

B 1 8973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3680

fill in this form completely

OWNER INFORMATION: Date Received (APA) 04 11 03, Last Name THOMPSON, Owner DALE, First Name IRC, Street or RFD 6300 WOODSIDE CT., Town Columbia, State MD, Zip 21043

LOCATION OF WELL: COUNTY Howard, SUBDIVISION Owings Prof, SECTION 44, LOT 48, NEAREST TOWN Highland, MILES FROM TOWN I

DRILLER INFORMATION: Driller's Name RALPH E. MAYNE, License No. MSD 117, Firm Name RALPH E. MAYNE WELL DRILLING, Address 17024 HARDY RD. MT AIRY MD 21221, Signature R E Mayne, Date 6-4-02

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY, USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard 512673, COUNTY NO. 13, DATE ISSUED 04 21 03, CO SIGNATURE Jell, EXP. DATE 04/21/04, NORTH GRID 491 000, EAST GRID 810 000

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER: 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, COUNTY NO. 13, DATE ISSUED 04 21 03, CO SIGNATURE Jell, EXP. DATE 04/21/04, NORTH GRID 491 000, EAST GRID 810 000

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 490001

METHOD OF DRILLING: BORED (or Augered) AIR-ROTARY, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS: 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 DEEPEEN AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: Highland Rd, 1500'

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER H 20220003, PERMIT No. HO-94-3680

SPECIAL CONDITIONS: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.

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

Good Copy

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: Dwings Property Lot #: 14 Well Tag #: HO-94-3680
Site Address: 6839 Green Hollow Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

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

Well Cap and Electric Conduit

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

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

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

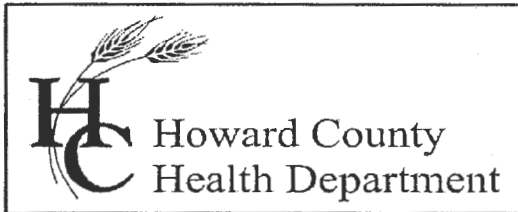
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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: 8/15/2014

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 No Tag
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR RADIUM

Expiration Date – May 27, 2017

April 12, 2017

BHUPENDRA & VARSHA PATEL
4819 NAPLES AVE
BELTSVILLE MD 20705

**RE: HARWOOD W OWINGS PROPERTY
6831 GREEN HOLLOW WAY
Building Permit: B13001437
Well Permit: HO-94-3680**

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 **8/14/2014**. Final approval of the well line connection to the dwelling was granted on **8/15/2014**. The well construction was completed on **8/5/2003**. Water samples were collected on **4/3/2017**.

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 collected on **4/3/2017**. Results showed a Gross Alpha level of **27 ± 1.2 pCi/L** and Gross Beta level of **20 ± 2.0 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L for Gross Alpha.**

This is a **temporary deviation** to allow additional time for installation of a radionuclide removal system and/or submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F *Enforcement and Environment Article 9-1311, Annotated Code of Maryland.***

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

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

Approving Authority,

Hank Oswald, L.E.H.S.
Well & Septic Program

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

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

The Thomas Dorsey Building
9250 Bendix Road
Columbia, MD 21045
410-313-5850

=====
LR - Agreement Recording Fee
1x 20.00 20.00

Name: pate1
Ref: 32

LR - Agreement Surcharge
1x 40.00 40.00

=====
SubTotal: 60.00
Total: 60.00

=====
CRD-Credit 60.00
Credit Card Confirmation : 31270d

04/13/2017 13:37 CC13-LH
#8165446 /1247/109

Thank you for visiting us today~

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, April 12, 2017 12:20 PM
To: 'bhupingpatel@gmail.com'
Cc: Wolf, Kevin
Subject: ICOP Letter_6831 Green Hollow Way
Attachments: Radium Agreement.pdf

Hello Mr. Patel:

Before the Health Department can issue the I.C.O.P. letter, the owner(s) will need to complete the Radium Agreement (attached) with appropriate signatures by the owner(s) & the Health Department before recording it with Office of Land Records. Once the document has been recorded, please submit proof (i.e. copy of receipt) to the Health Department.

Should you have any questions, please don't hesitate to ask.

Respectfully,

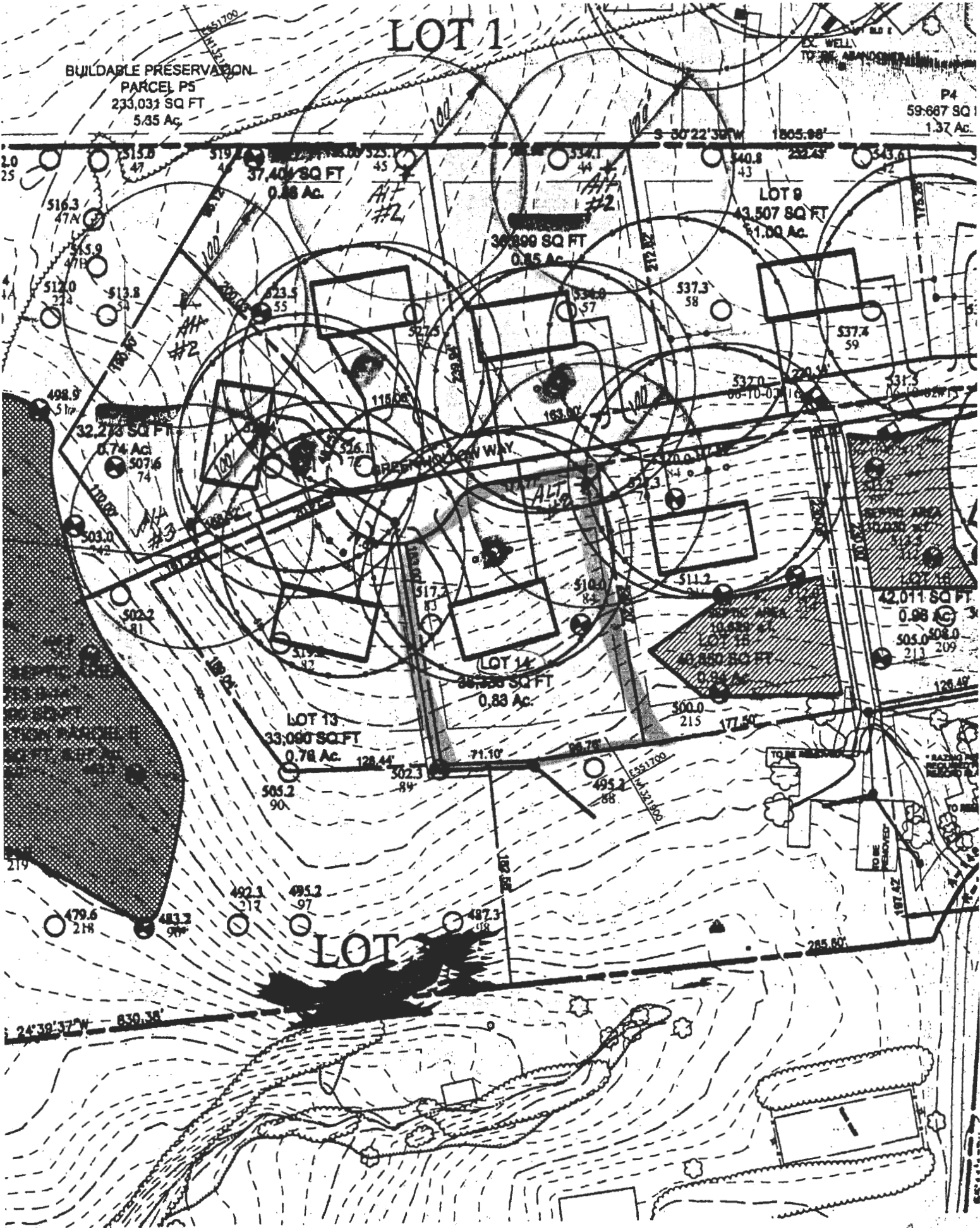
Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

LOT 1

BUILDABLE PRESERVATION
PARCEL P5
233,031 SQ FT
5.35 Ac.

P4
59,687 SQ FT
1.37 Ac.



Alternative well sites due to dry holes @ Orange Prop.

Wolf, Kevin

From: Wolf, Kevin
Sent: Monday, October 06, 2014 12:24 PM
To: 'pattonwelldrilling@comcast.net'
Cc: 'lydia@pattonwelldrilling.com'; 'ffvbp@yahoo.com'
Subject: 6831 Green Hollow Way geothermal well permit
Attachments: 6831_green_hollow_septic_asbuilt.pdf; closed_loop_mde_memo2007.pdf

Lydia,

Please revise the well site plan that accompanies the requested geothermal well application. Please remember, the plan should be to scale, show nominal distances from the bores to all existing wells within 100', all ex septic components within 100', bores to the house, and to the right of ways.

As always, please remember the following setback distances for geothermal bores:

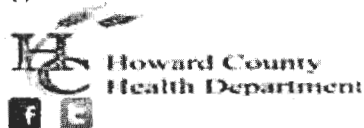
- 15' to right-of-ways
- 30' to wells
- 50' to all septic components (includes septic grinder pits)
- 100' to septic components if bores are directly down-gradient

I have attached a copy of the septic permit as-built that shows the location of the 4" gravity sewer line from the house to the grinder pit. This may help you in selecting the proposed bore locations on the plan. Also attached is a memo from MDE in 2007 representing some important information relating to geothermal well construction including grouting procedures and permit/plan submittal to the approving authorities. To elaborate, please include with your site plan, a cross sectional diagram of the intended bore's showing the loop size, depth, length, u-bend, and a memo in detail explaining the intended grout mix. Let me know if you have any other questions regarding this process.

Also, please inform me when the bores are staked in the field once you finalize the process approach and submit your well permit plans.

Thanks,

Kevin M. Wolf, RES, R.S., LEED
Environmental Health Specialist Supervisor
Bureau of Environmental Health
Well & Septic Program
Groundwater Mgmt. Sec.
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



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10

12" CMP
IN 521.6
OUT 521.2

EXIST. 4" SHC

EXIST. WELL

GREEN HOLLOW
(40' ROW) & PUBLIC SEWER

PROP. 12" CMP
IN 521.2
OUT 521.1

PROPOSED WELL

20' PUBLIC STORM DRAIN
AND UTILITY EASEMENT

LOT

MAIN FLOOR ELEV. 528.0
GARAGE ELEV. 526.4
BASEMENT ELEV. 518.25

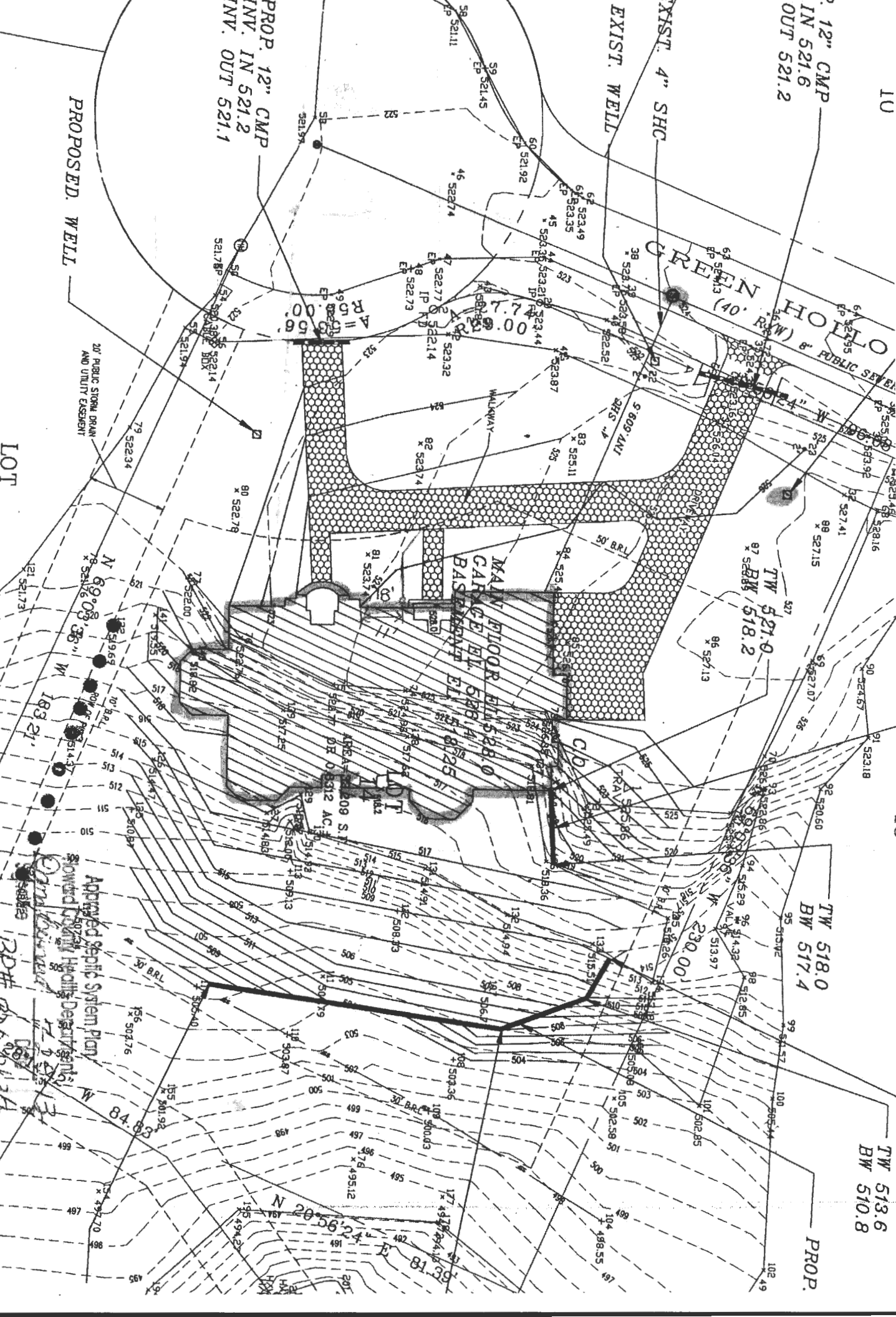
TW 521.0
BW 518.2

TW 518.0
BW 517.4

TW 513.6
BW 510.8

PROP.

Applied Septic System Plan
Shown Below Health Department
Approved
BPH # 10/1/24



Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401

State Certified Water Quality
Laboratory # 106



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Amerispec
50 Post Office Road
Suite 102
Waldorf, MD 20602

Project
Date Received 4/3/2017
Date Reported 4/10/2017

This report is the sole property of Amerispec. Any questions about the report MUST be directed to Amerispec at (301) 843-9960.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Amerispec.

Sample No: 148262-01 Sampled: 4/3/2017 9:20:00 Sampler: JFrancis9214JF (Exp. 9/25/2017)
Location: 6831 Green Hollow Way
Highland, MD 20777 Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/03/2017	RM-139
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/03/2017	RM-139
Iron, Total	SM 3500 D	0.13		mg/l	0.05	04/05/2017	DB-139
Turbidity	EPA 180.1	1		NTU	0.5	04/04/2017	RM-139
Nitrate + Nitrite as N	EPA 353.2	3.9		mg/l	1	04/04/2017	DB-139
pH	Field	6.5		pH Units	1	04/03/2017	Samp-ler
Radium Gross Alpha Short Term	EPA 900.0	27		pCi/l	1.2	04/07/2017	FRC-
Radium Gross Beta Short Term	EPA 900.0	20		pCi/l	2	04/07/2017	FRC-

EPA MCL for Gross Beta is 50 pCi/L

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

If Gross Alpha Radium results are below 5 pCi/L no further action is recommended. If between 5-15 pCi/L further testing for Radium 226 and 228 is recommended. If Gross Alpha Radium result exceeds 15 pCi/L consider a water treatment system.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Amerispec
50 Post Office Road
Suite 102
Waldorf, MD 20602

Project
Date Received 4/3/2017
Date Reported 4/6/2017

This report is the sole property of Amerispec. Any questions about the report MUST be directed to Amerispec at (301) 843-9960.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Amerispec.

Sample No: 148262-01 Sampled: 4/3/2017 9:20:00 Sampler: JFrancis9214JF (Exp. 9/25/2017)
Location: 6831 Green Hollow Way
Highland, MD 20777 Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	04/03/2017	RM-139
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	04/03/2017	RM-139
Iron, Total	SM 3500 D	0.13		mg/l	0.05	04/05/2017	DB-139
Turbidity	EPA 180.1	1		NTU	0.5	04/04/2017	RM-139
Nitrate + Nitrite as N	EPA 353.2	3.9		mg/l	1	04/04/2017	DB-139
pH	Field	6.5		pH Units	1	04/03/2017	Samp-ler

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

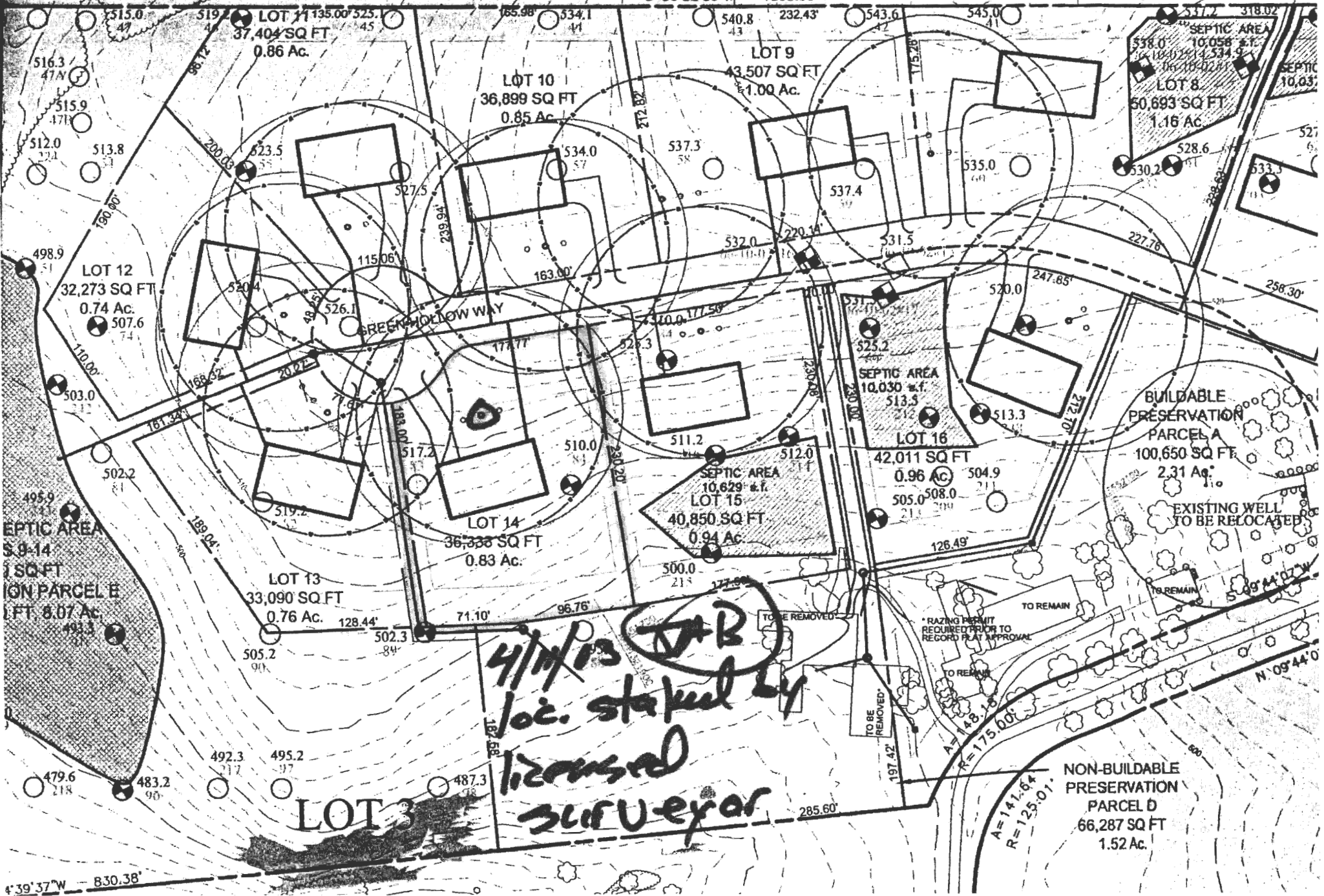
BUILDABLE PRESERVATION
PARCEL F5
223,031 SQ FT
5.05 Ac.

TO BE ABANDONED

P4
59,667 SQ FT
1.37 Ac.

P3
39,418 SQ FT
0.90 Ac.

S 30°22'39"W 1805.98'



S 39°37'W 830.38'

4/11/13
loc. staked by
licensed
surveyor

RAZING PERMIT
REQUIRED PRIOR TO
RECORD PLAT APPROVAL

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

A=141.64
R=125.01

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

EXISTING WELL
TO BE RELOCATED

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REMOVED

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S 09°44'07"W

N 09°44'07"W

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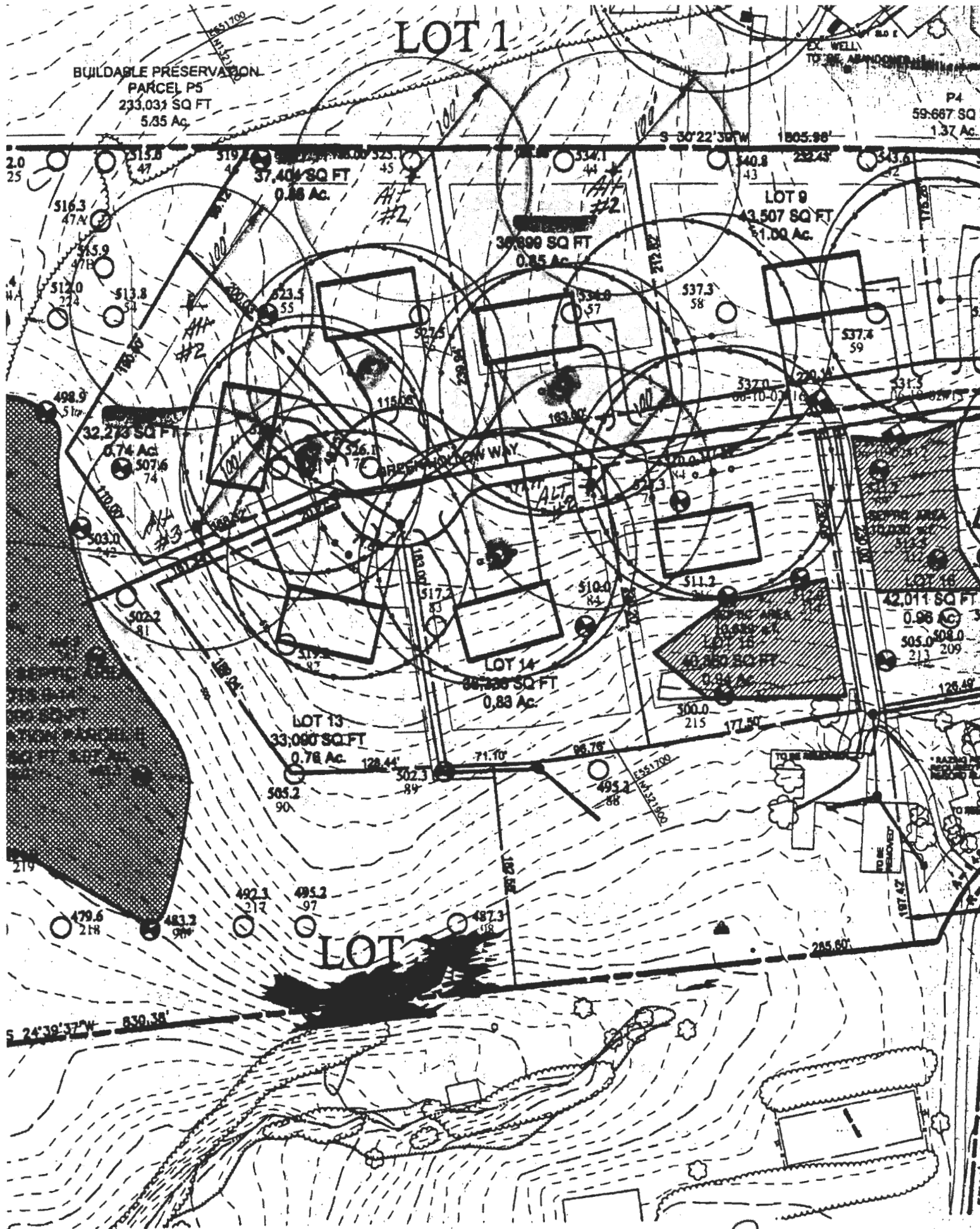
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LOT 1

BUILDABLE PRESERVATION
PARCEL P5
233,031 SQ FT
5.35 Ac.

P4
59,687 SQ
1.37 Ac.



Alternative well sites due to dry holes &

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF
ANNAPOLIS

410-224-4304 FAX 443-926-0586



148262

Client: Amerispec
 Project:
 Date Due: 4/6/2017

410-224-4304

Company Name, Address Phone & Fax

Testing Address

Amerispec

6831 Green Hollow way
 STREET
 Highland MD 20777
 CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 4-3-17 Time 0920 Well Tag #: NO Tag on well
 Collectors Name: John Francis Certification # 9214JF Expires 9-25-17
 Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
 pH: 6.51 Chlorine, Total mg/L: 0.0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO
 Send present? YES NO If "YES" submit one liter of sample to lab for testing
 Sample Tap Location: 1st floor 1/2 bath sink Chemicals: 1st floor 1/2 bath sink Lead: ✓

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day
 FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day
 BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day
 ___ Lead ___ Arsenic Next Day 2 Day 3 Day
 ___ Cadmium 2 Day 4 Day 6 Day
 Radium Gross Alpha One Week 2 Week

Special Instructions: Radium Gross Beta

Released By: JJ Date: 4-3-17 Time: 1535 Received By: _____
 Released By: _____ Date: _____ Time: _____ Received By: _____

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: ___ Non-Certified ___ Holding Time ___ Sample Volume ___ Frozen
 Received in LAB By: Bill Date: 1610 Time: 4-3

Environmental Testing Lab, Inc.

CASE NARRATIVE

For those not familiar with reading a laboratory report and putting the result(s) into a more meaningful light the following information may assist you in making any decisions based on the results of the sample(s) submitted for analysis.

Qualifiers – A note added to a result to provide the end user with additional information about the result or how it was obtained.

X = Parameter dose NOT meet EPA Primary/Secondary Guidelines for Drinking Water.

BLANK (no qualifier) = Parameter DOSE meet EPA Primary/Secondary Guidelines for Drinking Water.

RL- Reporting Limit this is the lowest concentration of parameter that we can detect.

ND – Not Detected, see RL

Maximum Contaminate Level - The EPA establishes a (MCL) which is the “highest level of a contaminate that is allowed in drinking water”

The U.S. Environmental Protection Agency (EPA) publishes the National Primary Drinking Water Standards which are divided into two categories'. **Primary Contaminates** which are health related, and for a “public” water systems, enforceable. These are identified with a “P” in the table. **Secondary Contaminates** are non-health related and non-enforceable, they may cause cosmetic and/or aesthetic effects and are identified with an “S”. Some parameters are unregulated and are identified with a “U”.

This table is not an official EPA document, it is intended to provide the user with some perspective and it is assumed the water is from a privately owned well.

Parameter	MCL mg/L	Type	Effects	Sources	Treatment (1)
Coliforms Total Fecal/E coli	Absent	P	Not a health threat itself used to indicate whether other potentially harmful bacteria may be present	Naturally present. Fecal coliforms & E. coli only come from human & animal waste.	Chlorinate the well. Install Chemical feeder or U/V light.
Arsenic	0.010	P	Skin damage, circulatory system problems, increased risk of cancer	Natural deposits	Reverse Osmosis (R/O). Ion exchange
Cadmium	0.005	P	Kidney damage	Natural deposits, galvanized pipes,	Reverse Osmosis (R/O).
Lead	0.015	P	Infants/children-developmental delays. Adults kidney problems & high blood pressure	Corrosion of household plumbing	Reverse Osmosis pH correction, pipe replacement
Nitrate+Nitrite-N	10	P	Infants less than 6 mo's can become Seriously ill.	Runoff from fertilizer, leaching from septic tanks, naturally occurring	Reverse Osmosis (R/O). Ion exchange
Radium Gross Alpha	5 pCi/L Note 2	P	Increased risk of cancer	Erosion of natural deposits	Reverse Osmosis Water Softener
Radium 226 + 228	5	P	Increased risk of cancer	Erosion of natural deposits	Reverse Osmosis Water Softener
Iron	0.3	S	Possible staining on plumbing fixtures and laundry	Naturally Occurring	Water Softener
pH	6.5-8.5	S	Water is acidic or basic	Naturally Occurring	Neutralizer
Turbidity (3)	10 NTU	S	Interferes with filtration	Naturally Occurring	Contact a Well Driller

NOTES:

- 1) The Treatment Column is from information provided from various water treatment companies that do business with us. More information is available from epa.gov/safewater.
- 2) If Gross Alpha is between 5-15 pCi/L test for Radium 226/228. If Gross Alpha is above 15 pCi/l consider water treatment equipment.
- 3) Turbidity is a parameter that is continuously monitored at a water treatment plant. Privately owned wells do not have a turbidity MCL. Local Health Departments have used 10 NTU as a level at which if exceeded, and not because of high iron, the well itself may need repair.

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401

State Certified Water Quality
Laboratory # 106



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Amerispec
50 Post Office Road
Suite 102
Waldorf, MD 20602

Project
Date Received 9/7/2017
Date Reported 10/10/2017

This report is the sole property of Amerispec. Any questions about the report MUST be directed to Amerispec at (301) 843-9960.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Amerispec.

Sample No: 154159-01	Sampled: 9/7/2017 1:23:00 P	Sampler: ROsborn5595RO (Exp. 6/26/2020)					
Location: 6831 Green Hollow Way Highland, MD 20777	Sample Type: Raw						
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium Gross Alpha Long Term	EPA 903.0	Not Detected		pCi/l	0.41	09/27/2017	EMSL-331
Radium Gross Beta Long Term	EPA 904	0.57		pCi/l	0.53	10/04/2017	EMSL-331
Sample No: 154159-02	Sampled: 9/7/2017 1:23:00 P	Sampler: ROsborn5595RO (Exp. 6/26/2020)					
Location: 6831 Green Hollow Way Highland, MD 20777	Sample Type: Treated						
Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Radium Gross Alpha Long Term	EPA 903.0	0		pCi/l	0.35	09/27/2017	EMSL-331
Radium Gross Beta Long Term	EPA 904.0	0.15		pCi/l	0.4	10/04/2017	EMSL-331

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS

410-224-4304

FAX 443-926-0586

WALDORF

410-224-4304

FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

Amerispec

6831 Green Hollow Way
STREET
Highland MD 20777
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 9-7-17 Time 1:23 Well Tag #: HO-94-3680

Collectors Name: Robert Osborne Certification # 5595 RO Expires 6-2030

Collectors Signature: Circle One: PRIVATE WELL or CITY WATER

pH: 6.38 Chlorine, Total mg/L: 0.0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Chemicals: Lead:

- Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day
FULL Chemical Analysis Next Day 2 Day 3 Day
BASIC Chemical Analysis Next Day 2 Day 3 Day
Lead Arsenic Next Day 2 Day 3 Day
Cadmium 2 Day 4 Day 6 Day
Radium Gross Alpha One Week 2 Week

Special Instructions: Long term Radium After (kitchen tap)

Released By: Date: Time Received By:
Released By: Date: Time Received By:

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: Date: Time

ENVIRONMENTAL TESTING LAB, INC

ANNAPOLIS

410-224-4304

FAX 443-926-0586



FORM

154159

Date Due: 9/15/201

0586

Client: Amerispec

Project:

Company Name, Address Phone & Fax

Amerispec

16831 Green Hollow Way
STREET
Highland MD 20777
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

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Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Chemicals: Lead:

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day

FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead) Next Day 2 Day 3 Day

BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity) Next Day 2 Day 3 Day

Lead Arsenic Next Day 2 Day 3 Day

Cadmium 2 Day 4 Day 6 Day

Radium Gross Alpha One Week 2 Week

Special Instructions: Long Term Radium Before (kitchen sink)

Released By: KO Date: 9-7-17 Time 1450 Received By:

Released By: Date: Time Received By:

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LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO (N/A) Add Qualifiers: Non-Certified Holding Time Sample Volume Frozen

Received in LAB By: V Date: 9-7-17 Time 1450

Site Plan Provided by driller.

NOT TO SCALE

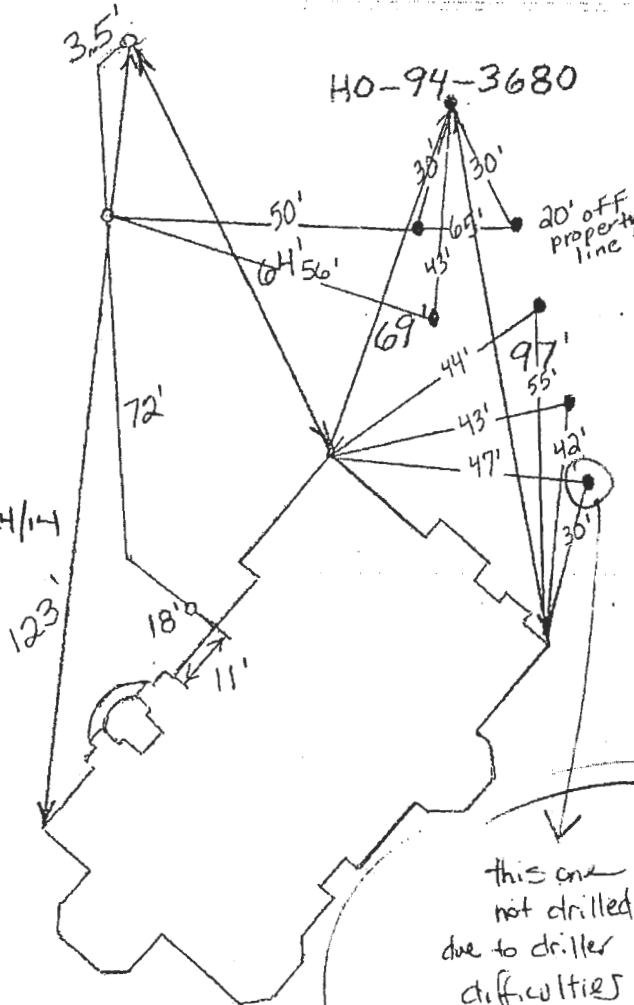
HO-94-3680

Well sites approved *RE*
10/24/14

Site Visit 10/24/14

Verified well stakes & setbacks

ML 10/24/14



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES	_____	
TOTAL LENGTH	_____	
ABSORPTION AREA	_____	
DISTRIBUTION BOX LEVEL	_____	
DISTRIBUTION BOX BAFFLE	_____	
DISTRIBUTION BOX PORT	_____	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	_____
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____
PUMP/SEPTIC TANK LEVEL	_____
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

ROAD NAME

11/19/14

this one not drilled due to driller difficulties

See revised site plan

PRE-CONSTRUCTION:

INSTALLATION: 8/13/2014 house connection made *BB*
8/14/2014 x2 Connection from house to 8" gravity line made *BB*

FINAL INSPECTOR B. Baker DATE OF APPROVAL 8/14/2014

Geothermal Well Site Plan

6 bores

6831 Green Hollow Way

NOT TO SCALE

proposed location

HO-94-3680

3.5'

30' 30' 30'

50'

64' 56'

20' off property line

40'

69'

43'

44'

43'

76'

97'

55'

42'

72'

123'

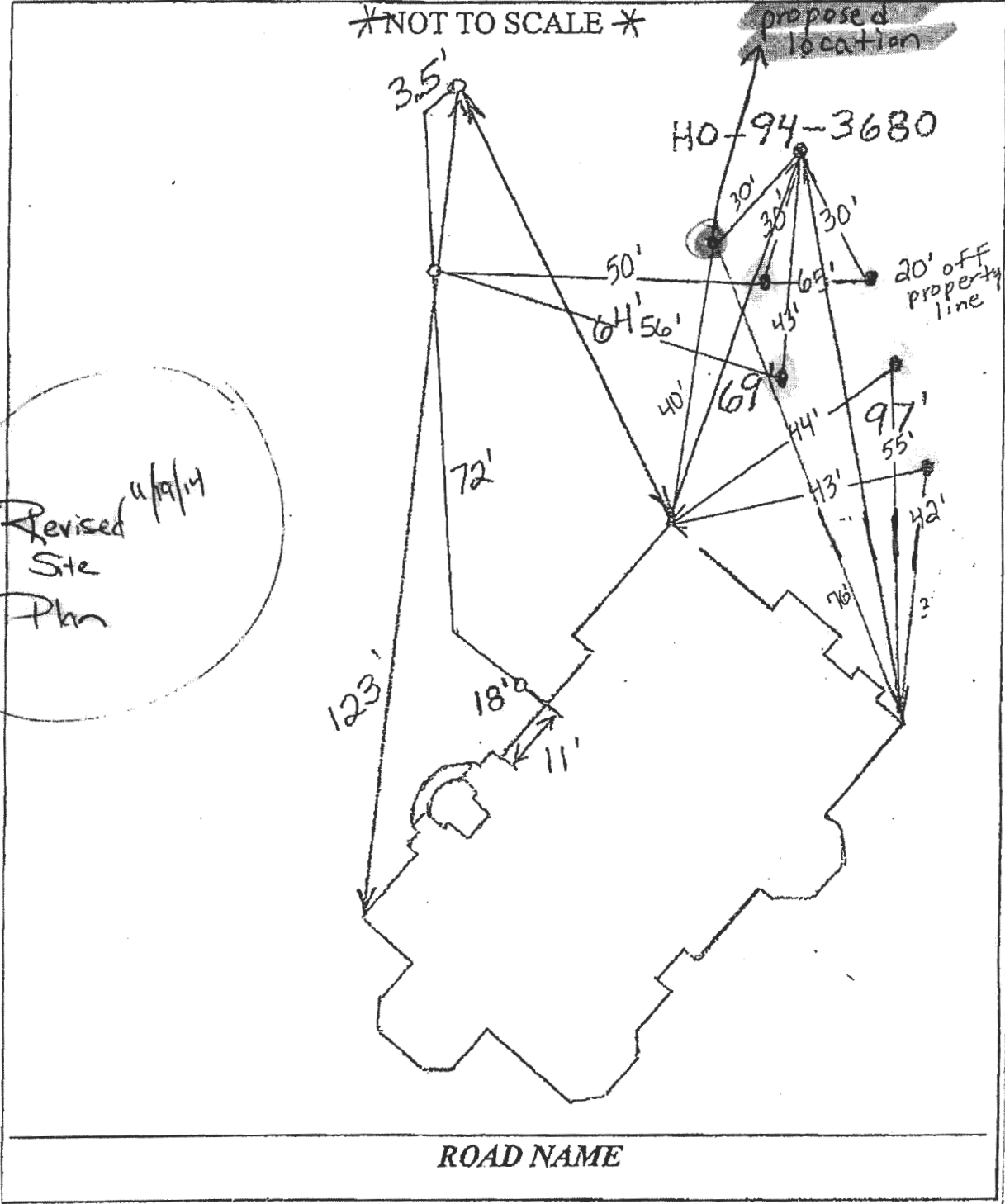
18'a

11"

ROAD NAME

Revised 4/19/14
Site
Plan

PRE-CONSTRUCTION:



Wolf, Kevin

From: Josh April <josh@connellyandassociates.com>
Sent: Tuesday, November 14, 2017 4:07 PM
To: Wolf, Kevin
Cc: Cabahug, Joseph; Collins, Sarah; 'Bhupin Patel'
Subject: RE: Replacement Water Well - 6831 Green Hollow Way, Highland, Maryland

Hi Kevin,

Mr. Patel tried to contact you, but he was told you are unavailable for the rest of the day. I have copied him on this email and left his number below.

Mr. Patel – 240.354.8066

Thank you,

Josh April, PG

*Project Manager
Connelly & Associates, Inc.
cell: 301-366-7270
office: 301-696-8820*

From: Wolf, Kevin [mailto:KWolf@howardcountymd.gov]
Sent: Tuesday, November 14, 2017 3:28 PM
To: Josh April <josh@connellyandassociates.com>
Cc: Cabahug, Joseph <jcabahug@howardcountymd.gov>; Collins, Sarah <SCollins@howardcountymd.gov>
Subject: RE: Replacement Water Well - 6831 Green Hollow Way, Highland, Maryland

Josh,
Please contact the homeowner and confirm.

I have been in contact with Allen Compton with Fogles Well Drilling. We were to schedule a meeting with the property owner on-site at this address to drill a replacement well. There are several complications with easement access that you may not be aware of. I have had communication with the HOA and DPW about this as well. I thought everything was going thru Fogles. Please confirm this and have the owner contact me DIRECTLY before any Health Dept official goes onsite.

Kevin
410-313-1771

----- Original message -----

From: "Collins, Sarah" <SCollins@howardcountymd.gov>
Date: 11/14/17 3:19 PM (GMT-05:00)
To: Josh April <josh@connellyandassociates.com>
Cc: "Cabahug, Joseph" <jcabahug@howardcountymd.gov>, "Wolf, Kevin" <KWolf@howardcountymd.gov>
Subject: RE: Replacement Water Well - 6831 Green Hollow Way, Highland, Maryland

Hi Josh,

We can meet you and the homeowner on site tomorrow and get out a permit ASAP. What time were you planning on going out there?

Thanks,

Sarah

From: Josh April [<mailto:josh@connellyandassociates.com>]
Sent: Tuesday, November 14, 2017 3:15 PM
To: Collins, Sarah
Cc: Cabahug, Joseph
Subject: Replacement Water Well - 6831 Green Hollow Way, Highland, Maryland

Hi Sarah, Joseph,

We have a project to drill a replacement water well at 6831 Green Hollow Way in Highland. Is it possible to drill as soon as next week since the homeowner has very little water? I'm going to try and meet the homeowner on-site tomorrow and submit at permit asap. Please let me know if this is possible.

Thank you,

Josh April, PG

*Project Manager
Connelly & Associates, Inc.
cell: 301-366-7270*

office: 301-696-8820

Hi Josh,

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Thank you,

Josh April, PG

*Project Manager
Connelly & Associates, Inc.
cell: 301-366-7270*

office: 301-696-8820



Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, November 30, 2017 10:12 AM
To: 'bhupingpatel@gmail.com'
Subject: 6831 Green Hollow Way

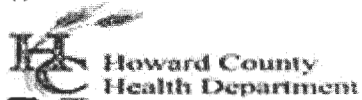
Mr. Patel,

To follow up with your replacement well, I have contacted Amy Hart with DPW and discussed with her your current situation. We met in the field as well to verify the surroundings on your property and the adjacent property behind you. To this point, you need to contact your HOA to get approval for access with the drill rig. They will ultimately contact Amy's group as this is an easement for the shared septic system. Once you have contacted your HOA, please contact Amy Hart and give her the updated details. Once all that is in order, have your well driller submit the well permit and fee, select a site you choose to drill the well and we will come out to inspect for approval. The well permit may be released at that time.

Amy Hart 410-313-2723

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



[f](https://www.facebook.com/howardcountymd) [G](https://www.google.com/maps/place/Howard+County+Health+Department)
kwolf@howardcountymd.gov

bhupingpatel@gmail.com
need post
.226 *PP*
.228

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