

SEQUENCE NO. (MDE USE ONLY) **16660**

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

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received **12 06 12**

DATE WELL COMPLETED **10 23 12**

Depth of Well **350** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-95-2416**

OWNER **Stewart Gret Homes**

WELL SITE ADDRESS **Owings Overlook** TOWN **Highland**

SUBDIVISION **Owings PRO.** SECTION _____ LOT **21**

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	
Brown Loamy mica	0	47	
Gray Limestone	47	310	
Quartz	310	311	✓
Gray Limestone	311	350	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **31** NO. OF POUNDS **2714**

GALLONS OF WATER **186**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **52** ft.
48 TOP 52 54 BOTTOM 58 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **06** Total depth of main casing (nearest foot) **52**

OTHER CASING (if used)

E A C H C A S I N G	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 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.

DRILLERS LIC. NO. **M SD 009**

DRILLERS SIGNATURE **Allen Compton**

LIC. NO. **D**

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

DEPTH (nearest ft.)

1	2	3	4	5	6
HO	52	350			

E A C H C A S I N G

1	2	3	4	5	6

S E E 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 **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

HOURS PUMPED (nearest hour) **06**

PUMPING RATE (gal. per min.) **3**

METHOD USED TO MEASURE PUMPING RATE **196L**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **22** ft.

WHEN PUMPING **197** 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 INSTALLED PUMP (CIRCLE) (YES or NO) 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 **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
- below } **01** (nearest foot)

LATITUDE **39.1829529**
LONGITUDE **76.9631500**
(DEFAULT COORD. WGS 84)

NOTES:

B 1 09337

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO -95 -2416

fill in this form completely

538063-D please type

Date Received (APA)

09/11/12

OWNER INFORMATION

8 MM DD YY 13
Stewart Kret Homes
15 Last Name Owner First Name 34
7090 Samuel Morse Dr.
36 Street or RFD 55
Columbia, Md. 21046
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Owings Property
23 SUBDIVISION 42
SECTION 21
44 46 LOT 48 50
Highland
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton MS D0009
76 Driller's Name License No. 81
Eagles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine, Md. 21791
Address
Allen Compton 6-29-12
Signature Date

B 4 SOURCES OF DRILLING WATER

1. Owings Overlook
Highland Rd
11 STREET ADDRESS 30
2. 170
2500
34 DISTANCE FROM ROAD 37
ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 12 PARCEL

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A515214 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 10/09/2012 [Signature] 10/9/13
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

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 DEEPEMED 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
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D 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 (MDE OR COUNTY USE ONLY)

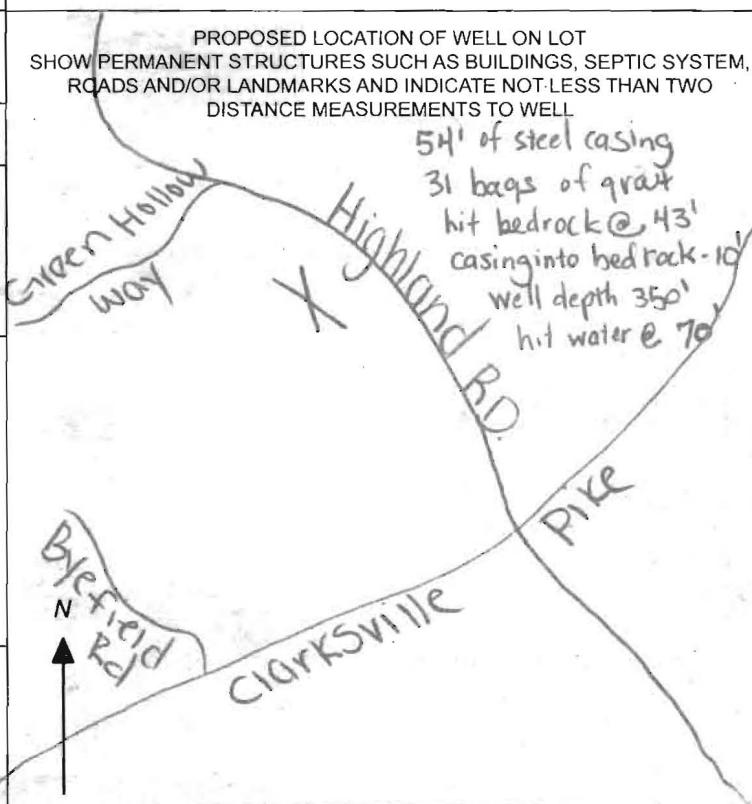
APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO -95 -2416

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample required at yield test



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2416
 Location of property (road) OWINGS OVERLOOK
 Subdivision OWINGS PRO. Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller Fogles Owner Stewart Kret Homes
 Depth of well 350'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 22'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 8.5
 Total time 1 Hr to reach pumping water level 197' 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	22	7		8.5
8:45	70	7		8.5
9:00	102	7		8.5
9:15	127	7		8.5
9:30	151	7		8.5
9:45	197	7		8.5
10:00	197	20		3
10:15	197	20		3
10:30	197	20		3
10:45	197	20		3
11:00	197	20		3
11:15	197	20		3
11:30	197	20		3
11:45	197	20		3
12:00	197	20		3
12:15	197	20		3
12:30	197	20		3
12:45	197	20		3
1:00	197	20		3
1:15	197	20		3
1:30	197	20		3
1:45	197	20		3
2:00	197	20		3

**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: Fogles Well Drilling LLC Telephone #: 410 795 5670
Address: J PO Box 2021
Woodbine, MD 21797

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

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

Name (Print): David C Fogle License# MSD2226

*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: Stewart Kret Telephone #: 410 312 5110
Subdivision: Owings Property Lot #: 21 Well Tag #: HO-95-2416
Site Address: 6902 Owings Overlook
Highland, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE07-190</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</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>356</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 N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>36"</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.

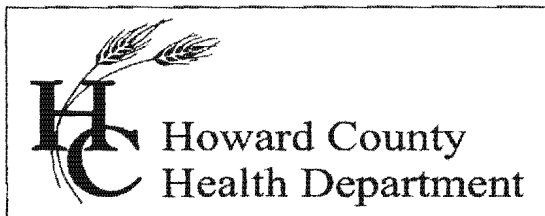
Signature of company representative responsible for installation: Dave Fogle date: 7-10-14

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

Date Insp. Requested: _____ Date Insp. Approved: 7/11/14 Inspector: BB

Inspection Data:

- Pitless adapter watertight & 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 not outside of well cap/casing
- Correct well tag attached properly and casing 3" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1771 | Fax: 410-313-2648

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 – February 5, 2015

September 5, 2014

Homeowner
6802 Owings Overlook
Highland, Maryland 20777

**RE: Owings Property, Lot#21
6802 Owings Overlook
Building Permit: B13003600
Well Permit: HO-95-2416**

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 **8/28/2014**. Final approval of the well line connection to the dwelling was granted on **7/11/2014**. The well construction was completed on **10/23/2012**. Water samples were collected on **8/25/2014**.

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 **7/14/2014**. Results showed a Gross Alpha level of **3.0 ± 4.1 pCi/L** and **Gross Beta** level of **7.9 ± 7.8 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.

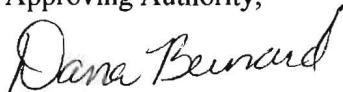
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2416. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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:

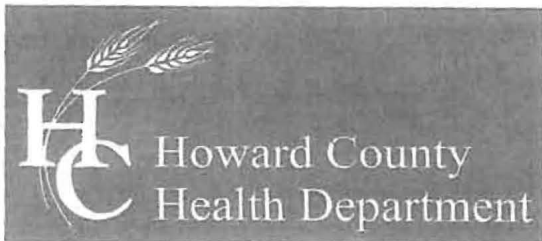
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, R.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 8/26/14 WELL PERMIT #: HO-95-2416

PROPERTY OWNER: Christopher + Susie Yang

SUBDIVISION & LOT #: Owings Property Lot #21

PROPERTY ADDRESS: 6802 Owings Overlook Way Highland, Md. 20777

CONDITIONS:

- 1) Results for water samples collected on 8/26/14 for the well installed under permit #HO-95-2416 indicated that the water samples contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe.
2) Repeated chlorination of the well failed to eliminate the presence of coliform bacteria in subsequent water samples.

I hereby request that an ultraviolet light disinfection system be approved for installation on the water supply to bring the well water into compliance with the potability standards described in COMAR 26.04.04.09 and that a Permanent Deviation to a Certificate of Potability be granted for the well installed under permit HO - 95 - 2416. I understand that once the UV system has been installed, results of water samples indicating that the coliform contamination has been reduced to "absent" at the primary drinking tap must be delivered to the Health Department prior to issuance of a Permanent Deviation.

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 water disinfection device.

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

Handwritten signatures of Christopher Yang and Susie Yang

Prospective Owner's Printed Name(s)

Christopher Yang Susie Yang

Prospective Owner's Day Time Phone Number(s)

(301) 864-2440 (240) 462-5591

Baker, Brian

From: Baucom, Scott
Sent: Thursday, August 28, 2014 12:27 PM
To: Day, Lori; Wolf, Kevin
Cc: Hart, Amy; Rocco, Anthony; Tuder, Matt; Baker, Brian; Martin, Sharhonda; Williams, Jeffrey; Bozzell, Duane
Subject: U&O Release 6802 Owings Overlook Way

On the afternoon of 8/28/14, Duane Bozzell observed the start-up of a Sewage Grinder Pump at the Owings Property, Lot 5 Shared Septic System:

Owings Property Lot 5, Contract 4436
Steuart Kret, Lot #21
6802 Owings Overlook Way
Highland, MD 20777

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U&O.

Scott Baucom
Operations Supervisor I
Howard County DPW, Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, MD 21045
Office (410) 313-4975
FAX (410) 313-4989



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

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

January 10, 2013

Steuart Kret Homes
7090 Samuel Morse Drive
Columbia, Maryland 21046

RE: Owings Overlook Lot 21
Highland Road
Well Tag: HO - 95 - 2416

To Whom it May Concern:

A sample was collected during a yield test on October 23, 2012 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle 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 development within the County.

Results from this screening revealed a **Gross Alpha** of 13.9 ± 2.6 picocuries/liter (pCi/L), while the **Gross Beta** level was 12.6 ± 2.2 pCi/L. With the Margin of Error, the **Gross Alpha** result was above its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **may not** meet EPA regulatory standards. **Additional testing for these parameters, plus Radium 226 and Radium 228** will be required to secure the future Use & Occupancy. Given the possibility of an elevated finding for **Gross Alpha**, the installation of a water softener system and / or a reverse osmosis system may be necessary. If treatment is installed, **pre and post short and long term Gross Alpha and Beta, plus a post Radium 226 / 228** will be needed to properly evaluate the effectiveness of the installed treatment(s). Alternatively, you may collect raw water samples for **short and long term Gross Alpha and Beta, plus Radium 226 / 228** to see if all values are below existing standards. Given that it typically takes up to one month to perform and receive back the **Radium** analyses, plan accordingly. Please also note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure

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

Send Report To:

Bert Nixen
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

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: No. B: Field Blank Bottle No. 1: KWFB102312 No B:

Plant/Site Name: HCHD County: Howard

Sample Source: Distilled H₂O Location: Lab
(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: K. Wolf

Telephone No.: 410 313-2645

Date Collected: 10/23/12

Time Collected: a.m. 4:00 p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project:

Field Data: pH Chlorine

Remarks: Field Blank for Gross α & β

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
	Gross Beta	4100				
	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: / /

Supervisor:

•Tel. No.: (410) 767 - 5537 •Fax No: (410) 333- 5373

Send Report To:

Bert Nixon
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

LABORATORY ANALYSIS REQUEST

FBKW102812

Sample Bottle No. A: HL2H16RR No. B: — Field Blank Bottle No. 1: ~~FBK102812~~ No. B: —

Plant/Site Name: Owings' Overlook - lot (21) County: Howard

Sample Source: Highland Rd Location: H0-95-2416
(well no, lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: R. Rappaport

Telephone No.: 410-313-1781

Date Collected: 10/23/12

Time Collected: 10:15 a.m. — p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code:

Federal Project:

Field Data: — pH — Chlorine

Remarks: pH preserved to < 2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000				
✓	Gross Beta	4100				
	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: — / — / —

Supervisor: _____

●Tel. No.: (410) 767 - 5537 ●Fax No.: (410) 333- 5373

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 #: 95170 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 6802 Owings Overlook Way Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/14/2014 1142 Site: Pressure Tank
Date/Time Rec'd: 7/14/2014 1328 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Fogle 1974JF Well #: HO-95-2416

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	7/15/2014 / 0800 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/15/2014 / 0800 / LLO
Nitrate	2.33	mg/L	10	601	7/15/2014 / 1245 / CRS
Turbidity	3.28	NTU	<10	SM18 2130B	7/15/2014 / 1350 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/15/2014 / 1350 / CRS

NOT
OK
DB
9-5-14

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
- 7 Sample collected by client, analyzed as received
- 8 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13003600

Date Reported: 7/17/2014

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 #: 95834 Account #: 1930
Reference: Steuart & Kret Lot 21 Company: Fogle's Well Drilling
Location: 6802 Owings Overlook Way Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/25/2014 1053 Site: Pressure Tank
Date/Time Rec'd: 8/25/2014 1330 Treatment: Prior to UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Fogle 1974JF Well #: HO-95-2416

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	8/26/2014 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/26/2014 / 0930 / LLO

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13003600

Date Reported: 8/26/2014

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 #: 95171 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 6802 Owings Overlook Way Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/14/2014 1142 Site: Pressure Tank
Date/Time Rec'd: 7/14/2014 1328 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Yeager 6176JY Well #: HO-95-2416

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	4.1	pCi/L	15	900.0	7/17/2014 / 0752 / MJN
Gross Beta, Short Term	7.8	pCi/L	50	900.0	7/17/2014 / 0752 / MJN
Gross Alpha, Long Term	3.0	pCi/L	15	900.0	7/22/2014 / 0715 / MJN
Gross Beta, Long Term	7.9	pCi/L	50	900.0	7/22/2014 / 0715 / MJN
Radium-226	2.9	pCi/L	****	903.1	7/23/2014 / 1100 / MJN
Radium-228	1.3	pCi/L	****	Ra-05	7/23/2014 / 1212 / SN

OK
DBY
9-5-14

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- Long Term Gross Alpha Detection Limit: 1.1 pCi/L; Long Term Gross Beta Detection Limit: 2.2 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 228 Detection Limit: 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Short Term Gross Alpha Detection Limit: 1.5 pCi/L; Short Term Gross Beta Detection Limit: 2.1 pCi/L
- ND:None Detected
- Sample collected by client, analyzed as received
- pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13003600

Date Reported: 7/25/2014

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 #: 95835 Account #: 1930
Reference: Steuart & Kret Lot 21 Company: Fogle's Well Drilling
Location: 6802 Owings Overlook Way Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 8/25/2014 1101 Site: Kitchen Sink
Date/Time Rec'd: 8/25/2014 1330 Treatment: UV Light
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Fogle 1974JF Well #: HO-95-2416

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/26/2014 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/26/2014 / 0930 / LLO

OK
DB
8-5-14

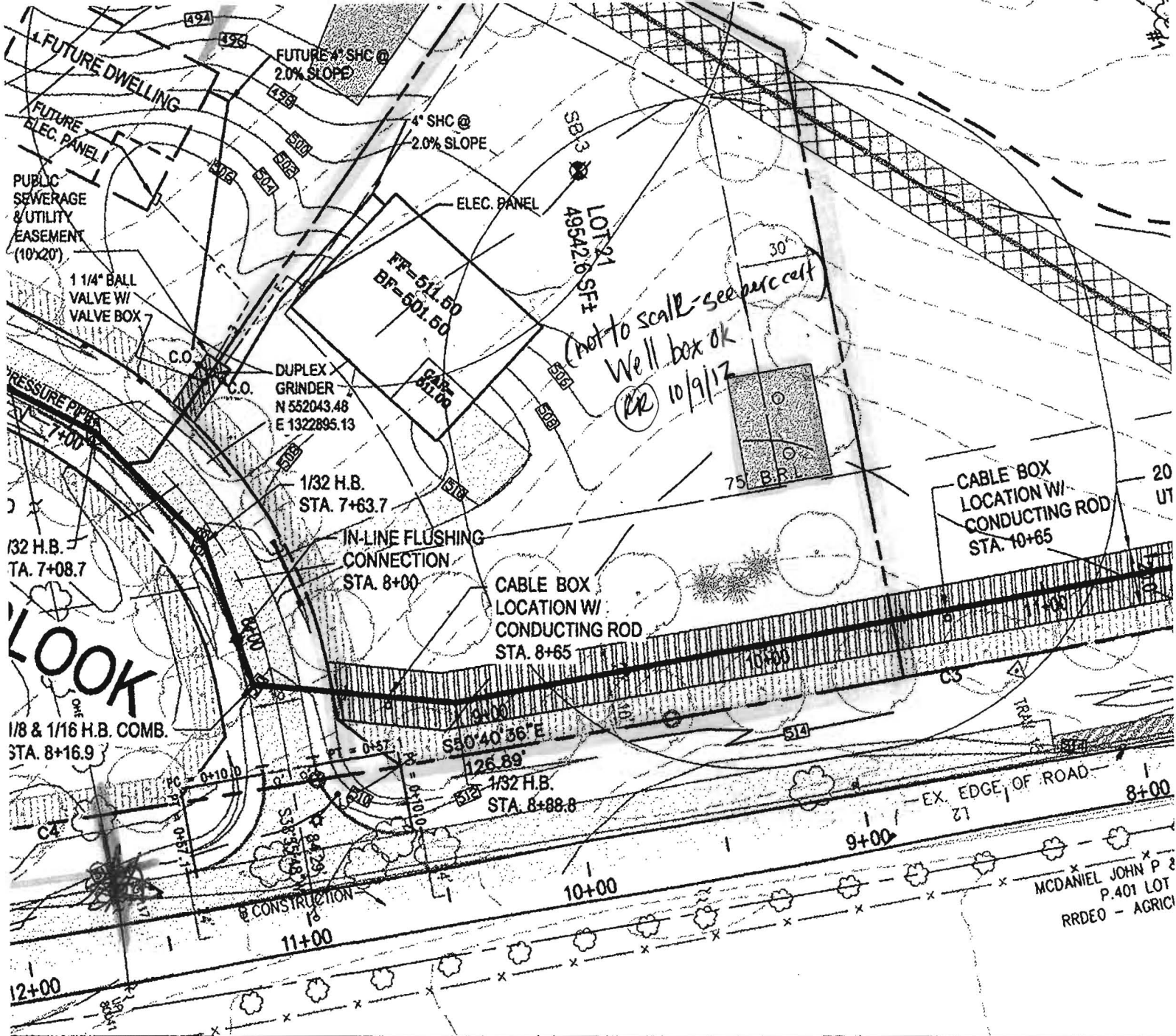
NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13003600

Date Reported: 8/26/2014



DES.: JHE/AG					
DRN.: AVG					
CHK.: JHE					
DATE: 12-17-07 12/17/07	BY	NO.	REVISIONS	DATE	60

Lot 21

BUREAU OF UTILITIES
IN-SERVICE INSPECTION

CONTRACT NUMBER: 4436 CONTRACT NAME: Owning Property Lot 5

LOCATION: Windingstream NAY, Owning Servant

DATE INSPECTED: 11/20/13

DEFICIENCIES: No deficiencies

No TO Final Report

BUREAU OF UTILITIES INSPECTOR: Lynn Miller

CONSULTANT/INSPECTOR: _____

HOWARD COUNTY INSPECTOR: _____

DEFICIENCIES REPAIRED: _____

Signature
Howard County Inspector

Date

Distribution of copies:

Utilities - White copy CID - Yellow copy Developer - Pink Consultant Engineer - Gold copy



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

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

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 1st day of April 2014, among SK Homes at Highland Owings, LLC, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 6802 Owings Overlook, Highland, MD 20777, in the 5th Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 13705 Folio 310.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
- E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.


IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

SK Homes at Highland Owings, LLC
by Steuart Kret Development Co., its sole member

 4/1/2014

Owner Date
Gary A. Kret, President
Steuart Kret Development Company

Owner Date

 4/14/2014
Howard County Health Department

**STUART KRET HOMES
ADDENDUM-SHARED SEWAGE DISPOSAL FACILITY
LOTS 21, 23 and 24**

In reference to the Agreement of Sale dated 8 of June, 2013, between **SK Homes at Highland Owings, LLC** (hereinafter called the "Seller"), and Christopher Woon Yang + Susie Lee Yang hereinafter called the "Purchaser" for the purchase and sale of the property located at Owings Overlook Highland MD 20117 Lot 21 of the subdivision known as **OWINGS PROPERTY** in **Howard County**, Maryland (hereinafter called the "Agreement"). Unless the context otherwise requires, the terms used in this Amendment that are defined in the Agreement shall have the same meaning as provided in the Agreement.

THE AGREEMENT IS HEREBY AMENDED AS FOLLOWS:

Purchaser acknowledge that they have been informed that the Property will be served by a Shared Sewage Disposal Facility (the "Facility") as defined in Section 18.1200 et seq. of the Howard County Code, authorized pursuant to Title 26, Subtitle 4 of the Code of Maryland Regulations ("COMAR"). The Property is subject to a Declaration of Covenants, Conditions, Right-of-Entry, and Restrictions for Shared Sewage Disposal Facility in Owings Property Subdivision (the "Shared Septic Declaration"), dated November 12, 2012, and recorded at Liber 14614 Folio 001 among the Land Records of Howard County, Maryland. It is the Purchaser's responsibility to abide by all the terms of the Shared Septic Declaration, including but not limited to the responsibilities and obligations stated in Section 3 of the Shared Septic Declaration. Purchaser acknowledges that it has received a copy of the Shared Septic Declaration.

Seller shall operate the Facility, at its expense, until Howard County accepts the Facility and the responsibility for its operation. Once Howard County accepts the operation of the Facility, Seller will no longer operate the Facility, and the Purchaser and other owners of lots in the Owings Property Subdivision will be responsible for the payment of a Facility Fee as defined in the Shared Septic Declaration. Seller's current contract to operate the Facility is \$535.00/lot/year, excluding electricity and replacement costs. Accordingly, Seller estimates a Facility Fee of approximately \$535.00/lot/year at the time the operation is transferred to Howard County. However, Seller does not guarantee the estimated amount of the Facility Fee, such amount being subject to change from time to time.

Purchaser acknowledges that it has been informed that the home on Lot ~~23~~²¹ shall be limited to five (5) bedrooms. Purchaser is prohibited from adding any bedrooms to the home. Any and all other additions to the home are subject to approval by the Covenants Committee of the Highland Owings Homeowners Association and by any applicable state or local authorities.

By signing below, Purchaser acknowledges that Seller has disclosed the information set forth in this Addendum.

This Amendment is made pursuant to Paragraph 33(g) of the Agreement and carries the same force and effect as the Agreement. If any term or condition contained herein conflicts with the Agreement, then this Amendment shall control. Except as herein amended, all other terms and conditions of the Agreement shall remain unchanged and in full force and effect. All capitalized terms contained in this Addendum and not defined herein shall have those meanings assigned to them in the Agreement.

SELLER:

PURCHASER:

SK HOMES AT HIGHLAND OWINGS, LLC
by Stuart Kret Development Company,
its sole member

By: [Signature]

[Signature]
Signature

6-8-13
Date

Name: Gary A. Kret

Christopher Yang
Print Name

Title: President

[Signature]
Signature

6-8-13
Date

Date: JUN 13 2013

Susie Yang
Print Name

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, August 22, 2014 1:54 PM
To: 'Theresa Miller'
Cc: Mike Crosen (michael.crosen@skhomes.com)
Subject: RE: 6802 Owings Overlook Way

If you've already done the super chlorination, you can put on the UV. We will need a post-treatment sample and we will need the request form signed by the future owners before we can issue the ICOP. Thanks

Jeff

-----Original Message-----

From: Theresa Miller [mailto:Theresa@foglesinc.com]
Sent: Friday, August 22, 2014 1:47 PM
To: Williams, Jeffrey
Cc: Mike Crosen (michael.crosen@skhomes.com)
Subject: RE: 6802 Owings Overlook Way

Jeff,

We did 2 regular chlorination and 1 Super chlorination because of the other lot we ran into this. Is that sufficient for you that we can install the UV for them now?

-----Original Message-----

From: Williams, Jeffrey [mailto:jewilliams@howardcountymd.gov]
Sent: Friday, August 22, 2014 11:54 AM
To: Theresa Miller
Subject: RE: 6802 Owings Overlook Way

We still need you to do the alternative or "super" chlorination effort as described in COMAR well regs (26.04.04.07(N)(6) before we can entertain the bacteria deviation with UV light. The procedure is to add chlorine and pump through the plumbing system like usual, but then before letting it sit you add a volume of water chlorinated to at least 100 mg/l at least equal to the volume of standing water in the well, but not less than 50 g, into the well. This should push chlorinated water up into the water bearing fractures and hopefully take out any pockets of bacteria hanging out in there. After doing that, let it rest for the 12 hours, flush and sample like usual. If that does not work, the prospective homeowners will have to submit a request for permanent deviation for bacteria (attached) and we will consider allowing the UV light. Thanks Jeff

-----Original Message-----

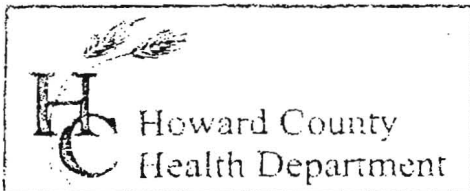
From: Theresa Miller [mailto:Theresa@foglesinc.com]
Sent: Thursday, August 21, 2014 2:22 PM
To: Williams, Jeffrey
Subject: FW: 6802 Owings Overlook Way

Jeff,

6802 Owings Property Lot #21. We have chlorinated here 3 times on this lot and though it went from >200.5 to 13.7 it is still failing. We are going to install a UV light if that is okay? Can you please let me know asap sdo I can get this on the schedule please.

Thanks
Theresa
443-609-4195

-----Original Message-----
From: Lori Ott [mailto:loriott@fval.com]
Sent: Thursday, August 21, 2014 1:58 PM
To: Theresa Miller
Cc: smmartin@howardcountymd.gov
Subject: 6802 Owings Overlook Way



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

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

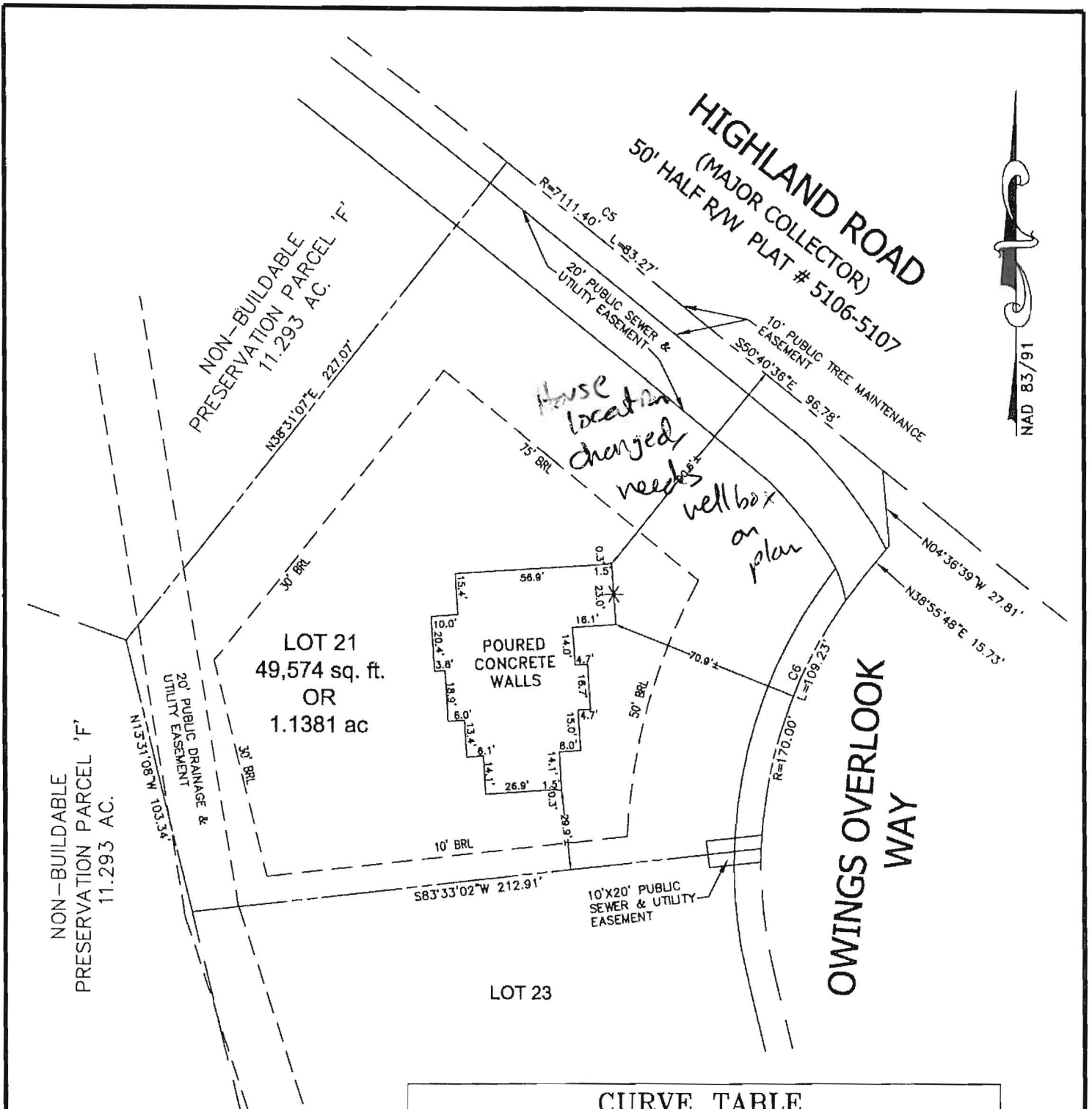
TO ALL INTERESTED PARTIES

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

- The well site has been staked by Jose Bolazo Escalante Engineers
(professional land surveyor or company employing professional land surveyors)
on 8-28-12 (date) and does not require a site inspection.
- Lot # 17-24
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 6/10/03




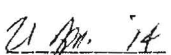
CURVE TABLE						
CURVE	DELTA	RADIUS	TANGENT	LENGTH	CHD. DIST.	CHD. BRG.
C5	0°40'15"	7111.40'	41.64'	83.27'	83.27'	S51°00'44"E
C6	38°48'51"	170.00'	56.57'	109.23'	107.36'	S20°31'23"W

FOUNDATION LOCATION SURVEY
 ON
 LOT 21
 OWINGS PROPERTY, LOT 5
 PLAT WAR 22220 - 22221
 6802 OWINGS OVERLOOK WAY
 HOWARD COUNTY, MARYLAND
 APRIL, 2014 SCALE: 1"=50'

* DENOTES TOP OF WALL
 SHOT - ELEV=510.18

I hereby state this plat represents a field run survey of the location of the foundation of the proposed building to the nearest tenth of a foot. The lot dimensions are depicted as per the current record plat and any encroachments by the newly constructed foundation on those recorded lines are shown hereon.


 Clyde V. Kelly
 Professional Land Surveyor
 MD License No 10977

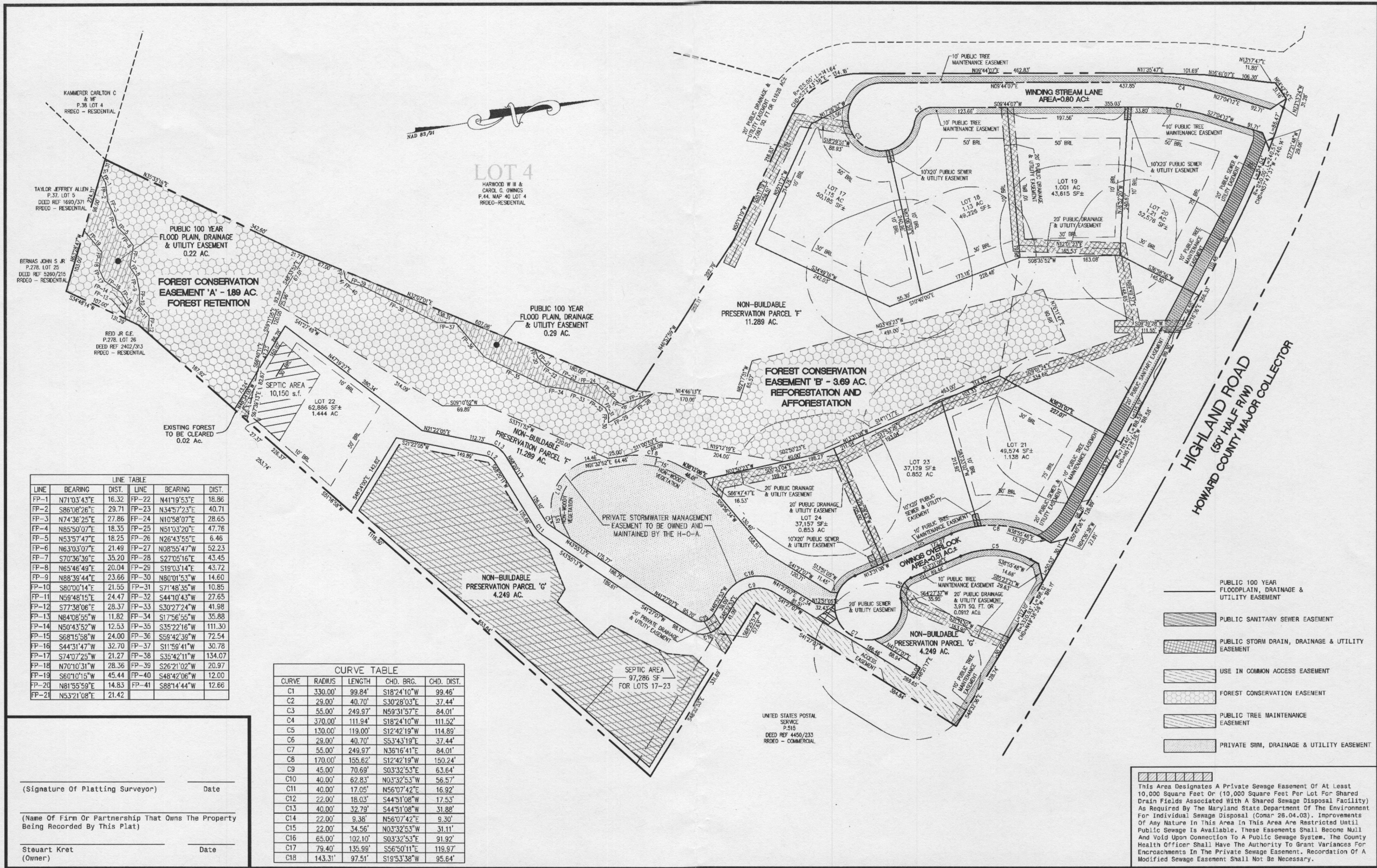

 Date



AB CONSULTANTS, INC.
 9450 ANNAPOLIS ROAD
 LANHAM, MARYLAND 20706
 PHONE: (301) 306-3081
 FAX: (301) 306-3082

DRAWN BY: MBS
 CHECKED BY: CVK
 FILE: WCHK - Lot 21





LINE	BEARING	DIST.	LINE	BEARING	DIST.
FP-1	N71°03'43"E	16.32	FP-22	N41°19'53"E	18.86
FP-2	S86°08'26"E	29.71	FP-23	N34°57'23"E	40.71
FP-3	N74°36'25"E	27.86	FP-24	N10°58'07"E	28.65
FP-4	N85°50'07"E	18.35	FP-25	N51°03'20"E	47.76
FP-5	N63°57'47"E	18.25	FP-26	N26°43'55"E	6.46
FP-6	N63°03'07"E	21.49	FP-27	N38°55'47"W	52.23
FP-7	S70°36'39"E	35.20	FP-28	S27°05'16"E	43.45
FP-8	N85°46'49"E	20.04	FP-29	S19°03'14"E	43.72
FP-9	N88°39'44"E	23.66	FP-30	N80°01'53"W	14.60
FP-10	S80°00'14"E	21.55	FP-31	S71°48'35"W	10.85
FP-11	N69°48'15"E	24.47	FP-32	S44°10'43"W	27.65
FP-12	S77°38'06"E	28.37	FP-33	S30°27'24"W	41.98
FP-13	N84°08'55"W	11.82	FP-34	S17°56'55"W	35.88
FP-14	N50°43'52"W	12.53	FP-35	S35°22'16"W	111.30
FP-15	S68°15'58"W	24.00	FP-36	S59°42'39"W	72.54
FP-16	S44°31'47"W	32.70	FP-37	S11°59'41"W	30.78
FP-17	S74°07'25"W	21.27	FP-38	S35°42'11"W	134.07
FP-18	N70°10'31"W	28.36	FP-39	S26°21'02"W	20.97
FP-19	S60°10'15"W	45.44	FP-40	S48°42'06"W	12.00
FP-20	N81°55'59"E	14.83	FP-41	S88°14'44"W	12.66
FP-21	N53°21'08"E	21.42			

CURVE	RADIUS	LENGTH	CHD. BRG.	CHD. DIST.
C1	330.00'	99.84'	S18°24'10"W	99.46'
C2	29.00'	40.70'	S30°28'03"E	37.44'
C3	55.00'	249.97'	N59°31'57"E	84.01'
C4	370.00'	111.94'	S18°24'10"W	111.52'
C5	130.00'	119.00'	S12°42'19"W	114.89'
C6	29.00'	40.70'	S53°43'19"E	37.44'
C7	55.00'	249.97'	N36°16'41"E	84.01'
C8	170.00'	155.62'	S12°42'19"W	150.24'
C9	45.00'	70.69'	S03°32'53"E	63.64'
C10	40.00'	62.83'	N03°32'53"W	56.57'
C11	40.00'	17.05'	N56°07'42"E	16.92'
C12	22.00'	18.03'	S44°51'08"W	17.53'
C13	40.00'	32.79'	S44°51'08"W	31.88'
C14	22.00'	9.38'	N56°07'42"E	9.30'
C15	22.00'	34.56'	N03°32'53"W	31.11'
C16	65.00'	102.10'	S03°32'53"E	91.92'
C17	79.40'	135.99'	S56°50'11"E	119.97'
C18	143.31'	97.51'	S19°53'38"W	95.64'

(Signature of Platting Surveyor) Date

(Name Of Firm Or Partnership That Owns The Property Being Recorded By This Plat)

Stuart Kret Date
(Owner)

Howard County Health Department
APPROVED: For Public Water and Sewerage Systems

Howard County Health Officer Date

APPROVED: Howard County Department of Planning and Zoning

Chief, Development Engineering Division Date

Director Date

OWNER'S CERTIFICATE

SK HOMES AT HIGHLAND OWINGS, LLC, Owner Of The Property Shown And Described Hereon, Herby Adopt This Plan Of Subdivision, And In Consideration Of The Approval Of This Final Plat By The Office Of Planning And Zoning, Establish The Minimum Building Restriction Lines And Grant Unto Howard County, Maryland, Its Successors And Assigns, (1) The Right To Lay, Construct And Maintain Sewers, Drains, Water Pipes And Other Municipal Utilities And Services, In And Under All Roads And Street Right-Of-Ways And The Specific Easement Areas Shown Hereon; (2) The Right To Require Dedication For Public Use The Beds Of The Streets And/Or Roads And Flood Plains And Open Space Where Applicable, And For Good And Other Valuable Consideration, Herby Grant The Right And Option To Howard County To Acquire The Fee Simple Title To The Beds Of The Streets And/Or Roads And Flood Plains, Storm Drainage Facilities And Open Space Where Applicable; (3) The Right To Require Dedication Of Waterways And Drainage Easements For The Specific Purpose Of Their Construction, Repair And Maintenance; And (4) That No Building Or Similar Structure Of Any Kind Shall Be Erected On Or Over The Said Easements And Right-Of-Ways.

Witness My/Our Hands This Day Of June, 2012.

By: Stuart Kret Witness

SURVEYOR'S CERTIFICATE

I Herby Certify That The Final Plat Shown Hereon Is Correct; That It Is A Resubdivision Of Part Of Lot 5, As Shown On A Plat Of Subdivision Entitled, "Harwood W. Owings Property, Lots 3, 4 & 5, Sheets 1 And 2 Of 2", Recorded Among The Land Records Of Howard County, Maryland, As Plat Numbers 5669 And 5670; Said Part Of Lot 5 Being All Of The Land Conveyed By Our SASR Holding, By Deed Dated December 28, 2011 And Recorded Among Said Land Records In Liber 13705, Folio 310, And That All Monuments Are In Place Or Will Be In Place Prior To The Acceptance Of The Streets In The Subdivision By Howard County As Shown, In Accordance With The Annotated Code Of Maryland, as Amended.

G. Vernon Kelly Date
Professional Land Surveyor
Maryland Licence No. 10977 (Exp. 7/25/2014)

Recorded As Plat _____ on _____ Among The Land Records Of Howard County, Maryland.

SUBDIVISION RECORD PLAT
OWINGS PROPERTY - LOT 5
LOT 17 - 22, NON-BUILDABLE PRESERVATION PARCELS F, G AND NON-BUILDABLE BULK PARCEL H
A RESUBDIVISION OF PART OF LOT-5 - HARWOOD OWINGS PROPERTY
5th ELECTION DISTRICT, TAX MAP # 40, TM PARCEL 44 GRID 4, ZONE: RR-DEO
HOWARD COUNTY, MARYLAND

SCALE: 1"=100' DATE: August 21, 2012 SHEET 2 OF 2

PREPARED BY: **AB CONSULTANTS, INC.**
9450 ANNAPOLIS ROAD
LANHAM, MARYLAND 20706
PHONE: (301) 306-3091
FAX: (301) 306-3092