

C 1 0174 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A-43823

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
 020896

Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 HC-93-0229

OWNER: BETHEA RONALD
 STREET OR RFD: 12012 BROAD MEADOWS TOWN: CLARKSVILLE
 SUBDIVISION: CLEARVIEW EST. SECTION: LOT: 64

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 | |
| Overburden Granite | 0 | 35 | |
| | 35 | 300 | x |
| water was encountered at 75 & 265' | | | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 48 49 50 51 52 53 54 55 56 57 58 ft. to 40 41 42 43 44 45 46 47 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
 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
 PL 6 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 60
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 13 ft.
 WHEN PUMPING 252 ft.
 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.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 32 33 34 35
 PUMP HORSE POWER 37 38 39 40 41
 PUMP COLUMN LENGTH (nearest ft.) 43 44 45 46 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MSD017

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

C 2 DEPTH (nearest ft.)
 A 1 40 41 42 43 44 45 46 47 48 49 50 51
 C 2 23 24 25 26 27 28 29 30 31 32 33 34 35 36
 H 3 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 57 58 59 60

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

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)
 NA

B 1 4096 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-93-0229
fill in this form completely

B 2 OWNER INFORMATION

Date Received (APA) 12.13.95

15 Last Name: Betha Owner First Name: Ronald

26 Street or RFD: 2603 Smallwood Drive

57 Town: Abingdon 70 State: 72 Zip: 26009

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Driller's Name: Paul M. Fabiszak 77 License No. 80: 390

Firm Name: G. Edgar Harr Sons' Corp.

Address: 12047 Falls Road Cockeyville 21030

Signature: Paul M. Fabiszak Date: 12/11/95

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

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

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) _____

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

APPROP. PERMIT NUMBER _____ GAP _____

FORGE 43 WRITE INITIALS IN BOX PERMIT No. HO-93-0229

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

8 COUNTY: Howard

23 SUBDIVISION: Clearview Estates

SECTION 44 LOT 44

52 NEAREST TOWN: Clarksburg

MILES FROM TOWN (enter 0 if in town) 1 M 1

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: 12012 Good Meadow

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST EAST

DISTANCE FROM ROAD: 300 FEET

TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO.: 13-43823

STATE SIGNATURE: _____ DATE ISSUED: 12/28/95 CO SIGNATURE: [Signature] EXP. DATE: 12/28/96

NORTH GRID: 505000 EAST GRID: 0820000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:

- WELL
- GROUT

WRITE THE BOX NUMBER FROM THE MAP HERE

E: 81020
N: 5000

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 93-0229
 Location of property (road) BROAD MEADOW
 Subdivision CLEARVIEW EST. Lot 64 Block _____ Plat _____ Sec. _____
 Well Driller G.E. HARR Owner BETHEA, RONALD

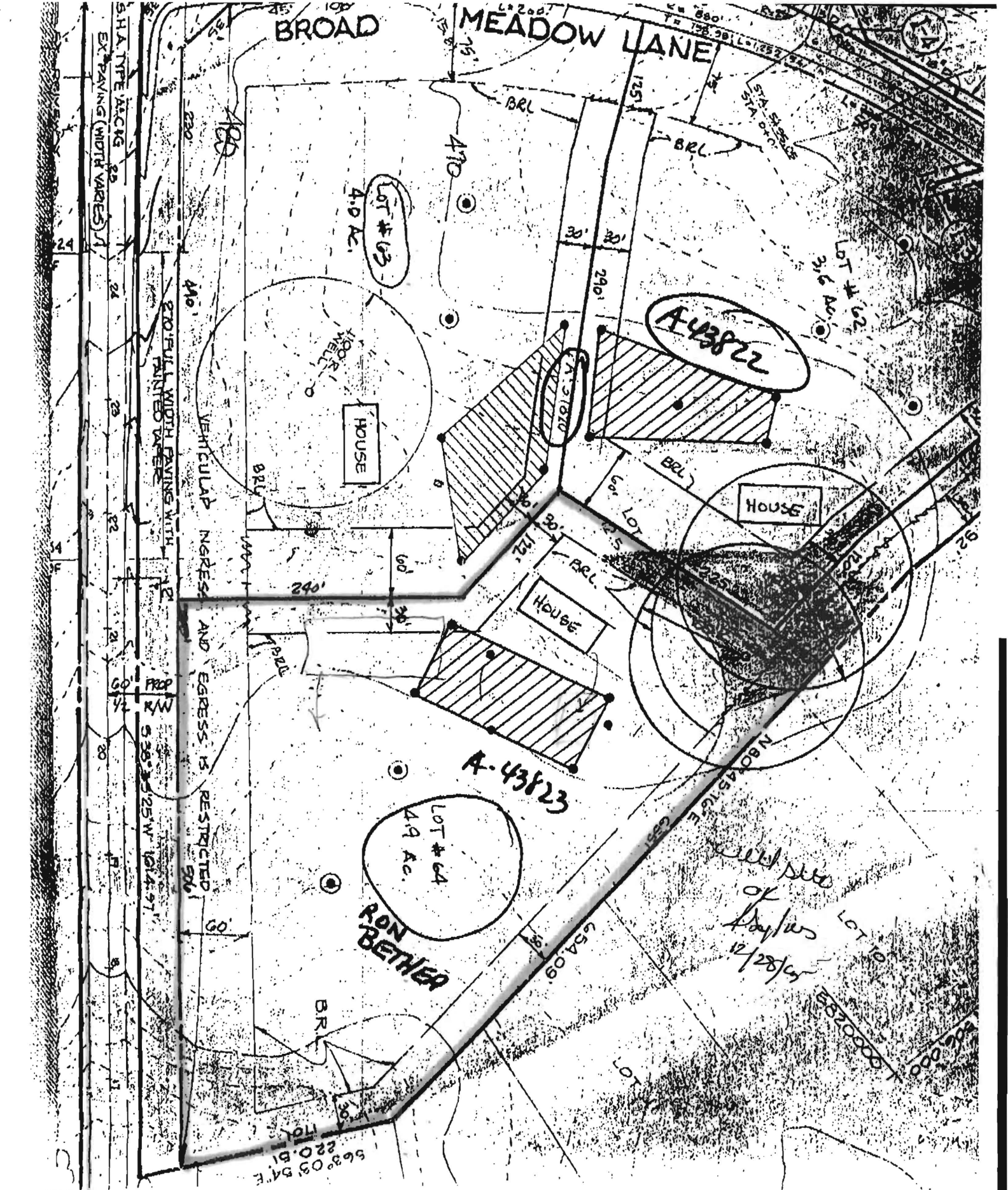
Depth of well 300'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 13'

I. High rate pumping -- reservoir drawdown

Time pump started 0800 Pumping rate 20.0
 Total time 1 1/2 hrs to reach pumping water level 252 ft. below M.P.

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

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 0800 | 13' | 3 | | 20.0 |
| 0815 | 35' | 3 | | 20.0 |
| 0830 | 66' | 4 | | 15.0 |
| 0845 | 100' | 4 | | 15.0 |
| 0900 | 133' | 5 | | 12.0 |
| 0915 | 200' | 6 | | 10.0 |
| 0930 | 252' | 7 | | 8.57 |
| 0945 | 252' | 10 | | 6.0 |
| 1000 | 252' | 10 | | 6.0 |
| 1015 | 252' | 10 | | 6.0 |
| 1030 | 252' | 10 | | 6.0 |
| 1045 | 252' | 10 | | 6.0 |
| 1100 | 252' | 10 | | 6.0 |
| 1115 | 252' | 10 | | 6.0 |
| 1130 | 252' | 10 | | 6.0 |
| 1145 | 252' | 10 | | 6.0 |
| 1200 | 252' | 10 | | 6.0 |
| 1215 | 252' | 10 | | 6.0 |
| 1230 | 252' | 10 | | 6.0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

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

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

Company Name: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

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

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 93 - 0229
Site Address: 12012 Broad Meadow Ln.

Submersible Pump Data

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

Pitless Adapter

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

Well Cap and Electric Conduit

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

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

Piping to house

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

House Connection

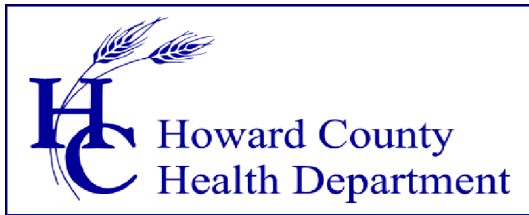
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 4/30/2012 **BB**
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – October 10, 2013

April 10, 2013

Homeowner
12012 Broad Meadow Lane
Clarksville, MD 21029

**RE: Clearview Estates, Lot 64
12012 Broad Meadow Lane
Building Permit: B12000071
Well Permit: HO-93-0229**

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 **4/30/2012**. Final approval of the well line connection to the dwelling was granted on **4/30/2012**. The well construction was completed on **2/8/1996**. Water samples were collected on **8/14/2012**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **8/21/2012**. Results showed a Gross Alpha level of **8.2 ± 2.9 pCi/L** and **Gross Beta** level of **11.3 ± 2.2 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-93-0229. 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 certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

September 20, 2012

Mr. Taz Ezzat
12012 Broad Meadow Lane
Clarksville, Maryland 21029

RE: 12012 Broad Meadow Lane
Clarksvill, Maryland 21029

Dear Mr. Ezzat:

Testing was performed on August 21, 2012 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening (sample collected from the kitchen faucet) revealed a **Gross Alpha** of 8.2 ± 2.9 picocuries/liter (pCi/L); while the **Gross Beta** level was 11.3 ± 2.2 pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below the targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems per year).

At the time of testing and with respect to these parameters, your well water supply meets applicable EPA regulatory standards.

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

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE, Water Mgmt.
Well & Septic file

Send Report To:

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

NO INFO REAL PROPERTY

E000381 221^M

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HE12012 No. B: _____ Field Blank Bottle No. 1: _____ No B: _____

Plant/Site Name: T02 EZZAT County: Howard

Sample Source: 12012 Broad Meadow Ln Location: _____
CLARKSVILLE MD 21029 (well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

| | |
|----------------|-------------------------------------|
| Drinking Water | <input checked="" type="checkbox"/> |
| Landfill | <input type="checkbox"/> |
| Stream | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

| | |
|---------------|-------------------------------------|
| Community | <input type="checkbox"/> |
| Non-community | <input type="checkbox"/> |
| Private | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

| | |
|------------------------|-------------------------------------|
| Source (raw water) | <input checked="" type="checkbox"/> |
| Distribution (treated) | <input type="checkbox"/> |
| MCL | <input type="checkbox"/> |

| | |
|-----------|-------------------------------------|
| Emergency | <input type="checkbox"/> |
| Routine | <input checked="" type="checkbox"/> |
| Recheck | <input type="checkbox"/> |
| Special | <input type="checkbox"/> |

Collector: Boleslav Shklyav

Telephone No.: 410-313-1787

Date Collected: 8/21/12

Time Collected: 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project: 5

Field Data: 6.6 pH 0.1 Chlorine

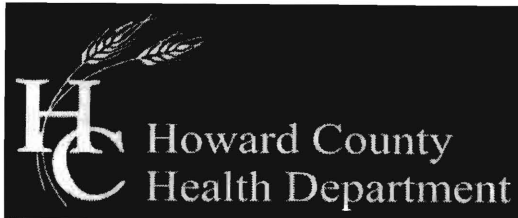
Remarks: SAMPLE TAKEN FROM KITCHEN, W/ WATER COF. CHLOR, W/ R/O SYSTEM

| ✓ | Test | EPA Code | Laboratory No. | Results (pCi/L) | Date Analyzed | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|---------------|
| ✓ | Gross Alpha | 4000 | 0381 | 8.2 ± 2.9 | 08/22/12 | 08/23/12 |
| ✓ | Gross Beta | 4100 | 0381 | 11.3 ± 2.2 | " | " |
| | Radon-222 Bottle A | 4004 | | | | |
| | Radon-222 Bottle B | 4004 | | | | |
| | Field Blank #A | 4004 | | | | |
| | Field Blank #B | 4004 | | | | |
| | Tritium | | | | | |
| | Ra - 226 | 4020 | | | | |
| | Ra - 228 | 4030 | | | | |
| | Total Uranium | 4006 | | | | |
| | | | | | | |
| | | | | | | |

Date Received: 08/21/12

Supervisor: [Signature]

• Tel. No.: (410) 767 - 5537 • Fax No.: (410) 332 - 3373



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM
Expiration Date – October 3, 2012

August 20, 2012

Mohamed Ahmed
12012 Broad Meadow Lane
Clarksville, MD 21029

**RE: Clearview Estates, Lot 64
12012 Broad Meadow Lane
Building Permit: B12000071
Well Permit: HO-93-0229**

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 **4/30/2012**. Final approval of the well line connection to the dwelling was granted on **4/30/2012**. The well construction was completed on **2/8/1996**. Water samples were collected on **8/14/2012**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

This property is within the boundaries of an area known to contain elevated levels of naturally occurring radium in the groundwater. Drinking water wells within this area must be tested for radium before a certificate of potability may be issued.

This is a **temporary deviation** to allow additional time for collection of a water sample to test for short term gross alpha/gross beta and installation of a radionuclide removal system if elevated levels are found.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that the water sample results for short term gross alpha/gross beta are submitted to this Department and, if needed, a treatment device is installed along with testing of the treated water and recordation of a radium treatment agreement **within 45 days**.

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

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

Approving Authority,

A handwritten signature in black ink, appearing to read 'Jeff Williams', with a long horizontal flourish extending to the right.

Jeff Williams
Program Supervisor
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 85780 Account #: 1930
 Reference: MD Custom Builders Company: Fogle's Well Drilling
 Location: 12012 12012 Broad Meadow Lane Requested By: Dave Fogle
 Clarksville, MD 21029 Source: Well Water
 Date/ Time Collected: 8/14/2012 1315 Site: Kitchen Sink Tap ✓
 Date/Time Rec'd 8/14/2012 1540 Treatment: None
 Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 5.5 ✓
 Collected By: J. Fogle 1974JF Well #: HO-93-0229

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 ✓ | MPN/ 100 ml | <1.0 | SM18 9223 | 8/15/2012 / 1030 / SNZ |
| Bacteria, E. coli, MPN | <1.0 ✓ | MPN/ 100 ml | <1.0 | SM18 9223 | 8/15/2012 / 1030 / SNZ |
| Nitrate | 5.82 ✓ | mg/L | 10 | 601 | 8/14/2012 / 1600 / BCD |
| Turbidity | 1.37 ✓ | NTU | <10 | SM18 2130H | 8/14/2012 / 1615 / SNZ |
| Sand | NS ✓ | mg/L | 5 | Visual/Gravimetric | 8/14/2012 / 1615 / SNZ |

*OK! JCB 8/16/2012
 also need Radium results*

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit #: B12000071

Date Reported: 8/16/2012

2/23/96
Lab No. _____ Date Received _____
DKS

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO 2609 Name RONALD BETHEA County HOWARD County Code 13

Source CLEARVIEW EST. LOT 64 Data Category Code 4F

Collected: Date 1/29/96 Time 10:30 AM Collector & Phone K. SIKES (410) 313-2640 Submitter Code 4F

CHECK (one per box)

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Drinking Water | <input type="checkbox"/> Community | <input checked="" type="checkbox"/> Source (raw water) | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Landfill | <input type="checkbox"/> Non-community | <input type="checkbox"/> Distribution (treated) | <input type="checkbox"/> Routine |
| <input type="checkbox"/> Stream | <input type="checkbox"/> Private | <input type="checkbox"/> MCL | <input checked="" type="checkbox"/> Recheck |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | | <input type="checkbox"/> Special |

Federal Project 9

F
I
E
L
D

Plant No. [] [] [] [] [] Sampling Station [] [] [] [] Preservation: Iced Acid Type of Acid H₂SO₄

pH [] [] [] Chlorine: Free [] [] Total [] [] Specific Conductance [] [] [] []

Notes to Lab/Remarks: _____

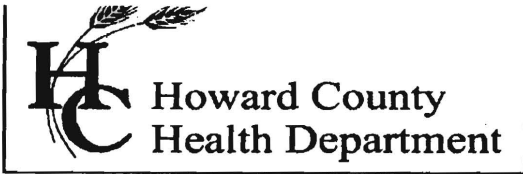
| CHECK TESTS | TESTS | CODES | ERROR CODE | G/L | RESULTS | DATE ANALYZED | ANALYST INITIALS |
|-------------------------------------|-------------------------------------|-------|------------|-----|---------|---------------|------------------|
| | Alkalinity (Total) | 00410 | | | | | |
| | Alkalinity, Ca CO ₃ Sat. | 74023 | | | | | |
| | Ammonia - N | 00608 | | | | | |
| | Chloride | 00940 | | | | | |
| | Color* | 00081 | | | | | |
| | Conductance*, spec. | 00095 | | | | | |
| | Dissolved Solids | 70300 | | | | | |
| | Hardness | 00900 | | | | | |
| | Fluoride | 00951 | | | | | |
| | Nitrite, N | 00615 | | | | | |
| <input checked="" type="checkbox"/> | Nitrate - Nitrate, N | 00630 | | | 4.4 | 01-31-96 | BK |
| | pH*, Ca CO ₃ SAT | 70311 | | | | | |
| | Sulfate | 00945 | | | | | |
| | Total Solids | 00500 | | | | | |
| | Turbidity* | 00076 | | | | | |
| | Other: | | | | | | |

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported FEB 1 1996



7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 Main: 410-313-6300 | Fax: 410-313-6303
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

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

**REQUEST FOR TEMPORARY DEVIATION TO
 RADIUM STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 8/17/2012 WELL PERMIT #: HO - 93 - 0229

PROPERTY OWNER: Mahamed Ahmed
 SUBDIVISION & LOT #: CLEARVIEW
 PROPERTY ADDRESS: 12012 BROAD MEADOW LANE
CLARKSVILLE

TESTIMONIAL: Steps that will be taken, or that have already been taken, by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within forty-five (45) days. If post-treatment water samples have been taken, state the specific analyses that will be reported in results, e.g. Gross Alpha and Gross Beta and/or Radium.

CONDITIONS:

- 1) Within forty-five (45) days, the well installed under permit # HO - 93- 0229 will be documented to have Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) at the primary drinking tap as a result of installation of a water softener system, or at the reverse osmosis tap.
- 2) If the radium condition cannot be remediated to a level of Gross Alpha level of 15 pCi/l, Gross Beta level 50 pCi/l, and/or sum of Radium 226 and Radium 228 at level 5 pCi/l or less (including reported margin of error) via installation of a water softener treatment or reverse osmosis system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

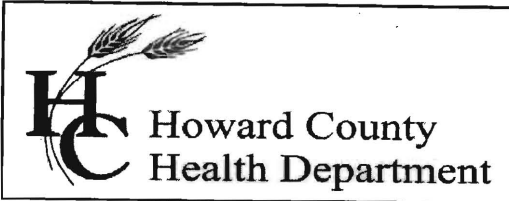
I hereby request that a Forty-five Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO -95-0584. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the radium removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling

M Ahmed _____

Prospective Owner's Day Time Phone Number(s)

410-206-4850 _____



Office of the Health Officer
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

8/17/2012

TO: Mautaz Ezzat, Applicant, Maryland Custom Home Builders, Inc.
Mse-taz@rcn.com

FROM: Robert Bricker, REHS/R.S., Environmental Sanitarian
Well and Septic Program

RE: Requirements related to issue of ICOP, 12012 Broad Meadow Lane, Clearview Estates
Section 2, Lot 64; B12000071

Dear Mr. Ezzat,

A letter certifying potability of the water well serving the subject property cannot be released at this time. The well (HO-93-0229) has not been tested for radioactive constituents. The minimum requirement is that a sample of untreated water from the well has **Gross Alpha** content below its **maximum contaminant level (MCL)** of **15 pCi/L**, and the **Gross Beta** level below its target level of **50 pCi/L** (roughly equivalent to the **annual dose rate of 4 millirems/year**).

A drawback is that the analyses for radium or its degradation products requires several weeks. As a remedy, the Health Department offers opportunity for issue of an Interim Certificate of Potability with Temporary Deviation for Radium, provided that the following two documents are submitted to the Health Department:

- Radium Treatment Agreement signed by the homeowner and the Health Officer and entered into Land Records
- Request for temporary deviation for radium signed by the homeowner

In the event that a temporary deviation for radium is authorized, the following must occur within a 45-day time period:

- install treatment on (at least) the drinking water tap and retest for short-term a/b, long-term a/b, and radium 226/228

After a Passing test result for short-term a/b, long-term a/b, and radium 226/228 from a treated tap is received at the Health Department, a Interim Certificate of Potability with Permanent Deviation for Radium may be issued.

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

RB
Enclosures: 2; Owners request (1 page), Radium Treatment Agreement (3 pages)
Copy: file