

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER **13** AS 20012

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
05 02 05  
15 20

Depth of Well  
22 140 26 5/4/05  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
140-94-4141  
28 29 30 31 32 33 34 35 36 37

OWNER Konny Stephen  
STREET OR RFD Cameron Court TOWN Ellicott City  
SUBDIVISION Hyman Property SECTION \_\_\_\_\_ LOT I EXISTING

**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	
Top Soil	0	2	
Sandy	2	15	✓
Sand Stone	15	20	
MICKA	20	50	
Sand Stone	50	55	✓
MICKA	55	140	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS 12 NO. OF POUNDS 1200  
GALLONS OF WATER 22  
DEPTH OF GROUT SEAL (to nearest foot)  
from 8 TOP 52 ft. to 26 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 28  
60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **Y** **N**  
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 LIC. NO. M 5 D 117  
DRILLERS SIGNATURE [Signature]  
LIC. NO. D

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

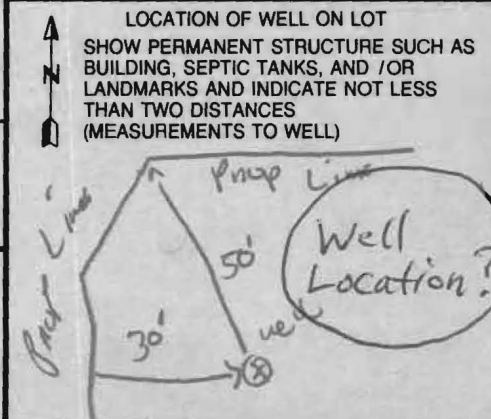
**C 2** DEPTH (nearest ft.)  
1 2 HO 26 140  
E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
H 38 39 41 45 47 51  
S 3  
R 3  
E 1  
N  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
56 60  
from to

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  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
1 2  
HOURS PUMPED (nearest hour) 3  
8 9  
PUMPING RATE (gal. per min.) 10  
11 15  
METHOD USED TO MEASURE PUMPING RATE bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 10 ft.  
17 20  
WHEN PUMPING 25 ft.  
22 25  
TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
27 27 27  
**C** centrifugal **R** rotary **O** other (describe below)  
27 27 27  
**J** jet **S** submersible  
27 27

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP YES **NO**  
(CIRCLE) (YES or NO)  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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 } LAND SURFACE  
49 } 2 (nearest foot)  
**-** below } 50 51



B 1 9194

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4141

521989 please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

FORNEY STEPHEN
3368 BRAUNTLEY CT.
GLENWOOD MD 21738-9525

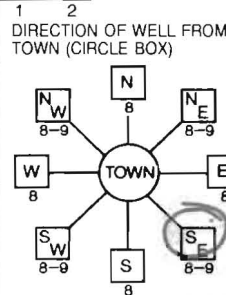
LOCATION OF WELL

Howard
COUNTY
Hyman Property
SUBDIVISION
SECTION 44 46 LOT 48 50
West Friendship
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 4

DRILLER INFORMATION

RAY E. MAYWE M S D 117
Driller's Name License No. 81
RAY E. MAYWE INC
17024 Handy Rd Mt Airy MD 21771
Address
Signature Date Feb 11 2005

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CAMERON CT.

NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 225
ENTER FT OR MI
TAX MAP: 23 BLK: 9 PARCEL 29

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 (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
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (3) A520012

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/23/2005 Brian Baker 3/23/2006
CO SIGNATURE EXP. DATE
NORTH GRID 523 000 EAST GRID 825 000

APPROXIMATE DEPTH OF WELL 150 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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER
PERMIT No. HO-94-4141

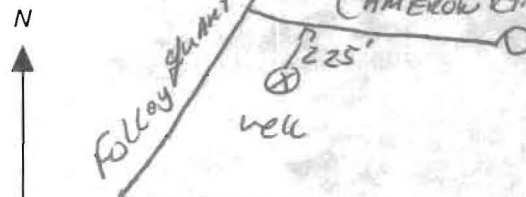
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE 825

E 825-523
N

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





ATTN: BRIA D

sent - 12-12-07  
sent - 1-5-05

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2643

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: CLARK P+H INC Telephone #: 410-325-4261  
Address: 3510 Ridge Rd  
Westminster, MD 21157

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

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

Name (Print): Ken Clarke License #: 3808

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

Name of Property Owner: Hamilton Reed Telephone #: 410-461-2760

Subdivision: Parcel - 1 Lot #: \_\_\_\_\_ Well Tag #: HO -

Site Address: 3627 Folly Quarter Rd

Ellicott City, MD 21042

Submersible Pump Data

Make: Misco  
Model #: 98522-12-P4  
Pump Capacity 12 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Hacoma  
Model #: PT-800  
Depth: 42 (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 1 1/2" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required -- Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: Plastic  
PSI: 1 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly:

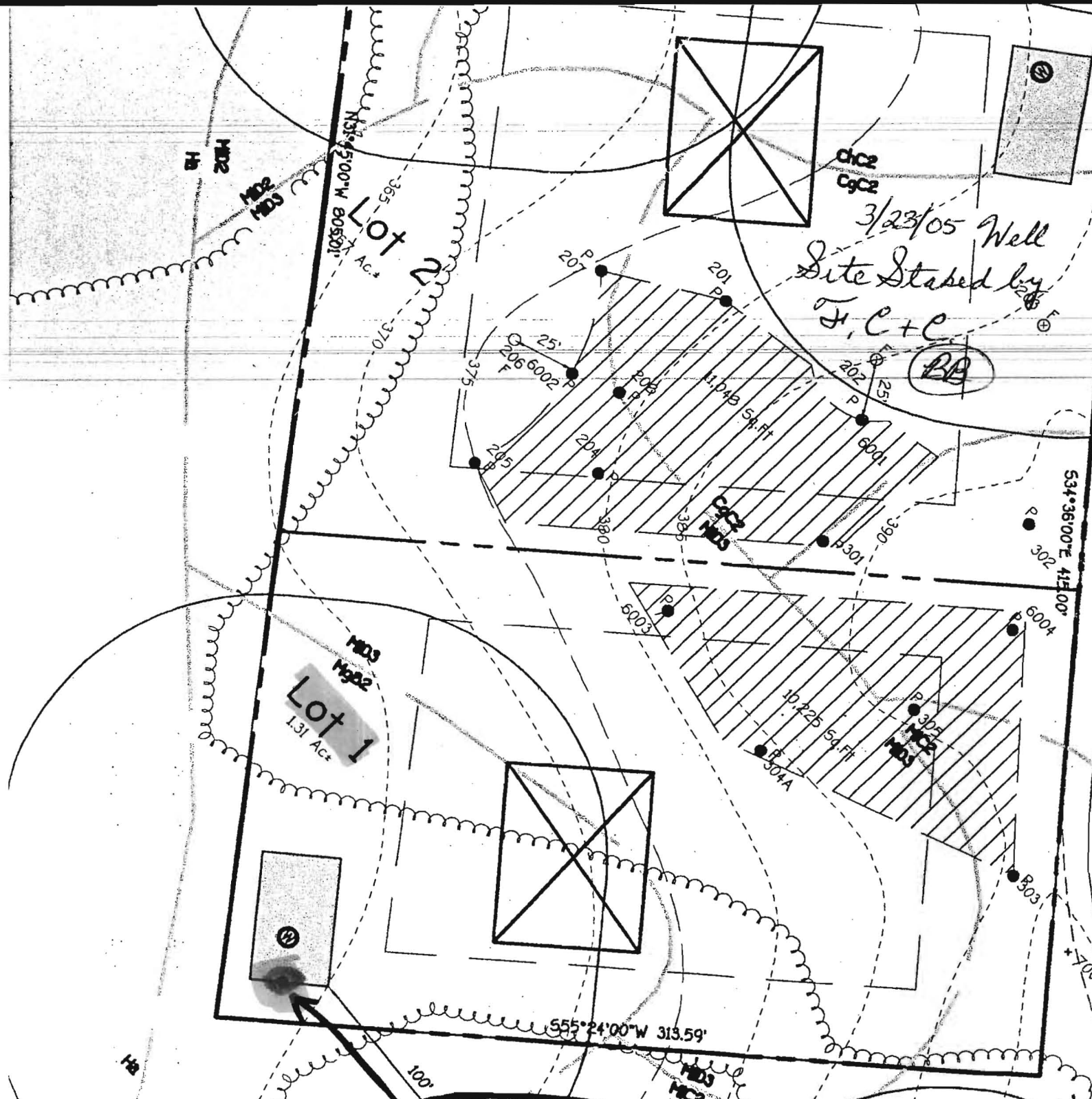
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ken Clarke

date: 12-12-07

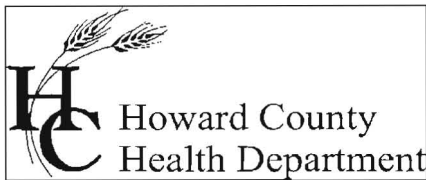
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/11/07 **(KW)**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



3/23/05 Well Site Staked by F, C + C (PB)

Drill Well Here Where It Is Farthest



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

January 8, 2009

Mr. & Mrs. Mohammad Vaziri  
3627 Folly Quarter Road  
Ellicott City, MD 21042

FAX SENT VIA FACSIMILE 410-461-6667

RE: Hyman Property  
3627 Folly Quarter Road  
BP# B06003014  
Well Tag #: HO-94-4141

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/08/2008. Final approval of the well line connection to the dwelling was approved on 06/11/2007.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 11/25/2008. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system and well. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### INTERIM CERTIFICATE OF POTABILITY

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-94-4141. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/25/2008  
Date of Samples for Gross Alpha & Gross Beta: 11/25/2008  
Date of Well Completion: 05/02/2005

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Hamilton Reed Builders  
 Stephen Forney  
 8000 Main Street  
 Ellicott City, Maryland 21043

**S/O Number:** 70675  
**Report Date:** November 26, 2008

**Property Sampled:** 3627 Folley Quarter Road, 21042

**County:** Howard  
**Subdivision:** Cameron  
**Lot #:** 1  
**Building Permit #:** B06003014  
**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** November 25, 2008 at 12:32 pm  
**Date/Time Received:** November 25, 2008 at 3:35 pm

**Sample Location:** Utility Sink Tap  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4141  
**Well Condition:** 2-Piece Cap  
 2 Bolts Loose  
 Cap Tight

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Hamilton Reed Builders  
 Attn: Stephen Forney  
 8000 Main Street  
 Ellicott City, Maryland 21043

**S/O Number:** 70675  
**Report Date:** December 5, 2008

**Property Sampled:** 3627 Folley Quarter Road, 21042

**County:** Howard  
**Subdivision:** Cameron  
**Lot #:** 1  
**Building Permit #:** B06003014

**Tax Map #:** NA  
**Parcel #:** NA

**Date/Time Collected:** November 25, 2008 at 12:32 pm  
**Date/Time Received:** November 25, 2008 at 3:35 pm

**Sample Location:** Utility Sink  
**Sampler ID:** 5745KC

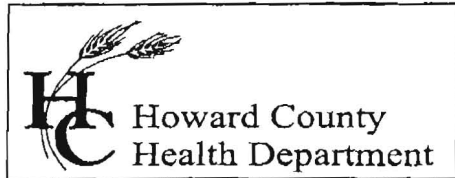
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4141  
**Well Condition:** 2-Piece Cap  
 Tight  
 2 Bolts Loose

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	<1.5 +/- 1.0 pCi/L	EPA 900.0	1.5 pCi/L	Pass
Gross Beta	2.6 +/- 1.2 pCi/L	EPA 900.0	1.6 pCi/L	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 31, 2005

Mr. & Mrs. Lawrence Hyman  
3627 Folly Quarter Road  
Ellicott City, MD 21042

Dear Mr. and Mrs. Hyman:

Testing was performed on May 2, 2005 to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. Gross Alpha and Gross Beta measure the total alpha and beta activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply.

Results from this screening revealed a **Gross Alpha** of  $13 \pm 2$  picocuries/liter (pCi/L) (from filtered sample); while the **Gross Beta** level was  $17 \pm 2$  pCi/L (also filtered sample). Without the margin of error, the **Gross Alpha** result was below the respective **maximum contaminant level (MCL)** of 15 pCi/L; with it, the level may slightly exceed. The **Gross Beta** was below the MCL of 50 pCi/L. Since this finding is approaching the MCL, additional testing should be considered in approximately three months.

A copy of the test results is enclosed for your information. Please call this office at (410) 313-1773 if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director  
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater

Send Report To:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201  
J. Mehsen Joseph, Ph.D., Director

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_ Field Blank Bottle No. 1: \_\_\_\_\_ No. 2: \_\_\_\_\_

Plant/Site Name: \_\_\_\_\_ County: Howard  
Sample Source: 3627 Folly Quarter Rd Location: HO-94-4142  
(well no., lab sink, sample tap, etc.)

County:  1  3 Plant No.            
Collector: Brian Baker Telephone No.: (410) 313-1773  
Date Collected: 5/2/2005 Time Collected: 11:33 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No  Iced: Yes  No   
Submitters Code:   Federal Project:  S Field Data: 6.6 No  
pH Chlorine

Remarks: Sample submitted had a lot of suspended solids. There the sample was filtered and filter value is 5 and filtrate (dissolved) is 13 D values. SW

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2135	$0.11 \pm 3 / 13 \pm 2$	5/4/05
✓	Gross Beta	4100	2135	$0.6 \pm 2 / 17 \pm 2$	5/4/05
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra-226	4020			
	Ra-228	4030			
	Total Uranium	4006			

Date Received: 05/02/05  
Section Chief: S. Wilson