

| | | | | |
|------------|-------------|--------------------------------|---|---|
| B 1 | <u>8971</u> | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | STATE PERMIT NUMBER <u>H0-94-3682</u> <small>fill in this form completely</small> |
|------------|-------------|--------------------------------|---|---|

OWNER INFORMATION

Date Received (APA) 04 11 03
8 MM DD YY 13

Tompson DALE INC
Last Name Owner First Name

6300 WOODSIDE Ct.
Street or RFD

Columbia MD 21045
Town State Zip

LOCATION OF WELL

Howard
COUNTY

Owings Prop
SUBDIVISION

SECTION 44 LOT 16

HIGHLAND
NEAREST TOWN

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

DRILLER INFORMATION

Ralph E. MAYNE M SD 117
Driller's Name License No.

Ralph E. MAYNE well Drilling
Firm Name

17024 Handy Rd. Mt Airy MD 21071
Address

Ralph E. Mayne 6-402
Signature Date

B 4

1 HIGHLAND Rd
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 1300 37
DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 40 BLK: 4 PARCEL 44

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 512673 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 04 21 03 Jaddy 04/21/05
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 491 0 0 0 EAST GRID 810 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 1/2 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE
E 810
N 490491

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

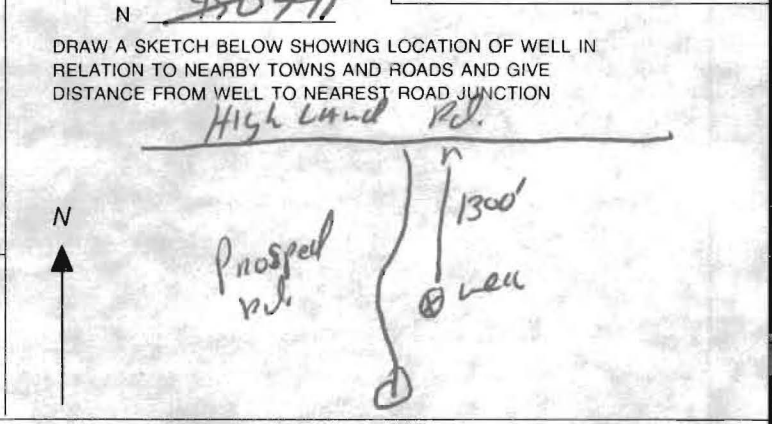
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEAN AN EXISTING WELL

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



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

APPROP. PERMIT NUMBER H02002G003

PERMIT No. H0-94-3682

BUILDABLE PRESERVATION
PARCEL P5
233,031 SQ FT
5.35 Ac

TO BE ABANDONED

P4
59,667 SQ FT
1.37 Ac.

B3
39,418 SQ FT
0.90 Ac.

S 30°22'39" W 1805.98'



LOT 11
37,404 SQ FT
0.86 Ac.

LOT 10
36,899 SQ FT
0.85 Ac.

LOT 9
43,507 SQ FT
1.00 Ac.

SEPTIC AREA
10,058 s.f.
LOT 8
60,693 SQ FT
1.16 Ac.

LOT 12
32,273 SQ FT
0.74 Ac.
507.6

GREEN HOLLOW WAY

SEPTIC AREA
10,030 s.f.
LOT 16
42,011 SQ FT
0.96 Ac.

BUILDABLE PRESERVATION
PARCEL A
100,650 SQ FT
2.31 Ac.

SEPTIC AREA
9,914 SQ FT
ION PARCEL E
1,111 SQ FT, 8.07 Ac.

SEPTIC AREA
10,629 s.f.
LOT 15
40,850 SQ FT
0.94 Ac.

LOT 14
36,333 SQ FT
0.83 Ac.

LOT 13
33,090 SQ FT
0.76 Ac.

4/11/03 JAS
loc. staked by
licensed surveyor

RAZING PERMIT
REQUIRED PRIOR TO
RECORD PLAT APPROVAL

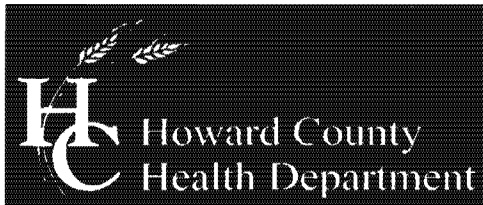
EXISTING WELL
TO BE RELOCATED

LOT 3

NON-BUILDABLE
PRESERVATION
PARCEL D
66,287 SQ FT
1.52 Ac.

N 1°39'37" W 830.38'

A=141.64
R=125.01'



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

October 1, 2008

To: Dale Thompson Builders, Inc.
Attn: Amy Ferrer
6300 Woodside Court, Ste. A
Columbia, Maryland 21046

Re: Tax Map 40, Parcel 44, Grid 4
6819 Green Hollow Way
Percolation Certification Plan

Further review is contingent upon submission by a registered engineer/surveyor of a plot plan showing the following:

- Show two replacement well sites or approximately 1500 square feet of approvable well area for each lot. Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement. Well tag numbers for existing wells must be included.
- Proposed house shall not encroach on regulated setbacks from well and septic system components.
- Show location of septic tank, distribution box, and septic system components. They shall not encroach on regulated setbacks.

General notes must include revision of number (3) three:

3. The purpose for this percolation certification plan is to revise the sewage disposal easement in support of building permit application # B08002912.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

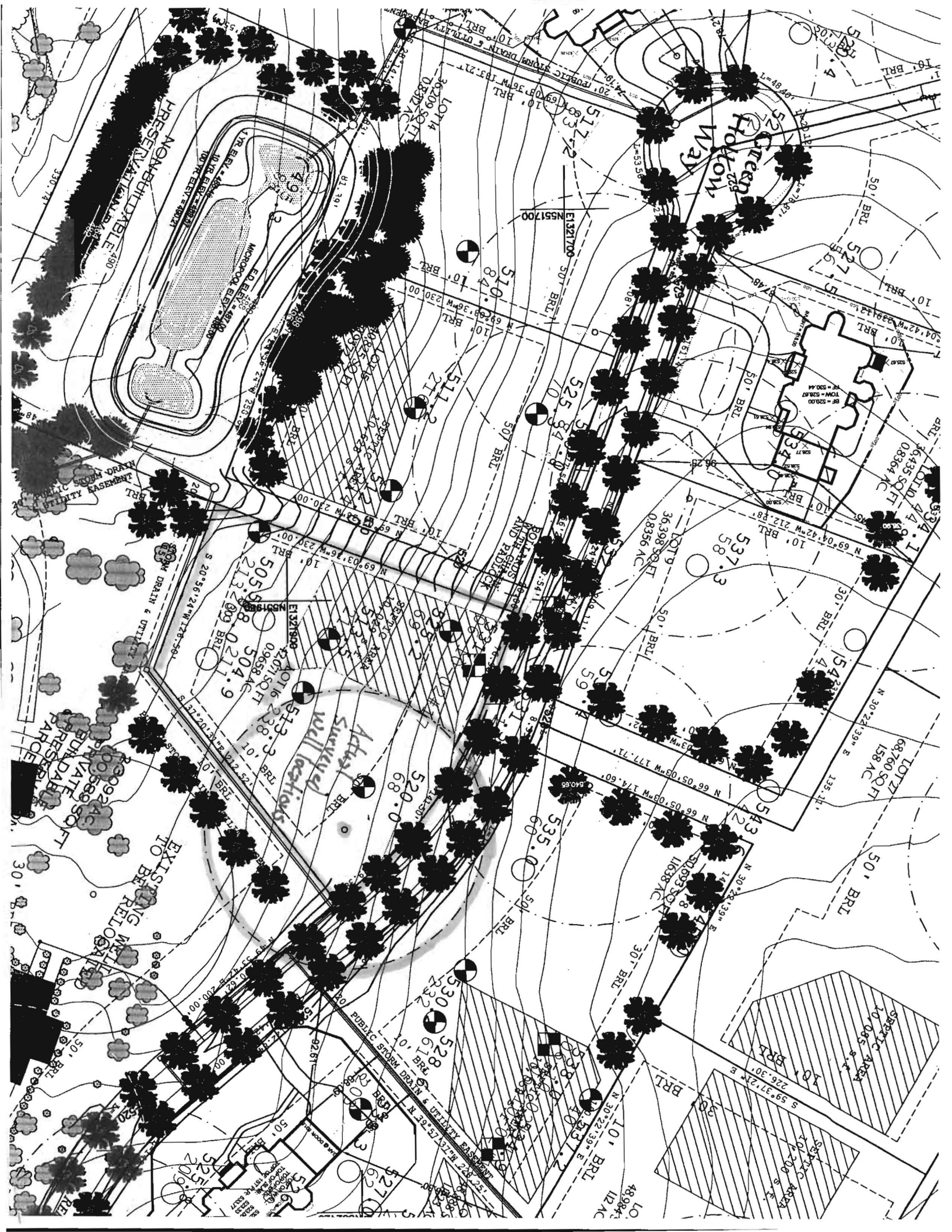
A handwritten signature in black ink that reads 'Dana L. Bernard'.

Dana L. Bernard, Environmental Sanitarian
Bureau of Environmental Health
Development and Coordination Section

DLB

cc:

- Well & Septic program file
- Marks & Associates L.L.C.
4531 College Avenue
Ellicott City, Maryland



Creeg Holton Way

NON-BUILDABLE AREA

Surveyed well locations

EXISTING WELL TO BE RELOCATED

Public Storm Drain & Utility Easement

Public Storm Drain & Utility Easement

Private Residence

Private Residence

Private Residence

Private Residence

Private Residence

Private Residence

Private Residence

Private Residence

Private Residence

Private Residence

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May 18 2009 8:55AM HP LASERJET FAX

P. 1

**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: ASSOCIATED PLUMBERS SERVICES INC Telephone #: 410-242-2600
 Address: 3916 KENNY RD SUITE B
BALTIMORE MD 21227 Dan 443-536-6437

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): DANIEL P. KAPRIZ License# 11539
 *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: MR. & MRS. THOMAS Telephone #:
 Subdivision: Howard County Prop Lot #: 16 Well Tag #: HO-94-3682
 Site Address: 6819 Green Hollow Way

| | | |
|---|----------------------------|--|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Goulds</u> | Make: _____ | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>105510 1HP</u> | Model #: <u>PA 800</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>10</u> GPM | Depth: <u>42</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>10</u> GPM | NSF approved: _____ | Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/> |
| Depth of well encountered at time of pump installation: <u>22.5</u> (feet) | | Conduit secured to well cap: <input checked="" type="checkbox"/> |
| 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 | House Connection |
| Type: <u>Poly 1"</u> | PVC sleeved to undisturbed soil at wall penetration: <u>yes</u> |
| PSI: <u>200</u> (160 psi min) | Approximate length of sleeve: <u>10</u> |
| Depth of supply line: _____ (36" min) | Sleeve caulked and 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: Daniel P. Kapriz date: 10/6/09

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

Date Insp. Requested: _____ Date Insp. Approved: 11/6/09 **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



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # 278

Work Order #: 0911257
 Date / Time Received: 11/25/09 11:40
 Report Date: 12/01/09
 PO Number: 5770

Report to: Trace Labs East
 5 North Park Dr.
 Hunt Valley, MD 21030
 Attention: Allison Milburn

Lab Sample I.D.: 0911257-01

Client Sample I.D. 74903 (6819 Green Hollow Way) R/O sample

Sample Date / Time: 11/24/09 15:40

Results:

| | | | |
|----------------|----------|----------------|----------|
| Gross Alpha: | <0.5 | Gross Beta: | 1.1 |
| Error +/-: | 0.3 | Error +/-: | 0.6 |
| MDL: | 0.5 | MDL: | 1.1 |
| EPA Method: | 900.0 | EPA Method: | 900.0 |
| Prep Date: | 11/25/09 | Prep Date: | 11/25/09 |
| Analysis Date: | 11/30/09 | Analysis Date: | 11/30/09 |
| Analyst: | MJN | Analyst: | MJN |
| Units | pCi/l | Units | pCi/l |

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards. The test results in this report relate only to the samples received.

Signed Michael J. Naumann
 Michael J. Naumann - President

Date 12-1-09



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

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Saslow Homes
 Attn: Jeff Ridgely
 7241 Norris Avenue
 Sykesville, Maryland 21784

S/O Number: 74903
Report Date: December 1, 2009

Property Sampled: 6819 Green Hollow Way, Radium Retest

County: Howard
Subdivision: Harwood W Owings Prop RS
Lot #: 16
Building Permit #: Not Provided
Tax Map #: 40
Parcel #: 44

Date/Time Collected: November 24, 2009 at 12:05 pm
Date/Time Received: November 24, 2009 at 2:30 pm

Sample Location: R/O Tap
Sampler ID: 9813AM
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3652
Well Condition: 2-Piece Cap
 Satisfactory
Water Conditioning/Treatment: None

| PARAMETER | RESULT | METHOD | DETECTION LIMIT | |
|-------------|--------------------|-----------|-----------------|------|
| Gross Alpha | <0.5 +/- 0.3 pCi/L | EPA 900.0 | 0.5 pCi/L | Pass |
| Gross Beta | 1.1 +/- 0.6 pCi/L | EPA 900.0 | 1.1 pCi/L | Pass |

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



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 5 North Park Drive
 Hunt Valley, MD 21030 USA
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 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Customer:
 5745 K...
 6819 Green Hollow Way
 7...
 Suite, Maryland 21784

S/O Number: 74765
 Report Date: November 12, 2009

Property Sampled: 6819 Green Hollow Way

County: Howard
 Section: Harwood W Owings Prop RS
 Lot: 16
 Instrument #: Not Provided

Tax Map #: 40
 Parcel #: 44

Time Collected: November 11, 2009 at 1:15 pm
 Time Received: November 11, 2009 at 4:05 pm

Sample Location: Powder Room Tap
 Sample ID: 5745KC

Samples Iced: Yes
 Residual Cl₂ <0.1 mg/L: Yes

Water Number: HO-94-3652
 Water Condition: 2-Piece Cap
 Satisfactory
 Water Conditioning/Treatment: None

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|-----------|----------------|-----------|----------------|------|
| Nitrate | <1.0 mg/L as N | SM 4500D | 10 mg/L as N | Pass |
| Turbidity | 1.1 NTU | EPA 180.1 | 10 NTU | Pass |
| Fluoride | 7.2 Units | EPA 150.1 | *6.5-8.5 Units | *** |
| Sulfate | Negative | | Negative | |
| Coliform | Absent | SM 9223B | Absent | Pass |
| E. coli | Absent | SM 9223B | Absent | Pass |

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

MCL: Maximum Contamination Level
 *SMCL: Secondary Maximum Contamination Level
 ***: Unenforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water