

C1 4053

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Overburden 0-6', Soft Brown 6'-23', Gray Rock 23'-220'.

5/1/14 GROUT COLLECT checked OK ref

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES/NO, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth of main casing

OTHER CASING (if used)

TABLE for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole, insert appropriate code below, TABLE for SCREEN RECORD with columns: diameter inch, depth (feet) from, to

Table for DEPTH (nearest ft.) with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes handwritten entries: 40, 73, 220.

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour), PUMPING RATE (gal. per min.), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER INSTALLED PUMP (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, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) N 95-1928 W 076353

B 1 3805
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
633282 please type

STATE PERMIT NUMBER

HO-95-1928
70 fill in this form completely 79

Date Received (APA)
6/7/2010
8 MM DD YY 13

OWNER INFORMATION

Upchurch Don
15 Last Name Owner First Name 34
457 Old Orchard Circle
36 Street or RFD 55
Millersville MD 21108
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

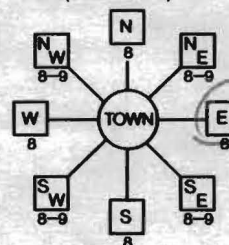
Howard
8 COUNTY 21
Fulton Manor II
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

Sandy B. Cochran M W D 120
Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature Date 6/2/10

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Pleasant View Drive
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
45
34 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 6 PARCEL 205

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 14 20

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 (13) A519061
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 6/21/2011
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 490 000 EAST GRID 817 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REverse-ROTary DRive-POINT
- other

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 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-95-1928
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. Well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 817
N 490

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



B 1 6932
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

529506 please type

STATE PERMIT NUMBER

40-95-1662
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Upchurch Don
15 Last Name Owner First Name 34
457 Old Orchard Circle
36 Street or RFD 55
Millersville MD 21108
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

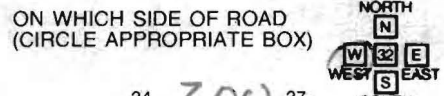
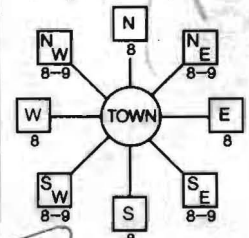
Howard
8 COUNTY 21
Fulton Manor II
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 M 1 76 77 78

DRILLER INFORMATION

Michael D. Isom M S D 162
Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature Date 6/27/08

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Pleasant View Drive
11 NEAR WHAT ROAD 30
34 200 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 6 PARCEL 205



B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 750 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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

COUNTY NAME Howard COUNTY NO. A520872
STATE SIGNATURE
DATE ISSUED 8/15/08
43 MM DD YY 48
CO SIGNATURE EXP. DATE
NORTH GRID 490 000 EAST GRID 817 000
50 55 57 63

EXPIRED

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 4 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

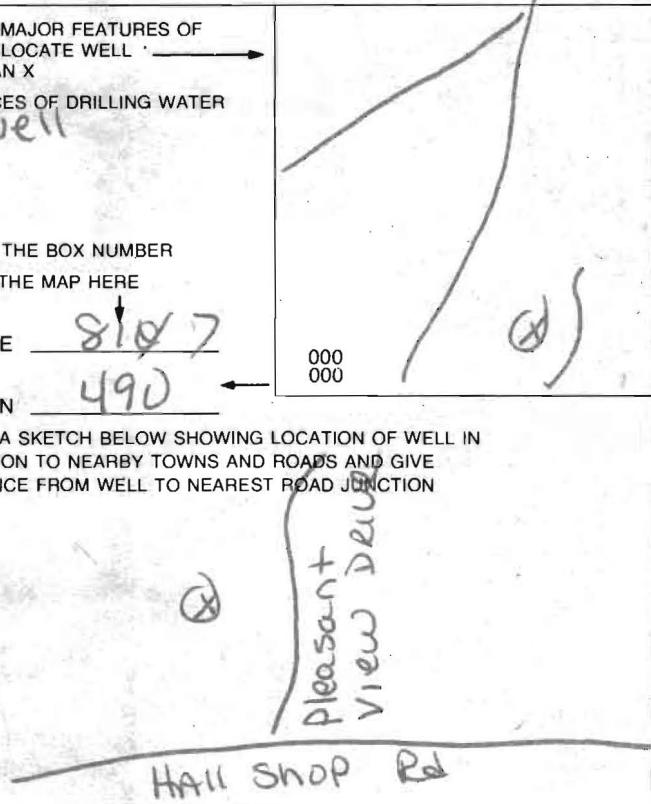
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 817
N 490

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



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

APPROP. PERMIT NUMBER G
PERMIT No. 40-95-1662
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 08-11-10
Address: Pleasant View Drive
Owner: Don Upchurch
Well Depth: 220 Ft

Permit Number: HO-95-1928
Subdivision: Fulton Manor II Lot #3
Election District:
Static Water Level: 20 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 Gallon bucket	Calculated Flow-Gallons Per Minute
0830	20 ft		18 sec	16.66
0845	42		20	15.00
0900	53		20	15.00
0915	65		22	13.63
0930	75		22	13.63
0945	75		22	13.63
1000	75		22	13.63
1015	75		22	13.63
1030	75		22	13.63
1045	75		22	13.63
1100	75		22	13.63
1115	75		22	13.63
1130	75		22	13.63

STATE NORTH

MAD '83

MARYLAND GRID

PLEASANT VIEW DRIVE
(50' R/W) (LOCAL ROAD)

10' PUBLIC TREE MAINTENANCE EASEMENT

8/15/08
well site OK
(SO)

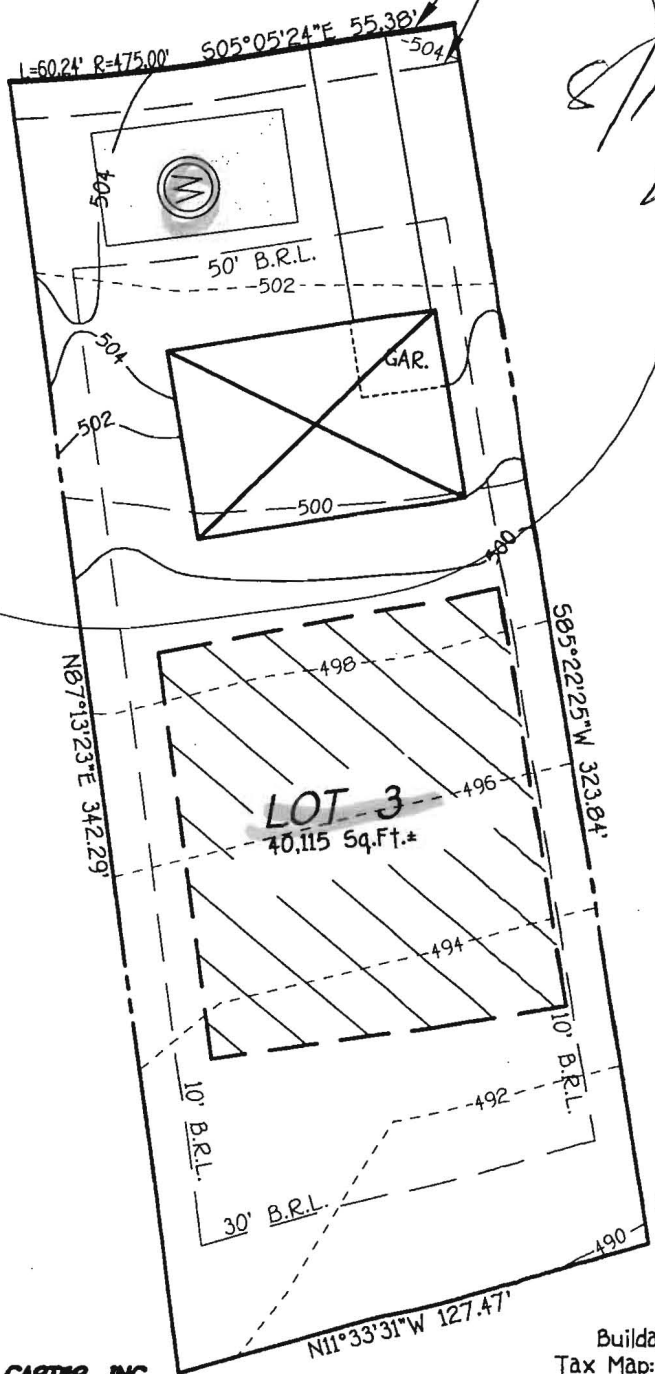


Exhibit to Accompany
Well Permit
Lot 3
Fulton Manor II
Lots 2 Thru 7 &
Buildable Preservation Parcel 'B'
Tax Map: 40 Grid: 6 Parcel: 205 & 94
Election District
Howard County, Maryland
Date: June 5, 2008
Scale: 1"=50'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2955

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: Trinity Quality Homes Telephone #: 410-480-0023
Address: 3675 Park Ave # 301
Ellicott City MD 21043

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

Name (Print): Michael Bowersox License# 11202

*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: Trinity Quality Homes Telephone #: 410-480-0023
Subdivision: Fulton Manor II Lot #: 3 Well Tag #: HO-95-1928
Site Address: 12305 Pleasant View Dr
Fulton MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Myers Make: American Granby Two piece watertight cap: yes
Model #: 25T52-12Plus-P4-2 Model#: LF200 Screened, vented well cap: yes
Pump Capacity 12 GPM Depth: yes (36" min) Cap secured to casing: yes
Well Yield: 13 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 220 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors: Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NO

Piping to house House Connection
Type: plastic black PVC sleeve to undisturbed soil at wall penetration: yes
PSI: yes (160 psi min) Length of sleeve (5' minimum from foundation): 10ft
Depth of supply line: yes (36" min) Sleeve sealed properly: yes

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



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: _____ Inspector: _____
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 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

**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 #: 3 Well Tag #: HO 95-1928
Site Address: 2305 Pleasant View Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve (5 foot minimum): _____
Depth of supply line: _____ (36" min)	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: 7/30/2014 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

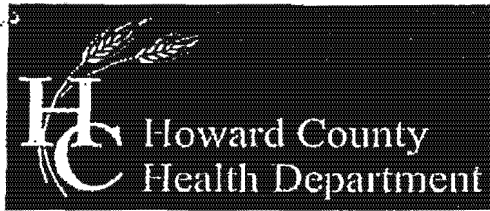
Safety rope installed inside of well casing

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

LIBER | 5463 FOLIO 32 |



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2923 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

000066

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

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

FMI 3

THIS AGREEMENT is made this 18th day of January, among Rodrigo Bizar and Mariana Patricia Chavez, 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 12305 Pleasant View Dr. Fenton MD 20725 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 _____ Folio _____.

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.

*20
40*

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

FMI 3

LIBER | 5463 FOLD322

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.

[Signature] 1-18-14
Owner Date
Rodrigo Bitar

Patricia Chavez 1-18-14
Owner Date
MARTHA PATRICIA CHAVEZ

Beit Nupur 7/24/2014
Howard County Health Department

LR - Agreement
Recording Fee 20.00
Grantor/Grantee Name:
Howard County Health
Department
Reference/Control #: 66
LR - Agreement
Surcharge 40.00
Subtotal: 60.00
Total: 310.00
#2461800-9
02/12/2014 09:38
#2461800 C00500 -
C012-111
Howard Co
Columbia/CC05.03.02 -
Register 62 494



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 98767

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

Report Date: February 27, 2015

Property Sampled: 12305 Pleasant View Drive, 20759
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B14001116
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Fulton Manor II **Lot #:** 3

Date/Time Collected in Field: February 26, 2015 9:48 am
Date/Time Received in Lab: February 26, 2015 2:36 pm

Well Tag #: HO-95-1928
Well Condition: 2-Piece Cap, Satisfactory

OK

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	8.1 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.2 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC
 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:

S/O Number: 94160

Trinity Homes/TBI Homes
 3675 Park Avenue, Suite 301
 Ellicott City, Maryland 21043

Report Date: September 3, 2014

Property Sampled: 12305 Pleasant View Drive, 20759
Sample Location: Wellhead (After Purging)
Residual Chlorine: <0.1 mg/L

Building Permit #: B14001116
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Fulton Manor II **Lot #:** 3

Date/Time Collected in Field: August 19, 2014 9:10 am
Date/Time Received in Lab: August 19, 2014 2:10 pm

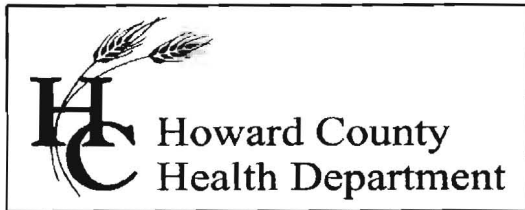
Well Tag #: HO-95-1928
Well Condition: 2-Piece Cap, Removed for Sampling

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL (pCi/L)	RESULT (pCi/L)	COMMENT
Gross Alpha, Short-Term	EPA 900.0	15	4.3 ± 1.5	Pass
Gross Beta, Short-Term	EPA 900.0	50	5.3 ± 1.5	Pass
Gross Alpha, Long-Term	EPA 900.0	15	1.7 ± 0.9	Pass
Gross Beta, Long-Term	EPA 900.0	50	2.9 ± 1.3	Pass
Radium 226	EPA 903.1	5 pCi/L Combined	0.5 ± 0.2	Pass
Radium 228	EPA Ra-05		<1.0 ± 0.6	

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager - Drinking Water Testing



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 17, 2015

March 17, 2015

Homeowner
12305 Pleasant View Drive
Fulton, MD 20759

**RE: Fulton Manor II, Lot 3
12305 Pleasant View Drive
Building Permit: B14001116
Well Permit: HO-95-1928**

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 **7/31/2014**. Final approval of the well line connection to the dwelling was granted on **7/30/2014**. The well construction was completed on **7/26/2010**. Water samples were collected on **2/26/2015**.

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.

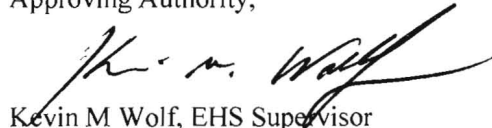
Gross Alpha and Beta samples were also collected on **8/19/2014**. Results showed a Gross Alpha level of **4.3 ± 1.5 pCi/L** and **Gross Beta** level of **5.3 ± 1.5 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (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-95-1928. 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.**

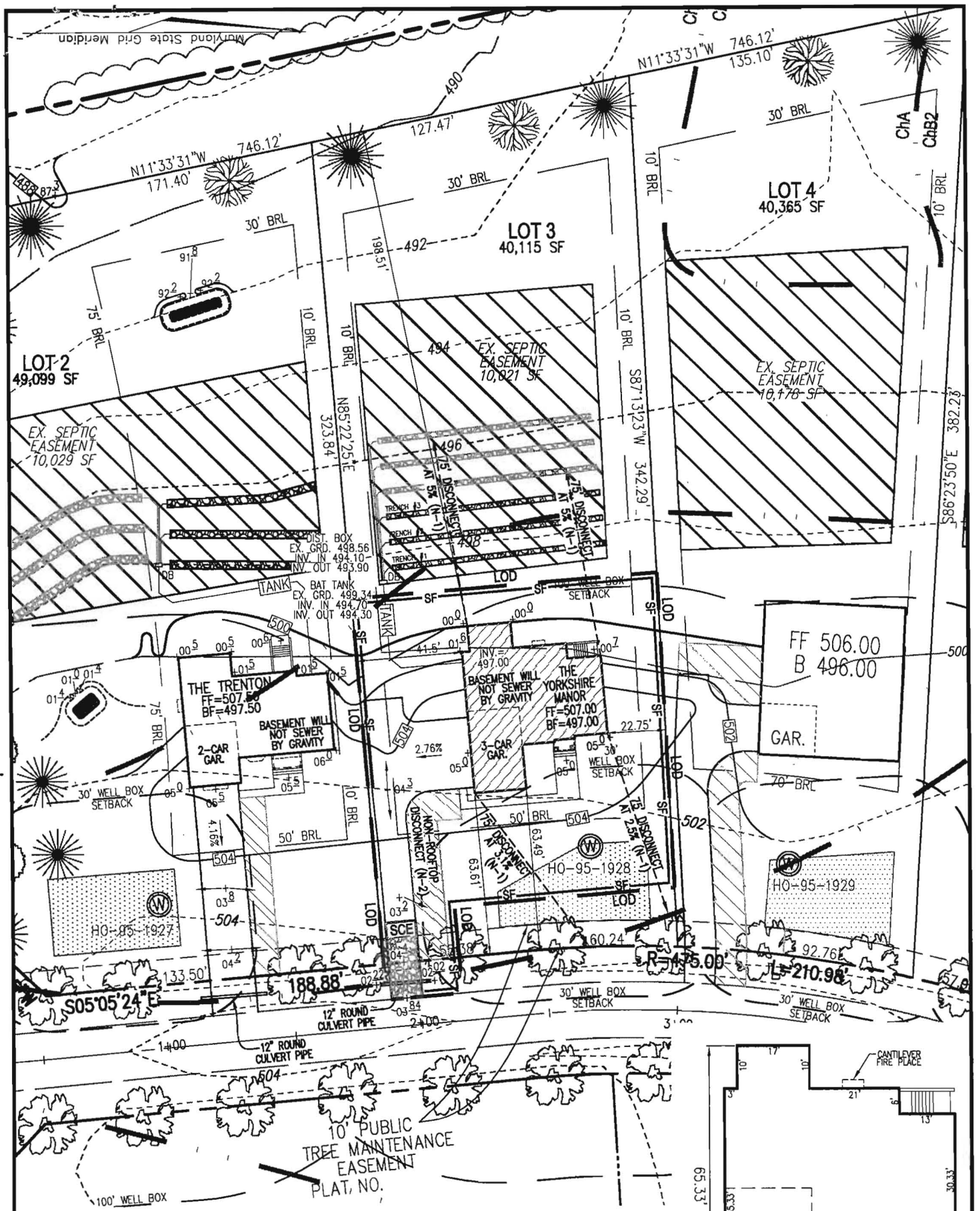
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M Wolf, EHS Supervisor
Environmental Health Specialist
Well & Septic Program

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



THE EXISTING WELL SHOWN ON LOT 3 TAG NO. 95-1928 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

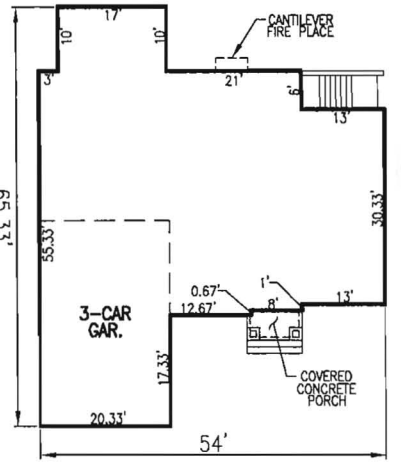
BUILDING OF LOT 3 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1700
 FIRST FLOOR AREA: 1750
 SECOND FLOOR AREA: 2070
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY ROOFTOP DISCONNECTS (N-1), AND NON-ROOFTOP DISCONNECTS (N-2).

BUILDING PERMIT NO. _____

NOTE:
 - SILT FENCE IS TO BE REPLACED WITH SUPER SILT FENCE AT THE DIRECTION OF THE SEDIMENT CONTROL INSPECTOR.

- NON-ROOFTOP DISCONNECT (N-2)
- DRAINAGE AREA TO ROOFTOP DISCONNECT (N-1) (PER F-08-102)
- ROOF TOP DISCONNECT (N-1)



THE YORKSHIRE MANOR
 W/ BRICK AND STONE VENEER
 SCALE: 1"=30'

OWNER

TRINITY QUALITY HOMES, INC.
 3675 PARK AVENUE
 SUITE 301
 ELLICOTT CITY, MD 21043
 (410) 480-0023

SCALE: 1"=50'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: APRIL 2014
 PROJECT #: 13-33
 SHEET#: 1 OF 1

**PLOT PLAN
 FULTON MANOR II
 LOT 3**

REF: F-08-102
 TAX MAP 40 PARCEL 205
 BLOCK 6
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS

PLEASANT VIEW DRIVE
 FULTON, MD 20759
 F-08-102

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043
 TEL: 410.461.7666 FAX: 410.461.8961