us know if you have any questions and thank you.

Melanie Eshenbaugh
Bureau of Environmental Health
Howard County Health Dept.
8930 Stanford Blvd. Columbia, MD 21045
www.hchealth.org



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From: John Lemmerman <john.rtf@gmail.com>
Sent: Friday, April 11, 2025 11:57 AM

To: Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov>
Cc: achande@comcast.net; Silvast, Zackary <zsilvast@howardcountymd.gov>; Ken Hatfield <khatfield@hatfieldsequipment.com>
Subject: Re: Two issues

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Please find the attached revised Red-Lined sewer plan as discussed. The file is fairly large and may take a moment to open.

Thank you.

John Lemmerman, Prof. LS

RTF Associates, Inc.
Land Surveyors & Planners
RTFsurveying.com

142 East Main Street
Westminster, MD 21157
ph-410-848-2040
ph-410-876-1222

On Wed, Apr 9, 2025 at 5:29 PM Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov> wrote:

Good afternoon John,

The red line comments sent out would require us to have a hard copy of the plan to verify the spacing between trenches. Also, the red line will need to be updated to show the 2 tank locations, degree bends to be called out on the septic line and the top 2 trenches to show straight lines with degree fittings. Since the design is utilizing 5 ft. of sidewall, the minimum spacing distance between trenches is 13' with an inlet depth of 3'. Also, I noticed a 90' degree bend before the septic tank which would present a problem with solids, and we would like to see 45' bends instead. Once you have updated the OSDS red line to show the two new tank locations, I will review the septic line profile and tank details on the plan to ensure everything looks fine. Additionally, Ken is correct, there is only 2 trenches on the initial system, 2 @ 60'. The trench #3 detail should be removed and only 2 trench details should be shown. Please update the trench specs to reflect the appropriate elevations and let us know if you have any questions. Thank you kindly.

Melanie Eshenbaugh

Bureau of Environmental Health

Howard County Health Dept.

8930 Stanford Blvd. Columbia, MD 21045

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From: Silvast, Zackary <zsilvast@howardcountymd.gov>
Sent: Wednesday, April 9, 2025 3:29 PM
To: Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov>
Cc: achande@comcast.net; John Lemmerman <john.rtf@gmail.com>; Ken Hatfield <khatfield@hatfieldsequiment.com>
Subject: RE: Two issues

Hi Melanie,

Did we get comments out to the engineer for this one? I'm tagging you in this also for review purposes if we get an electronic view of this new tank proposal. Thanks.

- ZS

From: Ken Hatfield <khatfield@hatfieldsequiment.com>
Sent: Wednesday, April 9, 2025 3:26 PM
To: Silvast, Zackary <zsilvast@howardcountymd.gov>
Cc: achande@comcast.net; John Lemmerman <john.rtf@gmail.com>
Subject: RE: Two issues

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Yes that is the address. 11813 Chapel Woods Court. 4 foot inlet on both.

Ken Hatfield, President

Hatfields Equipment and Dedication Services, Inc.

PO Box 519

Annapolis Junction, MD 20701

301-490-4289 x 101

410-984-0101 Cell

From: Silvast, Zackary <zsilvast@howardcountymd.gov>
Sent: Wednesday, April 9, 2025 3:16 PM
To: Ken Hatfield <khatfield@hatfieldsequipment.com>; achande@comcast.net
Cc: John Lemmerman <john.rtf@gmail.com>
Subject: RE: Two issues

Hi all,

Yes I would be able to entertain it, I would like to see what it looks like if I can get a digital copy first to put my eyes on the redline.

Is this for 11813 Chapel Woods? Because I got no reference to the address anywhere. I think we made a revision comment that the inverts were off if it is 11813 Chapel Woods, they should be uniform on a gravity-feed system.

- ZS

From: Ken Hatfield <khatfield@hatfieldsequipment.com>
Sent: Wednesday, April 9, 2025 10:51 AM
To: achande@comcast.net; Silvast, Zackary <zsilvast@howardcountymd.gov>
Cc: John Lemmerman <john.rtf@gmail.com>
Subject: RE: Two issues

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Correction . It shows trench 1 with 3 ft inlet and trench 2 with a 4 ft. inlet . There is not a trench 3 as per the design .

Ken Hatfield, President

Hatfields Equipment and Dedication Services, Inc.

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301-490-4289 x 101

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From: achande@comcast.net <achande@comcast.net>

Sent: Wednesday, April 9, 2025 9:28 AM

To: zsilvast@howardcountymd.gov

Cc: Ken Hatfield <khatfield@hatfieldsequipment.com>; John Lemmerman <john.rtf@gmail.com>

Subject: Two issues

Zack,

Good morning, Zack,

Is there any chance you can allow us to change from one 2500 g tank to two 1500 g tanks. The lead times for the 2500 g tank are 3 to 5 weeks and the 1500 g is available immediately. We can redline that change for your approval, if you agree. It will also save me a lot of money for the tank cost. So hope you can allow this proposed change.

Second issue is that there are three trenches shown in the detail portion of the plan, but only two are redlined. The third has only 1 ft of stone. Does the stone depth need to be changed for consistency and installation also? If I did not state this second issue correctly, Kenny can clarify this issue for us.

I gave copied both Kenny Hatfield and John Lemmerman on this email to save us time communicating the changes you can allow and approve for us.

Looking forward to your help on these two critical issues,

...Al